	Connecti	cut Departme	nt of F	Public H	lealth l	Drin	king	z Wa	ater S	Sectio	n		
		ater Quality M					_	•					
PWS ID	PWS Name	ater Quarity is	101110	ing an		Classific			lation O		ne Dr	imary	Source
	BLACK HALL CL	IIR				NC		2		P	регі	GV	
Local Address (w			S	ervice	Residenti		mmerci		dustrial	Comb	nined		v cultura
47-1 BUTTONBA		·)		onnections	Residenti	ai Coi	1	ai iii	uustriai	COITIE	mea	Agric	Juitura
Towns Served: O													
		N	lonitor	ing Requ	iremen	ts							
Water System I	Facility: DIST	RIBUTION SYSTEM											
Total Coliform	(3100)								1 r	outine	(RT)	oer qu	uarter
	oint (Sampling	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio			ance S	
Select from	Inventory of Ad	ctive Sampling Points			4/1/25 - 6	30/25	5					mplete	
	•				7/1/25 - 9							mplete	
					 10/1/25 - 1							mplete	
					1/1/26 - 3								
					4/1/26 - 6								
Physical Paran	neters (PPS)								1 r	outine	(RT)	per qu	arter
Sampling P	oint (Sampling	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio	d Co	ompli	ance S	tatus
Select from	Inventory of Ad	ctive Sampling Points			4/1/25 - 6	30/25	5				Co	mplete	5
					7/1/25 - 9	/30/25	5				Со	mplete	غ
					10/1/25 - 1	.2/31/2	25				Со	mplete	غ آ
					1/1/26 - 3	3/31/26	6						
					4/1/26 - 6	30/26	6						
Water System I	Facility: ENT I	RY POINT (WSF ID:	00700)										
Nitrate And Ni	itrite (NOX)									1 routi	ne (R	T) pei	r year
Sampling P	oint (Sampling	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio	d Co	ompli	ance S	tatus
ENTRY POIN	NT (3)			_	1/1/24 - 12	2/31/2	4				Co	mplete	5
					1/1/25 - 12	2/31/2	.5				Co	mplete	5
					1/1/26 - 1	2/31/2	:6						
	Monthl	y Water System	Facility	y (WSF) I	evel M	onito	oring	Req	uirem	ents			
Water System I	Facility: ENTR	Y POINT (WSFID: 0	0700)										
Analyte	Moi	nitoring Requirement	(Summary	Туре)	Opera	ting Li	mit			Samp	les Re	eq/Mo	nth
рН	Entr	y Point pH Monitoring	(PHRD)		Minim	num: 7	7 PH				4		
Start Date:	10/1/2011			Complia	nce Histor	y:	Ор	eratin	g Limit	Mo	nitor	ing	
				Monitor	ing Period		-		nce Stati	us: Co	mplia	nce Sta	atus:
				7/1/202	5 - 7/31/20	25							
				8/1/202	5 - 8/31/20	25							
				9/1/202	5 - 9/30/20	25							
				10/1/20	25 - 10/31/	2025							
				11/1/20	25 - 11/30/	2025							
		Ot	her Cor	npliance	Schedu	ıles							
Compliance Sche	edule Activity				Di	ue Date	е		Achieve	d Date			
CROSS CONNECT	ION SURVEY RE	PORT			3/	/1/2025	5						
		Water System	Facility	and Sai	npling F	Point	Inve	ntor	у				
Water							To	otal	Lead an	nd			
System Water Facility ID	r System Facilit	y Samplin IL		ampling Poi escription	nt	Stat		iform Rule	Coppe Rule Ti	r er Asbe	estos		Stage 2 DBP
00600 DISTR	IBUTION SYSTE	M 4	D	ISTRIBUTION	SYSTEM	A		Υ					
NOTE: This informat	ina han hana anasi	ded to help owners and one								. 124			

	Water Quality	Monitoring and	d Con	npl	liance S	chedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050024	BLACK HALL CLUB				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	l Industri	al Combine	ed Agricultural
47-1 BUTTONI	BALL ROAD	Connections			1			
Towns Served	: OLD LYME							·

Connecticut Department of Public Health Drinking Water Section

Wa	ater System Facil	ity and Sampling P	oint Ir	rvento	ry			
Water System Water System Facility Facility ID	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					
21823 WELL	2	WELL	Α					
57822 TREATMENT PLANT								

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Philip Neaton				Black Hall Clu	ıb		Superinten	dent	
Mailing Address Line	e One		Mailing A	Address Line Two			City	State	Zip Code
50 Buttonball Road			P O Box 2	278		Old Lyme	9	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-434-2051		860-434-3	3993						
Contact Role(s): Ac	dministrative	Contact							
Name				Organization				Job Title	
Black Hall Club Inc									
Mailing Address Line	e One		Mailing <i>A</i>	Address Line Two			City	State	Zip Code
P. O. Box 278						Old Lyme	2	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): Le	gal Contact, C	Owner							
Name				Organization				Job Title	
Mr. John Opeka				Black Hall Clu	ıb Inc		President		
Mailing Address Line	e One		Mailing A	Address Line Two			City	State	Zip Code
29 Spinnaker Drive						Niantic		СТ	06357
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): Le	gal Contact, C)wner							

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

	Connecticut De	waytwayt of	Dublic Hoolth	Dwimlei	m ~ 147	oton Co	ation	
		*	Public Health		0		Cuon	
	Water Q	uality Monit	oring and Com	<u> </u>		edule		
PWS ID	PWS Name			Classificati				rimary Source
CT105011		L CHURCH OF OLD L		NC		25	Р	GW
	ress (where applicable)		Service Residenti			ndustrial	Combined	Agricultural
2 FERRY R			Connections	1				
Towns Ser	rved: OLD LYME							
		Monito	oring Requiremen	ts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
	liform (3100)					1 rou	tine (RT)	per quarter
	oling Point (Sampling Point ID)		Monitoring		Collect	ion Period		iance Status
Selec	t from Inventory of Active Samp	oling Points	4/1/25 - 6					mplete
			7/1/25 - 9					omplete
			10/1/25 - 1				Co	mplete
			1/1/26 - 3					
- · · ·	D (DDC)		4/1/26 - 6	/30/26			(5=)	_
-	Parameters (PPS) pling Point (Sampling Point ID)		Monitorin	a Pariad	Callast	1 rou ion Period	• •	per quarter iance Status
	et from Inventory of Active Samp	ling Points	<i>Monitorin</i> 4/1/25 - 6		Conect	ion Perioa		omplete
Jeiec	t from inventory of Active Samp	Jillig Follits	7/1/25 - 9					mplete
			10/1/25 - 1					mplete
			1/1/26 - 3					ripiete
			4/1/26 - 6					
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)	., _,	, = =, = =				
•	And Nitrite (NOX)	, ,				1	routine (I	RT) per year
	oling Point (Sampling Point ID)		Monitorin	g Period	Collect	ion Period	-	iance Status
ENTF	RY POINT (3)		1/1/24 - 1					mplete
			1/1/25 - 12	2/31/25			Co	mplete
			1/1/26 - 12	2/31/26				
		Other C	ompliance Schedu	ıles				
Complian	ce Schedule Activity		Di	ue Date		Achieved L	Date	
RESPOND	TO SANITARY SURVEY		9/3	30/2021				
CROSS CO	NNECTION SURVEY REPORT		3/	/1/2026				
	Wate	r System Facili	ity and Sampling F	Point In	vento	ry		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON	A				
20722	ENTRY DOME	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21830	WELL	2	WELL	Α				
57824	TREATMENT PLANT							
		Con	tact Information					
Name			rganization				Job Title	
Mr. Doug			rst Cong. Church of Old Ly	/me		air Bd of Tru		
	ddress Line One	Mailing Address				ity	State	Zip Code
2 Ferry Rd		124 Giants Necl	k Road	Nia	ntic		СТ	06357

	Connectic	ut Depa	rtme	nt of	Public	Healt	h D	rir	nking	Wate	er S	ection	l	
	Wa	ter Qua	lity M	onit	oring a	nd Co	mp	lia	nce S	Sched	ule			
PWS ID P	WS Name						Cla	assif	ication	Population	on Ov	vner Type	Pri	mary Source
CT1050114 F	IRST CONGREG	ATIONAL CH	URCH OF	OLD LY	/ME			N	С	25		Р		GW
Local Address (wh	ere applicable)				Service	Reside	ntial	Co	mmerci	al Indus	trial	Combin	ed	Agricultural
2 FERRY ROAD					Connection	ns			1					
Towns Served: OL	D LYME									,				
Business Phone	Extension	Fax		Mobil	e Phone	Emergen	y Ph	one	Email A	ddress				
860-434-8686		860-434-	1135			860-739	9-283	37	fccol@	snet.net				
Contact Role(s):	egal Contact													
Name				Or	ganization							Job Titl	e	
Mr. Mark Testori				Fir	st Cong. Ch	urch of Old	l Lyn	ne						
Mailing Address Li	ne One		Mailing A	Address	Line Two					City		State		Zip Code
2 Ferry Road									Old Lyr	ne		СТ		06371
Business Phone	Extension	Fax		Mobil	e Phone	Emergen	y Ph	one	Email A	ddress		·		
				203-2	13-5892				fccol@	snet.net				
Contact Role(s):	Administrative	Contact	,						•					

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	Connecticut De	*								ction		
	Water Q	uality Monit	coring and	d Con	npli	anc	e Scł	nedu	ıle			
PWS ID	PWS Name				Class	ificatio	on Pop	oulation	n Owi	ner Type P	rimary	Source
CT1050124	FLORENCE GRISWOLD M	USEUM				NC		25		Р	G۷	V
Local Address	(where applicable)		Service	Residen	tial C	Comme	ercial	Indust	rial	Combined	Agric	cultural
96 LYME STRE	ET		Connections			5						
Towns Served	: OLD LYME											
		Monite	oring Requ	ireme	nts							
Water Syste	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Colifo	rm (3100)								1 rou	ıtine (RT)	per qu	uarter
Sampling	g Point (Sampling Point ID)			Monitori	ing Pe	riod	Colle	ction P			iance S	
Select fro	om Inventory of Active Samp	ling Points		4/1/25 -	6/30/	/25				Co	mplete	2
				7/1/25 -	9/30/	/25				Co	mplete	2
				10/1/25 -	12/31	1/25						
				1/1/26 -	3/31/	/26						
				4/1/26 -	6/30/	/26						
Physical Par	rameters (PPS)								1 rou	ıtine (RT)	per qu	uarter
Sampling	g Point (Sampling Point ID)			Monitori	ing Pe	riod	Colle	ction P	eriod	Compl	iance S	tatus
Select fro	om Inventory of Active Samp	ling Points		4/1/25 -	6/30/	/25				Co	mplete	5
				7/1/25 -	9/30/	/25				Co	mplete	5
			-	10/1/25 -	12/31	1/25						
				1/1/26 -	3/31/	/26						
				4/1/26 -	6/30/	/26						
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1	routine (RT) pe	r year
Sampling	g Point (Sampling Point ID)		_	Monitori	ing Pe	riod	Colle	ction P	eriod	Compl	iance S	tatus
ENTRY P	OINT (3)			1/1/24 -	12/31	/24				Co	mplete	ة
				1/1/25 -	12/31	/25				Co	mplete	ءَ
				1/1/26 -	12/31	/26						
		Other C	ompliance	Sched	lules	5						
Compliance S	chedule Activity		-		Due D	ate		Achi	ieved	Date		
CROSS CONNE	ECTION SURVEY REPORT				3/1/20	026						
	Wate	r System Facili	ity and Sar	npling	Poi	nt In	vent	orv				
Water		•	•				Total	Lea	d and			
System Wo	ater System Facility	Sampling Point	Sampling Poi	nt			Colifori	n Co _l	pper			Stage
Facility ID		ID	Description		St	tatus	Rule	Rul	e Tier	Asbestos	WQP .	2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	٧	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	٧	Α						
00700 EN	TRY POINT	3	ENTRY POINT			Α						
21831 WE	ELL	2	WELL			Α						
59195 TRI	EATMENT PLANT											
62204 KR	IEBLE GALLERY SOFTENER											
62216 AT	MOSPHERIC STORAGE											
		Con	tact Inforr	nation								
Name			rganization							Job Title		
Mr. Theodore	J. Gaffney		orence Griswol	d Museu	m		Fa	acil. Mr	ngr			
Mailing Addre	<u> </u>	Mailing Address	s Line Two					City		State	Zip C	ode

artment o	f Public	Health	ı D	rinking	Water	Section	
ality Moni	toring a	and Con	np	liance S	Schedul	e	
			Cla	ssification	Population	Owner Type	Primary Sourc
EUM				NC	25	Р	GW
	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultura
	Connectio	ons		5			
	·	·				·	·
				Old Lyr	ne	СТ	06571
Mob	ile Phone	Emergency	y Ph	one Email A	Address		
-6259		860-287	-383	30 TED@F	LOGRIS.ORG	ì	
·							
О	rganization					Job Title	е
F	lorence Gris	wold Museu	ım		Director		
Mailing Addres	ss Line Two				City	State	Zip Code
96 Lyme Street	İ			Old Lyr	ne	СТ	06571
Mob	ile Phone	Emergency	y Ph	one Email A	Address		
				becky@	oflogris.org		
·							
	EUM C Mob -6259 C Mailing Addres 96 Lyme Street	EUM Service Connection Mobile Phone -6259 Organization Florence Gris Mailing Address Line Two 96 Lyme Street	Service Connections Mobile Phone Emergence 860-287 Organization Florence Griswold Museu Mailing Address Line Two 96 Lyme Street	Ality Monitoring and Comp Cla EUM Service Connections Residential Connections Organization Florence Griswold Museum Mailing Address Line Two 96 Lyme Street	Classification EUM Service Connections Commerci Connections Commerci Connections Old Lyr Connections Old Lyr Connections Commerci Connections Old Lyr Connections Old Lyr Connections Old Lyr Connections Old Lyr Connections Connections Old Lyr Connec	Classification Population EUM Service Residential Commercial Industrial Connections Old Lyme Mobile Phone Emergency Phone Email Address 6259 Organization Florence Griswold Museum Mailing Address Line Two Old Lyme Connections Organization City Old Lyme Organization City Old Lyme Organization City Old Lyme	Service Connections Residential Commercial Industrial Combine Connections Old Lyme CT Mobile Phone Emergency Phone Email Address -6259 860-287-3830 TED@FLOGRIS.ORG Organization Job Title Florence Griswold Museum Director Mailing Address Line Two City State 96 Lyme Street Old Lyme CT Mobile Phone Emergency Phone Email Address

Please note the following:

