C	Connecticut Dep	artmer	t of Publ	lic H	ealth I	Orink	ing Wa	ater S	ection	
	Water Qua	ality Mo	onitoring	gand						
PWS ID PY	WS Name				С	lassificat	ion Popu	ation O	wner Type P	rimary Source
	TONINGTON INSTITUTE - F	NOLLWOO				NC	7		Р	GW
Local Address (whe	* * * * * * * * * * * * * * * * * * * *		Service		Residentia	al Comm	nercial In	dustrial	Combined	Agricultural
75 SWANTOWN HI			Connec	tions	1					
Towns Served: NO	RTH STONINGTON									
Mala Calaa Fa	The DISTRIBUTION (onitoring I		iremen	ts				
-	icility: DISTRIBUTION S	YSTEM (V	WSF ID: 0060	0)					(>=)	
Total Coliform (5	6 II . I			per quarter
	nt (Sampling Point ID)	- D-it-			Monitoring		Collecti	on Perio		ance Status
Select from In	nventory of Active Samplin	g Points			4/1/25 - 6					mplete
					7/1/25 - 9					mplete
					0/1/25 - 1				Co	mplete
					1/1/26 - 3 4/1/26 - 6					
Physical Parame	otors (DDS)				4/1/20-0	/30/20		1 r	outine (RT)	per quarter
-	nt (Sampling Point ID)			Λ	Monitoring	a Period	Collecti	on Perio		ance Status
-	nventory of Active Samplin	g Points			4/1/25 - 6		0011000			mplete
33.334.1.311.11		B . G			7/1/25 - 9					mplete
					0/1/25 - 1					mplete
					1/1/26 - 3					
					4/1/26 - 6					
Water System Fa	cility: ENTRY POINT (WSF ID: 00	700)		, ,	, ,				
Nitrate And Nitr	rite (NOX)								1 routine (F	RT) per year
Sampling Poi	nt (Sampling Point ID)			٨	Monitoring	g Period	Collecti	on Perio	d Compli	ance Status
ENTRY POINT	(3)			1	L/1/24 - 12	2/31/24				_
				1	L/1/25 - 12	2/31/25			Со	mplete
				1	L/1/26 - 12	2/31/26				
		Oth	er Compli	ance	Schedu	ıles				
Compliance Sched	ule Activity				Dι	ıe Date		Achieve	d Date	
CROSS CONNECTIO	ON SURVEY REPORT				3/	1/2026				
		Public	Notificati	on Re	equiren	nents				
			Complian	се	Notice	Pub	lic Notifica	tion	PN Cert	<u>tification</u>
Violation/Situation	n		Period		Tier	Requi	red Per	formed	Due to DPH	Received
Nitrate And Nitrite	M&R Violation		1/1/24 - 12/3	31/24	3	2/25/2	026		3/7/2026	
	Water 9	System F	acility and	d Sam	npling P	Point Ir	nventor	У		
Water		c "	D				Total	Lead an		
*	System Facility	Sampling	Point Samplii Descrip	_	τ		Coliform Rule	Copper		Stage WQP 2 DBPR
Facility ID 00600 DISTRIB	BUTION SYSTEM	4			SYSTEM	Status A	Y	nuie He	יי שארטונט	VVQI Z DDPK
OUGOO DISTRIB	OHON SISILIVI	4 4-1	Room 5		JIJILIVI	A	Υ			
		4-1	Room 8			A	Ϋ́			
		4-2	Lounge			A	Ϋ́			
		4-4	Exam R		ıth	A	Υ			
		4-5	Well En			A	Υ			
			REAM WITHIN	•	/ICE CON	A	•			
		UPSTRE			/ICE CON	Α				

	Water Quality Monit	oring an	d Con	nplia	ance S	schedul	e	
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
CT1020483	STONINGTON INSTITUTE - KNOLLWOOD			I	NC	77	Р	GW
Local Address	(where applicable)	Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
75 SWANTOW	/N HILL ROAD	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

	Wat	er System Facili	ity and Samplir	ng Point I	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	А					
10919	WELL #1	2	WELL	А					
48299	INTERCONNECTION - CT1021053 - INFIRMARY								

	Contact Info	ormation				
	Organization				Job Title	1
	Stonington Ir	nstitute		Ceo		
	Mailing Address Line Two			City	State	Zip Code
			North St	onington	СТ	06359-0216
Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
		800-832-1022	william.a	niskovich@u	hsinc.com	
	Organization				Job Title	1
	Stonington Ir	nstitute		Dir Facilities	Mgmt	
	Mailing Address Line Two			City	State	Zip Code
			North St	onington	СТ	06359
Fax	Mobile Phone	Emergency Phone	Email Ad	dress		
		860-535-1010	Howard.	worst@uhsin	c.com	
		Organization Stonington Ir Mailing Address Line Two Fax Mobile Phone Organization Stonington Ir Mailing Address Line Two	Organization Stonington Institute Mailing Address Line Two Fax Mobile Phone Emergency Phone 800-832-1022 Organization Stonington Institute Mailing Address Line Two Fax Mobile Phone Emergency Phone	Organization Stonington Institute Mailing Address Line Two North Sto Fax Mobile Phone Emergency Phone Email Ad 800-832-1022 william.a Organization Stonington Institute Mailing Address Line Two North Sto Fax Mobile Phone Emergency Phone Email Ad	Organization Stonington Institute Ceo Mailing Address Line Two North Stonington Fax Mobile Phone Emergency Phone 800-832-1022 William.aniskovich@u Organization Stonington Institute Dir Facilities Mailing Address Line Two City North Stonington Fax Mobile Phone Emergency Phone Email Address	Stonington Institute Mailing Address Line Two North Stonington The state of the stonington of the storington of the s

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 schedule.

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 Departmen	t of Public H	lealth	Drink	ing '	Water	Se	ction	
	Water Quality Mo								
PWS ID	PWS Name	7111011118 0111		_				ner Type Pri	imary Source
CT1020024	CAMP WIGHTMAN - CAMPBELL WELL			NC		25	· · · ·	P	GW
	(where applicable)	Service	Residen		nercial	Industri	al	Combined	Agricultural
207 COAL PIT		Connections			1				8
	NORTH STONINGTON								
	Mo	onitoring Requ	ireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)							
Total Colifor	rm (3100)						1 ro	utine (RT)	per month
	Point (Sampling Point ID)		Monitori	ing Period	Col	lection Pe			nce Status
Select fro	om Inventory of Active Sampling Points		7/1/25 -	7/31/25				Cor	mplete
			8/1/25 -	8/31/25				Cor	mplete
			9/1/25 -	9/30/25				Cor	mplete
		:	10/1/25 -	10/31/25				Cor	mplete
		:	11/1/25 -	11/30/25				Cor	mplete
			12/1/25 -	12/31/25					
			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					
Total Colifor	rm (3100)						3 re	epeat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Col	lection Pe	riod	Complia	ance Status
Select fro	m Inventory of Active Sampling Points	:	11/8/25 -	11/13/25				Cor	mplete
Physical Par	ameters (PPS)						1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Col	lection Pe	riod	Complia	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31/25				Cor	mplete
			8/1/25 -	8/31/25				Cor	mplete
			9/1/25 -	9/30/25				Cor	mplete
		:	10/1/25 -	10/31/25				Cor	mplete
		:	11/1/25 -	11/30/25				Cor	mplete
		:	12/1/25 -	12/31/25					
			1/1/26 -	1/31/26					
			2/1/26 -	2/28/26					
			3/1/26 -	3/31/26					
				4/30/26					
				5/31/26					
			6/1/26 -	6/30/26					
Water Syster	m Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate And	Nitrite (NOX)						1	_	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing Period	Col	lection Pe	riod	Complic	ance Status
ENTRY PO	DINT (3)		1/1/24 -	12/31/24				Cor	mplete

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Water System Facility: WELL 1 (WSF ID: 21781)

Complete

Water Quality Monitoring and Compliance Schedule PWS 1D PWS Name CT1020024 CAMP WIGHTMAN - CAMPBELL WELL Local Address (where applicable) Service Connections Service Not Type Primary Source CT020024 CAMP WIGHTMAN - CAMPBELL WELL Local Address (where applicable) Service Connections Service Not Type Primary Source Not Type Service Not Type Service Not Type Primary Source Residential Commercial Industrial Combined Agricultur Connections 1 Not 25 P GW Not Type Primary Source Residential Commercial Industrial Combined Agricultur Connections 1 I triggered (TG) per period Confliction Revenue Not Type Primary Source Not Type Primary Source Not Type Service Not Type Primary Source Residential Commercial Industrial Combined Agricultur Connections 1 I triggered (TG) per period Confliction Revenue Not Type Primary Source Not Type Primary Source Not Type Service Not Type Service Not Type Primary Source Not Type Service Not Type Service Not Type Primary Source Not Type Service Not Type Primary Source Residential Commercial Industrial Combined Agricultur Connections 1 I triggered (TG) per period Confliction Revenue Not Type Primary Source Not Type Primary Source Not Type Service Not Type Service Not Type Primary Source Not Type Service Not Type Primary Source Not Type Service Not Type Primary Source Not Type Service Not Type Primary Source Not Type Primary Source Not Type Service Not Type Primary Source N		Connecticu Wat	•						_			ction	
Comparison Com	DW/S ID		ci Quaii	ty Mo	intorning a	iiiu Coi	_		_		_	oer Type	Primary Source
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Towns Served: NORTH STONINGTON Monitoring Requirements			IN - CAIVIF DEL	LVVLLL	Service	Rosido	ntial (rial		al	-	
Monitoring Requirements Suppling Point Suppling Poi							iitiai (Ciai	maastri	aı	COMBINE	Agricultural
Monitoring Requirements)N										
B. Coll (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status	Towns Served. IV	OKTH STORMOTO	714	N/a	nitorina Do	i.							
Monitoring Point (Sampling Point ID) Monitoring Period Collection Period Compilance Status	Water System I	acility: WELL 1	WSF ID: 2		nitoring Ke	quireme	ents						
Public Notification Requirements Piblic Notification Requirements Piblic Notification Requirements Piblic Notification Pib	E. Coli (3014)									1	trigg	gered (T	G) per period
Public Notification Requirements Compliance Period Tite Required Performed Due to DPH Received Total Performed Due to DPH Received Total Performed Total Performed Total Performed Total Performed Total Performed Performed Total Performed Perfor	Sampling P	oint (Sampling Po	int ID)			Monito	ring Pe	riod	Coll	ection Pe	riod	Com	oliance Status
Compliance Period Tier Required Performed Tier Required Performed Tier Required Performed Tier Required Performed Due to DPH Received Revised Performed	WELL1 (2)					11/7/25	- 11/1	3/25				(Complete
Violation/Situation Revised Tier Required Performed Due to DPH Received				Public I		-							
Water System Facility Sampling Point Inventory	Violetian /Cit.	ion			•		_						
Water System Facility and Sampling Point Inventory Water System Water System Facility Water System Water System Facility ID Description Status Rule O6000 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 4-1 Front Right Kitchen A Y 4-2 Back Center Kitchen A Y 4-3 First Back Restroom A Y 4-4 Second Back Restroom A Y 4-5 Front Left Kitchen S A Y DOWNSTREAM WITHIN S SERVICE CON A UPSTREAM WITHIN S SERVICE CON A DOTOO ENTRY POINT 3 ENTRY POINT A 2 WELL 1 2 WELL 1 A 54930 HYDROPNEUMATIC TANK Contact Information Name Organization Job Title Reverend Michael Wu Abcconn Legal Counsel Mailing Address Line One Mailing Address Line Two City State Zip Code 90A North Main Street West Hartford CT 06107 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address mu@abcconn.org Contact Role(s): Legal Contact Mailing Address Line One Mailing Address Line Two City State Zip Code More American Baptist Churches Ofct Interim Director Mailing Address Line One Mailing Address Line Two City State Zip Code More American Baptist Churches Ofct Interim Director Mailing Address Line One Mailing Address Line Two City State Zip Code More American Baptist Churches Ofct Interim Director Mailing Address Line One Mailing Address Line Two City State Zip Code More American Baptist Churches Ofct Interim Director Mailing Address Line One Mailing Address Line Two City State Zip Code More American Baptist Churches Ofct Interim Director Mailing Address Line One Extension Fax Mobile Phone Emergency Phone Email Address 860-376-2179 860-376-7059 518-312-3835 CampWightman@outlook.com			TCD\ TT\" '	Ai a c						Performe			
Mater System Water System Facility Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBI	KEVISED TOTAL (<u> </u>								10	U/1//202	.5
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A-5 Front Left Kitchen S A Y				4-3	First Back	Restroom		Α	Υ				
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Red	90A North Main	Street						West	Har	tford		СТ	06107
Contact Role(s): Legal Contact Name Organization Job Title Ms. Holly Blacker American Baptist Churches Ofct Interim Director Mailing Address Line One Mailing Address Line Two City State Zip Code 207 Coal Pit Hill Road Griswold CT 06351 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-376-2179 860-376-7059 518-312-3835 CampWightman@outlook.com	Business Phon	e Extension	Fax	N	Nobile Phone	Emergeno	y Phor	e Emai	l Add	dress			
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Mailing Address Line OneMailing Address Line TwoCityStateZip Code207 Coal Pit Hill RoadGriswoldCT06351Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-376-2179860-376-7059518-312-3835CampWightman@outlook.com		r				otist Church	es Ofc	<u> </u>		nterim D	irecto		
207 Coal Pit Hill Road Griswold CT 06351 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-376-2179 860-376-7059 518-312-3835 CampWightman@outlook.com			N	lailing Ad	_								Zip Code
Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-376-2179860-376-7059518-312-3835CampWightman@outlook.com								Grisw	vold	•			
860-376-2179 860-376-7059 518-312-3835 CampWightman@outlook.com			Fax	N	Mobile Phone	Emergeno	y Phor			dress			
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	Connecticut Department of Public Health Drinking Water Section													
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	liance S	Schedul	e					
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Sc	ource			
CT1020024	CAMP WIGHTM	AN - CAMPB	ELL WELL				NC	25	Р	GW				
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural														
207 COAL PIT HILL ROAD Connections 1														
Towns Served: N	owns Served: NORTH STONINGTON													
Name				Organization					Job Title	5				
Mr. Todd Garme	r			Camp Wightm	nan			Executive	Director					
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Cod	le			
207 Coal Pit Hill F	ld						Griswo	ld	СТ	06351	L			
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address													
860-376-2179							Execut	veDirector@	campwightn	nan.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 schedule.

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 De	epartment of	f Public H	lealth	Drin	king	Wa	ter S	Section	n		
	Water Q	uality Monit	oring and	d Com	plia	nce S	che	dule				
PWS ID	PWS Name				Classifi	cation P	opula	ation O	wner Ty	pe P	rimary	/ Source
CT102003	4 CAMP WIGHTMAN - CAT	HCART WELL			N	С	25	i	Р		G۷	W
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercial	Inc	lustrial	Comb	ined	Agri	cultural
207 COAL	PIT HILL ROAD		Connections			1						
Towns Se	rved: NORTH STONINGTON											
		Monite	oring Requ	iremer	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1 r	outine	(RT)	per q	uarter
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	od Col	llectic	n Perio	od Co	mpl	iance S	Status
Selec	ct from Inventory of Active Samp	oling Points		4/1/25 -	6/30/2	5				Cc	mplet	e
				7/1/25 -	9/30/2	5				Co	mplet	e
			:	10/1/25 -	12/31/	25				Co	mplet	e
				1/1/26 -	3/31/2	5						
				4/1/26 -	6/30/2	5						
-	Parameters (PPS)			0.4	a Davis	-d C-	II = =4:=	1 r on Perio	outine	-		
	pling Point (Sampling Point ID)	alia - Dainta		Monitorin	_		iectic	on Perio	oa Co		iance S	
Selec	ct from Inventory of Active Samp	oling Points		4/1/25 -							mplet	
				7/1/25 - 9							mplet	
				10/1/25 -						CC	mplet	.e
				1/1/26 - 3								
Matar	estom Facility FNTDY DOINI	- (MSE ID: 00700)		4/1/26 -	0/30/20	5						
-	vstem Facility: ENTRY POINT	(WSF ID: 00700)							4	/ .	\ - \	
	And Nitrite (NOX)			0.4 it i	an Danis	-d C-	II4:-	u Davis	1 routi	_		-
	pling Point (Sampling Point ID)			Monitorin			iectic	on Perio	oa Co		iance S	_
ENTE	RY POINT (3)			1/1/24 - 1							mplet	
				1/1/25 - 1						CC	mplet	.e
	•••			1/1/26 - 1			_	_	_	-	_	
	Wate	r System Facili	ity and Sar	npling	Point	Inven						
Water	Mateu Custom Familia	Committee Daint	Compuling Dai			Tot		Lead ar				. .
System Facility IL	Water System Facility	Sampling Point ID	Description	π		Colife Ru		Coppe Dula Ti		ctoc	MOD	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	LCVCTENA	Sta:	LUS		Nuie II	er Asbe	3103	WQF	2 DDFR
00000	DISTRIBUTION STSTEM	4 4-1	Kitchen Sink	ISISILIVI	Α							
		4-1 4-2	Left Men s Re	stroom	Α							
		4-3	Women s Res									
		4-3 4-4										
		4-4 4-5	Women s Res Right Men s R	_	Α							
		DOWNSTREAM	_									
		UPSTREAM	WITHIN 5 SER									
00700	ENTRY POINT	3	ENTRY POINT	VICE CON								
21782	WELL 1	2	WELL		Δ							
21/02	VVLLL I			nation	P							
Name			tact Inforr	iiatiOff					Job 1	itle		
	Michael Wu		occonn				Logo	l Coupa		iue		
	ddress Line One	Mailing Address						l Couns		to	7in C	Codo
	anness time time	iivialiilie Addres	STILLE LWO				Cit	у	Sta	ιυ	Zip C	Loue
	n Main Street					West Ha	rtforc	1	CT	-	061	107

Rusiness Phone Extension Fax Mohile 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.

