

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
50 WINDING TRAILS DRIVE	Connections		5		

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)

Nitrate And Nitrite (NOX)	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	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	
	1/1/27 - 12/31/27	4/1-10/31	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN		5/6/2024

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 Tier
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		CMEN-1	LEFT MENS SINK	A	Y	
		CWOMEN-1	LEFT WOMENS SINK	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		GHKITCHEN-1	HALL KITCHEN FAUCET	A	Y	
		LODGE-1	NURSE SINK	A	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
20899	WELL	2	WELL	A		

Contact Information

Name	Organization	Job Title
Mr. Bryan Martin	Winding Trails Inc.	Parks Superintendent
Mailing Address Line One	Mailing Address Line Two	City
50 Winding Trails Drive		State Zip Code
		CT 06032

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
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
50 WINDING TRAILS DRIVE		5			

Towns Served: FARMINGTON

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM

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

Name	Organization	Job Title
Mr. Scott Brown	Winding Trails, Inc	Executive Director

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 Winding Trails Drive		Farmington	CT	06032

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0520054	FARMINGTON POLO GROUNDS	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
152 TOWN FARM ROAD		1	1		

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)

Nitrate And Nitrite (NOX)	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		

Other Compliance Schedules

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

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 Tier
					Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
00700	ENTRY POINT	3	ENTRY POINT	A		
20902	WELL	2	WELL	A		
60680	ATMOSPHERIC STORAGE (POLY)					

Contact Information

Name	Organization	Job Title
Mr. David Falt	Bozzuto's Inc.	Director, Eng & Des.
Mailing Address Line One	Mailing Address Line Two	City
275 Schoolhouse Rd		State
Business Phone	Extension	Zip Code
203-250-5134	203-250-2870	Cheshire
Emergency Phone	Email Address	CT
203-250-5109	dfalt@bozzutos.com	06410
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
CT0520054	FARMINGTON POLO GROUNDS				NC	35	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
152 TOWN FARM ROAD			1	1				
Towns Served: FARMINGTON								
Name			Organization			Job Title		
Mr. Kevin R. Daly			Bozzuto's, Inc.			Vice President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
275 Schoolhouse Rd					Cheshire	CT	06410	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-250-5109				203-250-5134	kdaly@bozzutos.com			

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

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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
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 HILLTOP ROAD			1		

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	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)

Nitrate And Nitrite (NOX)	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	5/8/2025	
RESPOND TO SANITARY SURVEY	1/2/2026	
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	Status	Total Coliform Rule	Lead and Copper Rule Tier
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	Asbestos WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
20903	WELL	2	WELL	A		
55621	ATMOSPHERIC STORAGE					
55623	PRESSURE STORAGE					

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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
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 HILLTOP ROAD			1		

Towns Served: FARMINGTON

Contact Information

Name	Organization	Job Title		
Mr. William J Bannon	Farmington Field Club	Treasurer		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Farmington Field Club	P. O. Box 10 (21 Hiltop Road)	Farmington	CT	06034
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
			860-801-0088	generalmanager@farmingtonfield.org

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

Name	Organization	Job Title		
Mr. Michael Smith	Farmington Field Club	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
21 Hilltop Rd		Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
860-677-1209				generalmanager@farmingtonfieldclub.org

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

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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
CT0520084	RIVERFRONT MINIATURE GOLF, INC.	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
218 RIVER ROAD			2		

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	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)

Nitrate And Nitrite (NOX)	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 and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
	DOWNSTREAM	WITHIN 5 SERVICE CON		A		
	UPSTREAM	WITHIN 5 SERVICE CON		A		
00700	ENTRY POINT	3	ENTRY POINT	A		
20905	WELL	2	WELL	A		

Contact Information

Name	Organization	Job Title
Mr. Paul G. Kramer	Riverfront Miniature Golf, Inc	President
Mailing Address Line One	Mailing Address Line Two	City
218 River Rd		State
		Zip Code
Business Phone	Extension	Fax
860-921-1922		
		Mobile Phone
		Emergency Phone
		Email Address
		860-673-0488
		vkfan1963@aol.com
Contact Role(s):	Administrative Contact, Legal Contact, Owner	

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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
CT0520084	RIVERFRONT MINIATURE GOLF, INC.	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
218 RIVER ROAD	Connections		2		

Towns Served: FARMINGTON

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
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER	NC	207	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
50 WINDING TRAILS DRIVE			5		

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25	10/1-10/31	Complete
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	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	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	
	1/1/27 - 12/31/27	4/1-10/31	

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		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		BHOFFICE-1	BOAT OFFICE FAUCET	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GR-1	GRILL KITCHEN FAUCET	A	Y			
		MC-1	MECHANICAL RM SPIGOT	I	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
50144	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Ms. Heidi Martin	Winding Trails Inc.	Executive Director
Mailing Address Line One	Mailing Address Line Two	City
50 Winding Trails Drive		State
		Zip Code
Business Phone	Extension	Fax
860-677-8458		860-676-9407
		Mobile Phone
		Emergency Phone
		Email Address
		860-675-4313
		HEIDI@WINDINGTRAILS.COM
Contact Role(s):	Owner	

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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
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER	NC	207	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
50 WINDING TRAILS DRIVE			5		

Towns Served: FARMINGTON

Name		Organization			Job Title		
Mr. Bryan Martin		Winding Trails Inc.			Parks Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive					Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM		

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

Name		Organization			Job Title		
Mr. Scott Brown		Winding Trails, Inc			Executive Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive					Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org		

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

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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
CT0529054	1365 FARMINGTON AVE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1365 FARMINGTON AVE					1

Towns Served: FARMINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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)

Nitrate And Nitrite (NOX)	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/18/2021	
SAMPLING SITE PLAN	5/5/2025	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
60238	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization				Job Title				
Mr. Mohamed A. Fazeel	Superheroes Properties LLC				Owner				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
1451 New Britain Ave, Ste 15			Farmington		CT	06032			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-892-7246					superheroesproperties@gmail.com				
Contact Role(s):	Administrative Contact, Owner								

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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
CT0529054	1365 FARMINGTON AVE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1365 FARMINGTON AVE					1

Towns Served: FARMINGTON

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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End of schedule