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

	Connecticut De	enartment of	f Public H	lealth	Drink	ing W	ater Se	ection	
		uality Monit				_			
PWS ID	PWS Name	dancy Monic	ornig and					ner Type D	rimary Source
CT1050144					NC		25	P	GW
	ess (where applicable)		Service	Resident			ndustrial	Combined	Agricultural
	IN POST ROAD		Connections	Resident		1	Huustriai	Combined	Agricultural
	ved: OLD LYME				-	L			
TOWNS SET	CON OLD LINIL	Monit	oring Requ	ıiremei	nts				
Water Sys	tem Facility: DISTRIBUTIO			in enner	163				
	iform (3100)						1 rc	outine (RT)	per month
	ling Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Period		ance Status
	from Inventory of Active Samp	oling Points		7/1/25 -					mplete
	· · · · · · · · · · · · · · · · · · ·	-		8/1/25 -	8/31/25			Со	mplete
				9/1/25 -	9/30/25			Со	mplete
				10/1/25 -	10/31/25			Со	mplete
				11/1/25 -					mplete
				4/1/26 -	4/30/26				
				5/1/26 -	5/31/26				
				6/1/26 -	6/30/26				
Total Coli	iform (3100)						3 r	epeat (RP)	per period
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Period	Compli	ance Status
Select	from Inventory of Active Samp	ling Points		7/23/25 -	7/28/25			Со	mplete
Physical F	Parameters (PPS)						1 rc	outine (RT)	per month
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Period	Compli	ance Status
Select	from Inventory of Active Samp	oling Points		7/1/25 -	7/31/25			Со	mplete
				8/1/25 -				Со	mplete
				9/1/25 -	9/30/25			Со	mplete
				10/1/25 -					mplete
			:	11/1/25 -				Со	mplete
				4/1/26 -	4/30/26				
				5/1/26 -					
				6/1/26 -	6/30/26				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)							
	nd Nitrite (NOX)							· -	T) per year
	ling Point (Sampling Point ID)			Monitorin	_	Collec	tion Period		ance Status
ENTRY	POINT (3)			1/1/24 - 1					mplete
				1/1/25 - 1				Со	mplete
				1/1/26 - 1	12/31/26				
	tem Facility: WELL (WSF I	D: 21833)							
E. Coli (3				Adamit t	om Deut	C=!!	_		per period
_	ling Point (Sampling Point ID)			Monitorir		Collect	tion Period		ance Status
WELL				7/22/25 -				Co	mplete
	Wate	r System Facil	ity and Sar	mpling	Point l		•		
Water	Makay Cushaya Fasilita	Committee Delict	Campalina D-1			Total	Lead and	1	
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poli Description	iit.	. .	Coliform Rule		Ashestas	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	<u>Status</u> A	Y	Nuie Hel	M3NE3103	WQF Z DDPK
00000	DISTRIBUTION STSTEIN	4	וחוו חפועו כות	N DIDIEIVI	А	ī			

Α

DOWNSTREAM WITHIN 5 SERVICE CON

	Water Quality Monit	oring an	d Con	npi	liance S	chedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050144	HAINS PARK				NC	25	Р	GW
Local Address ((where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
166 BOSTON P	OST ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

Wat	ter System Facili	ity and Sampling P	oint li	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage ? DBPR
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
21833 WELL	2	WELL	Α				
62059 ATMOSPHERIC STORAGE							

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Timothy Griswo	old			Town of Old	Lyme		First Selecti	man	
Mailing Address Line	e One		Mailin	g Address Line Two			City	State	Zip Code
Town of Old Lyme			52 Lyn	ne Street		Old Lym	e	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-434-1605	211					tgriswol	d@oldlyme-	ct.gov	
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	
Mr. Erik Olsen				Town of Old	Lyme		Facilities M	anager	
Mailing Address Line	e One		Mailin	g Address Line Two			City	State	Zip Code
52 Lyme Street						Old Lym	e	СТ	06371
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ac	ldress		
860-434-1605	252				860-304-6675	eolsen@	oldlyme-ct.	gov	

Contact Role(s): Administrative Contact

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

C	atiant Danaston		lel- T):1-:	- XAZ-+ C		
	cticut Departmen			•	_	ection	
	Water Quality Mo	onitoring and	d Comp	oliance	Schedule		
PWS ID PWS Name			С	lassification	Population Ov	vner Type Pri	mary Source
CT1050174 LAYSVILLE	CENTER STORES			NC	25	Р	GW
Local Address (where applic	able)	Service	Residentia	Commerc	cial Industrial	Combined	Agricultural
167 BOSTON POST ROAD		Connections		1			
Towns Served: OLD LYME							
	M	onitoring Requ	irement	ts			
Water System Facility:	DISTRIBUTION SYSTEM (V	WSF ID: 00600)					
Total Coliform (3100)					1 rc	outine (RT) p	er quarter
Sampling Point (Samp	ling Point ID)	1	Monitoring	Period (Collection Period	d Complia	ince Status
Select from Inventory	of Active Sampling Points		4/1/25 - 6,	/30/25		Cor	mplete
			7/1/25 - 9,	/30/25		Cor	mplete
		1	.0/1/25 - 12	2/31/25		Cor	mplete
			1/1/26 - 3,	/31/26			
			4/1/26 - 6,	/30/26			
Physical Parameters (PI	=				1 rc	outine (RT) p	-
Sampling Point (Samp		I	Monitoring		Collection Period		ince Status
Select from Inventory	of Active Sampling Points		4/1/25 - 6,				nplete
			7/1/25 - 9,				nplete
		1	.0/1/25 - 12			Cor	nplete
			1/1/26 - 3,				
			4/1/26 - 6,	/30/26			
	ENTRY POINT (WSF ID: 00)700)					
Nitrate And Nitrite (NO	- -					1 routine (R	
Sampling Point (Samp	ling Point ID)		Monitoring		Collection Period		ince Status
ENTRY POINT (3)			1/1/24 - 12				nplete
			1/1/25 - 12			Cor	nplete
			1/1/26 - 12				
Mon	thly Water System I	Facility (WSF) L	evel Mo	onitoring	Requiremo	ents	
Water System Facility: E	NTRY POINT (WSFID: 007	700)					
-	Monitoring Requirement (S		Opera	ting Limit		Samples Re	q/Month
рН	Entry Point pH Monitoring (` '		um: 7.0 PH		Dail	У
Start Date: 4/1/2008		•	nce History	Y Y	perating Limit	Monitori	_
			ng Period		ompliance Statu	s: Compliar	nce Status:
			5 - 7/31/202				
			6 - 8/31/202				
			5 - 9/30/202				
			25 - 10/31/2				
	2.1		25 - 11/30/2				
		er Compliance					
Compliance Schedule Activi				e Date	Achieved	d Date	
RESPOND TO SANITARY SUF	₹VEY		6/4	4/2022			
	Public	Notification R	equiren	nents			
		Compliance	Notice	Public N	<u>lotification</u>	PN Certi	<u>fication</u>
Violation/Situation		Period	Tier	Required		Due to DPH	Received
pH M&R Violation		10/1/13 - 10/31/13	3	12/19/2014	4	12/29/2014	

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Sour											
CT1050174	LAYSVILLE CENTER STORES		NC	25	Р	GW					
ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultura											

Connections

Connecticut Department of Public Health Drinking Water Section

167 BOSTON POST ROAD
Towns Served: OLD LYME

Public	Notification Re	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
pH M&R Violation	11/1/13 - 11/30/13	3	1/21/2015		1/31/2015	

	W	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility IL	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	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21835	WELL	2	WELL	Α					
54255	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Kenneth Coffee	?			Coffees Cour	ntry Market		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
169 Boston Post Ro	ad					Old Lyme	<u>;</u>	СТ	06371
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-434-1877					ken@cof	feescountry	market.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.
- 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

Co	onnectic	*							ction	
	Wat	ter Qual	lity Moni	toring a	and Com	pliai	nce Sch	nedule		
PWS ID PW	/S Name				(ner Type P	rimary Source
	ME ART ASSOC	CIATION				NO	-	25	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Cor	nmercial	Industrial	Combined	l Agricultural
90 LYME STREET				Connectio	ins		1			
Towns Served: OLD	LYME									
			Monit	toring Re	quiremen	ts				
Water System Fac	•	IBUTION SY	STEM (WSF	ID: 00600)						
Total Coliform (3										per quarter
Sampling Poin					Monitoring			ction Period		iance Status
Select from Inv	entory of Acti	ve Sampling	Points		4/1/25 - 6	/30/25	5		Co	omplete
					7/1/25 - 9	/30/25	5		Co	omplete
					10/1/25 - 1				Co	omplete
					1/1/26 - 3					
					4/1/26 - 6	/30/26	5			
Physical Paramet								1 rou		per quarter
Sampling Poin					Monitoring			ction Period		iance Status
Select from Inv	entory of Acti	ve Sampling	Points		4/1/25 - 6					omplete
					7/1/25 - 9	/30/25	5		Co	omplete
					10/1/25 - 1	.2/31/2	25		Co	omplete
					1/1/26 - 3	/31/26	5			
					4/1/26 - 6	/30/26	5			
Water System Fac	cility: ENTRY	POINT (W	SF ID: 00700)						
		•		•						
Nitrate And Nitri	te (NOX)	•						1	routine (RT) per year
Nitrate And Nitri Sampling Poin	• •			,	Monitoring	g Perio	od Colle	1 ction Period	-	RT) per year
	t (Sampling Po			,	Monitoring 1/1/24 - 12				Compl	
Sampling Poin	t (Sampling Po			•		2/31/2	4		Compl	iance Status
Sampling Poin	t (Sampling Po			,	1/1/24 - 12	2/31/2 2/31/2	5		Compl	iance Status omplete
Sampling Poin	t (Sampling Po 3)	oint ID)	/stem Faci		1/1/24 - 12 1/1/25 - 12 1/1/26 - 12	2/31/2 2/31/2 2/31/2	4 5 6	ction Period	Compl	iance Status omplete
Sampling Poin ENTRY POINT (t (Sampling Po	water Sy	/stem Faci	lity and S	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F	2/31/2 2/31/2 2/31/2	4 5 6 Invento	ory Lead and	Compl	iance Status omplete omplete
Sampling Poin ENTRY POINT (Water System Water Sy	t (Sampling Po 3)	water Sy	/stem Faci Sampling Poin	lity and S	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F	2/31/2 2/31/2 2/31/2 2/31/2 Point	4 5 6 Invento Colifori	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Sampling Poin ENTRY POINT (Water System Water Sy Facility ID	t (Sampling Po (3)	water Sy	stem Faci Sampling Poin ID	lity and S t Sampling I Description	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F	2/31/2 2/31/2 2/31/2 2/31/2 Point	4 5 6 Invento Total Colifori	Ory Lead and m Copper	Compl Co Co	iance Status omplete omplete
Sampling Poin ENTRY POINT (Water System Water Sy Facility ID	t (Sampling Po	water Sy	stem Faci Sampling Poin ID 4	lity and S t Sampling I Description DISTRIBUT	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point n	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat	4 5 6 Invento Total Colifori Rus Rule	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Sampling Poin ENTRY POINT (Water System Water Sy Facility ID	t (Sampling Po (3)	water Sy	stem Faci Sampling Poin ID 4 DOWNSTREAN	lity and S t Sampling I Description DISTRIBUT WITHIN 5:5	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A	4 5 6 Invento Total Colifori Rule	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID O0600 DISTRIBL	ystem Facility UTION SYSTEM	water Sy	stem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5:	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A	4 5 6 Invento Total Colifori Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00700 ENTRY P	ystem Facility UTION SYSTEM	water Sy	stem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM 3	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00700 ENTRY PO 21836 WELL	ystem Facility JTION SYSTEM OINT	water Sy	stem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5:	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE	ystem Facility UTION SYSTEM OINT TRATION	water Sy	stem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM 3	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE	ystem Facility JTION SYSTEM OINT	water Sy	ystem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM 3 2	lity and S t Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point INT	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE	ystem Facility UTION SYSTEM OINT TRATION	water Sy	ystem Faci Sampling Poin ID 4 DOWNSTREAN UPSTREAM 3 2	lity and S t Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE	ystem Facility UTION SYSTEM OINT TRATION	water Sy	Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point INT	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori tus Rule Y	Ory Lead and m Copper	Compl Co Co	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE 62192 WATER S	ystem Facility UTION SYSTEM OINT TRATION	water Sy	ystem Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON INT	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Total Colifori Rule Y	Ory Lead and m Copper	Compl Co Co Co Do	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE 62192 WATER SY	ystem Facility UTION SYSTEM OINT TRATION SOFTENER	water Sy	ystem Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling In Description DISTRIBUT IN WITHIN 5: WITHIN 5: ENTRY POINT WELL Intact Info Organization Tyme Art Asso	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON INT	2/31/2 2/31/2 2/31/2 2/31/2 Point Stat A A A	4 5 6 Invento Colifori Rule Y	Ory Lead and m Copper Rule Tier	Compl Co Co Co Do	iance Status complete complete Stage
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE 62192 WATER SY Name Ms. Laurie Pavlos	ystem Facility UTION SYSTEM OINT TRATION SOFTENER	water Sy	Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling In Description DISTRIBUT IN WITHIN 5: WITHIN 5: ENTRY POINT WELL Intact Info Organization Tyme Art Asso	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON INT	2/31/2 2/31/2 2/31/2 2/31/2 Point A A A A	4 5 6 Invento Colifori Rule Y	Ory Lead and m Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 21836 WELL 48162 IRON FILE 62192 WATER SY Name Ms. Laurie Pavlos Mailing Address Lin	ystem Facility UTION SYSTEM OINT TRATION SOFTENER	water Sy	VSTEM Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling In Description DISTRIBUT IN WITHIN 5: WITHIN 5: ENTRY POINT WELL Intact Info Organization Tyme Art Asso	1/1/24 - 12 1/1/25 - 12 1/1/26 - 12 Sampling F Point ION SYSTEM SERVICE CON SERVICE CON INT	2/31/2 2/31/2 2/31/2 2/31/2 Point A A A A	4 5 6 6 Coliforn Rule Y	Ory Lead and Copper Rule Tier usiness Mana	Asbestos Job Title ager State	Stage WQP 2 DBPR
Water System Water Sy Facility ID 00600 DISTRIBL 00700 ENTRY PO 21836 WELL 48162 IRON FILE 62192 WATER SY Name Ms. Laurie Pavlos Mailing Address Lin 90 Lyme St	ystem Facility JTION SYSTEM OINT TRATION SOFTENER e One Extension	Water Sy	/stem Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2 Col L Mailing Addre	lity and S t Sampling I Description DISTRIBUT WITHIN 5: WITHIN 5: ENTRY POI WELL ntact Info Organization yme Art Asso	1/1/24 - 12 1/1/25 - 13 1/1/26 - 13 6ampling F Point ION SYSTEM SERVICE CON INT Drmation Deciation	2/31/2 2/31/2 2/31/2 2/31/2 Point State A A A A A A A A A A A A A A A A A A A	4 5 6 6 Total Colifori Rule Y B Old Lyme Email Addr	Ory Lead and Copper Rule Tier usiness Mana	Asbestos Job Title ager State CT	Stage WQP 2 DBPR

(Connectic	ut Depa	rtment	of Public	c Health	n Dri	nking	g Water	Section	1	
	Wa	ter Qua	lity Mon	itoring a	and Cor	nplia	ince S	Schedu	le		
PWS ID F	WS Name					Classif	ication	Population	Owner Type	e Pr	imary Source
CT1050184 L	YME ART ASSO	CIATION				N	IC	25	Р		GW
Local Address (wh	ere applicable)			Service	Reside	ntial Co	mmerci	al Industri	ial Combir	ned	Agricultural
90 LYME STREET				Connection	ons		1				
Towns Served: OL	D LYME				1	,			,		
Name				Organization					Job Tit	:le	
Ms. Katherine Sin	nmons			Lyme Art Ass	ociation			President			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	9	Zip Code
90 Lyme Street							Old Lyr	ne	СТ		06371
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	Address	,		
860-434-7802					860-652	-8854	kmsart	wrk@cox.ne	et		
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