	Connectic	ut Depa	rtme	ent of	Public	Health	D	rinking	y Water	Section			
	Wa	ter Qua	lity N	lonit	oring a	nd Con	np]	liance S	Schedul	e			
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Primary Source		
CT1020034	CAMP WIGHTM	AN - CATHC	ART WEL	.L				NC	25	Р	GW		
Local Address (w	here applicable)				Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural		
207 COAL PIT HILL ROAD Connections 1													
Towns Served: N	ORTH STONING	_				·			·		·		
860-693-4803	Extension	Tax		WIODI	ic i none	Linergene	y 1 110	mwu@	abcconn.org	3			
Contact Role(s):	Legal Contact	1			+								
Name				Or	ganization					Job Titl	е		
Ms. Holly Blacke	r			An	nerican Bapt	tist Churche	es Ot	fct	Interim Di	rector			
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code		
207 Coal Pit Hill I	Road							Griswo	ld	СТ	06351		
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	y Pho	one Email A	Address				
860-376-2179		860-376-	7059			518-312	-383	5 CampV	Vightman@o	outlook.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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		t Departme				`	_			on	
	Wate	er Quality M	onitoring	and Com	plia	nce	Sch	edul	e		
PWS ID	PWS Name		<u> </u>							ype F	Primary Source
CT102004	4 CAMP WIGHTMAN	I - PECK WELLS 1 &	2		N		-	25	Р	, .	GW
Local Addr	ess (where applicable)		Service	Resident	tial Co	mmerc	ial Ir	ndustria	al Com	bine	Agricultura
	PIT HILL ROAD		Connecti	ons		1					
Towns Ser	ved: NORTH STONINGTO	N			1						
		N	Ionitoring R	equireme	nts						
Water Sys	stem Facility: DISTRIB										
Total Col	iform (3100)							1	routine	(RT)	per quarter
Samp	ling Point (Sampling Poi	nt ID)		Monitorii	ng Peri	od (Collect	ion Per	riod (Comp	liance Status
Select	t from Inventory of Active	Sampling Points		4/1/25 -	6/30/2	5				C	omplete
				7/1/25 -						C	omplete
				10/1/25 -						C	omplete
				1/1/26 -							
				4/1/26 -	6/30/2	.6					
•	Parameters (PPS)										per quarter
•	ling Point (Sampling Poi			Monitorii			Collect	ion Per	riod (liance Status
Select	t from Inventory of Active	e Sampling Points		4/1/25 -							omplete
				7/1/25 -							omplete
				10/1/25 -						С	omplete
				1/1/26 -							
				4/1/26 -	6/30/2	.6					
	stem Facility: ENTRY I	POINT (WSF ID: 0	0700)								
	and Nitrite (NOX)									-	RT) per year
	ling Point (Sampling Poi	nt ID)		Monitorii			Collect	ion Per	riod (liance Status
ENTR	Y POINT (3)			1/1/24 - :							omplete
				1/1/25 - 1						C	omplete
				1/1/26 - :							
	V	Vater System	Facility and	Sampling	Point	t Inve	ento	ry			
Water							otal	Lead			
System	Water System Facility		g Point Sampling				liform				Stage
Facility ID		ID				tus	Rule	Kuie	Her Ask	estos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4		TION SYSTEM		A •	Υ				
			FREAM WITHIN 5								
00700	ENTRY POINT	UPSTR		SERVICE CON		<u>م</u> م					
		3	ENTRY PO			<u>م</u>					
	PECK WELL 2	2	PECK WE	LL Z	F	4					
58459	HYDROPNEUMATIC TANI	N									
			Contact Inf	ormation							
Name			Organization	1					Job	Title	
	Michael Wu		Abcconn				Leg	al Cour			
	dress Line One	Mailing /	Address Line Two					ity		ate	Zip Code
	Main Street					West			(T	06107
Business		Fax	Mobile Phone	Emergency	Phone						
860-693						mwu@	@abcco	onn.org	S		
Contact Ro	ole(s): Legal Contact										

	Connectic	ut Depa	rtment	of	Public	Health	ı Dr	inking	Water	Sec	tion	
	Wa	ter Qua	lity Mon	ito	oring a	nd Cor	npli	ance So	chedul	le		
PWS ID	PWS Name						Class	ification P	opulation	Owne	r Type P	rimary Source
CT1020044	CAMP WIGHTM	AN - PECK W	ELLS 1 & 2					NC	25		Р	GW
Local Address (wh	nere applicable)				Service	Reside	ntial	Commercial	Industri	al C	ombined	Agricultural
207 COAL PIT HIL	L ROAD				Connection	ns		1				
Towns Served: No	ORTH STONINGT	ON		·		·						
Name				Org	ganization					J	lob Title	
Ms. Holly Blacker	r			Am	erican Bap	tist Church	es Ofc	t	Interim Di	irector		
Mailing Address L	ine One		Mailing Addr	ress	Line Two				City		State	Zip Code
207 Coal Pit Hill R	Road							Griswold			СТ	06351
Business Phone	Extension	Fax	M	obile	e Phone	Emergeno	y Phor	ne Email Ad	dress			
860-376-2179		860-376-7	7059			518-312	-3835	CampWi	ghtman@d	outloo	k.com	
Contact Role(s):	Administrative	Contact	·					·				
Name				Org	ganization					J	lob Title	
Mr. Todd Garme	r			Can	np Wightm	an			Executive	Direct	or	
Mailing Address L	ine One		Mailing Addr	ress	Line Two				City		State	Zip Code
207 Coal Pit Hill R	Rd							Griswold			СТ	06351
Business Phone	Extension	Fax	Mo	obile	e Phone	Emergenc	y Phor	ne Email Ad	dress			
860-376-2179								Executive	eDirector@	g)camp	wightma	in.org
Contact Role(s):	Owner		•		"			•				
51												

Please note the following:

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

End of schedule

	Connecticut Department	of Public H	Iealth	Dr	inkin	g W	ater :	Sect	tion	
	Water Quality Mon	nitoring an	d Con	ilan	ance	Sch	edule	<u>د</u>		
PWS ID	PWS Name		0. 0011	-					Type Pr	imary Source
CT1020054	CEDAR PARK INN				NC		25	P		GW
	(where applicable)	Service	Residen		Commerc		ndustrial		mbined	Agricultural
	WESTERLY RD (RTE 184 & RT	Connections			1					- 6
	NORTH STONINGTON	I								
	Mor	nitoring Requ	ıireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)								
Total Colifor	rm (3100)						1	rout	ine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori			Collect	ion Peri	od	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/31,	/25				Cor	mplete
			8/1/25 -	- 8/31,	/25				Cor	mplete
			9/1/25 -	- 9/30,	/25				Cor	mplete
			10/1/25 -	- 10/3	1/25				Cor	mplete
			11/1/25 -	- 11/30	0/25				Cor	mplete
			12/1/25 -	- 12/3	1/25					
			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					
Total Colifor	m (3100)						3	3 rep	eat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	riod (Collect	ion Peri	od	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		9/20/25	- 9/25	5/25				Cor	mplete
Physical Par	ameters (PPS)						1	rout	ine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	riod (Collect	ion Peri	od	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/31,	/25				Cor	mplete
			8/1/25 -	- 8/31,	/25				Cor	mplete
			9/1/25 -	9/30,	/25				Cor	mplete
			10/1/25 -	- 10/3	1/25				Cor	mplete
			11/1/25 -	- 11/30	0/25				Cor	mplete
			12/1/25 -	- 12/3:	1/25					
			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					
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)								
Nitrate And	Nitrite (NOX)							1 ro	utine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	riod (Collect	ion Peri	od	Compli	ance Status
ENTRY PO	OINT (3)		1/1/24 -	12/31	./24				Cor	mplete
					_					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Water System Facility: ORIGINAL WELL 1 (WSF ID: 21784)

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Complete

	Co	nnectic	ut Depa	artment	of Public	Health	Dri	nking	g Wat	er Se	ection	
			•		nitoring a			_				
PWS ID	PW	S Name			0 :		_				ner Type	Primary Source
CT1020054	CED	AR PARK IN	N				١	1C	25		Р	GW
Local Address	s (where	e applicable)			Service	Resider	ntial Co	ommerci	al Indu	strial	Combine	ed Agricultural
85 NORWICH	I-WESTE	RLY RD (RTE	184 &	RT	Connectio	ons		1				
Towns Served	d: NOR1	TH STONING	ΓΟΝ									1
				Moi	nitoring Re	quireme	nts					
Water Syste	m Faci	lity: ORIG	INAL WELL	1 (WSF ID:	21784)							
E. Coli (301	14)									1 trig	gered (T	G) per period
Samplin	g Point	(Sampling P	Point ID)			Monitor	ing Per	iod C	ollection	Period	Com	oliance Status
WELL (2)					9/19/25	- 9/25/	25			(Complete
Water System Facility: WELL #2 (WSF ID: 49895)												
E. Coli (301	14)									1 trig	gered (T	G) per period
Samplin	g Point	(Sampling P	Point ID)			Monitor	ing Per	iod C	ollection	Period	Comp	oliance Status
NEW W	ELL 3 (2)				9/19/25	- 9/25/	25			(Complete
Water System Facility and Sampling Point Inventory												
Water								To	otal Le	ad and	1	
•	ater Sy	stem Facility	,		oint Sampling				-	opper		Stage
Facility ID				ID	Descriptio	n	Sto	atus R	ule R	ule Tier	Asbesto	s WQP 2 DBPR
00600 DI	STRIBU'	TION SYSTEN	1	4	DISTRIBUT	TON SYSTEM	1	A	Υ			
				DOWNSTRE	AM WITHIN 5	SERVICE COI	N	A				
				UPSTREAM	M WITHIN 5	SERVICE COI	N	A				
00700 EN	NTRY PC	DINT		3	ENTRY PO	INT		A				
21784 OI	RIGINAL	WELL 1		2	WELL			A				
49895 W	ELL #2			2	NEW WEL	L 3		Α				
59546 AT	TMOSPH	HERIC STORA	GE TANK									
61487 TR	REATME	NT PLANT										
				C	Contact Info	ormation	1					
Name					Organization						Job Title	
Mr. Harry Pa	tel				Cedar Park H	otel, LLC			Owner			
Mailing Addr		One		Mailing Add	dress Line Two				City		State	Zip Code
85 Norwich V	Vesterly	/ Rd						North S	Stoningto	n	СТ	06359
Business Pl		Extension	Fax	N	Nobile Phone	Emergency	y Phone					
203-676-5	075								_harrys@	yahoo.	com	
Contact Role	(s): Leg	gal Contact, (Owner			1						
Name	-				Organization						Job Title	9
Mr. Shawn S	awyer				Cedar Park H	otel LLC			Manag	ger		
Mailing Addr		One		Mailing Add	dress Line Two				City		State	Zip Code
85 Norwich Westerly Rd						North Stonington CT			06359			
Business Pl		Extension	Fax	N	Nobile Phone	Emergency	y Phone				1	
860-535-7					60-908-4427		-			23@sb	cglobal.n	et
			1			1		-1	•	-	_	

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Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020054	CEDAR PARK INN		NC	25	Р	GW	
Local Address (w	Local Address (where applicable)			tial Commerc	ial Industri	al Combine	ed Agricultural
85 NORWICH-WI	Connections		1				

Towns Served: NORTH STONINGTON

Please note the following:

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End of schedule

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Co	onnecticut Dep	artment of	Public F	lealth	Dı	rinki	ng V	Vat	er Se	ection		
	Water Qua	ality Monit	oring an	d Con	ıpl	ianc	e Sc	hed	ule			
PWS ID PW	VS Name				Clas	sificati	on Po	pulati	on Ow	ner Type F	rimary S	Source
CT1020064 CIF	RCLE PARK II					NC		25		Р	GW	'
Local Address (whe	re applicable)		Service	Residen	tial	Comm	ercial	Indus	strial	Combined	Agricu	ultural
85 NORWICH WEST	ERLY ROAD (ROUTE 2)		Connections			1						
Towns Served: NOR	RTH STONINGTON											
		Monite	oring Requ	uireme	nts							
Water System Fac	cility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)									
Total Coliform (3	3100)								1 ro	utine (RT)	per qu	arter
Sampling Poin	t (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection	Period	Compl	iance St	atus
Select from Inv	ventory of Active Samplin	g Points		4/1/25 -	6/30	0/25				Co	mplete	
				7/1/25 -	9/30	0/25				Co	mplete	
				10/1/25 -						Co	mplete	
				1/1/26 -								
				4/1/26 -	6/3	0/26						
Physical Paramet										utine (RT)		
	t (Sampling Point ID)			Monitori			Colle	ection	Period		iance St	atus
Select from Inv	ventory of Active Samplin	g Points		4/1/25 -							mplete	
			7/1/25 - 9/30/25 10/1/25 - 12/31/25								mplete	
								Ci	mplete			
				1/1/26 -								
Matax Custom For	cilitara FAITDY DOINT /	WCE ID: 00700\		4/1/26 -	6/30	0/26						
•	cility: ENTRY POINT (W3F ID: 00700)									>= \	
Nitrate And Nitri	• •			Monitori	na D	oriod	Colle	action	1 Period	routine (-
ENTRY POINT (t (Sampling Point ID)		Monitoring Period 1/1/24 - 12/31/24					ection	Periou		iance St omplete	_
ENTRY POINT ((5)							Complete				
				1/1/25 - 1/1/26 -						C	mpiete	
Water System Fac	cility: WELL (WSF ID:	21785)		1/1/20-	12/3	1/20						
-	cinty. WELL (WSF ID.	21763)							1 ro	utino (DT)	nor all	artar
E. Coli (3014)	nt (Sampling Point ID)			Monitori	na D	eriod	Colle	ection	Period	utine (RT)	iance St	
WELL (2)	t (Sumpling Fourt ID)			4/1/25 -			Cone	ction	renou		mplete	
VVLLL (Z)				7/1/25 -							mplete	
				10/1/25 -							mplete	
				1/1/26 -							mpiete	
				4/1/26 -		-						
		Other C	ompliance									
Compliance Schedu	le Activity				Due	Date		Ac	hieved	Date		
CROSS CONNECTION	N SURVEY REPORT			(3/1/:	2026						
	Water 9	System Facili	ity and Sai	mpling	Po	int In	vent	ory				
Water							Tota		ad and	1		
System Water Sy	ystem Facility	Sampling Point							opper			Stage
Facility ID		ID	Description			Status	Rule	e Ri	ule Tier	Asbestos	WQP 2	DBPR
00600 DISTRIBUTION SYSTEM 3-LDRM LADIES ROC						Α	Υ					
		4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SER	RVICE CON	J	Α						

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

PWS ID PWS Name (ssification	Population	Owner Type	Primary Source
CT1020064	.020064 CIRCLE PARK II						Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
85 NORWICH W	Connections			1				

Towns Served: NORTH STONINGTON

	Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBP													
System	,				Coliform	Copper	Asbestos	WQP	Stage 2 DBPR					
00700	ENTRY POINT	3	ENTRY POINT	Α										
21785	WELL	2	WELL	Α										
47525	TREATMENT PLANT													

Contact Information												
Name			Organization				Job Title	<u>:</u>				
Dr. Jerzy Stocki			Circle Park Ii		President Condo Ascn							
Mailing Address Line	e One		Mailing Ad	dress Line Two			City	State	Zip Code			
82 Norwich-Wester	ly Road					North St	onington	CT	06359			
Business Phone	Extension	1	Mobile Phone	Emergency Phone	Email Ad	dress						
860-599-2469												

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 schedule.

