

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120202 | BOLTON HIGH SCHOOL | NTNC | 304 | L | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 72 BRANDY STREET | | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |
| | 7/1/26 - 7/31/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/25 | 6/1-9/30 | Complete |
| | 1/1/26 - 12/31/28 | 6/1-9/30 | |
| | 1/1/29 - 12/31/31 | 6/1-9/30 | |
| Physical Parameters (PPS) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |
| | 7/1/26 - 7/31/26 | | |

Water System Facility: ENTRY POINT (WSF ID: 00701)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------|----------------|------------|------------|----------------|
| CT0120202 | BOLTON HIGH SCHOOL | NTNC | 304 | L | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 72 BRANDY STREET | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00701)

| Inorganic Chemicals (IOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|--|------------------------------------|-------------------|-------------------|-------------------|
| | | 1/1/26 - 12/31/28 | | |
| | | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/25 - 12/31/25 | | |
| | | 1/1/26 - 12/31/26 | | |
| | | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/23 - 12/31/25 | 1/1-12/31 | Waiver |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/26 - 12/31/28 | | |
| | | 1/1/29 - 12/31/31 | | |
| Organic Chemicals (VOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/25 - 12/31/25 | | Complete |
| | | 1/1/26 - 12/31/26 | | |
| | | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | | 3/1/2029 |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|---------------------------|----------|------------------|
| | | | | | Rule | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | A | Y | | | |
| | | BHS-1 | KITCHEN HAND SINK | A | Y | 2 | | Y |
| | | BHS-2 | STAFF KITCHEN SINK | A | Y | 2 | | |
| | | BHS-3 | NURSES HAND SINK | A | Y | 2 | | |
| | | BHS-4 | RM 13 HANDICAP SINK | A | Y | 2 | | |
| | | BHS-5 | SUPERVISOR B&G SINK | A | Y | 2 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00701 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 57655 | WELL A | 2 | WELL A | A | | | | |
| 57657 | WELL B | 2 | WELL B | A | | | | |

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120202 | BOLTON HIGH SCHOOL | NTNC | 304 | L | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 72 BRANDY STREET | | 1 | | | |

Towns Served: BOLTON

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Lead and Coliform Rule | Copper Rule Tier | Asbestos WQP 2 | Stage DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------------|------------------------|------------------|----------------|------------|
| 57659 | ATMOSPHERIC TANK | | | | | | | |

Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Facility Classification: | SMALL WATER SYSTEM | Certification | |
|--------------------------|--------------------|---|------------------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2027 9/30/2027 |
| | | | |

Contact Information

| Name | Organization | Job Title | | |
|--------------------------|--------------------------|----------------|--------------|----------------------|
| Mr. David Caruso | Bolton Public Schools | Superintendent | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 72 Brandy Street | | Bolton | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 860-643-1569 | | | | 860-209-7097 |
| | | | | dcaruso@boltonct.org |

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|----------------|------------|------------|----------------|
| CT0120212 | BOLTON CENTER SCHOOL (K-8) | NTNC | 756 | L | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 108 NOTCH ROAD | Connections | 4 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| | | | |
|---|--|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |
| | 7/1/26 - 7/31/26 | | |
| Lead And Copper (PBCU) | 10 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/25 | 6/1-9/30 | Complete |
| | 1/1/26 - 12/31/28 | 6/1-9/30 | |
| | 1/1/29 - 12/31/31 | 6/1-9/30 | |
| Physical Parameters (PPS) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |
| | 7/1/26 - 7/31/26 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|----------------|------------|------------|----------------|
| CT0120212 | BOLTON CENTER SCHOOL (K-8) | NTNC | 756 | L | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 108 NOTCH ROAD | Connections | 4 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Inorganic Chemicals (IOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|--|------------------------------------|-------------------|-------------------|-------------------|
| | | 1/1/26 - 12/31/28 | | |
| | | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/25 - 12/31/25 | | Complete |
| | | 1/1/26 - 12/31/26 | | |
| | | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/23 - 12/31/25 | 1/1-12/31 | Waiver |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/26 - 12/31/28 | | |
| | | 1/1/29 - 12/31/31 | | |
| Organic Chemicals (VOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/25 - 12/31/25 | | Complete |
| | | 1/1/26 - 12/31/26 | | |
| | | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | | 3/1/2025 |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule Tier | Asbestos | WQP 2 DBPR | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------|---------------------------|----------|------------|-------|
| | | | | | Rule | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | MW003-S | KITCHEN SINK/STORAGE | A | Y | N | | | |
| | | MW027-1 | ROOM 1 | A | Y | N | | | |
| | | MW027-15 | ROOM 15 | A | Y | N | | | |
| | | MW027-19 | ROOM 19 | A | Y | N | | | |
| | | MW027-2 | ROOM 2 | A | Y | N | | | |
| | | MW027-40 | ROOM 40 | A | Y | N | | | |
| | | MW027-5 | ROOM 5 | A | Y | N | | | |
| | | MW027-ELRS | STAFF LUNCH RM SINK | A | Y | N | Y | Y | |
| | | MW032 | HWY GARAGE | A | Y | N | | | |