Connecticut Dep		Public Health oring and Com		_		ction	
PWS ID PWS Name	anty Monit					er Type Primary	Cource
CT1050214 GRAYBILL PROPERTIES, LLC			NC	30		P G\	
		Service Residenti					
Local Address (where applicable) 149-151 BOSTON POST RD		Service Residenti Connections			uustriai	Combined Agri	cultural
Towns Served: OLD LYME		connections	1	-			
Towns served: OLD LYIME	Monite	oring Requiremen	tc				
Water System Facility: DISTRIBUTION			113				
Total Coliform (3100)	(1101				1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID)		Monitorin	a Period	Collecti	on Period	Compliance S	
Select from Inventory of Active Sampli	ng Points	4/1/25 - 6	_	Concorn		Complet	
		7/1/25 - 9				Complet	
		10/1/25 - 1				Complet	
		1/1/26 - 3				33	_
		4/1/26 - 6					
Physical Parameters (PPS)		., _, _,	,, ,		1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID)		Monitorin	a Period	Collecti	on Period	Compliance S	
Select from Inventory of Active Sampli	ng Points	4/1/25 - 6				Complet	
,		7/1/25 - 9				Complet	
		10/1/25 - 1				Complet	
		1/1/26 - 3					
		4/1/26 - 6					
Water System Facility: ENTRY POINT -	WELL 1 (WSF II						
Nitrate And Nitrite (NOX)	•	•			1	routine (RT) pe	r vear
Sampling Point (Sampling Point ID)		Monitorin	a Period	Collecti	on Period	Compliance S	-
ENTRY POINT - WELL 1 (3)		1/1/24 - 1		<u> </u>		 Complet	
		1/1/25 - 1	2/31/25			Complet	
		1/1/26 - 1				·	
Organic Chemicals (VOCS)		· ·	· ·		1	routine (RT) pe	r vear
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance S	-
ENTRY POINT - WELL 1 (3)		1/1/24 - 1	2/31/24			Complet	e
		1/1/25 - 1	2/31/25			Complet	e
		1/1/26 - 1	2/31/26				
Water System Facility: WELL #1 (WSF	ID: 60883)						
E. Coli (3014)					1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance S	
WELL #1 (2)		4/1/25 - 6	5/30/25			Complet	e
		7/1/25 - 9	9/30/25			Complet	e
		10/1/25 - 1	2/31/25			Complet	e
		1/1/26 - 3	3/31/26				
		4/1/26 - 6					
Water	System Facili	ity and Sampling I	Point Ir	ventor	у		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP	2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
00700 ENTRY POINT - WELL 1	3	ENTRY POINT - WELL 1	Α				

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050214	GRAYBILL PROPERTIES, LLC			NC	30	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultural
149-151 BOSTO	ON POST RD	Connections		1			

Towns Served: OLD LYME

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
60883	WELL #1	2	WELL #1	Α							
60886	TREATMENT PLANT										
60888	ATMOSPHERIC STORAGE										

				Contact Info	ormation			
Name				Organization			Job Title	
Mr. James L. Grayb	ill			Graybill Prop	erites	Owner		
Mailing Address Lin	e One		Mailing	Address Line Two		City	State	Zip Code
P.O. Box 781						Old Lyme	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
		860-434-8	3823	860-304-2535		aptolct@aol.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

Con	necticut Department of P Water Quality Monitor								ection	
		mg an	u Con							
PWS ID PWS N				Cla		n Pc		Ow		imary Source
	/ME COUNTRY CLUB HOUSE	ruico.	Docidon	+ial	NC	raial	25	al .	P	Agricultural
Local Address (where ap 40 MCCURDY ROAD		rvice nnections	Residen	ILIdi	Comme 1	rciai	Industria	11	Combined	Agricultural
Towns Served: OLD LYM					т_					
TOWNS SELVED. OLD ETIV		na Doau		.a.t.a						
Water System Facility	Monitori : DISTRIBUTION SYSTEM (WSF ID: 0		iireme	IIILS	•					
Total Coliform (310)	•	,0000					1	ro	utine (RT) p	or quarter
Sampling Point (Sampling Point	•		Monitori	ina I	Period	Coll	ı ection Peı			ince Status
	ory of Active Sampling Points		4/1/25 -			Com	ection rei	10u		nplete
Select Hom mivent	ory of Active Sampling Folits		7/1/25 -		-					nplete
			10/1/25 -							nplete
			1/1/26 -							прісте
			4/1/26 -							
Physical Parameters	(PPS)						1	ro	utine (RT) p	er quarter
Sampling Point (So	ampling Point ID)		Monitori	ing F	Period	Coll	ection Pe	riod	Complic	ance Status
Select from Invent	ory of Active Sampling Points		4/1/25 -	6/3	0/25				Cor	mplete
			7/1/25 -	9/3	0/25				Cor	mplete
			10/1/25 -	12/	′31/25				Cor	mplete
			1/1/26 -	3/3	1/26					
			4/1/26 -	6/3	0/26					
Water System Facility	: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite	(NOX)							1	routine (R	T) per year
Sampling Point (So	ampling Point ID)		Monitori	ing F	Period _	Coll	ection Pei	riod	Complia	ance Status
ENTRY POINT (3)			1/1/24 -	12/3	31/24				Cor	mplete
			1/1/25 -	12/3	31/25				Cor	mplete
			1/1/26 -	12/3	31/26					
IV	Ionthly Water System Facility	(WSF) I	Level N	Λοι	nitorir	ng R	equire	me	nts	
Water System Facility	: ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summary	Туре)	Ope	ratii	ng Limit				Samples Re	q/Month
рH	Entry Point pH Monitoring (PHRD)		Mini	imur	m: 7 PH				4	
Start Date: 1/1/20 :	10	Complia	nce Histo	ory:		Opera	ating Limi	t	Monitori	ng
			ing Perio			Comp	liance Sta	atus	: Compliar	nce Status:
			5 - 7/31/2							
			5 - 8/31/2							
			5 - 9/30/2							
			25 - 10/3							
			25 - 11/3							
	Other Com	pliance	Sched	lule	es					
Compliance Schedule A					Date		Achie	ved	Date	
CROSS CONNECTION SU					['] 2016					
CROSS CONNECTION SU					/2017					
CROSS CONNECTION SU					/2018					
CROSS CONNECTION SU					2019					
CROSS CONNECTION SU					2020					
CROSS CONNECTION SU	JRVEY REPORT			3/1/	2021					

	Connectic	ut Departn	nent o	f Public	Health	Drir	nking	Water S	ection	
· ·		ter Quality					_		cction	
PWS ID	PWS Name	our Courted		0011118					vner Type P	rimary Source
		ITRY CLUB HOUSE				N		25	Р	GW
Local Address (wl				Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
40 MCCURDY RO				Connection	ns		1			8
Towns Served: O	LD LYME									
		(Other C	Complian	ce Schec	lules				
Compliance Sche	dule Activity					Due Da	te	Achieved	l Date	
CROSS CONNECT	ION SURVEY REP	ORT				3/1/202	22			
CROSS CONNECT	ION SURVEY REP	ORT				3/1/202	23			
CROSS CONNECT	ION SURVEY REP	ORT				3/1/202	24			
CROSS CONNECT	ION SURVEY REP	ORT				3/1/202	25			
CROSS CONNECT	ION SURVEY REP	ORT				3/1/202	26			
		Water Syste	m Facil	lity and S	ampling	Poin	t Inven	tory		
Water							Tota	al Lead and	d	
*	System Facility	Samp	_	Sampling F			Colife			Stage
Facility ID			ID	Description			itus Rui	e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM		4		ON SYSTEM		Y <i>P</i>			
				1 WITHIN 5 S			4			
		UP	STREAM		SERVICE CON	N A	4			
	POINT		3	ENTRY POI	NT	ŀ	4			
21840 WELL	A		2	WELL			4			
	MENT PLANT						_			
56564 WELL	С		2	WELL C	v v oti o v		Α			
Nama				ntact Info	rmation				Job Title	
Name	Clb		U	rganization					Job Title	
Old Lyme Countr		Maili	na Addros	ss Line Two				City	Ctata	7in Codo
Mailing Address I 40 McCurdy Road			ox 276	ss Line Two			Old Lyme	City	State	Zip Code 06371
Business Phone		Fax		ile Phone	Emergency	Dhono			CI	06571
Busiliess Filolie	EXCENSION	гах	IVIOD	me Phone	Lineigency	riione	Elliali Au	uress		
Contact Role(s):	Owner									
Name	1		0	rganization					Job Title	
Mr. Michael Iwa	nicki		0	old Lyme Cou	ntry Club			General Man	ager	
Mailing Address I	ine One	Maili	ng Addres	ss Line Two				City	State	Zip Code
40 McCurdy Road	j						Old Lyme	<u>)</u>	CT	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
860-434-1639	112	860-434-3326		_			gm@old	ymecc.com		
Contact Role(s):	Administrative	Contact								
Name			0)rganization					Job Title	
Mr. Fran Sablone	<u> </u>		0	old Lyme Cou	ntry Club			President		
Mailing Address I	ine One	Maili	ng Addres	ss Line Two				City	State	Zip Code
40 McCurdy Rd							Old Lyme	<u> </u>	СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
860-434-1639	112	860-434-3326					fsablone	@gmail.com		

Contact Role(s): Legal Contact

Schedule Generation Date: 12/12/2025 Page 16

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1050224	OLD LYME COUNTRY	CLUB H	OUSE			NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Commer	cial Industr	al Combin	ed Agricultural
40 MCCURDY RC)AD			Connections		1			

Towns Served: OLD LYME

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 De	partment of ality Monit								ection		
DIAIC ID		ianty Monit	ornig and	ı Con						т	D.::	
PWS ID CT1050244	PWS Name OLD LYME INN				Clas	NC	on Po	45	OWI	ner Type P	Pri	mary Source GW
	(where applicable)		Service	Residen	+ial	Comme	orcial	Industr	ial	Combine	٧4	Agricultural
	EET (ROUTE 1)		Connections	Residen	uai	2	erciai	muusti	Idl	Combine	:u	Agricultural
Towns Served												
TOWNS SELVED	I. OLD LIWIL	D.(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ouisa Dans	··								
Water Syste	m Facility: DISTRIBUTION		oring Requ D: 00600)	ireme	nts	•						
Total Colifo	rm (3100)							:	1 rou	utine (RT	⁻) p	er quarter
	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe		_		nce Status
Select fr	om Inventory of Active Sampl	ing Points		4/1/25 -	6/3	0/25				(Con	nplete
				7/1/25 -	9/3	0/25				(Con	nplete
			-	10/1/25 -	12/	31/25				(Con	nplete
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
Physical Pa	rameters (PPS)							:	1 roı	utine (RT	') p	er quarter
Samplin	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe	riod	Com	olia	nce Status
Select fr	om Inventory of Active Sampl	ing Points		4/1/25 -	6/3	0/25				(Con	nplete
				7/1/25 -	9/3	0/25				(Con	nplete
				LO/1/25 -	12/	31/25				(Con	nplete
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1	routine	(R1) per year
Samplin	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe	riod	Com	olia	nce Status
ENTRY P	OINT (3)			1/1/24 -	12/3	31/24				(Con	nplete
				1/1/25 -	12/3	31/25				(Con	nplete
				1/1/26 -	12/3	31/26						
Water Syste	m Facility: WELL (WSF ID	: 21842)										
E. Coli (301	.4)							;	1 rou	utine (RT	') p	er quarter
Samplin	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe	eriod	Com	olia	nce Status
WELL (2				4/1/25 -	6/3	0/25				(Con	nplete
				7/1/25 -	9/3	0/25				(Con	nplete
			-	LO/1/25 -	12/	31/25				(Con	nplete
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
		Other C	ompliance	Sched	lule	es						
Compliance S	Schedule Activity				Due	Date		Achie	eved	Date		
CROSS CONN	ECTION SURVEY REPORT				3/1/	2023						
CROSS CONN	ECTION SURVEY REPORT				3/1/	2024						
CROSS CONN	ECTION SURVEY REPORT				3/1/	2025						
CROSS CONN	ECTION SURVEY REPORT				3/1/	2026						
	Water	System Facil	ity and Sar	npling	Ро	int In	vent	tory				
Water							Tota					
*	ater System Facility	Sampling Point		it		(Colifor	-	•	A = k = = :		Stage
Facility ID	CTDIDLITION CVCTCA 4	ID	Description	L CVCT-1		<u>Status</u>	Rule	e Kule	ııer	Aspesto	15 V	VQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	l	Α	Υ					

	Connectic	ut Depa	rtment of	f Public	Health	Dri	nking	Water	Section	
	Wa	ter Qua	lity Monit	toring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name								Owner Type P	rimary Source
CT1050244	OLD LYME INN						С	45	Р	GW
Local Address (v	where applicable)			Service	Residen	tial Co	mmercia	Industria	al Combined	Agricultura
85 LYME STREE	Γ (ROUTE 1)			Connection	ns		2			_
Towns Served: (OLD LYME									
		Water Sy	stem Facil	ity and S	ampling	Poin	t Inver	itory		
Water System Wate Facility ID	er System Facility		Sampling Point ID	Sampling P		Sta	Tot Colife tus Ru	orm Copp		Stage WQP 2 DBPF
			DOWNSTREAM				Ą			
			UPSTREAM		SERVICE CON		4			
00700 ENTF	RY POINT		3	ENTRY POI	NT	,	4			
21842 WEL			2	WELL			4			
58230 TREA	TMENT PLANT									
			Con	ntact Info	rmation	l				
Name			0	rganization					Job Title	
For A Song LLC										
Mailing Address	Line One		Mailing Addres	s Line Two				City	State	Zip Code
85 Lyme St							Old Lym	e	СТ	06371
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	ldress		
Contact Role(s):	Legal Contact, (Owner								
Name		-	0	rganization					Job Title	
Ms. Christine A	Kitchings			or A Song LLO				Member/N	Manager	
Mailing Address			Mailing Addres					City	State	Zip Code
85 Lyme St							Old Lym	e	СТ	06371
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	Phone				
860-434-260	0						office@d	oldlymeinn.	com	
Contact Role(s):	Legal Contact, (Owner								
Name			0	rganization					Job Title	
Ms. Lesley Mod	re			ld Lyme Inn				Assist. Ger	n. Manager	
Mailing Address			Mailing Addres	-				City	State	Zip Code
85 Lyme Street							Old Lym	e	СТ	06371
Business Phor	ne Extension	Fax	Mob	ile Phone	Emergency	Phone			1	

Contact Role(s): Administrative Contact

860-434-2600

Please note the following:

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

End of schedule

events@oldlymeinn.com

	0		. D			CD 11:	TT 1.	1 -		1 .	T A 7		0		
	Co	nnectic	•								_			ection	
		Wa	ter Qua	ility Mo	onit	oring a	nd Co	_			_				
PWS ID		S Name						Cl					Owr	ner Type P	rimary Source
CT105025		LYME LIBRA	ARY							NC		25		L	GW
	-	e applicable)				Service	Reside	entia	al Co	ommer	cial II	ndustri	al	Combined	Agricultural
2 LIBRARY						Connection	1S			1					
Towns Ser	ved: OLD L	YME													
				M	onit	oring Red	quirem	ent	ts						
Water Sy	stem Facil	lity: DISTR	IBUTION S	YSTEM (\	NSF I	D: 00600)									
	liform (31	•										1	l rou	ıtine (RT)	per quarter
		(Sampling P					Monito				Collect	tion Pe	riod		iance Status
Selec	t from Inve	entory of Act	ive Sampling	g Points			4/1/2								mplete
							7/1/2								mplete
							10/1/2			-				Co	mplete
							1/1/20								
							4/1/20	5 - 6/	/30/2	26					
-	Paramete	• •									o				per quarter
		(Sampling P	-	- Dainta			Monito				Collect	tion Pe	rioa		iance Status
Selec	t from mve	entory of Act	ive Sampling	3 Points			4/1/2								mplete
							7/1/2								omplete omplete
							1/1/2							CC	лпрієте
							4/1/20								
Water Sv	stem Facil	lity: ENTR	Y POINT (\	NSE ID: 00	700)		7/ 1/ 2	<i>3</i> 0,	30,1	20					
•	And Nitrite	•			,,,,,								1	routine (RT) per year
		(Sampling P	oint ID)				Monito	orina	ı Per	iod	Collect	tion Pe		-	iance Status
	RY POINT (3		· · · · · · · · · · · · · · · · · · ·				1/1/24								mplete
	- (-	,					1/1/25								mplete
							1/1/26								'
				Oth	er C	omplian									
Complian	ce Schedule	Activity				•			ie Do	nte		Achie	ved	Date	
_		RY SURVEY						8/8	8/20	21					
CROSS CO	NNECTION	SURVEY REP	ORT						1/20						
			Water S	vstem F	acili	ity and S	amplin		-		ento	rv			
Water				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0 -			Total	Lead	and		
System	Water Sys	stem Facility		Sampling	Point	Sampling P	oint				oliform				Stage
Facility ID)			ID		Description	1		St	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUT	TION SYSTEM	1	4		DISTRIBUTI	ON SYSTE	Μ		Α	Υ				
				DOWNSTI	REAM	WITHIN 5 S	ERVICE C	NC		Α					
				UPSTRE	AM	WITHIN 5 S	ERVICE C	NC		Α					
00700	ENTRY PO	INT		3		ENTRY POIN	NT			Α					
21843	WELL			2		WELL				A					
					Con	tact Info	rmatic	n							
Name						rganization								Job Title	
Ms. Katie	Huffman				Ol	d Lyme Libra	ary Associ	atior	n		Dir	ector			
	ddress Line	One		Mailing A	ddres	s Line Two						ity		State	Zip Code
2 Library L			T			Т				Old Ly				СТ	06371
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergen	cy Pł	hone	Email	Addre	SS			

	dominoconour B opan amont					,		
	Water Quality Mon	nitoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type F	rimary Source
CT1050254	OLD LYME LIBRARY				NC	25	L	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combined	Agricultural
2 LIBRARY LANE		Connections			1			
Towns Served: 0	OLD LYME							
860-434-168	4 110		978-505-	-336	2 khuffm	an@oldlym	elibrary.org	
Contact Role(s):	Administrative Contact, Legal Contact							

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 21

C	onnectic	ut Departme	ent of	Public	Health	Dr	inkin	g W	ater	Se	ction	
	Wa	ter Quality N	/lonit	oring a	nd Con	npli	ance	Sch	edul	e		
PWS ID P	WS Name	oor Quarray r		011119		_					er Type F	Primary Sou
	LD LYME PIZZA	PALACE INC.					NC		25		P	GW
Local Address (who	ere applicable)			Service	Residen	tial (Commer	cial Ir	ndustria	ıl (Combined	Agricultu
264 SHORE ROAD				Connectio	ns		1					
Towns Served: OLI	D LYME				I							
		r	Monite	oring Re	quireme	nts						
Water System Fa	cility: DISTR	IBUTION SYSTEM			94							
Total Coliform	•								1	rou	tine (RT)	per quart
	nt (Sampling P				Monitori			Collect	ion Per	iod		liance Statu
Select from Ir	ventory of Act	ive Sampling Points			4/1/25 -						C	omplete
					7/1/25 -	9/30	/25				C	omplete
					10/1/25 -						C	omplete
					1/1/26 -							
					4/1/26 -	6/30	/26					
Physical Parame												per quart
	nt (Sampling P				Monitori			Collect	ion Per	iod		liance Statu
Select from Ir	ventory of Act	ive Sampling Points			4/1/25 -							omplete
					7/1/25 -							omplete
					10/1/25 -						C	omplete
					1/1/26 -							
					4/1/26 -	6/30	/26					
Water System Fa	cility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Niti	ite (NOX)									1 r	-	RT) per ye
	nt (Sampling P	oint ID)			Monitori			Collect	ion Per	iod		liance Statu
ENTRY POINT	(3)				1/1/24 -							omplete
					1/1/25 -	-					C	omplete
					1/1/26 -	12/31	L/26					
		Water System	Facili	ity and S	Sampling	Poi	nt Inv	ento	ry			
Water System Water S Facility ID	System Facility		ng Point D	Sampling I			Co	Total oliform Rule		er	Ashestos	Stag WQP 2 DE
	UTION SYSTEM		1	•	ION SYSTEM		tatus A	Y				
00000 DISTRIE	OTION STSTEW				SERVICE CON		A	'				
			REAM		SERVICE CON		A					
00700 ENTRY	POINT		3	ENTRY POI		•	A					
21844 WELL	Olivi		<u>. </u>	WELL	141		A					
	MENT PLANT	•	_	** LLL								
JOZZO TREATE	ILIVI I LAIVI		C =	4 - 4 lf.	4.9							
					ormation							
Name			Oı	rganization							Job Title	
Mr. Theodore Ana		T .		–				Cod				
Mailing Address Li	ne One	Mailing	Address	s Line Two					ity		State	Zip Code
264 Shore Road		_			1_		Old Ly	•			СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency							
860-434-1517		860-434-2609			860-460-	4330	f.anas	stasiou	1954@լ	gmai	l.com	

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

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

PWS ID	PWS Name				Classification	n Populatio	Owner Type	Primary Source
CT1050264	OLD LYME PIZZA PAL	ACE INC.			NC	25	Р	GW
Local Address	(where applicable)		Service	Resider	ntial Comme	rcial Indust	rial Combin	ed Agricultural
264 SHORE RO	DAD		Connections		1			

Towns Served: OLD LYME

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

End of schedule

Connecticut De	nartment o	f Public H	ealth I	Orinki	ing W	Jater Se	ection	
	iality Monit				_		,001011	
PWS ID PWS Name	lancy Monn	or mg am		•			ner Type Prim	ary Source
CT1050364 85 HALLS ROAD				NC	, , , , , ,	25	Р	GW
Local Address (where applicable)		Service	Residentia		ercial	Industrial		gricultural
85 HALLS ROAD		Connections	residentic	1		maastriai	combined 7	Bricaitara
Towns Served: OLD LYME					-			
	Monit	oring Requ	iremen	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rc	utine (RT) pe	er month
Sampling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Period	Compliand	ce Status
Select from Inventory of Active Sampl	ing Points		7/1/25 - 7	/31/25			Comp	lete
			8/1/25 - 8	/31/25			Comp	lete
			9/1/25 - 9	/30/25			Comp	lete
			10/1/25 - 1	0/31/25			Comp	lete
			11/1/25 - 1	1/30/25			Comp	lete
		:	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	•				-
Physical Parameters (PPS)						1 rc	utine (RT) pe	er month
Sampling Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Period	Compliand	
Select from Inventory of Active Sampl	ing Points		7/1/25 - 7	/31/25			Comp	lete
			8/1/25 - 8	/31/25			Comp	lete
			9/1/25 - 9				Comp	
			10/1/25 - 1				Comp	
			 L1/1/25 - 1				Comp	
			L2/1/25 - 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					
Water System Facility: ENTRY POINT	(WSF ID: 00700)		0/1/20-0	/30/20				
Nitrate And Nitrite (NOX)	(130, 12, 00, 00)					1	routine (RT)	per vear
Sampling Point (Sampling Point ID)			Monitoring	g Period	Colle	- ction Period	Compliand	
ENTRY POINT (3)			1/1/24 - 12				Comp	
• ,			. , , 1/1/25 - 12				Comp	
			_, _, _ 1/1/26 - 12	-				
Water	System Facil		· ·	· ·	vento	ory		
Water		•	. 0		Total	-		
System Water System Facility Facility ID	Sampling Point ID	Sampling Poil Description	nt	Chart	Coliforn Rule	n Copper	Asbestos W	Stage OP 2 DBPI
· ······, ·-				Status				

DISTRIBUTION SYSTEM

4

00600 DISTRIBUTION SYSTEM

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Υ

Schedule Generation Date: 12/12/2025 Page 24

	Water Quality Monit	oring an	d Con	nplian	ce S	chedul	le	
PWS ID	PWS Name			Classifica	tion [Population	Owner Type	Primary Source
CT1050364	85 HALLS ROAD			NC		25	Р	GW
Local Address (where applicable)	Service	Resider	itial Comi	mercia	l Industri	al Combin	ed Agricultural
85 HALLS ROAD)	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

85 HALLS ROAD

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	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					
21852	WELL 1	2	WELL	Α					

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Scott Parker				Cpd Energy C	orp		Env & Cons	t. Manager	
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
536 Main Street						New Pal	tz	NY	12561
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
845-256-0162		845-255-2	2305						

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

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	Со			irtment (U			ction	
PWS ID	DVV	S Name	ter Qua	nty Mon	itoring a	illu Coll						er Type P	rimary Source
CT1050394		BOSTON PO	ST POAD					NC		25	OWII	P P	GW
		applicable)	31 KOAD		Service	Residen		Comme		ndustria	al l	Combined	_
163 BOSTO					Connectio		itiai C	1	i Ciai II	iuustiid	aı	Combined	Agricultural
Towns Ser					3311133413								
TOWIIS SEL	veu. OLD L	TIVIL		20		•							
Water Sys	stem Faci	lity: DISTR	IBUTION S	IVION YSTEM (WSF	itoring Re	quireme	ents						
Total Col	liform (3:	100)								1	rou	tine (RT)	per quarter
	-	(Sampling P	oint ID)			Monitor	ing Pei	riod	Collect	ion Per			ance Status
		entory of Act		Points		4/1/25 -							mplete
		<u> </u>		<u> </u>		7/1/25 -	9/30/	/25					mplete
						10/1/25 -							mplete
						1/1/26 -							•
						4/1/26 -							
-	Paramete												per quarter
		(Sampling P				Monitor			Collect	ion Per	riod		ance Status
Select	t from Inve	entory of Act	ve Sampling	Points		4/1/25 -							mplete
						7/1/25 -							mplete
						10/1/25 -						Со	mplete
						1/1/26 -							
						4/1/26 -	- 6/30/	/26					
Water Sys	stem Faci	lity: ENTR	POINT (V	VSF ID: 0070	0)								
Nitrate A	and Nitrit	e (NOX)									1 1	routine (F	RT) per year
Samp	oling Point	(Sampling P	oint ID)			Monitor	ing Pei	riod	Collect	ion Per	riod	Compli	ance Status
ENTR	Y POINT (3	s)				1/1/24 -	12/31	/24				Со	mplete
						1/1/25 -	12/31	/25				Co	mplete
						1/1/26 -	12/31	/26					
				Other	Complian	ce Sched	dules	;					
Complianc	ce Schedule	e Activity					Due D	ate		Achie	ved L	Date	
SAMPLING	SITE PLAN	J				1	12/1/2	.025					
			Water S	ystem Fac	ility and S	Sampling	Poir	nt Inv	vento	ry			
Water				<u>-</u>	•				Total	Lead	and		
System	Water Sys	stem Facility		Sampling Poi				C	oliform	Сорр	oer		Stage
Facility ID)			ID	Descriptio	n	St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUT	TION SYSTEM	l	4	DISTRIBUT	ION SYSTEM	1	Α	Υ				
				DOWNSTREA	M WITHIN 5	SERVICE CO	V	Α					
				UPSTREAM	WITHIN 5	SERVICE CO	V	Α					
00700	ENTRY PO	INT		3	ENTRY PO	NT		Α					
21855	WELL			2	WELL			Α					
59548	TREATME	NT PLANT											
				Co	ntact Info	ormation	1						
Name					Organization							Job Title	
Mr. Rober	t Schiano											100 1100	
Mailing Ad		One		Mailing Addr	ess Line Two				٢	ity		State	Zip Code
163 Bostor		- Citic		Training Addition	COS EITIC TWO			Uld i	Lyme	. с у		CT	06371
Business		Extension	Fax	Ma	bile Phone	Emergency	/ Phon	_		cc		CI	003/1
Dusilless	, i none	LACCIOUII	гах	IVIC	DIE FIIONE	Lineigenc)	, 1 11011	LIIId	ii Addie	JJ			

(Lonnectic	ut Depa	irtment	of Publ	IC F	iealth.	Drin	iking	g water	Sec	tion	
	Wa	ter Qua	lity Mor	nitoring	an	d Com	plia	nce S	Schedu	le		
PWS ID F	PWS Name					(Classifi	cation	Population	Owne	r Type P	rimary Source
CT1050394 1	L63 BOSTON PO	ST ROAD					N	С	25		Р	GW
Local Address (wh	nere applicable)			Service		Residenti	al Co	mmerci	al Industri	ial C	ombined	Agricultural
163 BOSTON POS	T ROAD			Connec	tions			1				
Towns Served: OL	D LYME						'			'		
860-514-4840								rbschia	no@yahoo.	.com		
Contact Role(s):	Legal Contact, (Owner										
Name				Organizatio	on					J	Job Title	
Mr. Luigi Conte				Sapore Rist	orant	te & Pizza E	3ar		Business (Owner		
Mailing Address L	ine One		Mailing Add	ress Line Tw	0				City		State	Zip Code
163 Boston Post F	Road							Old Lyr	ne		СТ	06333
Business Phone	Extension	Fax	N	lobile Phone	Er	mergency F	Phone	Email A	Address			
860-390-6278								sapore	oldlyme@gi	mail.cc	m	
Contact Role(s):	Administrative	Contact			· ·							