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

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

End of schedule

Mr. Ahmed Cho	buuiii y		or till storningtor	i i i e i i i y F e	HIIIY					
L	oudhry	No	orth Stoningto	n Hanny De	nnv					
Name		Oı	rganization						Job Title	!
		Con	tact Inform	mation						
21786 WEL	L	2	WELL		A					
	RY POINT	3	ENTRY POINT		Α					
		UPSTREAM	WITHIN 5 SER		Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	А		Υ			
Facility ID		ID	Description		Stat	us R	ule	Rule Tie	Asbesto	s WQP 2 DBP
	er System Facility	Sampling Point	Sampling Poi	nt			form	Copper		Stage
Water		•						Lead and	1	
	Water 9	System Facili	ity and Sar	npling I	Point	Inve	ntor	V		
CROSS CONNEC	CTION SURVEY REPORT			3,	/1/2026	6				
CROSS CONNEC	CTION SURVEY REPORT				/1/2025					
	CTION SURVEY REPORT				/1/2024					
-	CTION SURVEY REPORT				/1/2023			- *-		
Compliance Sch	nedule Activity				ue Date	e		Achieved	Date	
		Other C	ompliance	Schedu	ıles					
				1/1/26 - 1	2/31/2	6				
				1/1/25 - 1	2/31/2	5			C	Complete
ENTRY PO				1/1/24 - 1			Complete			
	Point (Sampling Point ID)			Monitorin	g Perio	d Co	ollectio	on Period		oliance Status
Nitrate And N	Nitrite (NOX)							1	routine	(RT) per year
Water System	Facility: ENTRY POINT (WSF ID: 00700)								
				4/1/26 - 6	5/30/26	5				
				1/1/26 - 3						
				 10/1/25 - 1	-					Complete
	, r	-		7/1/25 - 9	• •				Complete	
	n Inventory of Active Samplin	g Points		4/1/25 - 6						Complete
•	Point (Sampling Point ID)			Monitorin	g Perio	d Co	ollectio	on Period	=	liance Status
Physical Para	meters (PPS)			7, 2, 20 - 0	,, 50, 20			1 ro	utine (RT) per quarter
				4/1/26 - 6						
				1/1/26 - 3						ompiete
				7/1/25 - 9 10/1/25 - 1						Complete Complete
Select from	n Inventory of Active Samplin	g Points		4/1/25 - 6						Complete
	Point (Sampling Point ID)	- Daint-		Monitorin			ollectio	on Period		oliance Status
Total Coliforn	• •					, -) per quarte
-	Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)							
			oring Requ	iiremen	TS					
Towns Served:	NORTH STONINGTON			•	_					
	LLS RD (I-95 & ROUTE 21	•	Connections			1				
	where applicable)		Service Connections	Residenti	al Con		al Ind	dustrial	Combine	d Agricultura
CT1020074	NORTH STONINGTON HENI	NY PENNY			NC		25		Р	GW
PWS ID	PWS Name			(Primary Sourc
	Water Qua	ality Monit	coring an							
	Connecticut Dep					_			ection	
	I Annacticut Lian	artmant at	r Diiniic 🗕							

	0											
	Wa	ter Qual	lity Monito	oring ar	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	e Prin	nary Source	
CT1020074		N	IC	25	Р		GW					
Local Address (where applicable) Service Res						ntial Co	mmercia	al Industri	al Combir	ned /	Agricultural	
324 CLARKS FALLS	S RD (I-95 &AMF	; ROUTE 21		Connection	S		1					
Towns Served: NO	ORTH STONINGT	ON										
324 Clarks Falls R			North S	tonington	СТ		06359					
Business Phone Extension Fax Mobile Phone Emergency Phone								ddress				

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

860-608-9636

- 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.

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

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

End of schedule

6414@pmgnetwork.com

Connecticut Department of F					_			ction		
Water Quality Monito	ring and	a Com	_		_	1				
PWS ID PWS Name			Clas		-		Own		imary Source	
CT1020154 240 NORWICH WESTERLY ROAD (ROUTE 2)				NC		25		Р	GW	
, , , ,	ervice	Residen	tial	Comme	cial I	Industria	al (Combined	Agricultural	
240 NORWICH WESTERET ROAD (ROOTE 2)	Connections			1						
Towns Served: NORTH STONINGTON										
Monitor	ring Requ	ireme	nts							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)									
Total Coliform (3100)						1	rou	tine (RT) բ	er quarter	
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	tion Per	riod	Compli	ance Status	
Select from Inventory of Active Sampling Points		4/1/25 -	6/30)/25				Cor	mplete	
		10/1/25 -	12/3	31/25						
		1/1/26 -	3/31	L/26						
		4/1/26 -	6/30)/26						
Total Coliform (3100)							3 re	peat (RP)	per period	
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	tion Per	riod	Compli	ance Status	
Select from Inventory of Active Sampling Points		6/27/25	- 7/2	2/25				Cor	mplete	
Total Coliform (3100)					3 ter	mporar	y rou	utine (TR)	per month	
Sampling Point (Sampling Point ID)		Monitoring Period Collection Perio						Compliance Status		
Select from Inventory of Active Sampling Points		7/1/25 -	7/31	L/25				Cor	mplete	
Physical Parameters (PPS)						1	rou	tine (RT) բ	er quarter	
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	tion Per	riod	Compli	ance Status	
Select from Inventory of Active Sampling Points		4/1/25 -	6/30)/25				Cor	mplete	
		7/1/25 -	9/30)/25				Cor	mplete	
	-	10/1/25 -	12/3	31/25						
		1/1/26 -	3/31	L/26						
		4/1/26 -	6/30)/26						
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)							1 r	routine (R	T) per year	
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	tion Pe			ance Status	
ENTRY POINT (3)		1/1/24 -	12/3	1/24				Cor	mplete	
		1/1/25 -	12/3	1/25				Cor	mplete	
		1/1/26 -	12/3	1/26						
Water System Facility: WELL (WSF ID: 21791)										
E. Coli (3014)						1	trigg	ered (TG)	per period	
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod	Collec	tion Per	riod	Compli	ance Status	
WELL (2)		6/26/25	- 7/2	2/25				Cor	mplete	
Other Cor	mpliance	Sched	lule	S						
Compliance Schedule Activity	•			Date		Achie	ved D	Date		
RESPOND TO SANITARY SURVEY			9/3/2							
Water System Facility	v and Sar				ento	rv				
Water	,	- P9	. •		Total	Lead	and			
System Water System Facility Sampling Point So	ampling Poir	nt		0	oliform				Stage	
	escription			Status	Rule			Asbestos	WQP 2 DBPR	
-	ISTRIBUTION	SYSTEM		A	Υ					
DOWNSTREAM W				Α						
UPSTREAM W	VITHIN 5 SER	VICE CON	1	Α						

	Water Quality Monit				C	'		
PWS ID	PWS Name		Clas	sification	Population	Owner Type F	Primary Source	
CT1020154		NC	25	Р	GW			
Local Address	Resider	itial	Commercia	al Industri	al Combined	Agricultural		

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

240 NORWICH WESTERLY ROAD (ROUTE 2)

Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	-	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00700	ENTRY POINT	3	ENTRY POINT	А								
21791	WELL	2	WELL	А								
	Contact Information											

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. George Efthimi	ous			Green Onion	ıs li	Ma	anager			
Mailing Address Line	e One		Mailing A	ddress Line Two		C	City	State	Zip Code	
240 Norwich Weste	rly Road					North Stoni	ngton	СТ	06359	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addre	ess			
860-535-1750		860-535-3	3151	860-912-5025	860-912-5025	georgeefthimiou@msn.com				

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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth D	rinkin	ig Wa	ter Se	ection	
	Water Quality Mo	nitoring an	d Comp	liance	Sche	dule		
PWS ID	PWS Name		Cla	ssification	Popula	tion Ow	ner Type Pr	imary Source
CT1020164	MYSTIC KOA			NC	33		Р	GW
	where applicable)	Service	Residential		cial Ind	ustrial	Combined	Agricultural
	N HILL RD, RTE 49	Connections		275				
Towns Served:	NORTH STONINGTON	-iti D	•	_				
Mater System	Facility: DISTRIBUTION SYSTEM (W	nitoring Requ	irement	5				
Total Colifor		3F 1D. 00000)				1 rc	outine (RT)	per month
	Point (Sampling Point ID)		Monitoring I	Period	Collectio			ance Status
	m Inventory of Active Sampling Points		7/1/25 - 7/3					mplete
			8/1/25 - 8/3	31/25				mplete
			9/1/25 - 9/3					mplete
			10/1/25 - 10,	/31/25			Co	mplete
			11/1/25 - 11,	/30/25			Co	mplete
		:	12/1/25 - 12,	/31/25				
			1/1/26 - 1/3	31/26				
			2/1/26 - 2/2					
			3/1/26 - 3/3					
			4/1/26 - 4/3					
			5/1/26 - 5/3					
T. I. I. O. I'.	(2400)		6/1/26 - 6/3	30/26		•	/ / /	
Total Colifor	m (3100) Point (Sampling Point ID)		Monitoring I	Period	Collection			per period ance Status
	m Inventory of Active Sampling Points		7/31/25 - 8,		Conection	ii reiiou		mplete
30,000,110	Threaten's or Active Sampling Forms		8/26/25 - 8/					mplete
Physical Para	ameters (PPS)		0,20,23 0,	31,23		1 rc		per month
•	Point (Sampling Point ID)		Monitoring I	Period	Collection			•
	m Inventory of Active Sampling Points		7/1/25 - 7/3				-	mplete
			8/1/25 - 8/3	31/25			Co	mplete
			9/1/25 - 9/3	30/25			Co	mplete
			10/1/25 - 10,	/31/25			Co	mplete
		:	11/1/25 - 11,	/30/25			Co	mplete
		:	12/1/25 - 12,	/31/25				
			1/1/26 - 1/3	-				
			2/1/26 - 2/2					
			3/1/26 - 3/3	-				
			4/1/26 - 4/3					
			5/1/26 - 5/3					
Mater Custon	a Eacility COUNT (MCC ID. CO.	(00)	6/1/26 - 6/3	30/26				
•	Facility: ENTRY POINT (WSF ID: 007	00)						T)
	Nitrite (NOX)		Monitorina	Dariad	Collection		-	T) per year ance Status
ENTRY PO	Point (Sampling Point ID)		Monitoring 1/1/24 - 12/		Collectio	ii reiioa		mplete
ENTREPO	(J)		1/1/24-12/	J1/ 24			CO	inhiere

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Water System Facility: WELL #3 (DRILLED) (WSF ID: 21797)

Complete

Connecticut Dep	artment of	Public Health	Drink	ing Wa	ater Se	ction	
Water Qu	ality Monit	oring and Con	npliand	e Sche	edule		
PWS ID PWS Name						er Type Primai	y Source
CT1020164 MYSTIC KOA			NC	3	3	P (SW .
Local Address (where applicable)		Service Residen	tial Comm	ercial In	dustrial	Combined Ag	ricultural
118 PENDLETON HILL RD, RTE 49		Connections	27	' 5			
Towns Served: NORTH STONINGTON							
	Monite	oring Requireme	nts				
Water System Facility: WELL #3 (DRILL	.ED) (WSF ID: 21	1797)					
E. Coli (3014)					1 trigg	ered (TG) per	period
Sampling Point (Sampling Point ID)		Monitori	ing Period	Collecti	on Period	Compliance	Status
DRILLED WELL #3 (2)			- 8/5/25			Comple	
			- 8/31/25			Comple	te
Water System Facility: WELL #4 (DRILL	.ED)	(WSF ID: 21798)					
E. Coli (3014)						ered (TG) per	-
Sampling Point (Sampling Point ID)			ing Period	Collecti	on Period	Compliance	
WELL #4 (DRILLED) (2)			- 8/5/25			Comple	
Maria Carta a Facilia - MELL WE (DDU)	50 \	· ·	- 8/31/25			Comple	ete
Water System Facility: WELL #5 (DRILL	.ED)	(WSF ID: 21799)			4 1 .*	1/70	
E. Coli (3014)		Monitori	ing Bariad	Collecti	1 trigg on Period	ered (TG) per	-
Sampling Point (Sampling Point ID) WELL #5 (DRILLED) (2)			- 8/5/25	Conecti	on Periou	Compliance Comple	
WELL #3 (DRILLED) (2)			- 8/31/25			Comple	
Water System Facility: WELL #6 (DRILI	FD)	(WSF ID: 59808)	0/31/23			Соттріс	
E. Coli (3014)	,	(110. 12. 05000)			1 trigo	ered (TG) per	neriod
Sampling Point (Sampling Point ID)		Monitori	ing Period	Collecti	on Period	Compliance	-
WELL #6 (DRILLED) (2)			- 8/5/25			Comple	
			- 8/31/25			Comple	
	Other C	ompliance Sched	lules				
Compliance Schedule Activity			Due Date		Achieved L	Date	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12I	M)	1	12/4/2025				
CROSS CONNECTION SURVEY REPORT			3/1/2029				
Water	System Facili	ity and Sampling	Point In	nventor	У		
Water				Total	Lead and		
System Water System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper	Ash ash as 14/04	Stage
Facility ID 00021 ATM STORAGE TANK #1	ID .	Description	Status	Rule	Rule Her	Asbestos WQI	2 DBPK
00021 ATM STORAGE TANK #1							
00301 TRANSFER PUMPS - 2							
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	I A	Y			
OOOOO DISTRIBUTION STSTEM		WITHIN 5 SERVICE CON		'			
	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	Α				
21797 WELL #3 (DRILLED)	2	DRILLED WELL #3	Α				
21798 WELL #4 (DRILLED)	2	WELL #4 (DRILLED)	Α				
21799 WELL #5 (DRILLED)	2	WELL #5 (DRILLED)	Α				
59808 WELL #6 (DRILLED)	2	WELL #6 (DRILLED)	Α				
59819 TREATMENT PLANT		•					

C	onnectic	ut Depa	rtmer	nt of Public	Health	ı Di	rinking	g Wat	er S	ection	
	Wa	ter Qua	lity Mo	onitoring a	nd Con	npl	iance	Sched	ule		
PWS ID P	NS Name					Clas	sification	Populati	on O	wner Type P	imary Source
CT1020164 N	YSTIC KOA						NC	33		Р	GW
Local Address (whe	ere applicable)			Service	Resider	ntial	Commerc	ial Indu	strial	Combined	Agricultural
118 PENDLETON H	ILL RD, RTE 49			Connection	ns		275				
Towns Served: NO	RTH STONINGT	ON									
		Water Sy	ystem F	acility and S	ampling	g Po	int Inve	entory			
Water							Т	otal Le	ad an	d	
System Water S	System Facility			Point Sampling P			Col	liform C	oppe	r	Stage
Facility ID			ID	Description	1		Status ^F	Rule R	ule Ti	er Asbestos	WQP 2 DBPR
59820 ATM ST	ORAGE TANK #	3									
59822 HYDRO	TANK										
				Contact Info	rmation	า					
Name				Organization						Job Title	
Ms. Laura Taylor C	ostdyk			Mystic Koa				Genera	al Mar	nager	
Mailing Address Li	ne One		Mailing A	ddress Line Two				City		State	Zip Code
118 Pendleton Hill	Rd						North	Stoningto	n	СТ	06359
Business Phone	Extension	Fax		Mobile Phone	Emergency	y Pho	ne Email <i>i</i>	Address			
860-599-5101					406-498	-7362	2 Itaylor	@koa.ne	t		
Contact Role(s):	dministrative	Contact									
Name				Organization						Job Title	
Ms. Kathy Holland				Kampgrounds	of America	, Inc.		Region	al V.P		
Mailing Address Li	ne One		Mailing A	ddress Line Two				City		State	Zip Code
1205 N Transtech	Nay						Billings	S		MT	59102
Business Phone	Extension	Fax		Mobile Phone	Emergency	y Pho	ne Email /	Address			

Please note the following:

Contact Role(s): Legal Contact

Extension

563-484-9653

Mr. Randy Howell

Name

Contact Role(s): Owner

Mailing Address Line One

1205 N Transtech Way

Business Phone

406-254-7419

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

B. 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.

Organization

Mobile Phone

Kampgrounds of America, Inc.