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------------|----------------|------------|------------|----------------|
| CT0120212 | BOLTON CENTER SCHOOL (K-8) | NTNC | 756 | L | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 108 NOTCH ROAD | 4 | | | | Agricultural |

Towns Served: BOLTON

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|---------------------------------|----------------------|----------------------------|--------|----------------|----------------------|-----------|------------------|
| | | | | | Y | N | Rule Tier | WQD |
| | MW033 | YMCA | | A | | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10049 | WELL #2 | 2 | WELL 2 | A | | | | |
| 10050 | WELL #1 | 2 | WELL 1 | A | | | | |
| 48176 | 10,000 GALLON STEEL ATM STORAGE | | | | | | | |
| 48714 | TREATMENT FEMN REMOVAL | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT FEMN REMOVAL (WSF ID: 48714)

| Facility Classification: | CLASS 1 TREATMENT PLANT | | | Certification Expiration |
|--------------------------|-------------------------|---|-----------|--------------------------|
| Operator Name | Operator Type | Certification(s) | | |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2027 | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | | 9/30/2027 |

Contact Information

| | | | | |
|--------------------------|--------------------------|----------------|--------------|----------------------|
| Name | Organization | Job Title | | |
| Mr. David Caruso | Bolton Public Schools | Superintendent | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 72 Brandy Street | | Bolton | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 860-643-1569 | | | | 860-209-7097 |
| | | | | dcaruso@boltonct.org |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------|----------------|------------|------------|----------------|
| CT0120302 | SIMONIZ USA | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 201 BOSTON TURNPIKE ROAD | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

| | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

| | | | |
|--|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------|----------------|------------|------------|----------------|
| CT0120302 | SIMONIZ USA | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 201 BOSTON TURNPIKE ROAD | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Organic Chemicals (VOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|--------------------------|------------------------------------|-------------------|-------------------|-------------------|
| | ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | | 1/1/26 - 12/31/26 | | |
| | | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|-----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2026 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Lead and Coliform Rule | Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------------|------------------------|------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | SWS001 | HANDICAP BATHROOM | P | Y | 1 | | |
| | | SWS002 | MENS BATHROOM | P | Y | 1 | | |
| | | SWS003 | LADIES BATHROOM | P | Y | 1 | | |
| | | SWS004 | BREAK ROOM | P | Y | 1 | | |
| | | SWS005 | CAFETERIA | P | Y | 1 | | |
| | | SWS006 | ENTRY POINT | P | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10051 | WELL 1 | 2 | WELL | A | | | | |
| 54967 | STORAGE TANKS | | | | | | | |
| 62746 | TREATMENT SYSTEM | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT SYSTEM (WSF ID: 62746)

| Facility Classification: | | Certification Expiration |
|--------------------------|----------------|---|
| Operator Name | Operator Type | Certification(s) |
| COSSETTE, EVAN J | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV |
| | | DISTRIBUTION SYSTEM OPERATOR IN TRAINING |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II |

Contact Information

| | | |
|--------------------------|--------------------------|---------------|
| Name | Organization | Job Title |
| Mr. William Hibbard | Simoniz USA Inc. | Plant Manager |
| Mailing Address Line One | Mailing Address Line Two | City |
| 201 Boston Turnpike | | State |
| | | Zip Code |
| Business Phone | Extension | Fax |
| Mobile Phone | Emergency Phone | Email Address |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120302 | SIMONIZ USA | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 201 BOSTON TURNPIKE ROAD | 1 | | | | |

Towns Served: BOLTON

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|---------------|
| 860-646-0172 | 105 | 860-645-6070 | | 860-209-0970 | |