Connecticut Department of Dublic Health Drinking Water Costion

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

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name CTIOS9113 SAINT ANNS CHURCH Residential Commercial Industrial Combined Agricultural Combined		C	alia I Danada	CD l-l' - 1	T1/1-	D .	1	TA7	-1 C		
PMS Name Classification Population Owner Type Primary Source CT1939113 SAINT ANNS CHURCH No. 25 Population Owner Type Primary Source Residential Commercial Industrial Combined Agricultural 25 SHORE ROAD Connections Population Owner Type Primary Source Residential Commercial Industrial Combined Agricultural 25 SHORE ROAD Connections Toutine (RT) per quarter Tourns Served: OLD LYME Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Monitoring Period Collection Period Compliance Status		Conne	*				_			ection	
CTIOS913 SAINT ANNIS CHURCH Local Address (where applicable) Service Scholder Road Connections Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sompling Point (Sampling Point ID) Sompling Point (Sampling Point ID) Sompling Point (Sampling Point ID) Monitoring Period 1/1/25 - 6/30/25 Complete 1/1/26 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/26 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/26 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period ENTRY POINT (3) 1/1/24 - 12/31/25 Complete 1/1/26 - 1/3/31/25 Complete 1/1/26 - 1/3/31/25 Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) pH Entry Point pH Monitoring (PHRD) Start Date: 3/1/2005 Other Compliance Stodule Activity Due Date Achieved Date Compsionee Status: Other Compliance Schedules Compliance Status: Other Compliance Schedules Compsionee Schedule Activity Due Date Achieved Date Consos Connection Exemption 3/1/2012 ROSS CONNECTION EXEMPTION 3/1/2012 ROSS CONNECTION EXEMPTION Water Anitoting Requirement Inventory Achieved Date Achieved Date Achiev			Water Quality	Monitoring an	id Con	npli	ance S	Sch	edule		
Combined Service Connections Residential Commercial Industrial Combined 1 Combin	PWS ID	PWS Nam	е			Class	sification	Popu	lation Ov	ner Type F	rimary Source
Respond to the served of the s	CT1059113	SAINT AN	NS CHURCH				NC	2	25	Р	GW
Towns Served: OLD LYME Monitoring Requirements	Local Addres	ss (where appli	cable)			ntial (Commerci	al Ir	ndustrial	Combined	l Agricultural
Monitoring Requirements	82 SHORE R	OAD		Connections	5					1	
Total Coliform (3100) Total Coliform (3100) Sompling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points A/1/25 - 9/30/25 Complete 10/1/25 - 9/30/25 Complete 10/1/25 - 9/30/25 Complete 10/1/25 - 9/30/25 Complete 10/1/25 - 1/331/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sompling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/25 - 6/30/25 Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Point ID) Monitoring Period A/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sompling Point (Sampling Point ID) Monitoring Period Sompling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete 1/1/26 - 1/31/25 Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Monitoring Period Start Date: 3/1/2005 Monitoring Requirement (Summary Type) Monitoring Period Compliance Status: Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Monitoring Requirement Summary Type) Monitoring Requirement Summary Type) Monitoring Period Compliance Status: Other Compliance Schedule Activity Due Date Monitoring Extention M	Towns Serve	ed: OLD LYME									
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7/1/25 - 9/30/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Complete 10/1/25 - 12/31/25 Complete 11/1/26 - 3/31/26 4/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Complete 11/1/26 - 13/31/26 4/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Complete 11/1/26 - 12/31/26 Complete 11/1/26 - 12/31/26 Complete 11/1/26 - 12/31/26 Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month Entry Point pH Monitoring (PHRD) Start Date: 3/1/2005 Compliance Minimum: 7.0 PH Start Date: 3/1/2005 Other Compliance Status: 1/1/205 - 10/31/2005 Other Compliance Schedule Activity Due Date Achieved Date Compliance Schedule Activity Due Date Machieved Date Compliance Schedule Activity	Sampli	ng Point (Sam	oling Point ID)		Monitori	ing Pe	eriod C	ollect	ion Period	l Compl	iance Status
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Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 3/1/2005 Compliance History: Operating Limit Compliance Status: Operating Limit Compliance Status: 7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 8/1/2025 - 8/31/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 Water System Facility and Sampling Point Inventory Water Total Lead and							•				
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Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 3/1/2005 Compliance History: Operating Limit Compliance Status: 7/1/2025 - 7/31/2025 Monitoring Period Compliance Status: Compliance Status: 7/1/2025 - 8/31/2025 8/1/2025 - 8/31/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 Water System Facility and Sampling Point Inventory Water Total Lead and	Mater Syst		<u> </u>	• • • • • • • • • • • • • • • • • • • •	LCVCIII	VIOII	itoring	ILCC	<u>jun en i</u>		
PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 3/1/2005 Compliance History: Monitoring Period Compliance Status: Compliance Status: 7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 8/1/2025 - 9/30/2025 9/1/2025 - 10/31/2025 10/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and	,	em racinty.	-	-	0.50	untino	n I innih			Comples D	log /N/omth
Start Date: 3/1/2005 Compliance History: Monitoring Period Compliance Status: Compliance Status: 7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 8/1/2025 - 9/30/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 Water System Facility and Sampling Point Inventory Water Total Lead and	-		= -			_				•	•
Monitoring Period Compliance Status: Compliance Status: 7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water	•	ha. 2/1/2005	Entry Point ph Monitorii	• , ,							
7/1/2025 - 7/31/2025 8/1/2025 - 8/31/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water	Start Dat	te: 3/1/2005		•		-			•		_
8/1/2025 - 8/31/2025 9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Water							Co	mpiia	nce Statu	s: compile	ance Status.
9/1/2025 - 9/30/2025 10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and											
10/1/2025 - 10/31/2025 11/1/2025 - 11/30/2025 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and											
Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION CROSS CONNECTION EXEMPTION 3/1/2012 CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and							Е				
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CROSS CONNECTION EXEMPTION CROSS CONNECTION EXEMPTION 3/1/2025 CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and	Compliance	Schedule Activ		ther compliance					Achievec	l Date	
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CROSS CONNECTION EXEMPTION 3/1/2026 Water System Facility and Sampling Point Inventory Water Total Lead and											
Water System Facility and Sampling Point Inventory Total Lead and											
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, a , a control of the control of th		Vater System F	Facility Sampli	ing Point Sampling Po	int						Stage

						_					
	Connecticut Dep	partment of	f Public H	lealth	Drir	nking	ş W	ater	Se	ction	
	Water Qu	ality Monit	coring an	d Com	plia	nce S	Sch	edul	e		
PWS ID	PWS Name				Classif	ication	Popu	ulation	Owr	ner Type P	rimary Sour
CT1059113	SAINT ANNS CHURCH				N	IC		25		Р	GW
Local Addres	ss (where applicable)		Service	Resident	ial Co	mmerci	al I	ndustria	al	Combined	Agricultur
82 SHORE RO	DAD		Connections							1	
Towns Serve	ed: OLD LYME										
Facility ID		ID	Description		Sta	ıtus R	ule	Rule 1	Tier	Asbestos	WQP 2 DBF
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	4	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	A	4					
		SA001	MAIN KITCHE	N SINK	F	Р	Υ	1			
		SA002	PRESCHOOL S	INK	F	Р	Υ	1			
		SA003	UPSTAIRS ME	NSROOM	F	Р	Υ	1			
		SA004	DOWNSTAIRS MENSROOM		ſ	P	Υ	1			
		SA005	DOWNSTAIRS WOMANSROO		ſ	P	Υ	1			
		UPSTREAM	WITHIN 5 SER	VICE CON	A	Д					
00700 E	NTRY POINT	3	ENTRY POINT		A	4					
11018 W	VELL #1	2	WELL #1		A	4					
49580 C	ALCITE TREATMENT PLANT										
		Con	tact Inform	mation							
Name		0	rganization							Job Title	
Mr. Todd Le	furge	Sa	aint Ann's Chur	ch			Blo	dg/Groui	nds	Liason	
Mailing Add	ress Line One	Mailing Addres	s Line Two				C	City		State	Zip Code
82 Shore Ro	ad					Old Lyr	ne			СТ	06371

			Organization				Job Title	!
			Saint Ann's C	hurch		Rector		
e One		Mailing A	ddress Line Two			City	State	Zip Code
					Old Lym	9	СТ	06371
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
	860-434-2	2368		401-688-0423	priest@s	aintannsoldlym	e.org	
	e One	Extension Fax	e One Mailing A	Organization Saint Ann's C e One Mailing Address Line Two Extension Fax Mobile Phone	Organization Saint Ann's Church e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Saint Ann's Church e One Mailing Address Line Two Old Lyme Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Saint Ann's Church Pe One Mailing Address Line Two City Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Saint Ann's Church Rector e One Mailing Address Line Two City State Old Lyme CT Extension Fax Mobile Phone Emergency Phone Email Address

Mobile Phone

Emergency Phone Email Address

860-434-1621

toddlefurge@gmail.com

Contact Role(s): Legal Contact

Please note the following:

Business Phone

860-514-2792

Extension

Contact Role(s): Administrative Contact

- 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

860-434-2368

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

		Department of								ction	
	Wate	r Quality Monit	coring and	d Con	npli	anc	e Sch	nedul	le		
PWS ID	PWS Name				Class	sificatio	on Pop	ulation	Owr	ner Type P	rimary Source
CT1059203	CHURCH OF CHRIST	THE KING				NC		305		Р	GW
Local Address (v	where applicable)		Service	Residen	itial (Comme	ercial	Industri	al	Combined	Agricultural
1 MCCURDY RO	PAD		Connections			1					
Towns Served:	OLD LYME										
			oring Requ	ireme	nts						
-	,	ITION SYSTEM (WSF I	D: 00600)								
Total Coliforn											per quarter
	Point (Sampling Point			Monitori			Colle	ction Pe	riod		iance Status
Select fron	n Inventory of Active	Sampling Points		4/1/25 -		-					omplete
				7/1/25 -							omplete
			:	LO/1/25 -						Co	omplete
				1/1/26 - 4/1/26 -		-					
Physical Para	meters (PPS)			7/ 1/ 20	0/30	720		1	l rou	tine (RT)	per quarter
_	Point (Sampling Point	: ID)		Monitori	ing Pe	eriod	Colle	ction Pe			iance Status
Select fron	n Inventory of Active	Sampling Points		4/1/25 -	- 6/30	/25				Co	mplete
				7/1/25 -	9/30	/25				Co	mplete
				10/1/25 -	- 12/3	1/25				Co	omplete
				1/1/26 -	3/31	/26					
				4/1/26 -	- 6/30	/26					
Water System	Facility: ENTRY Po	DINT (WSF ID: 00700)									
Nitrate And N	Nitrite (NOX)								1	routine (RT) per year
Sampling I	Point (Sampling Point	: ID)		Monitori	ing Pe	eriod	Colle	ction Pe	riod	Compl	iance Status
ENTRY POI	INT (3)			1/1/24 -	12/31	1/24				Co	omplete
				1/1/25 -	12/31	1/25				Co	omplete
				1/1/26 -	12/31	1/26					
	Monthly W	ater System Facil	ity (WSF) I	evel N	Vlon	itorii	ng Re	quire	mei	nts	
Water System	Facility: ENTRY PC	OINT (WSFID: 00700)									
Analyte	Monitori	ng Requirement (Summ	ary Type)	Ope	rating	g Limit			:	Samples R	eq/Month
рН	Entry Poi	nt pH Monitoring (PHRD))	Min	imum	: 7.0 P	Ή			•	4
Start Date:	11/1/2005		Complia	nce Histo	ory:		Operat	ting Lim	it	Monito	ring
			Monitor				Compl	iance St	atus:	Complia	ance Status:
			7/1/2025								
			8/1/2025								
			9/1/2025								
			10/1/202								
			11/1/202	25 - 11/3	0/202	25					
		Other C	ompliance	Sched	dule	S					
Compliance Sch					Due D			Achie	eved I	Date	
CROSS CONNEC	CTION SURVEY REPOR				3/1/2						
	W	ater System Facil	ity and Sar	npling	Poi	nt In	vent	ory			
Facility ID	er System Facility	Sampling Point ID	Description	nt	S	tatus	Total Coliforr Rule	n Cop Rule	per Tier	Asbestos	Stage WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1910-1	OFFICE SINK			Α	Υ	N	V		

	Water Quality Monit	oring an	d Con	npliand	e S	chedul	e		
PWS ID	PWS Name			Classificat	on F	Population	Owner Type	Primary Source	e
CT1059203	CHURCH OF CHRIST THE KING			NC		305	Р	GW	
Local Address (w	here applicable)	Service	Residen	tial Comm	ercia	Industria	al Combine	ed Agricultura	al

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

1 MCCURDY ROAD

		Water System Facili	ity and Sampling Po	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
		1910-10	SOUTH MENS RM SINK	Α	Υ	N			
		1910-2	KITCHEN SINK	Α	Υ	N			
		1910-3	SOUTH LADIES RM SINK	Α	Υ	N			
		1910-4	FAMILY BATHROOM SINK	Α	Υ	N			
		1910-5	NORTH LADIES RM SINK	Α	Υ	N			
		1910-6	NORTH MEN'S RM SINK	Α	Υ	N			
		1910-7	ROBING ROOM SINK	Α	Υ	N			
		1910-8	SACRISTY SINK	Α	Υ	N			
		1910-9	MAINT ROOM SINK	Α	Υ	N			
		4	GENERIC DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
50718	WELL 1	2	WELL 1	Α					
50722	TREATMENT PLANT								
50724	ATMOSPHERIC TANK								
50729	TRANSFER PUMPS								

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Reverend Joseph A	she			Church of Ch	rist The King		Pastor		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
1 McCurdy Road						Old Lym	е	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-434-1669		860-434-7	7140		860-434-1660	CTKOLDI	YME@AOL.	СОМ	

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

Connecticut Department of Pul	blic Health Drinking V	Vater Section
Water Quality Monitorin		
PWS ID PWS Name	Classification Po	pulation Owner Type Primary Source
CT1059204 OLD LYME COUNTRY CLUB- TENNIS COURT	NC	25 P GW
Local Address (where applicable) Servi Conn	ce Residential Commercial ections 1	Industrial Combined Agricultural
Towns Served: OLD LYME		
Monitoring	Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)	
Total Coliform (3100)		1 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Colle	ection Period Compliance Status
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
	5/1/26 - 5/31/26	
	6/1/26 - 6/30/26	
Physical Parameters (PPS)		1 routine (RT) per month
Sampling Point (Sampling Point ID)		ection Period Compliance Status
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
	5/1/26 - 5/31/26	
	6/1/26 - 6/30/26	
Water System Facility: ENTRY POINT (WSF ID: 00700)		
Nitrate And Nitrite (NOX)		1 routine (RT) per year
Sampling Point (Sampling Point ID)		ection Period Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24	Complete
	1/1/25 - 12/31/25	Complete
	1/1/26 - 12/31/26	
Water System Facility: WELL D (WSF ID: 56573)		
E. Coli (3014)		1 routine (RT) per month
Sampling Point (Sampling Point ID)		ection Period Compliance Status
WELL D (2)	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
	5/1/26 - 5/31/26	
	6/1/26 - 6/30/26	
-	liance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
RESPOND TO SANITARY SURVEY	4/27/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