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

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

End of schedule

Zip Code

59102

Job Title

State

MT

kholland@koa.net

Rhowell@koa.net

Billings

Emergency Phone Email Address

Avp Risk Mgmt

City

Connecticut Department of	Public H	ealth	Dı	rinkin	g \	Nater	Se	ction	
Water Quality Monito				,	_				
PWS ID PWS Name	ning and	a Con	_					or Type [rimary Source
CT1020224 207 PROV-N LONDON TNPK - N STONINGTON	<u> </u>		Clas	NC	PU	41	OWI	P P	GW
	Service	Residen	tial.	Commerc	rial	Industri	al	Combined	_
1 1 1	Connections	Residen	tiai	1	Jiai	mustri	aı	Combined	Agricultural
Towns Served: NORTH STONINGTON				т					
	des Deserv								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	ring Requ	ireme	nts						
	. 00000)							+: (DT)	
Total Coliform (3100)		Manitari	n er D	oriod (Call				per quarter
Sampling Point (Sampling Point ID)		<i>Monitori</i> 4/1/25 -			COIIC	ection Pe	rioa		iance Status
Select from Inventory of Active Sampling Points				-					omplete
		7/1/25 -						C	omplete
		10/1/25 -							
		1/1/26 -							
DL start Day of the (DDC)		4/1/26 -	6/30	J/26				(57)	
Physical Parameters (PPS) Sampling Point (Sampling Point ID)		Manitari		oriod (Call	1 ection Pe			per quarter
		Monitori			COIIC	ection Pel	rioa		iance Status
Select from Inventory of Active Sampling Points		4/1/25 - 7/1/25 -							omplete omplete
		- 1/1/25 - 10/1/25						C	ompiete
	•	1/1/26 -							
		4/1/26 -							
Water System Facility: ENTRY POINT (MSE ID: 00700)		4/1/20-	0/30	3/20					
Water System Facility: ENTRY POINT (WSF ID: 00700)									D=\
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)		Monitori	na D	oriod (Call	ection Pe		_	RT) per year iance Status
ENTRY POINT (3)		<i>Monitori</i> 1/1/24 -			COM	ection Per	iou		omplete
LIVINI FOIIVI (3)		1/1/25 -							omplete
		1/1/26 -						C	Jilpiete
Water System Facility: WELL 1 (WSF ID: 21798)		1/1/20-	12/3	1/20					
								(DT)	
E. Coli (3014)		0.4 : 4		antad (C-11	נ ection Pe			per quarter
Sampling Point (Sampling Point ID)		Monitori			COIII	ection Pel	rioa		iance Status
WELL 1 (2)		4/1/25 - 7/1/25 -							omplete
								C	omplete
		1/1/25 -							
		1/1/26 -							
Water System Facility: WELL 2 (WSF ID: 57329)		4/1/26 -	0/30	J/26					
E. Coli (3014)						1	rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	na P	eriod (Colle	ection Pe			iance Status
WELL 2 (2)		4/1/25 -							omplete
		7/1/25 -							omplete
		LO/1/25 -		-					1
		1/1/26 -		-					
		4/1/26 -							
Other Co	mpliance		-						
Compliance Schedule Activity	-			Date		Achie	ved	Date	
CROSS CONNECTION SURVEY REPORT				2021					

	Cc	nnectic	ut Den:	artme	nt of	f Public	Health	n Di	rinkii	ng V	Nater	Se	ction		
	O.C.		•			oring a				_			CCIOII		
PWS ID	PW	S Name	cor que	illey 111		2011118	na don	_			pulation		ner Type	Primary	Source
CT1020224	4 207	PROV-N LON	NDON TNPK	- N STO	NINGTO	ON			NC		41		Р	G۱	
Local Addr	ess (wher	e applicable)				Service	Resider	ntial	Comme	ercial	Industri	al	Combine	d Agri	cultural
ROUTE 184	4 AND RO	JTE 2				Connectio	ns		1						
Towns Serv	ved: NOR	TH STONINGT	ON						1			1			
				Otl	her C	omplian	ce Sche	dule	es						
Complianc	e Schedul	e Activity						Due	Date		Achie	ved	Date		
CROSS CON	NNECTION	I SURVEY REP	ORT					3/1/	2022						
CROSS CON	NNECTION	I SURVEY REP	ORT					3/1/	2023						
CROSS CON	NNECTION	I SURVEY REP	ORT					3/1/	2024						
CROSS CON	NNECTION	I SURVEY REP	ORT					3/1/	2025						
CROSS CON	NNECTION	I SURVEY REP	ORT					3/1/	2026						
			Water S	ystem	Facili	ity and S	ampling	g Po	int In	ven	tory				
Water										Tota	ıl Lead	and			
1 -		stem Facility				Sampling I			(Colifo					Stage
Facility ID				ID)	Description	1		Status	Rul	e Rule	Tier	Asbesto	s WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4		DISTRIBUT			Α	Υ					
				DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N	Α						
				UPSTR	EAM	WITHIN 5	ERVICE CO	N	Α						
00700	ENTRY PO	DINT		3		ENTRY POI	NT		Α						
21798	WELL 1			2		WELL 1			Α						
46398	IAT NIWT	NK WATER SC	FTENER												
46400	UV LIGHT	DISINFECTIO	N												
53725	ATMOSPI	HERIC STORAG	GE TANKS												
53727	PUMP ST	ATION													
57329	WELL 2			2		WELL 2			Α						
					Con	tact Info	rmation	1							
Name					Oı	rganization							Job Title		
Mr. John Z	elepos				Ze	elepos Prope	erty Mgmt (Co.			President	- Ow	ner		
Mailing Ad	dress Line	one One		Mailing	Addres	s Line Two				·	City		State	Zip C	Code
56 West M	lain Street								Mys	tic			СТ	063	355
Business	Phone	Extension	Fax	(Mobi	ile Phone	Emergenc	y Pho	ne Ema	il Add	dress				
860-536	5-7469		860-536	-5463			860-885	-907	7 jzele	epos@	aol.com				
Contact Ro	ole(s): Le	gal Contact, C	Owner						'						
Name	1				Oı	rganization							Job Title		
Mr. Harry	Spanos				М	ystic Pizza Ii					Owner				
Mailing Ad	dress Line	one One		Mailing	Addres	s Line Two					City		State	Zip C	Code
209 Provid	ence New	London Turr	npike						Nor	th Sto	nington		СТ	063	385
Business	Phone	Extension	Fax		Mobi	ile Phone	Emergenc	y Pho	ne Ema	il Add	dress				

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Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact

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

P	WS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
C	T1020224	207 PROV-N LONDON 1	TNPK - I	N STONINGTO	V		ľ	NC	41	Р	GW
L	Local Address (where applicable)				Service	Residen	itial Co	ommercia	l Industri	al Combine	ed Agricultural
R	ROUTE 184 AND ROUTE 2				Connections			1			
									· ·	·	·

Towns Served: NORTH STONINGTON

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 schedule.

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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Co	nnectic	ut Dena	rtme	nt o	f Public	: Health	ı Dri	inkin	ng W	'ater	· Se	ction	
30		ter Qua							_			CCIOII	
DIAIC ID		ter Qua	iity ivi	IUIII	turing a	iiiu Coi	_				1	T F	
	Name	STON DIDLE	CHILDCH								Owr		Primary Source
	TH STONING	ON BIBLE	СНОКСН		Comico	Dooido		NC		25	:-!	P	GW
Local Address (where	applicable)				Service Connectio	Reside	ntiai C	Commer	ciai ii	ndustri	ıaı	Combined	l Agricultura
JEREMY HILL ROAD Towns Served: NORTI	LCTONUNCT	ON			Connectio	113		1					
Towns Served: NORTI	H STONINGT	ON											
					oring Re	quireme	ents						
Water System Facil		IBO LION SA	SIEM	(WSF	ID: 00600)								
Total Coliform (31	=												per quarter
Sampling Point		-				Monitor			Collect	tion Pe	riod		iance Status
Select from Inve	ntory of Acti	ve Sampling	Points			4/1/25							omplete
						7/1/25						Co	omplete
						10/1/25						Co	omplete
						1/1/26							
						4/1/26	- 6/30/	/26					
Physical Paramete	rs (PPS)									:	1 rou	itine (RT)	per quarter
Sampling Point ((Sampling Po	oint ID)				Monitor	ring Pe	riod	Collect	tion Pe	riod	Compl	iance Status
Select from Inve	ntory of Acti	ve Sampling	Points			4/1/25	- 6/30/	/25				Co	omplete
						7/1/25	- 9/30/	/25				Co	omplete
						10/1/25	- 12/31	1/25				Co	omplete
						1/1/26	- 3/31/	/26					
						4/1/26	- 6/30/	/26					
Water System Facil	ity: ENTRY	POINT (W	/SF ID: 0	0700)								
Nitrate And Nitrite	(NOX)										1 rou	tine (RT)	per quarter
Sampling Point		oint ID)				Monitor	ring Pe	riod	Collect	tion Pe			iance Status
ENTRY POINT (3))	-				4/1/25	- 6/30/	/25				Co	omplete
						7/1/25	- 9/30/	/25				Co	omplete
						10/1/25							omplete
						1/1/26							
						4/1/26							
		Water Sy	vstem	Facil	litv and S	<u> </u>			ento	rv			
Water					•		•		Total	Lead	and		
	tem Facility		Sampling	g Point	: Sampling I	Point			oliform				Stage
Facility ID			ID		Description	n	St	tatus	Rule	-	-	Asbestos	WQP 2 DBP
00600 DISTRIBUT	ION SYSTEM		4		DISTRIBUT	ION SYSTEN		Α	Υ				
			DOWNS	TREAM	WITHIN 5	SERVICE CO	N	Α					
			UPSTR	EAM	WITHIN 5	SERVICE CO	N	Α					
00700 ENTRY POI	NT		3		ENTRY POI	NT		Α					
21799 WELL			2		WELL			Α					
					ntact Info	ormatio	n						
Name					rganization							Job Title	
Pastor Larry Chappel	l				lorth Stoning	gton Bible C	hurch		Pas	stor			
Mailing Address Line			Mailing		ss Line Two				C	City		State	Zip Code
100 D Jeremy Hill Roa								North	h Stonii			СТ	06359
Business Phone	Extension	Fax		Mob	ile Phone	Emergenc	y Phon			_			
860-535-3430									pell5@		ast.ne	et	
Contact Role(s): Lega	al Contact							1					

	Connectic	ut Depa	irument (of Public	пеани	וע ו	inking	vvater	Secu	OII	
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner ⁻	Type Pr	rimary Source
CT1020234	NORTH STONING	STON BIBLE	CHURCH	RCH			NC	25	Р		GW
Local Address (w	here applicable)			Service	rvice Residential		Commercia	al Industri	al Con	nbined	Agricultural
JEREMY HILL ROA	AD			Connection	ns		1				
Towns Served: N	ORTH STONINGT	ON		'		'		"	'		
Name				Organization					Jok	Title	
Mr. Nelson S. Ho	olt			North Stoning	ton Bible C	hurch	1	Represent	tative		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	S	tate	Zip Code
60 Ann Avenue							Mystic			СТ	06355
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	y Pho	ne Email A	ddress			
860-536-0506	;										
Contact Dala/s)	A dunimintunting	Contost		,							

Connecticut Department of Dublic Health Drinking Water Section

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

End of schedule

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	Connecticut Dep	artment of	f Public H	ealth	Drink	ing W	ater	Sect	ion		
	Water Qu	ality Monit	oring and	d Com	pliand	ce Sch	edul	e			
PWS ID	PWS Name				Classificat	ion Popu	ulation	Owner	Туре Рі	rimary S	ource
CT1020354	ST THOMAS MORE CATHO	LIC CHURCH			NC	2	25	Р		GW	
Local Addre	ess (where applicable)		Service	Resident	ial Comm	nercial li	ndustria	I Cor	nbined	Agricu	ıltural
87 MYSTIC	ROAD		Connections			1					
Towns Serv	red: NORTH STONINGTON										
		Monit	oring Requ	iremer	nts						
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coli	form (3100)						1	routin	e (RT)	per qua	arter
Sampl	ling Point (Sampling Point ID)		1	Monitorir	ng Period	Collect	tion Per	iod	Compli	ance Sta	atus
Select	from Inventory of Active Samplin	ng Points		4/1/25 -	6/30/25				Co	mplete	
				7/1/25 -	9/30/25				Co	mplete	
			1	.0/1/25 -	12/31/25						
				1/1/26 -	3/31/26						
				4/1/26 -	6/30/26						
Physical P	Parameters (PPS)						1	routin	e (RT)	per qua	arter
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Period	Collect	tion Per	iod	Compli	ance Sta	atus
Select	from Inventory of Active Samplin	ng Points		4/1/25 -	6/30/25				Со	mplete	
				7/1/25 -	9/30/25				Со	mplete	
			1	0/1/25 -	12/31/25						
				1/1/26 -	3/31/26						
				4/1/26 -	6/30/26						
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (1	1040)						1	routin	e (RT)	per qua	arter
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Period	Collect	tion Per	iod	Compli	ance Sto	atus
ENTRY	POINT (3)			4/1/25 -	6/30/25				Со	mplete	
				7/1/25 -	9/30/25				Со	mplete	
			1	0/1/25 -	12/31/25						
				1/1/26 -	3/31/26						
				4/1/26 -	6/30/26						
Nitrite (1	•							1 rou	_	T) per	-
	ling Point (Sampling Point ID)				ng Period	Collect	tion Per	iod	Compli	ance Sta	atus
ENTRY	POINT (3)			1/1/24 - 1						mplete	
				1/1/25 - 1					Со	mplete	
				1/1/26 - 1	12/31/26						
	Water	System Facili	ity and San	npling	Point II	nvento	ry				
Water						Total	Lead o	ınd			
	Water System Facility	Sampling Point		t		Coliform					stage
Facility ID	DISTRIBUTION SYSTEM	ID	Description	6)/6755	Status		Kule 1	ier As	pestos	WQP 2	DRLK
00600 1	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ					
		DOWNSTREAM									
00755	ENITRY ROLLIT	UPSTREAM	WITHIN 5 SERV	VICE CON							
00700 I	ENTRY POINT	3	ENTRY POINT		Α						

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WELL

2

21805 WELL

Schedule Generation Date: 12/12/2025 Page 27

		. D		CD 11:	TT 1.1	ъ.	1 .	TAT .	C .:		
(Connectic						_			1	
	Wa	ter Qua	lity Mor	nitoring a	and Cor	nplia	ince S	Schedu	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Pri	mary Source
CT1020354 S	T THOMAS MO	RE CATHOLIC	C CHURCH			N	IC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industr	ial Combin	ed	Agricultura
87 MYSTIC ROAD				Connection	ons		1				
Towns Served: NC	RTH STONINGT	ON									
			C	ontact Inf	ormatio	1					
Name				Organization					Job Tit	le	
Diocese of Norwi	:h										
Mailing Address L	ne One		Mailing Add	ress Line Two	ess Line Two			City	State		Zip Code
203 Broadway							Norwic	:h	СТ		06360
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	Email A	Address			
Countries Bala(a)	2										
	Owner			Organization					Job Tit	lo.	
Name Reverend Dennis	Dauldaa			Organization		.1		Dootou	JOD III	ie	
			0.0.11: 0.1.1	St. Michael T	ne Archange	21		Pastor	C		7: 0 1
Mailing Address L	ne One		Mailing Add	ress Line Two				City	State		Zip Code
60 Liberty Street							Pawca		СТ		06379
Business Phone	Extension	Fax	M	obile Phone	Emergenc	y Phone	Phone Email Address				
860-599-5580		860-599-8	3079				frperkins@stmichaelpawcatuck.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	vartment of	Dublic H	alth	Dı	rinki	ng M	7ator	· So	ction	
	•						_			ction	
		ality Monit	oring and	a Con	-						
PWS ID	PWS Name				Cla				Owi		imary Source
CT1020364	STARDUST MOTEL					NC		25		Р	GW
	(where applicable)		Service	Residen	itial	Commo	ercial I	ndustri	al	Combined	Agricultural
	ICE NEW LONDON TURNPIKE		Connections			1					
Towns Served:	NORTH STONINGTON						_				
Water Systen	n Facility: DISTRIBUTION		oring Requ	ireme	nts	<u> </u>					
Total Colifor	•	(1001							1 ro	utine (RT)	per month
	Point (Sampling Point ID)			Monitori	ina P	Period	Collec	tion Pe			ance Status
	m Inventory of Active Sampli	ng Points		7/1/25 -					7700		mplete
00.0000				8/1/25 -							mplete
				9/1/25 -							mplete
				10/1/25 -							mplete
				11/1/25 -							
				L2/1/25 -							
			-	1/1/26 -							
				2/1/26 -							
				3/1/26 -		-					
				4/1/26 -							
				5/1/26 -							
				6/1/26 -							
Physical Para	ameters (PPS)								1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitor	ing P	Period	Collec	tion Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/25 -	- 7/3	1/25				Co	mplete
				8/1/25 -	- 8/3	1/25				Co	mplete
				9/1/25 -	9/3	0/25				Co	mplete
			-	10/1/25 -	- 10/	31/25				Co	mplete
			-	11/1/25 -	- 11/	30/25					
			-	12/1/25 -	- 12/	31/25					
				1/1/26 -	- 1/3	1/26					
				2/1/26 -	- 2/2	8/26					
				3/1/26 -	- 3/3	1/26					
				4/1/26 -	4/3	0/26					
				5/1/26 -	- 5/3	1/26					
				6/1/26 -	- 6/3	0/26					
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitor	ing P	Period	Collec	tion Pe	riod	Compli	ance Status
ENTRY PC	DINT (3)			1/1/24 -	12/3	31/24				Co	mplete
				1/1/25 -		-				Co	mplete
				1/1/26 -	12/3	31/26					
	Water	System Facili	ty and Sar	npling	Po	int In	vento	ry			
Water							Total	Lead	and		
System Wa Facility ID	ter System Facility	Sampling Point ID	Sampling Poil Description	nt			Coliforn Rule			Asbestos	Stage WQP 2 DBPR
_	TDIDI ITIONI CVCTEM	4	DISTRIBUTION	I CVCTEN/		<u>Status</u>	V				· · ·

DISTRIBUTION SYSTEM

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00600 DISTRIBUTION SYSTEM

Schedule Generation Date: 12/12/2025 Page 29

Connecticut Department of Public Health Water Quality Monitoring and Con	_	,		
PWS Name	Classification	Population	Owner Type	Primary S
				i e

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Soul	ce
CT1020364	STARDUST MOTEL				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultu	ral
544 PROVIDENC	E NEW LONDON TURNPIKE	Connections			1				

Towns Served: NORTH STONINGTON

	Wa	iter System Facili	ity and Sampling P	oint In	vento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21806	WELL 1	2	WELL	Α					
58633	WELL 2	2	WELL 2	Α					
58636	TREATMENT PLANT								
61495	BOOSTER PUMP								

			Co	ontact Inf	ormation				
Name				Organization		Job Title			
Mr. Indravadan Pat	el			Vyasheshwai	r LLC				
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code
544 Providence-Nev	w London Turn	pike				North Sto	onington	СТ	06359
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-599-2261			24	8-843-5466		stardustmotelct@gmail.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 schedule.