Contact Role(s): **Legal Contact**

| Name | Organization | Job Title |
|---------------------------|--------------------------|-----------------------|
| Mr. Scott Paterson | Simoniz Usa, Inc | Env. H&S Manager |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code |
| 201 Boston Turnpike | | Bolton CT 06043 |
| Business Phone | Extension | Fax |
| 860-643-3876 | | 860-643-3777 |
| Mobile Phone | | Emergency Phone |
| | | 860-951-2939 |
| | | Email Address |
| | | spaterson@simoniz.com |

Contact Role(s): **Administrative Contact**

| Name | Organization | Job Title |
|-----------------------------|--------------------------|---------------------|
| Mr. William M. Gorra | Simoniz Usa, Inc | President & Ceo |
| Mailing Address Line One | Mailing Address Line Two | City State Zip Code |
| 201 Boston Turnpike | | Bolton CT 06043 |
| Business Phone | Extension | Fax |
| 800-646-0172 | 108 | 860-730-6280 |
| Mobile Phone | | Emergency Phone |
| | | 860-573-9860 |
| | | Email Address |
| | | wgorra@simoniz.com |

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120024 | ABLE COIL | NTNC | 50 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 25 HOWARD ROAD | | | 1 | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

| | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120024 | ABLE COIL | NTNC | 50 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 25 HOWARD ROAD | | | 1 | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Organic Chemicals (VOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|--------------------------|------------------------------------|-------------------|-------------------|-------------------|
| | | 1/1/26 - 3/31/26 | | |
| | | 4/1/26 - 6/30/26 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total | Lead and Coliform | Copper Rule | Asbestos Rule Tier | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|-------|-------------------|-------------|--------------------|------------------|
| | | | | | | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | MSP0001 | ENTRY POINT TANK | A | Y | | N | | |
| | | MSP0002 | OFFICE BATHROOM | A | Y | | N | | |
| | | MSP0003 | KITCHEN | A | Y | | N | | |
| | | MSP0004 | WASH SINK | A | Y | | N | | |
| | | MSP0005 | WATER FOUNTAIN | A | Y | | N | | |
| | | MSP0006 | MENS BATHROOM | A | Y | | N | | |
| 00700 | ENTRY POINT | 7 | ENTRY POINT | A | | | | | |
| | | 20225 | WELL | A | | | | | |

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Facility Classification: | SMALL WATER SYSTEM | Certification Expiration | |
|--------------------------|--------------------|-----------------------------|------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| STAVENS, JOEL | CHIEF OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2026 |

Contact Information

| | | | | | |
|--------------------------|--------------------------------|--------------|--------------|-----------------|---------------------------|
| Name | Organization | | | | Job Title |
| Mr. Steven Rockefeller | Able Coil Electronics Co. Inc. | | | | President |
| Mailing Address Line One | Mailing Address Line Two | | City | State | Zip Code |
| 25 Howard Road | P.O. Box 9127 | | Bolton | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-646-5686 | 111 | 860-512-0817 | | | srockefeller@ablecoil.com |

Contact Role(s): Administrative Contact, Legal Contact, Owner

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| | | | | | | | | |
|----------------------------------|-----------|--------------------------|---------------------|-----------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | | | | Classification | Population | Owner Type | Primary Source |
| CT0120024 | ABLE COIL | | | | NTNC | 50 | P | GW |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 25 HOWARD ROAD | | | | | 1 | | | |
| Towns Served: BOLTON | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Howard Road Realty LLC | | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| P. O. Box 9127 | | | | | Bolton | | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------------|----------------|------------|------------|----------------|
| CT0120424 | THE CARLYLE JOHNSON MACHINE COMPANY | NTNC | 42 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 291 BOSTON TURNPIKE | Connections | | 1 | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| | | | |
|---|--|--|--|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 Complete | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Total Coliform (3100) | 3 repeat (RP) per period | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 9/30/25 - 10/5/25 Complete | | |
| Total Coliform (3100) | 3 temporary routine (TR) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/25 - 10/31/25 Complete | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 Complete | | |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 Complete | | |
| | 10/1/25 - 12/31/25 Complete | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| | | | |
|---|--|--|--|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 Complete | | |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 Complete | | |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | 1 (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> <i>Collection Period</i> <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 1/1-12/31 Waiver | | |