	C		D	-b	- C Dl-1: -	- II l+l	l. D.	21-2	_ \ \ \ 7.7	- t C		
	C	onnectic	•						_			
			ter Qual	ity Mon	itoring a	and Co	_					l
PWS ID		PWS Name						Classification F				
CT105920		LD LYME COUN	ITRY CLUB- TE	NNIS COUR				NC		.5	Р	GW
Local Add	lress (whe	ere applicable)	Service	Reside	ential	Commerc	ial In	dustrial	Combine	ed Agricultura		
					Connectio	ons		1				
Towns Se	rved: OLD	LYME										
				Other	Complian	ice Sche	dule	S				
Complian	ce Sched	ule Activity					Due E	Date		Achieve	d Date	
CROSS CC	ONNECTIC	N SURVEY REP	ORT				3/1/2	021				
CROSS CC	ONNECTIC	N SURVEY REP	ORT				3/1/2	.022				
CROSS CC	ONNECTIC	N SURVEY REP	ORT				3/1/2	.024				
CROSS CC	ONNECTIC	N SURVEY REP	ORT				3/1/2	.025				
CROSS CC	ONNECTIC	N SURVEY REP	ORT				3/1/2	026				
			Water Sy	stem Fac	ility and S	Samplin	g Poi	nt Inve	entoi	ſy		
Water								Т	otal	Lead an	d	
System	Water S	ystem Facility	S	ampling Poi	nt Sampling			Co	liform	Coppe	r	Stage
Facility II	D			ID	Descriptio	n	S	itatus l	Rule	Rule Tie	er Asbesto	os WQP 2 DBPF
00600	DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	TON SYSTE	M	Α				
				OWNSTREA	M WITHIN 5	SERVICE CO	N	Α				
				UPSTREAM	WITHIN 5	SERVICE CC	N	Α				
00700	ENTRY F	POINT		3	ENTRY PO	INT		Α				
56573	WELL D			2	WELL D			Α				
				Co	ntact Info	ormatio	n					
Name					Organization						Job Titl	e
Old Lyme	Country	Club										
Mailing A	ddress Lir	ne One	N	Mailing Addr	ess Line Two				Ci	ty	State	Zip Code
40 McCur	dy Road		F	O Box 276		Old Lyme CT			06371			
Busines	ss Phone	Extension	Fax	Mo	bile Phone	Emergend	cy Phor	ne Email	Addres	SS		
Contact R	Role(s): C	wner	I			1		1				
Name					Organization						Job Titl	e
Mr. Mich	ael Iwani	cki			Old Lyme Cou	untry Club			Ger	General Manager		
Mailing A	ddress Lir	ne One	N	Mailing Addr	ess Line Two				Ci	ty	State	Zip Code
40 McCur								Old Ly	me	-	СТ	06371
Busines	ss Phone	Extension	Fax	Мо	bile Phone	Emergeno	cy Phor	ne Email	Addres	SS		
860-43	34-1639	112	860-434-3	326			<u> </u>	gm@c	ldlyme	ecc.com		
		dministrative	Contact	<u> </u>		- I		<u> </u>	<u> </u>			
					Organization		Job Title			e		
					Old Lyme Coເ	untry Club			Pres	President		
Mailing A	ddress Lir	ne One	N	Mailing Addro	•				Ci	ty	State	Zip Code
40 McCur								Old Ly			СТ	06371
	ss Phone	Extension	Fax	Mo	bile Phone	Emergeno	cy Phor			SS		
000 40	24.1620	442	000 424 2	226		1		CI-I-				

fsablone@gmail.com

Contact Role(s): Legal Contact

112

860-434-3326

860-434-1639

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

	<u> </u>			1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1059204	OLD LYME COUNTRY CLUB- TENNIS COURT	NC	25	Р	GW		
Local Address (v	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
		Connections		1			

Towns Served: OLD LYME

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

Water Quality Monitoring and PWS ID PWS Name CT1059214 OLD LYME COUNTRY CLUB- POOL CABANA		e Schedule	
PWS ID PWS Name		o benedate	
		on Population Own	er Type Primary Source
012000111	NC	25	P GW
Local Address (where applicable) Service	Residential Comme		Combined Agricultural
40 MCCURDY ROAD Connections	Trestaetteiat Commit	inadstrial .	1
Towns Served: OLD LYME			_
Monitoring Requi	iromonts		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
Physical Parameters (PPS)		1 rou	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 :	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
1	1/1/26 - 12/31/26		
Other Compliance	Schedules		
Compliance Schedule Activity	Due Date	Achieved L)ate
CROSS CONNECTION SURVEY REPORT	3/1/2012		
CROSS CONNECTION SURVEY REPORT	3/1/2016		
CROSS CONNECTION SURVEY REPORT	3/1/2017		
CROSS CONNECTION SURVEY REPORT	3/1/2018		
CROSS CONNECTION SURVEY REPORT	3/1/2019		
RESPOND TO SANITARY SURVEY	4/27/2019		
CROSS CONNECTION SURVEY REPORT	3/1/2020		
CROSS CONNECTION SURVEY REPORT	3/1/2021		
CROSS CONNECTION SURVEY REPORT	3/1/2022		
CROSS CONNECTION SURVEY REPORT	3/1/2024		
CROSS CONNECTION SURVEY REPORT	3/1/2025		
CROSS CONNECTION SURVEY REPORT	3/1/2026		
Water System Facility and San	npling Point In	ventory	
Water System Water System Facility Sampling Point Sampling Poin Facility ID ID Description 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION	Status	Total Lead and Coliform Copper Rule Rule Tier	Stage Asbestos WQP 2 DBPR

C	onnectic	ut Depa	rtment o	f Public	Health	ı Drii	ıking '	Water S	Section	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce So	chedule	<u>)</u>	
PWS ID P	WS Name					_			Owner Type P	rimary Source
CT1059214 O	LD LYME COUN	NTRY CLUB- F	POOL CABANA			N	С	25	Р	GW
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combined	Agricultura
40 MCCURDY ROA	D			Connectio	ns				1	
Towns Served: OLI) LYME			·	·	,				
		Water S	ystem Faci	lity and S	ampling	Poin	t Inven	tory		
Water							Tota	al Lead a	nd	
	System Facility		Sampling Point				Colifo			Stage
Facility ID			ID	Description			tus Rul	e Rule T	ier Asbestos	WQP 2 DBP
			DOWNSTREAM	1 WITHIN 5 S	SERVICE COI	N A	A			
			UPSTREAM	WITHIN 5 S	SERVICE COI	N A	4			
00700 ENTRY	POINT		3	ENTRY POI	NT	-	4			
56579 WELL B			2	WELL B		,	4			
			Coi	ntact Info	rmation	1				
Name			C	Organization					Job Title	
Old Lyme Country	Club									
Mailing Address Li	ne One		Mailing Addres	ss Line Two				City		Zip Code
40 McCurdy Road			P O Box 276				Old Lyme	1	СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress		
Contact Role(s):	Owner		1_							
Name				Organization					Job Title	
Mr. Michael Iwani				Old Lyme Cou	ntry Club		General Manager			
Mailing Address Li	ne One		Mailing Addres	ss Line Two				City	State	Zip Code
40 McCurdy Road	T	_					Old Lyme		СТ	06371
Business Phone	Extension	Fax		ile Phone	Emergency	/ Phone				
860-434-1639	112	860-434-3	3326				gm@oldl	ymecc.com		
Contact Role(s): A	dministrative	Contact								
Name				Organization	makum v Classic			Dun ni al +	Job Title	
				old Lyme Cou	ntry Club		President			7: n Cl -
Mailing Address Li	ne One		Mailing Addres	ss line Two			Old Lune	City	State	Zip Code
40 McCurdy Rd	Full and a second	F-	8.0	ila Dhara	Ги. а	. Db	Old Lyme		СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	aress		

Contact Role(s): Legal Contact Please note the following:

112

860-434-1639

- 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.

860-434-3326

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

fsablone@gmail.com

C	onnectic	ut Dena	rtment of	f Public	Health	Dri	nking	Wate	r Se	ection	
C.		*	ity Monit				U			cction	
PWS ID PV	/S Name	ter Quar	ity Monit	ornig a	iiu Coii	_				ner Tyne F	Primary Source
	AYBILL PROPE	FRTIFS, LLC					NC	35		P	GW
Local Address (whe		inites, ele		Service	Resident		ommercia		rial	Combined	_
11 HALLS ROAD	те аррисавте)			Connection			1			Combined	, ignearearar
Towns Served: OLD	LYMF										
rowns serveur GEB			Monite	oring Red	nuiremei	nts					
Water System Fac	cility: DISTR	IBUTION SY			14 0						
Total Coliform (3	3100)								1 ro	utine (RT)	per quarter
Sampling Poin	•	oint ID)			Monitorii	ng Per	iod Co	ollection F			liance Status
Select from Inv	entory of Acti	ive Sampling I	Points		4/1/25 -	6/30/2	25			C	omplete
					7/1/25 -	9/30/2	25			C	omplete
					10/1/25 -	12/31	/25			C	omplete
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
Physical Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitorii	ng Per	iod Co	llection F	eriod	Comp	liance Status
Select from Inv	entory of Acti	ive Sampling I	Points		4/1/25 -	6/30/2	25			C	omplete
					7/1/25 -	9/30/2	25			C	omplete
					10/1/25 -	12/31	/25			C	omplete
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
Water System Fac	cility: ENTRY	POINT (W	SF ID: 00700)								
Nitrate And Nitri	te (NOX)								1	routine (RT) per year
Sampling Poin	t (Sampling Po	oint ID)			Monitorii	ng Per	iod Co	llection F	Period	Comp	liance Status
ENTRY POINT	(3)				1/1/24 - 1	12/31/	′24			C	omplete
					1/1/25 - 3	12/31/	' 25			C	omplete
					1/1/26 - 1	12/31/	′26				
		Water Sy	stem Facili	ity and S	ampling	Poin	t Inve	ntory			
Water							То	tal Lea	d and	1	
	ystem Facility	S	ampling Point				-		pper		Stage
Facility ID			ID	Description		St	atus Ri	ule Rui	e Tiei	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4		ON SYSTEM		Α				
		[DOWNSTREAM				Α				
			UPSTREAM		ERVICE CON		Α				
00700 ENTRY P	OINT		3	ENTRY POIN	VT		Α				
56960 WELL			2	WELL			Α				
56962 TREATM	ENT PLANT										
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Mr. James L. Grayb	ill		Gr	raybill Prope	rites			Owner			
Mailing Address Lin	e One		Mailing Address	s Line Two				City		State	Zip Code
P.O. Box 781							Old Lyn	ne		СТ	06371
Business Phone	Extension	Fax		ile Phone	Emergency	Phone					
		860-434-8	823 860-3	304-2535			aptolct	@aol.com			

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

Schedule Generation Date: 12/12/2025 Page 37

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1059224	GRAYBILL PROPERTIES, LLC			NC	35	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
11 HALLS ROAD		Connections		1			
							· · · · · · · · · · · · · · · · · · ·

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

Water Quality Moni			muance	P > C	neam	6		
PWS Name	toring am	u con	Classification				pe Pr	imary Source
TOWN WOODS PARK			NC		25	L		GW
vhere applicable)	Service	Residen	tial Comme	ercial	Industria	al Com	oined	Agricultura
DS ROAD	Connections		1					
)LD LYME			'			'		
Moni	toring Requ	iireme	nts					
•	(WSI	F ID: 005	02)					
				Colle	ection Per	riod C		ance Status
• • •		7/22/25 -	- 7/28/25				Со	mplete
•	ID: 00600)							
•								-
				Colle	ection Per	riod C		ance Status
Inventory of Active Sampling Points								mplete
								mplete
							Co	mplete
(2100)		0/1/20-	0/30/20			2 ropos	+ /DD\	nor pariod
•		Monitori	na Period	Colle	ection Pei	•		ance Status
			_	Com		104 C		mplete
-		7,23,23	7,20,23			1 routine		
		Monitori	ng Period	Colle				ance Status
			_					mplete
								mplete
								mplete
		4/1/26 -	4/30/26					
		5/1/26 -	5/31/26					
		6/1/26 -	6/30/26					
Facility: TOWN WOODS PARK ENTRY F	POINT (WSF ID	0: 00702						
)					1	routine	(RT)	per quarter
Point (Sampling Point ID)		Monitori	ng Period	Colle	ection Per	riod C	ompli	ance Status
ODS PARK ENTRY POINT (3-TWP)		4/1/25 -	6/30/25				Со	mplete
		7/1/25 -	9/30/25				Co	mplete
		10/1/25 -	12/31/25				Со	mplete
		1/1/26 -	3/31/26					
		4/1/26 -	6/30/26					
							-	
			_	Colle	ection Per	riod C		ance Status
ODS PARK ENTRY POINT (3-TWP)								mplete
							Со	mplete
Water System Faci	lity and Sar	npling	Point In	vent	tory			
				Tota	l Lead	and		
er System Facility Sampling Poin	t Sampling Poin			Colifo	rm Copp			Stage
	where applicable) DS ROAD DLD LYME Monit Facility: TOWN WOODS PARK WELL Point (Sampling Point ID) ODS PARK WELL (2-TOWNWDSPK) Facility: DISTRIBUTION SYSTEM (WSF in (3100) Point (Sampling Point ID) Inventory of Active Sampling Points Inventory of Active Sampling Points meters (PPS) Point (Sampling Point ID) Inventory of Active Sampling Points Facility: TOWN WOODS PARK ENTRY F D) Point (Sampling Point ID) ODS PARK ENTRY POINT (3-TWP) ODS PARK ENTRY POINT (3-TWP)	where applicable) DS ROAD Connections Monitoring Requestration Facility: TOWN WOODS PARK WELL Point (Sampling Point ID) ODS PARK WELL (2-TOWNWDSPK) Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) In (3100) Point (Sampling Point ID) Inventory of Active Sampling Points Inventory of Active Sampling Points Inventory of Active Sampling Points Point (Sampling Point ID) Inventory of Active Sampling Points Point (Sampling Point ID) Coint (Sampling Point ID) Coint (Sampling Point ID) Coint (Sampling Point ID) Coint (Sampling Point ID) ODS PARK ENTRY POINT (3-TWP)	where applicable) DS ROAD Wonitoring Requirement Facility: TOWN WOODS PARK WELL Point (Sampling Point ID) Monitoring Comparison Monitoring	TOWN WOODS PARK NC Nchere applicable Service Connections Commet Connections Commet Connections Commet Connections Commet Connections Commet Connections Commet Connections Conne	NC No	NC 25 No No No No No No No N	TOWN WOODS PARK Service Servic	NC 25