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

End of schedule

	Connecticut	Donartment of	F Dublic L	ioalth l	Drin	lzin	~ I //	ator	So.	ction		
		Department of								CUOII		
DIAIC ID		Quality Monit	ornig am							-	D :	
PWS ID	PWS Name	LITE MANN BUILDING		(Jwn			ry Source
CT102040		UTE - MAIN BUILDING	C i	Desidenti	NC			77		P		GW
	ress (where applicable)		Service Connections	Residentia	ai Con	nmer	ciai ir	ndustrial	'	Combine	ed A	gricultural
	TOWN HILL ROAD		connections			1						
rowns sei	rved: NORTH STONINGTON	Monite	oring Bogu	iromon	+c							
Mator Su	vstem Facility: DISTRIBU		oring Requ	iremen	LS							
	oliform (3100)	TION STSTEIN (WSFT	D. 00000j					1	rou	tina (PT	'l nor	quarter
	pling Point (Sampling Point)	ID)		Monitoring	a Dario	d	Collect	tion Peri		-	- •	e Status
	ct from Inventory of Active Sa	-		4/1/25 - 6			Conect	ion Pen	ou		Compl	
36160	ct from inventory of Active 30	ampinig Folits		7/1/25 - 9							Compl	
				7/1/25 - 9 10/1/25 - 1							Compl	
			•	1/1/26 - 3						•	Joinpi	cie
				4/1/26 - 6								
Dhysical	Parameters (PPS)			4/1/20-0	730/20	,		1		tino /DT	·l nor	auartar
-	pling Point (Sampling Point)	ID)		Monitoring	a Derin	nd	Collect	tion Peri		-		quarter e Status
	ct from Inventory of Active Sa			4/1/25 - 6			Conect	ion rem	ou		Compl	
Scie	ce from inventory of Active 30	ampining i omics		7/1/25 - 9							Compl	
				LO/1/25 - 1							Compl	
				1/1/26 - 3							compi	ctc
				4/1/26 - 6								
Mater Sv	vstem Facility: ENTRY PO	INT (WSF ID: 00700)		4/1/20-0	730720	,						
	And Nitrite (NOX)	(W31 1D. 00700)							1.	routino	/DT\	per year
	pling Point (Sampling Point)	ID)		Monitoring	a Dario	d	Collect	tion Peri				e Status
	RY POINT (3)	<i>ע</i> וו		1/1/24 - 12			Conect	ion rem	ou _	Comp	mane	e Status_
LIVII	(110111 (3)			1/1/25 - 12							Compl	ete
				1/1/26 - 12							compi	Cic
		Other Co	ompliance	, ,								
Complian	ce Schedule Activity		от. р аос		ue Date	e e		Achiev	ed L	Date		
	NNECTION SURVEY REPORT			3/	1/2026	6						
	Wa	nter System Facili	ity and Sar	npling F	Point	Inv	ento	ry				
Water		•	-				Total	Lead a	nd			
System	Water System Facility	Sampling Point	Sampling Poi	nt		Co	oliform	Сорре	er			Stage
Facility II)	ID	Description		Stat	us	Rule	Rule T	ier	Asbesto	s WC	P 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α		Υ					
		4-1	Mens Room-F	irst Floo	Α		Υ					
		4-2	House Keepin	g-First	Α		Υ					
		4-3	Second Floor	Staff B	Α		Υ					
		4-4	Presidents Ba	th	Α		Υ					
		4-5	Well Entry		Α		Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α							
		UPSTREAM	WITHIN 5 SER	VICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT		Α							

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WELL

2

10918 WELL #1

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	Water Quality Monit	toring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1020404	STONINGTON INSTITUTE - MAIN BUILDING				NC	77	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
75 SWANTOW	'N HILL ROAD	Connections			1			
Towns Served	: NORTH STONINGTON							

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization				Job Title	5
Mr. William A. Anis	kovich			Stonington Ir	nstitute		Ceo		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code	
75 Swantown Hill Ro	oad				North S			СТ	06359-0216
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
860-535-1010					800-832-1022	william.a	aniskovich@uh	nsinc.com	
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	9
Mr. Howard Worst				Stonington Ir	nstitute		Dir Facilities N	Vlgmt	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
75 Swantown Hill Ro	d.					North St	onington	СТ	06359
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-235-6132					860-535-1010	Howard.	worst@uhsind	c.com	
Contact Role(s): Ac	lministrative (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 schedule.

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 Dep	partment of	f Public H	ealth D	rinki	ing Wa	ater Se	ction	
	*	ality Monit				_			
PWS ID	PWS Name	direy 14101111	or mg and					ner Tyne Pr	imary Source
CT1020434	NORTH STONINGTON BAP	TIST CHURCH		Cit	NC	2		P	GW
	s (where applicable)	1131 CHOKCH	Service	Residential	_			Combined	Agricultura
5 ROCKY HOL	<u> </u>		Connections	residential	1		austriai	Combined	7 Gilcarcara
	d: NORTH STONINGTON								
		Monito	oring Requ	irement	S				
Water Syste	em Facility: DISTRIBUTION								
Total Colifo	,	•	•				1 rou	ıtine (RT) r	er quarter
	ng Point (Sampling Point ID)		1	Monitoring .	Period	Collecti	on Period		ance Status
	rom Inventory of Active Sampli	ng Points		4/1/25 - 6/3					mplete
	, г	-		7/1/25 - 9/3					nplete
				0/1/25 - 12					nplete
				1/1/26 - 3/3					•
				4/1/26 - 6/3	-				
Physical Pa	rameters (PPS)						1 rou	ıtine (RT) p	er quarter
Samplin	ng Point (Sampling Point ID)		1	Monitoring .	Period	Collecti	on Period	Complic	ance Status
Select fr	rom Inventory of Active Sampli	ng Points		4/1/25 - 6/3	30/25			Cor	mplete
				7/1/25 - 9/3	30/25			Cor	mplete
			1	0/1/25 - 12	/31/25			Cor	mplete
				1/1/26 - 3/3	31/26				
				4/1/26 - 6/3	30/26				
Water Syste	em Facility: TREATMENT P	LANT (WSF ID: 0	0700)						
Nitrate (10	040)						1 rou	ıtine (RT) բ	er quarter
Samplin	ng Point (Sampling Point ID)		1	Monitoring :	Period	Collecti	ion Period	Complic	ance Status
ENTRY F	POINT (3)			4/1/25 - 6/3	30/25	<u> </u>		Cor	mplete
				7/1/25 - 9/3	30/25			Cor	mplete
			1	0/1/25 - 12	/31/25			Cor	mplete
				1/1/26 - 3/3	31/26				
				4/1/26 - 6/3	30/26				
Nitrate And	d Nitrite (NOX)						1	routine (R	T) per year
Samplin	ng Point (Sampling Point ID)			Monitoring .	Period	Collecti	on Period	Complic	ance Status
ENTRY F	POINT (3)		-	L/1/24 - 12/	31/24			Cor	mplete
			-	L/1/25 - 12/	31/25			Cor	mplete
				L/1/26 - 12/	•				
	Water	System Facili	ity and San	pling Po	oint In	iventoi	У		
Water						Total	Lead and		
-	ater System Facility	Sampling Point		t		Coliform	Copper		Stage
Facility ID		ID .	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION		Α	Y			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SERV	ICE CON	A				
00700 TF	REATMENT PLANT	3	ENTRY POINT		Α				

Α

Schedule Generation Date: 12/12/2025 Page 33

WELL

2

21810 WELL

CT1020434	NORTH STONINGTON BAPTIST CHURCH	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fubile Hearth		, water	DCCCIOII	

Residential Commercial Industrial

1

Service

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

Local Address (where applicable)

5 ROCKY HOLLOW ROAD

			С	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Timothy Genga	rella			North Stonington Church					
Mailing Address Line One Mailing Add				ess Line Two City Sta					Zip Code
5 Rocky Hollow Roa	ıd					North St	onington	СТ	06359
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
			40)1-742-0347		tgengare	ella1965@gm	ail.com	

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

End of schedule

Combined Agricultural

	Connecticut Departme				_			1		
	Water Quality M	ionitoring an	a Con							
PWS ID	PWS Name				ion		Owner Type	Pri		
CT1020414	STONINGTON INSTITUTE - NORTH BU			NC		77	Р		GW	
	(where applicable)	Service	Residen			l Industria	al Combin	ed	Agricultura	
75 SWANTOWI		Connections			1					
Fowns Served:	NORTH STONINGTON							_		
	N	Ionitoring Requ	iireme	nts						
Water System	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)								
Total Colifor	m (3100)						1 routine (F	RT) p	er month	
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Co	llection Per	riod Com	plia	nce Status	
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31/25		Complete				
			8/1/25 -	8/31/25				Com	plete	
			9/1/25 -	9/30/25				Com	plete	
			10/1/25 -	10/31/25		Complete				
			11/1/25 -	11/30/25				Com	plete	
			12/1/25 -	12/31/25						
			2/1/26 -							
			3/1/26 -							
			6/1/26 -	6/30/26						
Physical Para	ameters (PPS)						1 routine (F	RT) p	er month	
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Co	ollection Per	riod Com	plia	nce Status	
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/31/25				Com	plete	
			8/1/25 -	8/31/25				Com	plete	
			9/1/25 -	9/30/25				Com	plete	
			10/1/25 -	10/31/25				Com	plete	
			11/1/25 -	11/30/25				Com	plete	
			12/1/25 -	12/31/25						
			1/1/26 -	1/31/26						
			2/1/26 -	2/28/26						
			3/1/26 -	3/31/26						
			4/1/26 -	4/30/26						
			6/1/26 -	6/30/26						
Water System	n Facility: ENTRY POINT (WSF ID: 0	00700)								
Nitrate And	Nitrite (NOX)						1 routine	(RT) per year	
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Со	ollection Per	riod Com	plia	nce Status	
ENTRY PO	DINT (3)		1/1/24 -	12/31/24						
			1/1/25 -	12/31/25				Com	plete	
			1/1/26 -	12/31/26						
	Publi	c Notification R	equire	ements						
		Compliance	Notice		lic No	otification	PN C	ertif	ication	
Violation/Situd	ation	Period	Tier	Requ		Performed			Received	
NICE A LANCE		4 /4 /24 42 /24 /24	2	2/25/	2026	•	2/7/202	_		

3

2/25/2026

3/7/2026

1/1/24 - 12/31/24

Nitrate And Nitrite M&R Violation

Schedule Generation Date: 12/12/2025 Page 35

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source		
CT1020414	114 STONINGTON INSTITUTE - NORTH BUILDING			NC		77	Р	GW		
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural		
75 SWANTOWN	HILL ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

		water Sy	stem Facili	ity and S	sampling Po	oint	invento	ory			
Water System Water S Facility ID	ystem Facility		Sampling Point ID	Sampling Descriptio		Statu	Total Coliforn Is Rule		Asbestos	Stage s WQP 2 DBP	
00600 DISTRIB	UTION SYSTEM		4	DISTRIBUT	TON SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α					
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY F	OINT		3	ENTRY PO	INT	Α					
22714 WELL			2	WELL		Α					
			Con	tact Info	ormation						
Name C			10	rganization				Job Title			
Mr. William A. Aniskovich			onington Institute			Ce	0				
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code	
75 Swantown Hill F	oad					N	lorth Stoni	ngton	СТ	06359-0216	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none Email Address					
860-535-1010					800-832-10	22 w	/illiam.anis	kovich@uh	sinc.com		
Contact Role(s): L	egal Contact										
Name Oi			rganization				Job Title				
Mr. Howard Worst St				onington Institute			Di	Dir Facilities Mgmt			
Mailing Address Line One M			Mailing Address	ess Line Two			(City	State	Zip Code	
75 Swantown Hill Rd.						N	lorth Stoni	ngton	CT	06359	

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-235-6132

- 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.

Fax

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.

Emergency Phone Email Address

Howard.worst@uhsinc.com

860-535-1010

Mobile Phone

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 De	nartment	of Public H	ا مالدما	Orinkir	ng Water	Section	n
			itoring and					11
PWS ID	PWS Name	adirey 1.101	into inig and					e Primary Source
CT1021043	STONINGTON INSTITUTE	- LODGE			NC	77	Р	GW
Local Address (\	where applicable)		Service	Residentia	al Comme	rcial Industria	al Combi	ned Agricultural
75 SWANTON H	IILL ROAD		Connections				1	
Towns Served: I	NORTH STONINGTON		-		1		1	-
		Mon	itoring Requ	iremen	ts			
Water System	Facility: DISTRIBUTION	SYSTEM (WS	F ID: 00600)					
Total Coliforn	n (3100)					1	routine (F	RT) per quarter
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Collection Per	riod Cor	mpliance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6	/30/25			Complete
				7/1/25 - 9	/30/25			Complete
			:	10/1/25 - 1				Complete
				1/1/26 - 3				
				4/1/26 - 6	/30/26			
Physical Para	•							RT) per quarter
	Point (Sampling Point ID)			Monitoring		Collection Per	riod Cor	mpliance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6				Complete
				7/1/25 - 9				Complete
				10/1/25 - 1				Complete
				1/1/26 - 3				
				4/1/26 - 6	/30/26			
•	Facility: ENTRY POINT	(WSF ID: 0070	10)					
Nitrate And N	• •							e (RT) per year
	Point (Sampling Point ID)			Monitoring		Collection Per	riod Cor	mpliance Status
ENTRY POI	N1 (3)			1/1/24 - 12				Commission
				1/1/25 - 12				Complete
				1/1/26 - 12				
		Public N	otification R	equiren	nents			
			Compliance	Notice		<u>Notification</u>	PN	<u>Certification</u>
Violation/Situa			Period	Tier	Require			
Nitrate And Nit	rite M&R Violation	-	/1/24 - 12/31/24	3	2/25/202		3/7/20	26
	Water	System Fac	cility and Sar	npling F	Point Inv	entory		
Water						Total Lead		
*	er System Facility	Sampling Poi ID	int Sampling Poil Description	nt		Coliform Copp		Stage
Facility ID	DIDLITION OVETERA				Status		Tier Asbes	tos WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y		
		4-1	Kitchen Wash	SINK	A	Y		
		4-2 4-3	Mop Room	Dath .	A	Y Y		
		4-3 4-4	Dining Room Staff Bath	שמנוו	A A	Y		
		4-4 4-5	Well Entry		A	Ϋ́Υ		
			M WITHIN 5 SER	VICE CON	A	'		
		UPSTREAM			A			
00700 ENTF	RY POINT	3	ENTRY POINT	TICL COIN	A			
OUTOU LIVIT	VI I OIIVI	J	LIVINI FOINI					

LODGE WELL

2

10917

WELL #1

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Schedule Generation Date: 12/12/2025 Page 37

	347 -	•					U			11	
		ter Qua	lity Mon	itoring a	and Cor						
PWS ID	PWS Name					Classif	ication P	opulation	Owner Typ	oe Pr	imary Sourc
CT1021043	STONINGTON IN	ISTITUTE - LO	DDGE			N	IC	77	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industri	al Comb	ined	Agricultur
75 SWANTON HII	LL ROAD			Connectio	ons				1		
Towns Served: N	ORTH STONING	ΓON									
			Co	ontact Info	ormation	1					
Name				Organization					Job T	itle	
Stonington Beha	vioral Health In	С									
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	Stat	:e	Zip Code
75 Swantown HI C/O			C/O Graig Ho	ig Hoffner			Philadelp	hia	PA		19103
Business Phone	e Extension	Fax	Me	obile Phone	Emergence	y Phone	Email Ad	dress	,		
Contact Role(s):	Legal Contact,	Owner						ı			
Name				Organization					Job T	itle	
Mr. Steve Filton				Stonington B	ehavioral He	ealth I		President			
Mailing Address I	Line One		Mailing Addr	ress Line Two				City	Stat	:e	Zip Code
367 South Gulph							King of P	russia	PA		19406
Business Phone	e Extension	Fax	M	obile Phone	Emergence	y Phone	Email Ad	dress			
Contact Role(s):	Legal Contact										
Name				Organization					Job T	itle	
Mr. Howard Woı	rst			Stonington In	stitute			Dir Faciliti	es Mgmt		
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	Stat	:e	Zip Code
75 Swantown Hil	l Rd.						North Sto	onington	СТ		06359
Business Phone	e Extension	Fax	Me	obile Phone	Emergenc	y Phone	Email Ad	dress	1		
860-235-6132					860-535	-1010	Howard.	worst@uh	sinc.com		
Contact Role(s):	Administrative	Contact	'		•		•				
Please note the f	following:										