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------------|----------------|------------|------------|----------------|
| CT0120424 | THE CARLYLE JOHNSON MACHINE COMPANY | NTNC | 42 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 291 BOSTON TURNPIKE | Connections | | 1 | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | | 1 routine (RT) per three years | | |
|--|-------------------|--------------------------------|-------------------------|----------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| ENTRY POINT (3) | 1/1/26 - 12/31/28 | | | |
| | 1/1/29 - 12/31/31 | | | |
| Organic Chemicals (VOCS) | | | 1 routine (RT) per year | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | | Complete |
| | 1/1/26 - 12/31/26 | | | |
| | 1/1/27 - 12/31/27 | | | |

Water System Facility: WELL (WSF ID: 10809)

| E. Coli (3014) | | 1 triggered (TG) per period | | |
|------------------------------------|-------------------|-----------------------------|-------------------|----------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| WELL (2) | 9/29/25 - 10/5/25 | | | Complete |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month | |
|----------------------|---------------------------------------|------------------------|---------------------|--------------------|
| | | | Compliance History: | Monitoring |
| Start Date: 5/1/2021 | Entry Point pH Monitoring (PHRD) | Minimum: 7.4 PH | Compliance Status: | |
| | | Compliance History: | Operating Limit | Monitoring |
| | | Monitoring Period | Compliance Status: | Compliance Status: |
| | | 8/1/2025 - 8/31/2025 | Y | |
| | | 9/1/2025 - 9/30/2025 | Y | |
| | | 10/1/2025 - 10/31/2025 | Y | |
| | | 11/1/2025 - 11/30/2025 | Y | |
| | | 12/1/2025 - 12/31/2025 | Y | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|-----------|---------------|
| RESPOND TO SANITARY SURVEY | 6/17/2023 | |
| CROSS CONNECTION EXEMPTION | 3/1/2026 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/31/2026 | |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total | | Lead and Coliform | | Copper Rule Tier | Asbestos | WQP 2 DBPR | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|------|-------------------|---|------------------|----------|------------|-------|
| | | | | Status | Rule | Y | N | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | | | |
| | | MW001-D | DOWNSTAIRS MENS ROOM | A | Y | N | | Y | Y | | |
| | | MW003 | KITCHEN | A | Y | N | | | | | |
| | | MW005 | BREAK ROOM | A | Y | | | | | | |

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------------------------------|----------------|------------|------------|----------------|
| CT0120424 | THE CARLYLE JOHNSON MACHINE COMPANY | NTNC | 42 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 291 BOSTON TURNPIKE | | | 1 | | |

Towns Served: BOLTON

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|----------------|----------------------|----------|------------------|
| | | | | | Rule Tier | WQD | DBPR | |
| | MW017-U | UPSTAIRS BATHROOM | A | Y | N | | | |
| | MW027-DRNB | DRESS ROOM NEW BLDG | A | Y | N | | | |
| | MW038 | HANDICAP NEW BLDG | A | Y | N | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10809 | WELL | 2 | WELL | A | | | | |
| 47969 | TREATMENT PLANT | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 47969)

| Facility Classification: | CLASS 1 TREATMENT PLANT | | | Certification Expiration |
|--------------------------|-------------------------|---|--|--------------------------|
| Operator Name | Operator Type | Certification(s) | | |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | | |

Contact Information

| | | | | |
|--------------------------|--------------------------------|--------------|--------------|--------------------------------|
| Name | Organization | Job Title | | |
| Mr. Michael Gamache | 291 Boston Tpke Associates LLC | Manager | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 291 Boston Turnpike | P O Box 9546 | Bolton | CT | 06043-9546 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 860-643-1531 | | 860-646-2645 | | Email Address MEG@CJMCO.COM |

Contact Role(s): Legal Contact, Owner

| | | | | |
|--------------------------|-----------------------------|--------------|--------------|-------------------------------------|
| Name | Organization | Job Title | | |
| Mr. Donald J. Hartl | Carlyle Johnson Machine Co. | | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 291 Boston Tpke. | PO Box 9546 | Bolton | CT | 06043 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 860-643-1531 | 107 | 860-646-2645 | | Email Address MAXITORQ@CJMCO.COM |

Contact Role(s): Administrative Contact

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120434 | COMCAST CORPORATION | NTNC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 200 BOSTON TURNPIKE | | | 1 | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

| | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | Complete |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/27 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120434 | COMCAST CORPORATION | NTNC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 200 BOSTON TURNPIKE | | | 1 | | |