(Connectic	ut Depa	rtment o	f Public	Health	Dr	inking	g Water	Section	l
	Wa	ter Qua	lity Monit	toring ai	nd Con	npli	iance	Schedul	e	
PWS ID P	WS Name					Class	sification	Population	Owner Type	Primary Sour
CT1059234 T	OWN WOODS I	PARK					NC	25	L	GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultu
26 TOWN WOODS	ROAD			Connection	S		1			
Towns Served: OL	D LYME				·			·	·	·
00502 TOWN WELL	WOODS PARK		2-TOWNWDSPk	TOWN WOO	DDS PARK		Α			
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM	1	Α			
			4-LYMESSRCT	DISTRIBUTIO	ON SYSTEM	1-	Α	Υ		
			4-TOWNWDSPk	DISTRIBUTION	ON SYSTEM	1-	Α	Υ		
			DOWNSTREAM	WITHIN 5 SE	ERVICE COI	N	Α			
			UPSTREAM	WITHIN 5 SE	ERVICE COI	N	Α			
00702 TOWN	WOODS PARK E	NTRY	3-TWP	TOWN WOO	DDS PARK		Α			
POINT				ENTR						
			Cor	ntact Info	rmatior	1				
Name			0	rganization					Job Titl	e
Mr. Erik Olsen			To	own of Old Ly	/me			Facilities N	Manager	
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
52 Lyme Street							Old Lyı	me	СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phoi	ne Email A	Address		
860-434-1605	252				860-304	-6675	eolsen	@oldlyme-ct	gov	
Contact Role(s):	Administrative	Contact								
Name				rganization					Job Titl	е
Ms. Martha Shoe	own of Old Ly	/me			First Selec	twoman				
Mailing Address Line One Mailing Addres				ess Line Two				City		Zip Code
52 Lyme Street				1			Old Lyı		СТ	06371
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor				
860-434-1605	211						mshoe	maker@oldl	yme-ct.gov	
Contact Role(s):	Legal Contact									

Please note the following:

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

End of schedule

	*		nent of Public Health Drinking Water Section									
	Water Qu	ality Monit	coring and	d Con	nplia	nce	Sch	edul	e			
PWS ID	PWS Name				Classifi	cation	Popu	lation	Owr	ner Type I	Primary Source	
CT1059254	HALLMARK DRIVE-IN				N	С	3	3		Р	GW	
Local Address (where applicable)		Service	Residen	tial Cor	mmerc	cial In	dustria	al	Combine	d Agricultural	
113 SHORE ROA	AD		Connections			1						
Towns Served:	OLD LYME											
			oring Requ	ireme	nts							
-	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coliforn	•									-	per quarter	
	Point (Sampling Point ID)			Monitori			Collect	ion Per	riod		liance Status	
Select fror	m Inventory of Active Samplir	ng Points		4/1/25 -							omplete	
				7/1/25 -						С	omplete	
				4/1/26 -	6/30/2	6						
-	meters (PPS)										per quarter	
	Point (Sampling Point ID)			Monitori			Collect	ion Per	riod		liance Status	
Select fror	n Inventory of Active Samplir	ng Points		4/1/25 -	6/30/2	5				С	omplete	
				7/1/25 -						С	omplete	
				4/1/26 -	6/30/2	6						
Water System	Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate (104	0)							1	rou	tine (RT)	per quarter	
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od (Collect	ion Per	riod	Comp	liance Status	
ENTRY PO	INT (3)			4/1/25 -	6/30/2	5				С	omplete	
				7/1/25 -	9/30/2	5				С	omplete	
		4/1/26 - 6/30/26										
Nitrite (1041	L)								1	routine (RT) per year	
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od (Collect	ion Per	riod	Comp	liance Status	
ENTRY PO	INT (3)			1/1/24 -	12/31/2	24				С	omplete	
				1/1/25 -	12/31/2	25				С	omplete	
				1/1/26 -	12/31/2	26						
Water System	Facility: WELL 1 (WSF II	D: 58696)										
E. Coli (3014)							1	rou	tine (RT)	per quarter	
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od (Collect	ion Per	riod	Comp	liance Status	
WELL 1 (2))			4/1/25 -	6/30/2	5				С	omplete	
				7/1/25 -	9/30/2	5				С	omplete	
				4/1/26 -	6/30/26	6						
	Water:	System Facili	ity and Sar	npling	Point	t Inve	ento	ry				
Water							Total	Lead				
System Wat Facility ID	er System Facility	Sampling Point ID	Sampling Poil Description	nt	Sta		liform Rule	Copp Rule		Asbestos	Stage WQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM								
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A	٨						
		UPSTREAM	WITHIN 5 SER	VICE CON	I A	٨						
00700 ENT	RY POINT	3	ENTRY POINT		А	١						
58696 WEL	L1	2	WELL 1		А	١						

Schedule Generation Date: 12/12/2025 Page 41

58703 TREATMENT PLANT

Connecticut Department of Public Health	Drinking	g Water	Section	l
Water Quality Monitoring and Com	ipliance S	Schedul	le	
			_	

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1059254	HALLMARK DRIVE-IN				NC	33	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
113 SHORE RO	AD	Connections			1			

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Catherine O. De	enton			113 Shore Ro	d, LLC		Owner		
Mailing Address Line One Mailing Add				ldress Line Two			City	State	Zip Code
240 Park Rd						West Ha	rtford	СТ	06119
Business Phone Extension Fax M			Mobile Phone	Emergency Phone	Email Ad				
860-233-3651		860-833-9031		cadentor	n@comcast.	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

Business I Contact Rol	e(s): Adı	ministrative (Contact, Legal	Contac	:t									
Business I	1						+							
Business I			860-434-88	23		304-2535	z.ner gen	~, · · ·		tolct@a		1		
O. DOX 70		Extension	Fax		Moh	ile Phone	Emergen	cv Ph		•	ress		CI	003/1
Mailing Add P.O. Box 78		one	IV	railing <i>F</i>	aares	s Line Two			OI.	d Lyme	City		State	Zip Code 06371
Mr. James L				Mailia a '		raybill Prop	erites			C	wner		Ctata	Zin Cada
Name		•				rganization							Job Title	
						ntact Info	ormatio	n						
60268 V	WELL 1			2	•	WELL 1			A					
	ENTRY PO	IIN I		3		ENTRY POI	IN I		Α					
		TION SYSTEM	<u> </u>	4		DISTRIBUT		IVI	Α	Υ				
Facility ID		stem Facility		ID		Sampling Description	n		Status			pper le Tier	Asbesto	Stage s WQP 2 DBP
Water			Water Sys					gP	omt II	Total	Lea	ıd and		
			Mater Su	to	Easil	ity and G				0) (O D +	OK!			
							1/1/25 1/1/26						C	omplete
ENTRY	POINT (3)					1/1/24							omplete
		(Sampling Po	oint ID)						Period /21/24	Colle	ction I	Period		liance Status
Nitrate Ar		• •												(RT) per year
		•	POINT (WS	F ID: 0	0700)									
							4/1/26	5 - 6/	'30/26					
							1/1/26	5 - 3/	31/26					
							10/1/25							omplete
		,	, 0.				7/1/2							omplete
			ve Sampling P	oints			4/1/25			Cone	CHOII I	erioa		complete
Physical P		ers (PPS) <i>(Sampling Po</i>	oint ID)				Monito	rin-	Period	Colle	ction I		=) per quarter <i>liance Status</i>
							4/1/26	5 - 6/	30/26					
							1/1/26	5 - 3/	'31/26					
							10/1/25							omplete
22.000		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					7/1/25							omplete
		(Sampling Po	ve Sampling P	oints			4/1/25		Period /30/25	Colle	ction I	erioa		iomplete
Total Colif	-	•	-int (D)				0.0 16 -	•	Deute d	6-11-	-41		-) per quarter
Water Syst	tem Facil	lity: DISTRI	IBUTION SYS	TEM (WSF I	D: 00600)								
				M	onit	oring Re	quirem	ent	ts					
Towns Serve	ed: OLD L	YME					1		<u> </u>	'		<u> </u>		
147 BOSTO						Connectio							1	0
		applicable)	IOTIVE			Service	Reside	entia		nercial	Indus	trial	Combine	
CT1059284		PRO AUTOM	IOTIVE					Ci	NC	IOII PO	35	on Ow	P P	GW
PVV3 ID	DVA/C	S Name											nor Tuno	Primary Sourc
PWS ID		vvai	ter Quali	LA IAI	OHIL	lui iiig a	IIIu Co	$\Pi\Pi$	manc		neui	ale		

	Connectic	ut Depa	rtment	of Public	Health	Dri	nking	g water	Section	n	
	Wa	ter Qua	lity Mon	nitoring a	nd Con	nplia	ance S	Schedu	le		
WS ID	PWS Name					Classi	fication	Population	Owner Ty	oe Pr	rimary Source
T1059284	ALL PRO AUTON	IOTIVE				1	NC	35	Р		GW
ocal Address (w	here applicable)			Service	Residen	itial Co	ommerci	al Industri	al Comb	ined	Agricultural
47 BOSTON POS	ST ROAD			Connection	ıs				1		
owns Served: O	LD LYME								·		
Name				Organization					Job T	ïtle	
All Pro Enterprise	e LLC										
Mailing Address I	Line One		Mailing Addr	ress Line Two				City	Sta	te	Zip Code
47 Boston Post	Road						Old Lyr	ne	СТ	-	06371
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	Address			
860-434-3530							aptolct	@aol.com			
Contact Role(s):	Owner										

Please note the following:

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End of schedule

	Connectic	•						•	_			ction		
	Wa	ter Qual	ity M	Ionit	toring a	ind Con	nplia	ance	Sch	edul	e			
PWS ID	PWS Name						Classi	fication	Popu	lation	Owr	ner Type F	rimary S	Source
CT1059283	JIA MEI LLC						I	NC	4	12		Р	GW	1
Local Address (wl	here applicable)				Service	Residen	ntial C	ommerc	ial Ir	ndustri	al	Combined	Agric	ultural
83 HALLS ROAD					Connectio	ns		1						
Towns Served: O	LD LYME				·	·	·		·		·			
					oring Re	quireme	nts							
Water System F	•	RIBUTION SY	STEM	(WSF I	D: 00600)									
Total Coliform	•											tine (RT)		
	oint (Sampling P					Monitor			Collect	ion Pe	riod		iance St	
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -							omplete	
						7/1/25 -							omplete	
						10/1/25 -						Co	omplete	
						1/1/26 -	- 3/31/	26						
						4/1/26 -	- 6/30/	26						
Physical Param	neters (PPS)									1	l rou	tine (RT)	per qu	arter
Sampling Po	oint (Sampling P	oint ID)				Monitor	ing Per	riod (Collect	ion Pe	riod	Compl	iance St	atus
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -	- 6/30/	25				Co	omplete	
						7/1/25 -	- 9/30/	25				Co	omplete	
						10/1/25 -	- 12/31	./25				Co	omplete	
						1/1/26 -	- 3/31/	26						
						4/1/26 -	- 6/30/	26						
Water System F	acility: ENTR	Y POINT (W	SF ID: (00700)										
Nitrate And Ni	trite (NOX)										1	routine (RT) per	vear
	oint (Sampling P	oint ID)				Monitor	ing Pei	riod (Collect	ion Pe		-	iance St	-
ENTRY POIN		•				1/1/24 -							mplete	
						1/1/25 -							mplete	
						1/1/26 -								
		Water Sy	ıctom	Eacil	ity and S				onto	K) (
		water sy	Steili	racii	ity aliu 3	ampinig	Poli							
Water	System Facility		Samulin	a Doint	Sampling I	Doint			otal	Lead				Charac
System Water Facility ID	System Facility	3	oumpiini IE		Description		-		liform Rule			Asbestos		Stage O DRDR
	BUTION SYSTEM	Λ	4		•	ON SYSTEM		utus	tuic	Nuic	1101	ASDESTOS	VVQI 2	, DDF K
		'I					ı	A						
	POINT		3		ENTRY POI	N I		Α						
60270 WELL			2		WELL 1			Α						
	TREATMENT PL													
62206 SOFTE	NER - DUNKIN D	ONUTS												
				Cor	ntact Info	ormation	1							
Name				0	rganization							Job Title		
Mr. Robert Cheu	ng			Ji	a Mei LLC									
Mailing Address I	ine One		Mailing	Addres	s Line Two				C	ity		State	Zip Co	ode
108 Comstock Hil								Norwa				СТ	0685	
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email	Addre	SS				
203-866-7492						862-703-				gtao@	aol.c	om		

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

			0						
PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT1059283	JIA MEI LLC					NC	42	Р	GW
Local Address (w	here applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
83 HALLS ROAD			Connections			1			

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.
- 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

Schedule Generation Date: 12/12/2025 Page 46

Co		•	ent of Public					ction	
	Wat	er Quality l	Monitoring a	and Comp	lianc	e Sche	edule		
PWS ID PW	'S Name		<u> </u>					ner Type P	Primary Source
	E VILLAGE SHO	PS			NC		3	Ρ / .	GW
Local Address (when			Service	Residential				Combined	_
10 LYME STREET			Connectio		7				7.8.104.64.41
Towns Served: OLD	IYMF				,				
			Monitoring Re	auirements	S				
Water System Fac	ility: DISTRI			•					
Total Coliform (3	•		(110) 121 00000/				1 rou	itine (RT)	per quarter
Sampling Poin	=	int ID)		Monitoring	Period	Collecti	ion Period		iance Status
		ve Sampling Points		4/1/25 - 6/3		Concon	ion i criou		omplete
Sciect from five	critory or Activ	re sampling rollies		7/1/25 - 9/3					omplete
				10/1/25 - 12	-				omplete
				1/1/26 - 3/3				Cl	mpiete
				4/1/26 - 6/3	-				
Physical Paramet	ava (DDC)			4/1/20 - 0/3	30/20		1	+: /DT\	
Sampling Poin	•	int ID)		Monitoring	Dariad	Collect	ion Period		per quarter liance Status
		ve Sampling Points		4/1/25 - 6/3		Conecti	ion Periou		omplete
Select Holli iliv	entory of Activ	re sampling Follits		7/1/25 - 9/3					omplete
									-
				10/1/25 - 12/				C	omplete
				1/1/26 - 3/3					
			22722	4/1/26 - 6/3	30/26				
Water System Fac	•	POINT (WSF ID:	: 00700)						-
Nitrate And Nitri	• •							-	RT) per year
Sampling Poin	· · · ·	int ID)		Monitoring		Collecti	ion Period		iance Status
ENTRY POINT (3)			1/1/24 - 12/					omplete
				1/1/25 - 12/				Co	omplete
				1/1/26 - 12/					
	,	Water Systen	n Facility and S	Sampling Po	oint In	vento	ry		
Water						Total	Lead and		
-	stem Facility	Sampli	ng Point Sampling			Coliform	Copper		Stage
Facility ID			ID Descriptio	n	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM		4 DISTRIBUT	TON SYSTEM	Α				
00700 ENTRY P	TNIC		3 ENTRY PO	INT	Α				
60518 WELL 1			2 WELL 1		Α				
60734 TREATM	ENT PLANT								
			Contact Info	ormation					
Name			Organization					Job Title	
Mr. James L. Grayb	II		Graybill Prop	erites		Ow	ner		
Mailing Address Line		Mailin	g Address Line Two			Ci	ty	State	Zip Code
P.O. Box 781			<u> </u>		Old	Lyme	•	СТ	06371
Business Phone	Extension	Fax	Mobile Phone	Emergency Ph			SS		
		860-434-8823	860-304-2535	2 30.1.2, 1.1.		olct@aol.			
				1	- 1-		-		

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

Schedule Generation Date: 12/12/2025 Page 47

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1059294	THE VILLAGE SHOPS				NC	33	Р	GW
Local Address (v	vhere applicable)		Service	Residen	ntial Commer	cial Industri	al Combine	ed Agricultural
10 LYME STREET	Γ		Connections		7			
							· · · · · · · · · · · · · · · · · · ·	