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

of Public H	lealth Di	rinkin	g Water	Section	
			_		
8 -					rimary Sourc
		NC	29	Р	GW
Service	Residential	Commer	cial Industria	al Combined	Agricultura
Connections		1			
				1	
toring Real	irements				
ID: 00600)					
			1	routine (RT)	per quarter
	Monitoring P	eriod	Collection Per	iod Compl	iance Status
	4/1/25 - 6/3	0/25		Co	mplete
	7/1/25 - 9/3	0/25		Co	mplete
	10/1/25 - 12/	31/25		Co	mplete
	1/1/26 - 3/3	1/26			
	4/1/26 - 6/3	0/26			
			1	routine (RT)	per quarter
	Monitoring P	eriod		• •	iance Status
	4/1/25 - 6/3	0/25		Co	mplete
	7/1/25 - 9/3	0/25		Co	mplete
	10/1/25 - 12/	31/25		Co	mplete
	1/1/26 - 3/3	1/26			
	4/1/26 - 6/3	0/26			
0)					
				1 routine (RT) per vear
	Monitoring P	eriod	Collection Per	-	iance Status
_	1/1/24 - 12/3	1/24		Co	mplete
	1/1/25 - 12/3	1/25		Co	mplete
		1/26			
	1/1/26 - 12/3	1/20			
ility (WSF) I		-	g Requirer	ments	
ility (WSF) I		-	g Requirer	ments	
		nitorin	g Requirer		eq/Month
	Level Mor	nitorin	g Requirer	Samples R	eq/Month
mary Type)	Level Mor	nitoring ng Limit n: 6.4 PH		Samples R	4
mary Type) RD) Complia	Operatin Minimur	nitoring ng Limit n: 6.4 PH	perating Limit	Samples R	4
mary Type) RD) Complia Monitor	Operatin Minimum	nitoring ng Limit n: 6.4 PH		Samples R	4 ring
mary Type) RD) Complia Monitor 7/1/202	Operatin Minimum nnce History: ing Period	nitoring og Limit n: 6.4 PH	perating Limit	Samples R	4 ring
mary Type) RD) Complia Monitor 7/1/202:	Operatin Minimum Mine History: ing Period 5 - 7/31/2025	nitoring og Limit n: 6.4 PH O	perating Limit	Samples R	4 ring
mary Type) RD) Complia Monitor 7/1/202: 8/1/202:	Operatin Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025	nitoring ng Limit n: 6.4 PH C	perating Limit	Samples R	4 ring
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20	Operatin Minimum Mine History: ing Period 5 - 7/31/2025 5 - 8/31/2025	nitoring ng Limit n: 6.4 PH C	perating Limit	Samples R	4 ring
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20 11/1/20	Operatin Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 25 - 11/30/20	nitoring ng Limit n: 6.4 PH C	perating Limit	Samples R t Monito atus: Complia	ring ance Status:
mary Type) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20 11/1/20 mary Type)	Operatin Minimum Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 Operatin	nitoring ng Limit n: 6.4 PH C C 25 25 25 26 Limit	perating Limit	Samples R t Monito atus: Complia	4 ring
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20 11/1/20 mary Type)	Operatin Minimum Mine History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 25 - 11/30/20 Operatin Maximum	nitoring ng Limit n: 6.4 PH C 25 25 25 ng Limit m: 10.0 P	perating Limit ompliance Sta	Samples R t Monito atus: Complia	ring ance Status: eq/Month
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/202 11/1/203 mary Type) RD) Complia	Operatin Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 Operatin Maximum Ince History:	g Limit n: 6.4 PH C 25 25 25 26 Limit m: 10.0 P	perating Limit ompliance Sta H perating Limit	Samples R t Monito atus: Complia Samples R	ring ance Status: eq/Month
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20 11/1/20 mary Type) RD) Complia Monitor	Operatin Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 Operatin Maximum Ince History: ing Period	g Limit n: 6.4 PH C 25 25 25 26 Limit m: 10.0 P	perating Limit ompliance Sta	Samples R t Monito atus: Complia Samples R	ring ance Status: eq/Month
mary Type) RD) Complia Monitor 7/1/202 8/1/202 9/1/202 10/1/20 11/1/20 mary Type) RD) Complia Monitor 7/1/202	Operating Minimum once History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 Operating Maximum once History: ing Period 5 - 7/31/2025	g Limit n: 6.4 PH C 25 25 25 g Limit m: 10.0 P	perating Limit ompliance Sta H perating Limit	Samples R t Monito atus: Complia Samples R	ring ance Status: eq/Month
mary Type) RD) Complia Monitor 7/1/202: 8/1/202: 9/1/202: 10/1/20: 11/1/20: mary Type) RD) Complia Monitor 7/1/202: 8/1/202:	Operatin Minimum Ince History: ing Period 5 - 7/31/2025 5 - 8/31/2025 5 - 9/30/2025 25 - 10/31/20 Operatin Maximum Ince History: ing Period	g Limit n: 6.4 PH C 25 25 25 27 28 Limit m: 10.0 P	perating Limit ompliance Sta H perating Limit	Samples R t Monito atus: Complia Samples R	ring ance Status: eq/Month
	Service Connections toring Requality (1986)	Service Residential Class Service Connections Service Connections Class Service Residential Connections Connections Connections Connections Connections Connections Connections Monitoring P 4/1/25 - 6/30 Connections Connections Monitoring P A/1/25 - 9/30 A/1/25 - 12/30 Connections Connections Connections Monitoring P Connections Connections Connections Connections Connections Connections Connections A/1/25 - 6/30 Connections Connections Connections A/1/25 - 6/30 Connections Connections Connections A/1/25 - 6/30 Connections Co	Classification NC	Classification Population NC 29	Service Connections Residential Commercial Industrial Combined

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

PWS ID	PWS Name			Clas	sification F	Population	Owner Type	Primary Source
CT1020444	BUDGET INN				NC	29	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	Industri	al Combine	ed Agricultural
593 PROVIDENC	E NEW LONDON TPKE	Connections			1			

Towns Served: NORTH STONINGTON

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month

pH Entry Point pH Monitoring (PHRD) Maximum: 10.0 PH 4

Start Date: 12/1/2020 Compliance History: Operating Limit Monitoring

Monitoring Period Compliance Status: Compliance Status:

11/1/2025 - 11/30/2025

Water System Facility and Sampling Point Inventory

		•	•	•		•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Sta	tus Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYST	EM A	. Y				
		DOWNSTREAM	WITHIN 5 SERVICE	CON A	1				
		UPSTREAM	WITHIN 5 SERVICE	CON A	١				
00700	ENTRY POINT	3	ENTRY POINT	Д	1				
22994	WELL #1	2	WELL #1	Д	1				
F742F	TOTATA ATAIT OLANIT								

57425 TREATMENT PLANT

Contact Information

Mailing Address Line OneMailing Address Line TwoCityStateZip Code593 Providence-New London TurnpikeNorth StoningtonCT06359Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address										
Mailing Address Line OneMailing Address Line TwoCityStateZip Code593 Providence-New London TurnpikeNorth StoningtonCT06359Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address	Name				Organization		Job Title			
593 Providence-New London Turnpike North Stonington CT 06359 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Mr. Yogesh N. Patel				Radha And Kasna, LLC			Manager		
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
	593 Providence-Nev	w London Turi	npike				North Sto	onington	CT	06359
	Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-599-0835 860-514-6206 yogirenu@yahoo.com	860-599-0835			86	0-514-6206		yogirenu	@yahoo.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 schedule.

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 Pu	ıblic Health Drink	ing Water Se	ection
Water Quality Monitori	ng and Complian	ce Schedule	
PWS ID PWS Name	Classifica	tion Population Ow	ner Type Primary Source
CT1020454 563 PROVIDENCE-NEW LONDON TNPK	NC	25	P GW
Local Address (where applicable) Serv	vice Residential Comr	nercial Industrial	Combined Agricultural
563 PROVIDENCE-NEW LONDON TNPK (RTE 184)	inections	1	
Towns Served: NORTH STONINGTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Total Coliform (3100)		1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	•
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	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 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		
Physical Parameters (PPS)	2,2,20 0,00,20	1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	- · ·
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	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		
	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		
AND COLORS (NOT DO COLOR)	6/1/26 - 6/30/26		
Water System Facility: ENTRY POINT (WSF ID: 00700)			/p=1
Chlorine Residual (1012)	Monttoving Desterd		outine (RT) per month
	Monitoring Period	Collection Period	Compliance Status
Sampling Point (Sampling Point ID) Sologt from Inventory of Active Sampling Points			Complete
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	7/1/25 - 7/31/25 8/1/25 - 8/31/25		Complete
	7/1/25 - 7/31/25		-

12/1/25 - 12/31/25

Monitoring Period

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

1 routine (RT) per year

Compliance Status

Collection Period

Conne	ecticut Department of	F Public F	lealth	Dı	rinkii	nσ I	Nater	Sp	ction	
Comin	Water Quality Monit					_			Ction	
PWS ID PWS Nam		or mg an	u don	_					er Tyne Pr	imary Source
	VIDENCE-NEW LONDON TNPK			Cia	NC	11 10	25	OWI	P	GW
Local Address (where appl		Service	Residen	tial	_	rcial	Industri	al	Combined	Agricultura
563 PROVIDENCE-NEW LO	<u> </u>	Connections	Residen	iciai	1	reiai	maastri	ui	Combined	7 Gileateara
Towns Served: NORTH STO	<u> </u>				_					
Towns served. Notiting to		oring Requ	ıirama	nts						
Water System Facility:	ENTRY POINT (WSF ID: 00700)	oring Kequ	111 61116	11163	<u> </u>					
Nitrate And Nitrite (No								1	routine (R	T) per year
Sampling Point (Sam			Monitori	ina P	Period	Colle	ection Pe		=	ince Status
ENTRY POINT (3)	pinig rome iby		1/1/24 -			Com		7704		nplete
LIVINI I OIIVI (5)			1/1/25 -							прісте
			1/1/26 -							
Water System Facility:	WELL #1 (WSF ID: 23083)		1/1/20-	12/3	51/20					
E. Coli (3014)								1 ro	utine (RT)	per month
Sampling Point (Sam	pling Point ID)		Monitori	ing P	Period	Colle	ection Pe		• •	nce Status
WELL #1 (2)			7/1/25 -	- 7/3	1/25				Cor	mplete
			8/1/25 -	- 8/3	1/25					nplete
			9/1/25 -							nplete
			10/1/25 -							nplete
			, -, 11/1/25 -							nplete
			12/1/25 -							приссе
			1/1/26 -		-					
			2/1/26 -							
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
			6/1/26 -		-					
N4-	nthly Mater Cyctom Facil	:+/\A/CT\				- D			-t-	
	nthly Water System Facil	ity (WSF) i	Levei	vior	nitorir	ig K	equire	mei	nts	
	ENTRY POINT (WSFID: 00700)									/0.0
Analyte	Monitoring Requirement (Summa		-		ng Limit	"			Samples Re	-
Chlorine	Entry Point Chlorine Residual Mor	٠,	•		n: 0.02	MG/L			Dai	•
Start Date: 2/1/2025		•	nce Histo				ating Limi		Monitori	_
			ing Perio			Comp	liance St	atus:	Compliai	nce Status:
			5 - 7/31/2							
			5 - 8/31/2							
			5 - 9/30/2							
			25 - 10/3							
Analyte	Monitoring Requirement (Summa		25 - 11/3 One	-	ng Limit				Samples Re	a/Month
pH	Entry Point pH Monitoring (PHRD		-		m: 7.0 P	н		•	samples Re	q/ WOULI
Start Date: 2/1/2025	Entry Fount pri Monitoring (PARD	-	ıvıax ınce Histo						-	
Start Date: 2/1/2025		-	ing Perio	_			ating Limi		Monitori	ng nce Status:
			ing Perio 5 - 7/31/2			comp	liance St	atus:	Compilal	ice Status:
			5 - 8/31/2							
			5 - 9/30/2							
		10/1/20	25 - 10/3	1/20	25					

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

PWS ID	PWS Name			Classificat	ion	Population	Owner Type	Pri	mary Source
CT1020454	563 PROVIDENCE-NEW LONDON TNPK			NC		25	Р		GW
Local Address (where applicable)		Service	Resider	itial Comm	nercia	l Industri	al Combine	ed	Agricultural
563 PROVIDENC	E-NEW LONDON TNPK (RTE 184)	Connections			L				

Towns Served: NORTH STONINGTON

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month

pH Entry Point pH Monitoring (PHRD) Maximum: 7.0 PH 4

Start Date: 2/1/2025 Compliance History: Operating Limit Monitoring

Monitoring Period Compliance Status: Compliance Status:

11/1/2025 - 11/30/2025

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 4/2/2025

Public Notification Requirements Compliance Notice Public Notification Priod Tier Required Performed Due to DPH Received Notice Notice Notice Notice Public Notification Prior Notice N

Received 4/1/25 - 4/30/25 Chlorine M&R Violation 3 10/22/2026 11/1/2026 Chlorine M&R Violation 3/1/25 - 3/31/25 3 10/22/2026 11/1/2026 Chlorine M&R Violation 2/1/25 - 2/28/25 3 10/22/2026 11/1/2026

Water System Facility and Sampling Point Inventory

Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
23083	WELL #1	2	WELL #1	Α				
56700	TREATMENT DI ANT							

Contact Information

				or illation							
Name				C	Organization			Job Title			
Mr. Bruce M. Thomas					ds Realty Ho	lding LLC		Owner			
Mailing Address Lin	e One		Mailing	Addre	ss Line Two			City	State	Zip Code	
98 County Street							Taunton		MA	02780	
Business Phone	Extension	Fax		Mob	oile Phone	Emergency Phone	Email Ad	mail Address			
508-823-7400		508-823-7	7600	860-	-514-8788		bruce@westerlymanagement.net				

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

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	•					_				
	Wa	ter Quality	y Monit	coring a	ind Con						
PWS ID	PWS Name									wner Type	Primary Source
CT1020464	THE TIN PEDDLE	R				-	NC	50		Р	GW
	where applicable)			Service	Resider	ntial Co	ommercia	al Inc	lustrial	Combine	d Agricultural
	- WESTERLY ROAD			Connectio	ns		1				
Towns Served:	NORTH STONINGT	ON									
					quireme	nts					
	Facility: DISTR	IBUTION SYST	EM (WSF I	D: 00600)							
Total Colifor	•									-	per quarter
	Point (Sampling P	-			Monitor			ollectic	n Perio		liance Status
Select from	m Inventory of Act	ive Sampling Poi	nts		4/1/25						omplete
					7/1/25						omplete
					10/1/25					С	omplete
					1/1/26						
					4/1/26	- 6/30/2	26				
-	meters (PPS)	4 1								•	per quarter
	Point (Sampling P	-			Monitor			ollectic	on Perio		liance Status
Select from	m Inventory of Act	ive Sampling Poi	nts		4/1/25						omplete
					7/1/25						omplete
					10/1/25					C	omplete
					1/1/26						
					4/1/26 -	- 6/30/2	26				
-	Facility: ENTR	Y POINT (WSF	ID: 00700)								
	Nitrite (NOX)									-	RT) per year
	Point (Sampling P	oint ID)			Monitor			ollectio	on Perio		liance Status
ENTRY PO	INT (3)				1/1/24 -						omplete
					1/1/25 -					C	omplete
					1/1/26 -	12/31/	26				
			Other C	omplian	ce Sched	dules					
Compliance Sci	hedule Activity					Due Do	ite	,	Achieve	ed Date	
RESPOND TO S	ANITARY SURVEY				g	9/10/20)21				
		Water Syst	em Facil	ity and S	Sampling	Poin	t Inve	ntor	V		
Water		Trate: 0,5t		ity ama c					ı Lead aı	nd	
	er System Facility	San	pling Point	Sampling	Point			form	Coppe		Stage
Facility ID	,		ID	Description		Sto	_				WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM			Υ			
		DO	WNSTREAM	WITHIN 5	SERVICE COI	N	Α				
		U	PSTREAM	WITHIN 5	SERVICE COI	N	Α				
00700 ENT	RY POINT		3	ENTRY POI	NT		A				
23112 WEL	L #1		2	WELL #1			A				
			Con	tact Info	ormation	1					
Name			0	rganization						Job Title	
Mr. Dharmend	ra C. Patel										
Mailing Addres		Ma	iling Addres	s Line Two				Cit	y	State	Zip Code
64 Rocky Hollo			<u> </u>				North S		•	СТ	06359
Business Pho		Fax	Mobi	ile Phone	Emergency	/ Phone					
860-917-695		-			0 - 10		dcpatel			m	
		l			1		1	_ 0			

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

		_							
PWS ID	PWS Name				Classific	cation P	opulation	Owner Type	Primary Source
CT1020464	THE TIN PEDDLER				N	С	50	Р	GW
Local Address (w	vhere applicable)		Service	Residen	tial Cor	mmercial	Industria	al Combine	ed Agricultural
230 NORWICH -	WESTERLY ROAD		Connections			1			

Towns Served: NORTH STONINGTON

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

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End of schedule

	Widiling water System Fa	iemey (1131) Level Monitoring Requireme	.1165
	Monthly Water System Fa	cility (WSF) Level Monitoring Requireme	ents
		1/1/26 - 12/31/26	<u> </u>
	· •	1/1/25 - 12/31/25	Complete
ENTRY PO		1/1/24 - 12/31/24	Complete
	Point (Sampling Point ID)	Monitoring Period Collection Period	
•	Nitrite (NOX)		routine (RT) per year
Nater System	m Facility: ENTRY POINT (WSF ID: 007		
		5/1/26 - 5/31/26 6/1/26 - 6/30/26	
		4/1/26 - 4/30/26	
		3/1/26 - 3/31/26	
		2/1/26 - 2/28/26	
		1/1/26 - 1/31/26	
		12/1/25 - 12/31/25	
		11/1/25 - 11/30/25	
		10/1/25 - 10/31/25	
		9/1/25 - 9/30/25	Complete
		8/1/25 - 8/31/25	Complete
	om Inventory of Active Sampling Points	7/1/25 - 7/31/25	Complete
•	Point (Sampling Point ID)	Monitoring Period Collection Period	
Physical Par	ameters (PPS)		outine (RT) per month
		6/1/26 - 6/30/26	
		5/1/26 - 5/31/26	
		3/1/26 - 3/31/26 4/1/26 - 4/30/26	
		2/1/26 - 2/28/26	
		1/1/26 - 1/31/26	
		12/1/25 - 12/31/25	
		11/1/25 - 11/30/25	
		10/1/25 - 10/31/25	
		9/1/25 - 9/30/25	Complete
		8/1/25 - 8/31/25	Complete
Select fro	m Inventory of Active Sampling Points	7/1/25 - 7/31/25	Complete
	Point (Sampling Point ID)	Monitoring Period Collection Period	· · · ·
Total Colifor			outine (RT) per month
Mator Syston	m Facility: DISTRIBUTION SYSTEM (WS		
OWIIS SELVEG.		nitoring Requirements	
	ICE NEW LONDON TURNPIKE NORTH STONINGTON	Connections 1	
	(where applicable)	Service Residential Commercial Industrial Connections 1	Combined Agricultura
CT1020474	HELLEN BRAND PROMATE 6.0	NC 25	P GW
		· ·	mer Type Tilliary Source
WS ID	PWS Name	Classification Population Ow	mer Type Primary Source