Towns Served: BOLTON

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | | Samples Req/Month | |
|-------------|---------------------------------------|------------------------|--------------------|--------------------|--------------------|
| | | Minimum: | 7.0 PH | 4 | Monitoring |
| pH | Entry Point pH Monitoring (PHRD) | | | | Compliance Status: |
| Start Date: | 1/1/2004 | Compliance History: | Operating Limit | Monitoring | Compliance Status: |
| | | Monitoring Period | Compliance Status: | Compliance Status: | |
| | | 8/1/2025 - 8/31/2025 | | | |
| | | 9/1/2025 - 9/30/2025 | | | |
| | | 10/1/2025 - 10/31/2025 | | | |
| | | 11/1/2025 - 11/30/2025 | | | |
| | | 12/1/2025 - 12/31/2025 | | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total | | Lead and Coliform Rule | | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|------|------------------------|----------|-------|
| | | | | Status | Rule | Copper Rule Tier | Asbestos | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | BB100 | BASEMENT BATH | I | | 3 | | |
| | | BR400 | BREAK ROOM | P | | 3 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | FFB200 | FIRST FLOOR BATH | P | Y | 3 | | |
| | | OSC500 | OUTSIDE SILLCOCK | P | | 3 | | |
| | | OSC600 | OUTSIDE SILLCOCK #2 | A | | 3 | | |
| | | SFB300 | SECOND FLOOR BATH | P | | 3 | | |
| 00700 | ENTRY POINT | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | 3 | ENTRY POINT | A | | | | |
| 10968 | WELL | 2 | WELL | A | | | | |
| 48677 | TREATMENT PLANT | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 48677)

| Facility Classification: | CLASS 1 TREATMENT PLANT | Certification Expiration |
|--------------------------|-------------------------|--|
| Operator Name | Operator Type | Certification(s) |
| GRANT, SHANE | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II |
| PETITTI, ANDY | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I |
| | | 6/30/2028 12/31/2028 |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0120434 | COMCAST CORPORATION | NTNC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 200 BOSTON TURNPIKE | | | 1 | | |

Towns Served: BOLTON

Contact Information

| Name | Organization | Job Title | | |
|--------------------------|------------------------------|----------------------|--------------|--|
| Mr. Dan Tomaro | Comcast Cable Communications | Regional Ehs Special | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 222 New Park Drive | | Berlin | CT | 06037 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 860-839-7430 | | | | Email Address Daniel_Tomaro@comcast.com |

Contact Role(s): **Administrative Contact**

| Name | Organization | Job Title | | |
|----------------------------|--------------------------|----------------------|--------------|-----------------|
| Ms. Marna Salimena | Comcast Cable | DEP. General Counsel | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1701 John F. Kennedy Blvd. | | Philadelphia | PA | 19103 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| 215-286-7026 | | | | Email Address |

Contact Role(s): **Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------------|----------------|------------|------------|----------------|
| CT0120343 | HANS CHRISTIAN ANDERSEN MONTESSORI | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 212 BOLTON CENTER ROAD | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/25 - 12/31/27 | 6/1-9/30 | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: ENTRY POINT (WSF ID: 00700)

| | | | |
|--|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/24 - 12/31/26 | | |
| | 1/1/27 - 12/31/29 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------------|----------------|------------|------------|----------------|
| CT0120343 | HANS CHRISTIAN ANDERSEN MONTESSORI | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 212 BOLTON CENTER ROAD | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Organic Chemicals (VOCS) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|--------------------------|------------------------------------|-------------------|-------------------|--------------------------------|
| | ENTRY POINT (3) | 1/1/25 - 12/31/27 | | 1 routine (RT) per three years |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2028 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total | Lead and Coliform | Copper | Asbestos | WQP 2 | DBPR | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|-------|-------------------|--------|----------|-------|------|-------|
| | | | | | Rule | Rule Tier | | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | | | |
| | | BTHRMSINK | BATHROOM SINK | A | Y | 2 | | | | | |
| | | CLSSRM | CLASSROOM | A | Y | 2 | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | | | |
| | | KITSINK | KITCHEN/ENTRY POINT | A | Y | 2 | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | | | |
| 10717 | WELL | 2 | HANS CHRISTIAN ANDER | A | | | | | | | |

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Facility Classification: | SMALL WATER SYSTEM | Certification Expiration |
|--------------------------|--------------------|--|
| Operator Name | Operator Type | Certification(s) |
| NAVICKIS, THOMAS L. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I |
| | | 6/30/2027 |