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 Depa	rtment of Public	Health Drinki	ng Water Se	ction
Water Oual	lity Monitoring a	ind Complianc	e Schedule	
PWS ID PWS Name	<i>y</i>	*		ner Type Primary Source
CT1059304 ADVANCED FAMILY DENTISTI	RY OF OLD LYME	NC	31	P GW
Local Address (where applicable)	Service	Residential Comm		Combined Agricultural
6 DAVIS ROAD WEST	Connectio			- Agricultural
Towns Served: OLD LYME				
	Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SY		•		
Total Coliform (3100)	,		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling	Points	4/1/25 - 6/30/25		Complete
, , , , , , , , , , , , , , , , , , ,		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		22
		4/1/26 - 6/30/26		
Physical Parameters (PPS)		., _,	1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling	Points	4/1/25 - 6/30/25		Complete
, 1 5		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		'
		4/1/26 - 6/30/26		
Water System Facility: ENTRY POINT (W	/SF ID: 00700)	, ,,, -		
Nitrate And Nitrite (NOX)			1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/24 - 12/31/24		Complete
2 (8)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
Water Sv	stem Facility and S		wentory	
-	sterii i aciiity ariu s	amping Fourt in	•	
Water System Water System Facility S	Sampling Point Sampling I	Point	Total Lead and Coliform Copper	Stage
Facility ID	ID Description			Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		ION SYSTEM A		•
00700 ENTRY POINT	3 ENTRY POI			
60523 WELL 1	2 WELL 1	A		
60660 TREATMENT PLANT				
	Contact Info	ormation		
Name	Organization			Job Title
Dr. Michael D'occhio	Cmd Realty G	roun		JOD TILLE
	Mailing Address Line Two	- σαρ	City	State Zip Code
1 Johnnycake Lane	INIGHTES LINE I WO	lvo	ryton	CT 06442
Business Phone Extension Fax	Mobile Phone	Emergency Phone Em	-	00442
860-434-5565 860-434-5			cedocchio@yahoo.cc	ım
330 737 3303		200 210-1120 HIII	caoccino@yanoo.cc	/III

Schedule Generation Date: 12/12/2025

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

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

PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT1059304	ADVANCED FAMILY DENTISTRY OF OLD LYN	NC	31	Р	GW		
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
6 DAVIS ROAD WEST		Connections		1			

Please note the following:

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

End of schedule

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sourc			
CT1059314	HIGH HOPES THERAPEUTIC RIDING INC				NC	44	Р	GW			
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultura				
36 TOWN WOO	Connections					2					

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

Contact Information													
Name				Organization	Organization Job Title								
Ms. Mary Katherin	e Statsburg												
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code				
36 Town Woods Rd						Old Lyme	?	СТ	06371				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address							
860-434-1974	860-434-1974 860-434-3723					hhinfo@	highhopestr.org	3					

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

Please note the following:

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

End of schedule

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	Connecticut Departn	nent of Public	Health I	Orinkin	ig Water S	Section	
	Water Quality	Monitoring ar	id Comp	oliance	Schedule	9	
PWS ID	PWS Name		CI	lassification	n Population C	Owner Type P	rimary Source
CT1059334	LYME SENIOR CENTER			NC	25	Р	GW
Local Address ((where applicable)	Service	Residentia	l Commer	cial Industrial	Combined	Agricultural
26 TOWN WO	ODS ROAD	Connections				1	
Towns Served:	OLD LYME	'		'	'	1	'
		Monitoring Req	uirement	ts			
Water Systen	n Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)					
Total Colifor	m (3100)				1	routine (RT)) per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compl	iance Status
Select fro	m Inventory of Active Sampling Poin	ts	7/1/25 - 7/	/31/25		Сс	mplete
1			8/1/25 - 8/	/31/25		Co	mplete
1			9/1/25 - 9/	/30/25		Co	mplete
ı			10/1/25 - 10	0/31/25		Co	mplete
1			11/1/25 - 11	1/30/25		Co	mplete
			12/1/25 - 12	2/31/25			
1			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 Para	ameters (PPS)				1	routine (RT)) per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compl	iance Status
Select fro	m Inventory of Active Sampling Poin	ts	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	0/31/25		Co	mplete
			11/1/25 - 11			Co	mplete
			12/1/25 - 12	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/				
Water Systen	n Facility: ENTRY POINT (WSF I	D: 00700)					
Nitrate And	Nitrite (NOX)					1 routine (I	RT) per year
	Point (Sampling Point ID)		Monitoring	Period	Collection Perio	- ".	iance Status
ENTRY PC			1/1/24 - 12				of Service
	•		1/1/25 - 12			Сс	mplete
			1/1/26 - 12				
Water Systen	n Facility: WELL #1 (WSF ID: 61	472)					

Monitoring Period

7/1/25 - 7/31/25

8/1/25 - 8/31/25

Sampling Point (Sampling Point ID)

SENIOR CENTER WELL #1 (2)

E. Coli (3014)

1 routine (RT) per month

Compliance Status

Complete

Complete

Collection Period

Water Quality Monitoring and Compliance Schedule										
PWS ID	Classification		Population	Owner Type	Primary Source					
CT1059334	LYME SENIOR CENTER			NC	25	Р	GW			
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural		
26 TOWN WO	ODS ROAD	Connections					1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

Monitoring Requirements

Water System Facility: WELL #1 (WSF ID: 61472)

E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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		

Water System Facility and Sampling Point Inventory Water **Total** Lead and System Water System Facility Sampling Point Sampling Point **Coliform** Copper Staae ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM** 4 DISTRIBUTION Υ DOWNSTREAM WITHIN 5 SERVICE CON Α Υ **UPSTREAM** WITHIN 5 SERVICE CON Α Υ 00700 **ENTRY POINT** 3 **ENTRY POINT** Α WELL #1 2 **SENIOR CENTER WELL#** Α 61472 61652 TREAMENT PLANT

				Contact Inf	ormation					
Name		Job Title								
Mr. Timothy Grisw	old			Town of Old	Lyme	e First Selectman				
Mailing Address Line One				Mailing Address Line Two			City		Zip Code	
Town of Old Lyme	f Old Lyme 52 Lyme Street Old Lyme CT					06371				
Business Phone	ess Phone Extension Fax Mobile Phone Emergency Phone Email Address									
860-434-1605	211					tgriswol	riswold@oldlyme-ct.gov			

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

(Connecticu	ıt Depa	rtment	of Public	Health	Dri	inki	ng V	Vater	· Se	ction	
	Wat	er Qua	lity Mon	itoring a	nd Con	npli	ance	e Scl	hedu	le		
PWS ID F	PWS Name					Class	ificatio	n Po	pulation	Owr	ner Type P	rimary Source
CT1059344 L	ONG RIVER LOCA	AL					NC		25		Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial C	Comme	ercial	Industr	ial	Combined	Agricultural
96 HALLS ROAD				Connectio	ns						1	
Towns Served: OL	.D LYME											
			Mon	itoring Re	quireme	nts						
Water System F	acility: DISTRI I	BUTION SY	STEM (WS	F ID: 00600)								
Total Coliform	(3100)								:	1 rou	itine (RT)	per quarter
Sampling Po	int (Sampling Po	int ID)			Monitori	ing Pe	riod	Colle	ction Pe	riod	Compl	iance Status
Select from I	nventory of Activ	e Sampling	Points		4/1/25 -	6/30/	/25				Co	mplete
					7/1/25 -	9/30/	/25				Cc	mplete
					10/1/25 -	12/3	1/25					
					1/1/26 -	3/31,	/26					
					4/1/26 -	6/30/	/26					
Physical Param	eters (PPS)								:	1 rou	itine (RT)	per quarter
Sampling Po	int (Sampling Po	int ID)			Monitori	ing Pe	riod	Colle	ction Pe	riod	Compl	iance Status
Select from I	nventory of Activ	e Sampling	Points		4/1/25 -	6/30/	/25				Co	mplete
					7/1/25 -	9/30/	/25				Co	mplete
					10/1/25 -	12/3	1/25					
					1/1/26 -	3/31/	/26					
					4/1/26 -	6/30/	/26					
M/-+ C+												
water System F	acility: ENTRY	POINT (W	/SF ID: 0070	0)								
Nitrate And Nit	•	POINT (W	/SF ID: 0070	0)						1	routine (I	RT) per year
Nitrate And Nit	•		/SF ID: 0070	0)	Monitori	ing Pe	riod	Colle	ction Pe		-	RT) per year
Nitrate And Nit	rite (NOX) int (Sampling Po		/SF ID: 0070	0)	<i>Monitori</i> 1/1/24 -			Colle	ction Pe		Compl	
Nitrate And Nit	rite (NOX) int (Sampling Po		/SF ID: 0070	0)		12/31	/24	Colle	ction Pe		Compl	iance Status
Nitrate And Nit	rite (NOX) int (Sampling Po		/SF ID: 0070	0)	1/1/24 -	12/31 12/31	./24 ./25	Colle	ction Pe		Compl	mplete
Nitrate And Nit	rite (NOX) int (Sampling Po	int ID)		cility and S	1/1/24 - 1/1/25 - 1/1/26 -	12/31 12/31 12/31	/24 /25 /26				Compl	mplete
Nitrate And Nit Sampling Po ENTRY POIN	rite (NOX) int (Sampling Po	int ID) Nater Sy	ystem Fac	cility and S	1/1/24 - 1/1/25 - 1/1/26 - Sampling	12/31 12/31 12/31	/24 /25 /26 nt In	vent Total	ory	eriod I and	Compl	omplete
Nitrate And Nit Sampling Po ENTRY POIN	rite (NOX) int (Sampling Po	int ID) Nater Sy	ystem Fac	cility and S	1/1/24 - 1/1/25 - 1/1/26 - sampling	12/31 12/31 12/31	/24 /25 /26 nt In	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Nitrate And Nit Sampling Po ENTRY POIN Water System Water Facility ID	rite (NOX) int (Sampling Po (3) System Facility	int ID) Nater Sy	ystem Fac Sampling Pol ID	cility and S int Sampling F Description	1/1/24 - 1/1/25 - 1/1/26 - Sampling	12/31 12/31 12/31 Poir	./24 ./25 ./26 nt In	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Nitrate And Nit Sampling Po ENTRY POIN Water System Water Facility ID	rite (NOX) int (Sampling Po	int ID) Nater Sy	ystem Fac Sampling Pol ID 4	cility and S int Sampling F Description DISTRIBUTI	1/1/24 - 1/1/25 - 1/1/26 - sampling Point	12/31 12/31 12/31 12/31 Poir	/24 /25 /26 nt In	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	omplete
Nitrate And Nit Sampling Po ENTRY POIN Water System Water Facility ID	rite (NOX) int (Sampling Po (3) System Facility	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA	cility and S int Sampling F Description DISTRIBUTI	1/1/24 - 1/1/25 - 1/1/26 - Gampling Point ION SYSTEM SERVICE CON	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Nitrate And Nit Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRI	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SE	1/1/24 - 1/1/25 - 1/1/26 - campling Point ION SYSTEM SERVICE CONTRIVICE CONT	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Nitrate And Nit Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRI	T (3) System Facility BUTION SYSTEM POINT	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM 3	cility and S int Sampling F Description DISTRIBUTI IM WITHIN 5 SI WITIN 5 SE ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - campling Point ION SYSTEM SERVICE CONTRIVICE CONT	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL #	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SE	1/1/24 - 1/1/25 - 1/1/26 - campling Point ION SYSTEM SERVICE CONTRIVICE CONT	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL #	T (3) System Facility BUTION SYSTEM POINT	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM 3	cility and S int Sampling F Description DISTRIBUTI IM WITHIN 5 SI WITIN 5 SE ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - campling Point ION SYSTEM SERVICE CONTRIVICE CONT	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL # 62426 TREAT	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM 3	cility and S int Sampling F Description DISTRIBUTI IM WITHIN 5 SI WITIN 5 SE ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - campling Point ION SYSTEM SERVICE CONTRIVICE CONT	12/31 12/31 12/31 (Poi	/24 /25 /26 nt In (tatus A A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL # 62426 TREATI	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT	int ID) Nater Sy	Sampling Polito ID 4 DOWNSTREA UPSTREAM 3 2	cility and S int Sampling F Description DISTRIBUTI IM WITHIN 5 SI WITIN 5 SE ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 5 Poi	/24 /25 /26 nt In (tatus A A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL # 62426 TREATI	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT	int ID) Nater Sy	Sampling Polito ID 4 DOWNSTREA UPSTREAM 3 2	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 S I WITHIN 5 SE ENTRY POII WELL #1	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 5 Poi	/24 /25 /26 nt In (tatus A A A	vent Total	Ory Lead m Cop	eriod l and	Compli Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL # 62426 TREATI	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT JRE TANK	int ID) Nater Sy	Sampling Polito ID 4 DOWNSTREA UPSTREAM 3 2	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SI WITHIN 5 SE ENTRY POIL WELL #1	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 5 Poi	/24 /25 /26 nt In (tatus A A A	vent Total Colifor Rule	Ory Lead m Cop	eriod l and	Comple Co Co	iance Status emplete emplete Stage
Water System Water Facility ID 00700 ENTRY 62422 WELL # 62426 TREAT	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT JRE TANK	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM 3 2	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SI WITHIN 5 SE ENTRY POIL WELL #1	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 5 Poi	/24 /25 /26 nt In (tatus A A A	vent Total Colifor Rule	Ory Lead m Cop Rule	eriod l and	Comple Co Co	iance Status emplete emplete Stage
Nitrate And Nit Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII 00700 ENTRY 62422 WELL # 62426 TREATI 62428 PRESSI	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT JRE TANK	int ID) Nater Sy	ystem Fac Sampling Pol ID 4 DOWNSTREA UPSTREAM 3 2	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SE ENTRY POIL WELL #1 Ontact Info Organization	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 5 Poi	/24 /25 /26 nt In (tatus A A A	vent Total Colifor Rule	Ory Lead m Cop Rule	eriod l and	Comple Co Co Asbestos	iance Status omplete omplete Stage WQP 2 DBPR
Nitrate And Nit Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII 00700 ENTRY 62422 WELL # 62426 TREATI 62428 PRESSU Name Ms. Shelley Depress Mailing Address L	rite (NOX) int (Sampling Po T (3) System Facility BUTION SYSTEM POINT #1 MENT PLANT JRE TANK oto ine One	int ID) Nater Sy	ystem Face Sampling Politic 4 DOWNSTREA UPSTREAM 3 2 Co	cility and S int Sampling F Description DISTRIBUTI M WITHIN 5 SE ENTRY POIL WELL #1 Ontact Info Organization	1/1/24 - 1/1/25 - 1/1/26 - 5ampling Point ION SYSTEM SERVICE CONT	12/31 12/31 12/31 (Foir	/24 /25 /26 nt In (tatus A A A A	vent Total Colifora Rule	Ory Lead m Cop Rule	eriod l and	Asbestos Job Title	iance Status omplete omplete Stage WQP 2 DBPR

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

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

			_				_ A			
PWS ID)	PWS Name					Classification	Population	Owner Type	Primary Source
CT1059	9344	LONG RIVER LOCAL					NC	25	Р	GW
Local A	Local Address (where applicable)			Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural	
96 HALLS ROAD			Connections				1			

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