Schedule Generation Date: 12/12/2025 Page 46

	Co	onnectio	cut Depa	rtment	t of Pu	ıblic F	Health	Dı	rinki	ng	Wat	ter S	Secti	on	
			iter Qua												
PWS ID	PW	/S Name	icor qua	110) 110	1110011	118 411	u don	_						vpe Pr	imary Source
CT1020474			PROMATE 6.	0					NC		25		Р	7	GW
		e applicable)		Serv	vice	Residen	ntial	Comm	ercia	I Indi	ustrial	Com	bined	Agricultural
	•	EW LONDON	*		Con	nections			1						0
		TH STONING					-								
Water Sys	stem Fac	ility: ENTR	Y POINT (W	SFID: 0070	00)										
Analyt	e	Mon	itoring Requi	irement (Su	mmary T	ype)	Ope	ratir	ng Limit				Samı	oles Re	eq/Month
рН		Entr	y Point pH Mo	onitoring (P	HRD)		Min	imur	m: 7.0 F	ΡΗ				Dai	ly
Start D	ate: 6/1	/2011				Complia	ance Histo	ory:		Ope	rating	Limit	M	onitor	ing
						Monito	ring Perio	d		-	plianc				nce Status:
						7/1/202	25 - 7/31/2	2025	;						
						8/1/202	25 - 8/31/2	2025	,						
						9/1/202	25 - 9/30/2	2025	,						
						10/1/20	25 - 10/3	1/20)25						
						11/1/20)25 - 11/3	0/20	25						
			Water S	ystem Fa	acility a	and Sa	mpling	Po	int In	ver	ntory	,			
Water										Tot	tal L	ead aı	nd		
	_	stem Facility	/	Sampling Po		-	int			_	orm				Stage
Facility ID				ID		cription			Status	Ru		Rule Ti	er Asb	estos	WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEM	M	4			N SYSTEM		Α	Υ	,				
				DOWNSTRE					Α						
				UPSTREA			RVICE CON	N	Α						
	ENTRY P	TNIC		3		RY POINT	Γ		Α						
	WELL 1			2	WEL	L 1			Α						
57652	TREATM	ENT SYSTEM													
					Contact	t Infor	mation	1							
Name					Organia	zation							Job	Title	
Mr. Keith I	Murphy				Appleg	reen New	v England	Inc.			Direct	tor No	rtheast		
Mailing Ad	dress Lin	e One		Mailing Add	dress Line	Two					City		Sta	ate	Zip Code
200 Brickst	tone Squa	are		Suite 404					And	dover	•		N	1A	01810
Business	Phone	Extension	Fax	N	Mobile Ph	one E	mergency	/ Pho	one Em	ail Ac	ddress				
516-813	3-7610								Keit	th.M	urphy@	@apple	egreen.i	e	
Contact Ro	ole(s): Le	gal Contact													
Name					Organia	zation							Job	Title	
Mr. Harry	Singh										Owne	r			
Mailing Ad	dress Lin	e One		Mailing Add	dress Line	e Two					City		Sta	ate	Zip Code
560 Provid	ence Nev	v London Tur	n Pike						Nor	rth St	oningt	on.	C	T	06359
Business	Phone	Extension	Fax	N	Mobile Ph	one E	mergency	/ Pho	one Em	ail Ac	ddress				
	1				345-220-6	391			blad	ckcar	singh0	9@gr	nail.com	1	
Contact Ro	ole(s): Ac	dministrative	Contact, Ow	ner											
Please not	e the foll	owing:													

Please note the following:

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

End of schedule

	Connecticut Dep	artment of	F Public H	ealth	Drink	ing W	ater S	ection	
	•	ality Monit							
PWS ID	PWS Name	ancy Monic	or mg am		_			wner Tyne [Primary Source
CT1020484	DUNKIN DONUTS (ROUTE	2)			NC	-	53	P P	GW
	ss (where applicable)	- ,	Service	Resident			ndustrial	Combined	_
	CH WESTERLY ROAD (ROUTE 2)		Connections		1				- Breeze and
	ed: NORTH STONINGTON								
		Monito	oring Requ	iremeı	nts				
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colif	form (3100)						1 rc	outine (RT)	per quarter
	ing Point (Sampling Point ID)		ı		ng Period	Collect	tion Perio		liance Status
Select	from Inventory of Active Samplin	ng Points		4/1/25 -					omplete
				7/1/25 -				C	omplete
					12/31/25				
				1/1/26 -					
Dharainal D	(DDC)			4/1/26 -	6/30/26		1		
•	arameters (PPS) ing Point (Sampling Point ID)			Monitorii	ng Period	Collect	tion Perio		per quarter
	from Inventory of Active Samplin	ng Points		4/1/25 -		Conect	ion Ferio		omplete
Sciecci	nom inventory of Active Sumpin	15 1 011113		7/1/25 -					omplete
					12/31/25				op.ete
				1/1/26 -					
				4/1/26 -					
Water Syst	em Facility: ENTRY POINT ((WSF ID: 00700)							
Nitrate Ar	nd Nitrite (NOX)							1 routine (RT) per year
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Period	Collect	tion Perio	d Comp	liance Status
ENTRY	POINT (3)			1/1/24 - 1	12/31/24			C	omplete
				1/1/25 - 1				C	omplete
				1/1/26 - 1	12/31/26				
•	em Facility: WELL 1	(WS	F ID: 48142)						
E. Coli (30	•								per quarter
	ing Point (Sampling Point ID)		ı		ng Period	Collect	tion Perio	-	liance Status
WELL 1	L (2)			4/1/25 -					omplete
				7/1/25 -	12/31/25			C	omplete
			-	1/1/26 -					
				4/1/26 -					
	Water	System Facili	ity and Sar	· ·	· ·	vento	rv		
Water	VVater	oystelli i acili	ity und Jai	שויייאיי	. 51116 11	Total	Lead an	d	
	Vater System Facility	Sampling Point	Sampling Poir	t		Coliform			Stage
Facility ID		ID	Description		Status	Rule			WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A				
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700 E	NTRY POINT	3	ENTRY POINT		Α				
48142 V	VELL 1	2	WELL 1		Α				

Schedule Generation Date: 12/12/2025

56598 TREATMENT PLANT

(Connectic	ut Depa	rtment o	f Public	Health	Dri	nking	Water	Sec	ction	
			lity Moni				C	'			
PWS ID F	WS Name					Classi	fication	Population	Owne	er Type	Primary Source
CT1020484	DUNKIN DONUT	S (ROUTE 2)				ı	NC	63		Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial C	ommercia	al Industri	ial C	Combine	ed Agricultural
136 NORWICH W	ESTERLY ROAD (ROUTE 2)		Connection	ns		1				
Towns Served: NO	ORTH STONINGT	ON			,				'		1
			Coi	ntact Info	rmation	1					
Name			C	Organization						Job Title	9
Mr. John Catalfar	no	C	Dan's Management Company					-Oper	ator		
Mailing Address L	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
251 Smith Street							Provide	nce		RI	02908
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	e Email A	ddress			
401-272-9773	207	401-331-0	0931 401-	440-6850	401-440	-6850	Jcatalfa	mo@dansn	nanage	ement.c	com
Contact Role(s):	Administrative	Contact	1	1							
Name			C	Organization						Job Title	9
Smith Hill (Stone)	Property										
Mailing Address L	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
251 Smith St							Provide	ence		RI	02908

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

Business Phone

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

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

Emergency Phone Email Address

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

End of schedule

	Connecticut De	nartment of	f Public H	[ealth	Dr	rinkii	no W	ater	Se	ction	
		iality Monit					_			Ction	
DIA/C ID		lanty Monit	orning and	a Con	_					T D	
PWS ID CT1021053	PWS Name STONINGTON INSTITUTE	INICIDMADV			Clas	NC		39	Owr	P P	rimary Source GW
	ess (where applicable)	INFIRIVIARY	Service	Resident	tial	Comme		ndustri:	al	Combined	
	OWN HILL ROAD		Connections	Resideii	Liai	1	:i Ciai II	iluustiii	aı	Combined	Agricultural
	ved: NORTH STONINGTON										
TOWNS SCI V	red. NORTH STORMATON	Monit	oring Dogu	iromo	ntc						
Water Svs	tem Facility: DISTRIBUTION		oring Requ D: 00600)	iii eiiie	1115						
•	iform (3100)	(-						1	rou	tine (RT)	per quarter
	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Pe			iance Status
	from Inventory of Active Sampl	ing Points		4/1/25 -	_						mplete
	· · · · · ·			7/1/25 -		-					mplete
				10/1/25 -						Co	mplete
				1/1/26 -		-					
				4/1/26 -	6/30	0/26					
Physical F	Parameters (PPS)							1	. rou	tine (RT)	per quarter
Samp	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Pe	riod	Compl	iance Status
Select	from Inventory of Active Sampl	ing Points		4/1/25 -	6/30	0/25				Co	omplete
				7/1/25 -	9/30	0/25				Co	omplete
				10/1/25 -	12/3	31/25				Co	omplete
				1/1/26 -	3/31	1/26					
				4/1/26 -	6/30	0/26					
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)								1	routine (I	RT) per year
Samp	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Pe	riod	Compl	iance Status
ENTR	POINT (3)			1/1/24 - :	12/3	1/24					
				1/1/25 - :	12/3	1/25				Co	omplete
				1/1/26 - :	12/3	1/26					
		Other C	ompliance	Sched	lule	es					
Compliance	e Schedule Activity			L	Due l	Date		Achie	ved l	Date	
CROSS CON	INECTION SURVEY REPORT			3	3/1/2	2020					
CROSS CON	NECTION SURVEY REPORT			3	3/1/2	2021					
CROSS CON	INECTION SURVEY REPORT			3	3/1/2	2022					
CROSS CON	INECTION SURVEY REPORT			3	3/1/2	2023					
CROSS CON	NECTION SURVEY REPORT			3	3/1/2	2024					
CROSS CON	NECTION SURVEY REPORT			3	3/1/2	2026					
	Water	System Facil	ity and Sar	npling	Poi	int Inv	vento	ry			
Water							Total	Lead	and		
	Water System Facility	Sampling Point		nt		C	Coliform				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				A					
00=5=	ENTRY ROW:	UPSTREAM	WITHIN 5 SER	VICE CON	ı	A					
	ENTRY POINT	3	ENTRY POINT			A					
	WELL #2	2	WELL #2			Α					
48299	INTERCONNECTION -										

Schedule Generation Date: 12/12/2025

CT1020483 - KNOLLWOOD

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1021053	STONINGTON INSTITUTE - INFIRMA	RY			NC	39	Р	GW			
Local Address ((where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural			
75 SWANTOW	N HILL ROAD	Connections			1						
Towns Served:	wns Served: NORTH STONINGTON										

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation						
Name				Organization				Job Title	<u> </u>		
Mr. William A. Anis	kovich			Stonington In	nstitute		Ceo				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
75 Swantown Hill Ro	oad					North Sto	onington	СТ	06359-0216		
Business Phone	Extension	Fax	Mo	Mobile Phone Emergency Phone E			Email Address				
860-535-1010				800-832-1022 william.aniskovich@uhsinc.com							
Contact Role(s): Le	gal Contact		,								
Name				Organization				Job Title	<u> </u>		
Mr. Howard Worst				Stonington Ir	nstitute	Dir Facilities Mgmt					
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code		
75 Swantown Hill Ro	d.					North Sto	onington	CT	06359		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress				
860-235-6132					860-535-1010	Howard.	worst@uhsin	c.com			
Contact Role(s): Ac	dministrative	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 schedule.

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

End of schedule

	Connecticut Dep	partment o	f Public H	ealth	Drink	king	Wat	er Se	ection		
	*	ality Monit				_					
PWS ID	PWS Name			4 0011					ner Type P	rimary '	Source
CT1021064	NORTH STONINGTON XTR	A MART			NC		35	011	P	GW	
	where applicable)		Service	Resident	_	mercial	_	strial	Combined		ultura
	WESTERLY ROAD		Connections			1					
	NORTH STONINGTON										
		Monit	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION										
Total Coliforn	n (3100)							1 rc	outine (RT) per m	onth
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Col	llection	Period	Compl	iance St	atus
Select fror	n Inventory of Active Sampli	ng Points		7/1/25 -	7/31/25				Co	mplete	
				8/1/25 -	8/31/25				Co	mplete	
				9/1/25 -	9/30/25				Co	mplete	
				10/1/25 -	10/31/25				Co	mplete	
			-	11/1/25 -	11/30/25				Co	mplete	
				L2/1/25 -	12/31/25						
				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						
-	meters (PPS)							1 rc	outine (RT	•	
Sampling	Point (Sampling Point ID)				ng Period	Col	llection	Period	Compl	iance St	atus
Select fror	n Inventory of Active Sampli	ng Points		7/1/25 -	7/31/25				Co	mplete	
				8/1/25 -						mplete	
				9/1/25 -	9/30/25				Cc	mplete	
					10/31/25					mplete	
			-	11/1/25 -	11/30/25	· ·			Co	mplete	
			-	L2/1/25 -	12/31/25	1					
				1/1/26 -							
				2/1/26 -							
				3/1/26 -							
				4/1/26 -	4/30/26						
				5/1/26 -							
				6/1/26 -	6/30/26						
	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And N	•								routine (I		-
	Point (Sampling Point ID)				ng Period	Col	llection	Period		iance St	
ENTRY PO	INT (3)				12/31/24					mplete	
					12/31/25				Co	mplete	
					12/31/26						
	Water	System Facil	ity and Sar	npling	Point I	nven	tory				
Water System Wat Facility ID	er System Facility	Sampling Point ID	Sampling Poil Description	nt	Statu	Tota Colife Rui	orm C	ead and Copper ule Tier	Asbestos		Stage 2 DBP
					Jiuiu.						

DISTRIBUTION SYSTEM

Α

Υ

Page 52

4

00600 DISTRIBUTION SYSTEM

CT1021064	NORTH STONINGTON XTRA MART	NC	35	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic ficulti	יוואווווווווון וש	5 Water	occuon	

Connections

Residential

Commercial

1

Industrial

Service

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

Local Address (where applicable)

226 NORWICH WESTERLY ROAD

	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	Asbestos	WQP	Stage 2 DBPR				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
48885	WELL 1	2	WELL 1	Α									

Contact Information												
Name				Organization				Job Title				
Mr. Ibrahim Badat				20Th Real Est	tate Mngmnt Inc Ct		Owner					
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code			
15376 Kuykendahl I	Road					Houston		TX	77090			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address						
832-375-0000		832-375-0	0167			badat.foxfuel@gmail.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 schedule.