Contact Information

| | | |
|--------------------------|--------------------------|-----------|
| Name | Organization | Job Title |
| Hans Christian Anderson | | |
| Mailing Address Line One | Mailing Address Line Two | City |
| 212 Bolton Center Rd | | State |
| Business Phone | Extension | Zip Code |
| | | |

Contact Role(s): Legal Contact, Owner

| | | |
|--------------------------|--------------------------------|----------------|
| Name | Organization | Job Title |
| Ms. Cailyn Freeman | Hans Christian Andersen M. Sch | Head of School |
| Mailing Address Line One | Mailing Address Line Two | City |
| 212 Bolton Center Road | | State |
| Business Phone | Extension | Zip Code |
| 860-646-5727 | | |
| | | |

Contact Role(s): Administrative Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------------|----------------|------------|------------|----------------|
| CT0120343 | HANS CHRISTIAN ANDERSEN MONTESSORI | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 212 BOLTON CENTER ROAD | Connections | 1 | | | |

Towns Served: BOLTON

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0121023 | MUNSON'S CANDY KITCHEN | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| ROUTE 6 | Connections | 1 | | | |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

| | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | Complete |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | Complete |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Chloride (1017) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | Complete |
| | 4/1/26 - 6/30/26 | | |
| Inorganic Chemicals (IOCS) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | Complete |
| | 1/1/27 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|---------------------|---------------|------------|----------------|
| CT0121023 | MUNSON'S CANDY KITCHEN | NTNC | 30 | P | GW |
| Local Address (where applicable) | ROUTE 6 | Service Connections | Residential 1 | Commercial | Industrial |
| | | | | Combined | Agricultural |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | | 1 routine (RT) per three years | | |
|--|-------------------|--------------------------------|-------------------------|----------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| | 1/1/26 - 12/31/28 | | | |
| | 1/1/29 - 12/31/31 | | | |
| Organic Chemicals (VOCS) | | | 1 routine (RT) per year | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | | Complete |
| | 1/1/26 - 12/31/26 | | | |
| | 1/1/27 - 12/31/27 | | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---------------------------------------|---------------------------------------|--|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7.2 PH | 4 |
| Start Date: 4/1/2018 | | Compliance History: Monitoring Period | Operating Limit Compliance Status: Monitoring Compliance Status: |
| | | 8/1/2025 - 8/31/2025 | N |
| | | 9/1/2025 - 9/30/2025 | Y |
| | | 10/1/2025 - 10/31/2025 | Y |
| | | 11/1/2025 - 11/30/2025 | Y |
| | | 12/1/2025 - 12/31/2025 | Y |
| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
| pH | <spaces> () | Maximum: 7.8 PH | 4 |
| Start Date: 4/1/2018 | | Compliance History: Monitoring Period | Operating Limit Compliance Status: Monitoring Compliance Status: |
| | | 8/1/2025 - 8/31/2025 | |
| | | 9/1/2025 - 9/30/2025 | |
| | | 10/1/2025 - 10/31/2025 | |
| | | 11/1/2025 - 11/30/2025 | |
| | | 12/1/2025 - 12/31/2025 | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 DBPR | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|--------|----------------------|----------------------|--------------------|------------|-------|
| | | | | | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 DBPR | Stage | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | MUN-01 | KITCHEN | A | Y | 3 | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| CT0121023 | MUNSON'S CANDY KITCHEN | NTNC | 30 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| ROUTE 6 | 1 | | | | |

Towns Served: BOLTON

| Water System Facility and Sampling Point Inventory | | | | | | | |
|--|-----------------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|------------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | Stage WQP 2 DBPR |
| | | MUN-02 | BREAK ROOM | A | Y | 3 | |
| | | MUN-03 | CANDY ROOM | A | Y | 3 | Y |
| | | MUN-04 | ENROBER ROOM | A | Y | 3 | |
| | | MUN-05 | OFFICE BATHROOM | A | Y | 3 | Y |
| | | MUN-06 | PACKING ROOM | A | Y | 3 | |
| | | MUN-07 | EMPLOYEE LOUNGE | A | Y | 3 | Y |
| | | MUN-08 | UPSTAIRS BATHROOM | A | Y | 3 | |
| | | MW028-E | GENERATED BY BATCH | I | Y | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | |
| 10933 | WELL #1 | 2 | WELL #1 | A | | | |
| 1662 | TREATMENT - AERATION/PH/GAC | | | | | | |
| 54347 | ATMOSPHERIC STORAGE | | | | | | |
| 54350 | BOOSTER PUMP (GOULDS J5) | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT - AERATION/PH/GAC (WSF ID: 1662)

| Facility Classification: | | Certification Expiration |
|--------------------------|-------------------|---|
| Operator Name | Operator Type | Certification(s) |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II |
| | | 6/30/2026 |