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

End of schedule

Combined

Agricultural

	Connecticut Department of	f Public H	lealth I	Drinkin	g Water S	Section	
	Water Quality Monit	coring an	d Comp	oliance	Schedule		
PWS ID	PWS Name		С	lassification	Population O	wner Type P	rimary Source
CT1021074	KINGDOM HALL OF JEHOVAHS WITNESSES			NC	225	Р	GW
Local Address	(where applicable)	Service	Residentia	ol Commerc	cial Industrial	Combined	Agricultural
530 PROVIDEN	ICE - NEW LONDON TPKE	Connections		1			
Towns Served:	NORTH STONINGTON						
	Monit	oring Requ	uiremen	ts			
Water Syster	m Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)					
Total Colifor	rm (3100)				1	routine (RT	per month
	Point (Sampling Point ID)		Monitoring		Collection Perio		iance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 - 7,				mplete
			8/1/25 - 8,				mplete
			9/1/25 - 9/				mplete
			10/1/25 - 10				mplete
			11/1/25 - 1			Co	mplete
			12/1/25 - 1				
			1/1/26 - 1,				
			2/1/26 - 2, 3/1/26 - 3,				
			4/1/26 - 4				
			5/1/26 - 5,				
			6/1/26 - 6				
Physical Par	ameters (PPS)		0/1/20 0/	30/20	1	routine (RT) per month
_	Point (Sampling Point ID)		Monitoring	Period (- Collection Perio		iance Status
	om Inventory of Active Sampling Points		7/1/25 - 7,	*			mplete
			8/1/25 - 8				mplete
			9/1/25 - 9/				mplete
			10/1/25 - 10	0/31/25		Co	mplete
			11/1/25 - 1	1/30/25		Co	mplete
			12/1/25 - 1	2/31/25			
			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,				
			6/1/26 - 6,	/30/26			
•	m Facility: ENTRY POINT (WSF ID: 00700)						
	Nitrite (NOX)					•	RT) per year
	Point (Sampling Point ID)		Monitoring		Collection Perio	-	iance Status
ENTRY PO	OINT (3)		1/1/24 - 12				mplete
			1/1/25 - 12			Co	mplete
			1/1/26 - 12				
	Other C	ompliance	Schedu	les			
Compliance So	chedule Activity			e Date	Achieve	ed Date	
RESPOND TO S	SANITARY SURVEY		9/2	23/2021			

3/1/2025

CROSS CONNECTION SURVEY REPORT

Schedule Generation Date: 12/12/2025 Page 54

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1021074	KINGDOM HALL OF JEHOVAHS WITNESSES			NC		225	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial Commer		al Industri	al Combine	ed Agricultural
530 PROVIDENO	CE - NEW LONDON TPKE	Connections	1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
57604	WELL	2	WELL	Α					
57669	TREATMENT PLANT								

5/669	IREAIMENI	PLANT	

			С	ontact Inf	ormation					
Name				Organization				lob Title	,	
Mr. Ronald Sherma	n									
Mailing Address Line	e One		Mailing Add	ress Line Two			City State Zip Co			
Stonington CT Cong	of Jehovahs \	Witnesses	135 Liberty S	Street		Pawcatu	ick CT 0637			
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress			
860-213-2225										
Contact Role(s): Le	gal Contact									
Name				Organization				lob Title	!	
Mr. Bruce Tiven				Congn. of Jel	novahs Witnesses		Acting Minister			
Mailing Address Line	ddress Line One Mailing Address Line Two City State Zip					Zip Code				
222 Post Road			Unit 6B			Westerly	rly RI 02891			

Emergency Phone Email Address

bruce.tiven@yahoo.com

860-334-2641

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-334-2641

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

End of schedule

2/31/25 2/31/26 Point III Status A A A A A A	Tota Colifor Is Rula Y	Partner/City	Owne	Job Title er State CT	stage WQP 2 DBPI Zip Code 06379
2/31/25 2/31/26 Point III Status A A A A A A	Tota Colifor Is Rula Y	Partner/City	oper e Tier	Job Title er State CT	omplete omplete Stage WQP 2 DBPI
2/31/25 2/31/26 Point III Status A A A A A A	Tota Colifor Is Rula Y	Partner/City	oper e Tier	Job Title er State CT	omplete omplete Stage WQP 2 DBPI
2/31/25 2/31/26 Point II Status A A A A	Invento Tota Colifor Rule Y	Partner/City	oper e Tier	Job Title er State	omplete omplete Stage WQP 2 DBPI
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Rula Y	al Lead rm Cop e Rule Partner/	oper e Tier	Asbestos Job Title	omplete omplete Stage WQP 2 DBPI
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Rula Y	al Leac rm Cop e Rule	oper e Tier	Asbestos Job Title	omplete omplete Stage
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co Co Asbestos	omplete omplete Stage
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point II Status A A A A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point II Status A A A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point II Status A	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point I	Invent Tota Colifo Is Rula	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point I	Invent	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26 Point I	Invent	al Lead rm Cop	pper	Co	omplete omplete Stage
2/31/25 2/31/26	Invent	al Lead		Co	omplete
2/31/25 2/31/26		tory		Co	omplete
2/31/25 2/31/26				Co	omplete
2/31/25				Co	omplete
				Co	omplete
2/31/24					-
g Period		ection P	eriod	Compl	Charles Charles
				_	RT) per year
5/30/26					
3/31/26					
2/31/25)			Co	omplete
9/30/25	_				omplete
5/30/25					omplete
g Period	i Coll	ection P	eriod		liance Status
					per quarter
5/30/26					
3/31/26					
2/31/25	5			Co	omplete
9/30/25					omplete
5/30/25					omplete
g Period	l Coll	ection P	eriod	Compl	liance Status
			1 rou	utine (RT)	per quarter
ts					
	1				
al Comn	mercial	Industr	rial	Combined	d Agricultura
NC		35		Р	GW
 Classificat	ation Po	opulation	n Ow	ner Type F	Primary Source
plian	ce Sc	chedu	ıle		
Drink	king V	Wate	r Se	ection	
pl	ssifica NC	ssification NC	ssification Population	ssification Population Ow NC 35	ssification Population Owner Type R NC 35 P

Schedule Generation Date: 12/12/2025 Page 56

	lonnecticu	ut Depa	irtment of	Public	Health	D	rinking	g Water	Section	l	
	Wat	er Qua	lity Monit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name					Classification I		Population	Owner Type	Prim	nary Source
CT1021094 2	20 NORWICH /	WESTERLY I	ROAD				NC	35	Р		GW
Local Address (who	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Combin	ed A	Agricultural
220 NORWICH WE	STERLY RD (ROU	JTE 2)		Connection	ıs		1				
Towns Served: NO	RTH STONINGTO	NC						'	,		
Name			Or	ganization					Job Titl	e	
Mr. Carl Stevenso	n		Ste	evenson Fan	nily LLC			Owner/M	ember		
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zi	ip Code
220 Norwich-West	erly Rd.						North :	Stonington	СТ	1	06359
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address			
860-415-9055					860-770-	-046	4 jakes.r	estaurant@y	yahoo.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Сс		•	rtment o lity Moni					_			ction	
DIAIC ID	D) A		tei Qua	nty Mon	toring a	illa Coll	_					- 5	· .
PWS ID		/S Name	N NODTH C	TONUNCTON			Clas	NC			Owr		rimary Source
CT1021114		LLAR GENERA	AL - NORTH S	TONINGTON	C	D = =!=l = ::	41-1			25	-1	P	GW
	· · · · · · · · · · · · · · · · · · ·	e applicable)			Service Connectio	Resider	itiai	Comme	erciai i	ndustri	aı	Combined	Agricultural
330 CLARK			ON		Connectio	113		1					
rowns ser	ved: NOR	TH STONINGT	ON										
Water Sys	stem Fac	ility: DISTR	IBUTION S	IVIONI1 YSTEM (WSF	toring Re ID: 00600)	quireme	ents						
Total Col		•		•						1	l rou	tine (RT)	per quarter
	-	t (Sampling P	oint ID)			Monitor	ing P	eriod	Collec	tion Pe			iance Status
		entory of Act		Points		4/1/25							mplete
		•	, ,			7/1/25		-					mplete
						10/1/25							•
						1/1/26							
						4/1/26		-					
•		ers (PPS)											per quarter
		t (Sampling P				Monitor			Collec	tion Pe	riod		iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		4/1/25							mplete
						7/1/25						Со	mplete
						10/1/25							
						1/1/26		-					
					•	4/1/26	- 6/30	0/26					
•		•	Y POINT (V	VSF ID: 00700)								
Nitrate A		• •										-	RT) per year
		t (Sampling P	oint ID)			Monitor			Collec	tion Pe	riod		iance Status
ENTR	Y POINT (3)				1/1/24 -							mplete
						1/1/25 -						Сс	mplete
						1/1/26 -	12/3	31/26			_		
				Other (Complian	ce Sched	alub	es					
Compliand	ce Schedu	le Activity					Due	Date		Achie	ved I	Date	
RESPOND	TO SANIT	ARY SURVEY					6/4/2	2025					
			Water S	ystem Faci	lity and S	Sampling	. Po	int In	vento	rv			
Water				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	· · · · · · · · · · · · · · · ·	,		Total	Lead	and		
System	Water Sy	stem Facility		Sampling Poin	t Sampling I	Point		(Coliform				Stage
Facility ID				ID	Description	n		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBL	TION SYSTEM	1	4	DISTRIBUT	ION SYSTEM		Α	Υ				
				DOWNSTREAM	WITHIN 5	SERVICE COI	N	Α	Υ				
				UPSTREAM	WITHIN 5	SERVICE COI	N	Α	Υ				
00700	ENTRY PO	TNIC		3	ENTRY POI	NT		Α					
61143	WELL#1			2	WELL#1			Α					
61146	TREATMI	ENT PLANT											
				Col	ntact Info	ormation	1						
Name					Organization							Job Title	
Ms. Sheila	Scull				Oollar Genera	ıl Corp.			En	v Comp	Spe		
Mailing Ad	ddress Line	e One		Mailing Addre		•				City	•	State	Zip Code
100 Missic								Goo	dlettsvi			TN	37072
Business		Extension	Fax	Mok	oile Phone	Emergency	y Pho	ne Ema	il Addre	ess			

C	onnectic	ut Depa	artment	of Publi	c Health	ו ו	rınkıng	g Water	Section	
	Wa	ter Qua	lity Mon	itoring	and Con	npl	liance S	Schedul	e	
PWS ID PV	VS Name		-			Cla	ssification	Population	Owner Type	Primary Source
CT1021114 DC	DLLAR GENERA	AL - NORTH S	STONINGTON				NC	25	Р	GW
Local Address (whe	re applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
330 CLARKS FALLS F	RD			Connecti	ons		1			
Towns Served: NOF	TH STONINGT	ON			,			,	,	
615-855-4459							EnvCor	mpliance@D	ollarGeneral.	com
Contact Role(s): A	dministrative	Contact								
Name				Organization	1				Job Titl	e
Mr. Mark Sweeney	,			3 Squawking	Geese, LLC			Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City	State	Zip Code
125 Derby Road							Berlin		СТ	01503
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Pho	one Email A	Address	,	
978-580-9339							marks(007@charte	net	
Contact Role(s): Le	gal Contact, (Owner	, t				1			

nt of Dublic Hoolth Dubling Motor Coot

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		it Departme					_				ction	
	Wat	er Quality N	/lonit	oring a	nd Com	_						
	PWS Name						fication	Popu	ulation	Own	er Type I	Primary Source
		& FUEL - NORTH ST	ONINGT				IC		44		Р	GW
Local Address (w				Service	Resident	tial Co	ommerci	ial II	ndustri	al	Combine	d Agricultural
	ESTERLY RD, NORT			Connection	ns		1					
Towns Served: N	ORTH STONINGTO	DN										
		r	Monit	oring Re	quireme	nts						
Water System I	Facility: DISTRI	BUTION (WSF ID	: 00600)								
Total Coliform	(3100) oint (Sampling Po	int ID)			Monitorii	na Peri	iod C	ollect	1 tion Pe			per quarter
		e Sampling Points			4/1/25 -							omplete
					7/1/25 -							omplete
					10/1/25 -							omplete
					1/1/26 -							F 222
_					4/1/26 -							
Physical Paran												per quarter
	oint (Sampling Po				Monitorii			ollect	tion Pe	riod		liance Status
Select from	Inventory of Activ	e Sampling Points			4/1/25 -							omplete
					7/1/25 -							omplete
					10/1/25 -						C	omplete
					1/1/26 -							
Matau Contant	Facility FAITDY	DOINT (MICE ID.	00700\		4/1/26 -	6/30/2	26					
	•	POINT (WSF ID:	00700)									
Nitrate And Ni	• •	int (D)			Manitari	na Doui	ind C	allasi	tion Do		-	RT) per year
ENTRY POIN	oint (Sampling Po	int iDj			Monitorii	_		onect	tion Pe	rioa		liance Status
ENTRY POIN	11 (3)				1/1/24 - 1 1/1/25 - 1							omplete omplete
					1/1/26 - 1						C	ompiete
	•	M. I C I	E '1'									
		Water System	Facili	ity and S	ampling	Poin						
Water	r System Facility	Campli	a Boint	Sampling F	Point			otal ::	Lead			Stano
System Water Facility ID	i System Facility	•	ig Politi D	Description		C4.	-	iform Rule			Ashestos	Stage WQP 2 DBPR
	IBUTION		4	DISTRIBUTI			atus K A	Υ			7.00000	
00000 013110	ibo non				CONNECTIO		A	Y				
			REAM		CONNECTIO		A	Y				
00700 ENTR	Y POINT		3	ENTRY POI			A	-				
62703 WELL			2	WELL 1			Α					
	TE FILTER						- •					
	DER TANK											
51.11 BB (B)			Con	tact Info	rmation							
					ภาเสนิบก						tel mot	
				rganization	l Ct '						Job Title	
Name	1 CT 10 PT /			estway Food	Store, Inc.				ner		Ct-t	7in 01
Mr. Ahmed Cho		8.4.11		STINE IWO				C	ity		State	Zip Code
Mr. Ahmed Choo Mailing Address		Mailing	Addres	JEMIC TWO			NI ·					
Mr. Ahmed Choo Mailing Address PO Box 126	Line One				Fra circ	Dk -	Norwic				СТ	06360
Mr. Ahmed Choo Mailing Address PO Box 126 Business Phone	Line One e Extension	Mailing Fax		le Phone	Emergency	Phone	Email A	Addre			СТ	
Mr. Ahmed Chor Mailing Address PO Box 126 Business Phone 860-608-9636	Line One e Extension		Mobi	le Phone	Emergency	Phone		Addre		00.COI	СТ	

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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		
CT1021124	BESTWAY FOOD & FUEL - NORTH STON	INGTON		NC	44	Р	GW
Local Address (Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural	
76 NORWICH-W	Connections		1				

Towns Served: NORTH STONINGTON

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End of schedule

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		_							_				
		cut Departme									ction		
		ater Quality N	101111	or mg an	u Con					1		_	_
PWS ID	PWS Name					Clas	sificati			Owr	ner Type P		
CT102113							NC		205		Р	G۷	
	ress (where applicable			Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agric	cultural
	LETON HILL RD, NORTI			Connections							1		
Towns Ser	ved: NORTH STONING	TON				_				_			
		N	/lonite	oring Requ	uireme	nts							
Water Sy	stem Facility: DIST	RIBUTION (WSF ID	: 00600)									
Total Co	liform (3100)								1	l rou	itine (RT)	per qu	uarter
Samp	oling Point (Sampling	Point ID)			Monitori	ng P	eriod	Colle	ction Pe		Compl		
Selec	t from Inventory of Ac	tive Sampling Points			4/1/25 -	6/30	0/25				Co	mplete	غ
					7/1/25 -	9/30	0/25				Co	mplete	2
					10/1/25 -	12/3	31/25						
					1/1/26 -	3/31	1/26						
					4/1/26 -	6/30	0/26						
Physical	Parameters (PPS)								1	l rou	itine (RT)	per qu	uarter
Samp	oling Point (Sampling	Point ID)			Monitori	ng P	eriod	Colle	ction Pe		Compl	-	
Selec	t from Inventory of Ac	tive Sampling Points			4/1/25 -	6/30	0/25				Cc	mplete	2
					7/1/25 -	9/30	0/25				Co	mplete	5
					10/1/25 -	12/3	31/25						
					1/1/26 -	3/31	1/26						
					4/1/26 -	6/30	0/26						
Water Sy	stem Facility: ENTF	RY POINT (WSF ID:	00700)										
Nitrate A	And Nitrite (NOX)									1	routine (I	RT) pei	r year
Samp	oling Point (Sampling	Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Compl	iance S	tatus
ENTR	Y POINT (3)				1/1/24 -	12/3	1/24				Co	mplete	5
					1/1/25 -	12/3	1/25				Cc	mplete	5
					1/1/26 -	12/3	1/26						
		Ot	her C	ompliance	Sched	lule	es .						
Compliand	ce Schedule Activity				ı	Due l	Date		Achie	eved	Date		
CROSS CO	NNECTION SURVEY RE	PORT			;	3/1/2	2026						
		Water System	Facili	ity and Sai	mpling	Po	int In	vent	ory				
Water		•						Total	Lead	and			
System	Water System Facility	y Samplin	g Point	Sampling Poi	int			Coliforn	n Cop	per			Stage
Facility ID)	II.	D	Description			Status	Rule	Rule	Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBUTION	2	1	DISTRIBUTION	N		Α	Υ					
		DOWNS	TREAM	5 SERVICE CO	NNECTIO	N	Α	Υ					
		UPSTI	REAM	5 SERVICE CO	NNECTIO	N	Α	Υ					
00700	ENTRY POINT	3	3	ENTRY POINT	-		Α						
62800	WELL 1	2	2	WELL 1			Α						
		Cer	tified	Operator	Inform	ati	on						
Water Sy	stem Facility: DIST	RIBUTION (WSF ID:	00600)									
Facility Clo	assification:											Certifi	ication
Operator l	-	Opera	itor Typ	e C	ertificatio	n(s)						_	ration
COSSETTE	, EVAN J		PERATO		ATER TRE		IENT PL	ANT OF	PERATOR	R - CL	ASS IV		/2027
					STRIBUTIO	ON S	YSTEM	OPERA	TOR IN T	ΓRΑΙΙ	NING		/2027

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Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source	
CT1021134	KINGDOM OF THE HAWK			NC	205	Р	GW		
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural		
113 PENDLETON HILL RD. NORTH STONINGTON		Connections					1		

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH STONINGTON

Certified Operator Information

Water System Facility: DISTRIBUTION (WSF ID: 00600)

Facility Classification: Certification

Operator Name Operator Type Certification(s) Expiration

DISTRIBUTION SYSTEM OPERATOR - CLASS II 9/30/2027

					DISTRIBUTION SYSTEM OPERATOR - CLASS II					
				Contact Inf	formation					
Name			Organization	า						
Mr. Michael M. Co	nnery			Stonington S	Seahawk LLC	Principal - Owner				
Mailing Address Line One Mailing Add				Address Line Two			City	State	Zip Code	
349 Elm Street						Stonington CT 06378				
Business Phone	siness Phone Extension Fax M			Mobile Phone	Emergency Phone	Email Address				
347-782-1258		860-415-	9072		347-675-3566	mconnery@saltwaterfarmvineyard.com				
6			10 .							

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

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