Contact Information

| | | |
|--------------------------|--------------------------|---------------------------|
| Name | Organization | Job Title |
| Mr. Jim Florence | 174 Hop River Rd LLC | Vice President |
| Mailing Address Line One | Mailing Address Line Two | City |
| 174 Hop River Road | | State |
| Business Phone | Extension | Zip Code |
| 860-649-4332 | 22 | |
| Mobile Phone | Emergency Phone | Email Address |
| 860-798-1897 | | jim@munsonschocolates.com |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
| CT0121114 | ABLE COIL AND ELECTRONICS | NTNC | 40 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 837 BOLTON TURNPIKE | | | | | 1 |

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

| | | | |
|---|--------------------------------------|--------------------------|--------------------------|
| Asbestos (1094) | 1 routine (RT) per nine years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/31 | | |
| Total Coliform (3100) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per six months | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 6/30/26 | | |
| | 7/1/26 - 12/31/26 | | |
| Physical Parameters (PPS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

| | | | |
|---|---------------------------------------|--------------------------|--------------------------|
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |
| Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/26 - 12/31/28 | | |
| | 1/1/29 - 12/31/31 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
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| 837 BOLTON TURNPIKE | | | | 1 | |

Towns Served: BOLTON

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | | 3/1/2026 |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total | Lead and Coliform | Copper | Asbestos | WQP 2 | DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|---------------|-------------------|--------|----------|-------|------|
| | | | | | Coliform Rule | Rule Tier | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | | |
| | DOWNSTREAM | WITHIN 5 SERVICE CON | | A | Y | | | | | |
| | MSP0002 | MENS BATHROOM SNK1 | | A | Y | | N | | | |
| | MSP0003 | MENS BATHROOM SNK2 | | A | Y | | N | | | |
| | MSP0004 | WOMENS BATHROOM SNK1 | | A | Y | | N | | | |
| | MSP0005 | WOMENS BATHROOM SNK2 | | A | Y | | N | | | |
| | MSP0006 | DRINKING FOUNTAIN | | A | Y | | N | | | |
| | MSP0007 | CAFÉ SINK | | A | Y | | N | | | |
| | MSP0008 | TOOL ROOM SINK | | A | Y | | N | | | |
| | MSP0009 | VARNISH ROOM SINK | | A | Y | | N | | | |
| | MSP0010 | 1ST FL. MENS BATH | | A | Y | | N | | | |
| | MSP0011 | 1ST FL. WOMENS BATH | | A | Y | | N | | | |
| | MSP0012 | BREAK ROOM | | A | Y | | N | | | |
| | MSP0013 | 1ST FL FOUNTAIN | | A | Y | | N | | | |
| | MSP0014 | LAUNDRY SINK | | A | Y | | N | | | |
| | MSP0015 | SUPPLY BR SINK | | A | Y | | N | | | |
| | MSP0016 | CONF. RM SINK | | A | Y | | N | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | | A | Y | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | | |
| 62465 | WELL | 2 | WELL | A | | | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | Certification Expiration | | |
|--|---------------|--|--------------------------|-----------------------------|--------------------------|
| Facility Classification: | Operator Name | | Operator Type | Certification(s) | Certification Expiration |
| SMALL WATER SYSTEM | STAVENS, JOEL | | CHIEF OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2026 |

Contact Information

| Name | | | Organization | | | Job Title | | |
|--------------------------|-----------|--------------|--------------------------------|-----------------|---------------------------|-----------|-------|--|
| Mr. Steven Rockefeller | | | Able Coil Electronics Co. Inc. | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | |
| 25 Howard Road | | | P.O. Box 9127 | | | State | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-646-5686 | 111 | 860-512-0817 | | | srockefeller@ablecoil.com | CT | 06043 | |

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| 837 BOLTON TURNPIKE | | | | | 1 | |
| Towns Served: BOLTON | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | |
| Please note the following: <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | | |
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End of schedule