	Connecticut Department					_			ion	
	Water Quality Mon	itoring an	a Con	_			1			
PWS ID	PWS Name			Clas		n Po	-		Type P	rimary Source
CT1410044	KOINONIA SCHOOL OF SPORTS				NC		40	Р		GW
	where applicable)	Service	Residen	tial	Comme	rcial	Industria	al Co	mbined	Agricultural
240 COUNTY HO		Connections			22					
Towns Served:				_						
	Moni	itoring Reqι	ıireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (WSF	F ID: 00600)								
Total Coliforn	•									per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Per	riod		ance Status
Select fron	n Inventory of Active Sampling Points		4/1/25 -							mplete
			7/1/25 -		-				Co	mplete
			10/1/25 -							
			1/1/26 - 4/1/26 -		-					
Physical Para	meters (PPS)		, , -				1	routir	ne (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per		•	ance Status
Select fron	n Inventory of Active Sampling Points		4/1/25 -	6/30	0/25				Со	mplete
			7/1/25 -	9/30	0/25				Со	mplete
			10/1/25 -	12/3	31/25					
			1/1/26 -	3/3:	1/26					
			4/1/26 -	6/30	0/26					
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)								
Nitrate And N	litrite (NOX)							1 ro	utine (F	RT) per year
Sampling I	Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/24 -	12/3	31/24				Со	mplete
			1/1/25 -	12/3	31/25				Со	mplete
			1/1/26 -	12/3	1/26					
Water System	Facility: WELL #1 (WSF ID: 22312)									
E. Coli (3014)							:	1 routi	ne (RT)	per month
Sampling I	Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Compli	ance Status
WELL (2)			7/1/25 -	7/3	1/25				Co	mplete
			8/1/25 -	8/3	1/25				Со	mplete
			9/1/25 -	9/30	0/25				Со	mplete
			10/1/25 -	10/3	31/25				Со	mplete
			11/1/25 -						Со	mplete
			12/1/25 -							
			1/1/26 -							
			2/1/26 -							
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
	Othor	Compliance	6/1/26 -							
Compliance C-L		Compliance			es Date		Achie	ved Dat	to	
COMPliance Sch	TION SURVEY REPORT						ACTIE	veu Dai		
					2012					
CRUSS CUNNEC	TION SURVEY REPORT			5/ 1/ ¿	2013					

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1410044	KOINONIA SCHOOL OF SPORTS				NC	40	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
240 COUNTY H	OME ROAD	Connections			22			

Towns Served: THOMPSON

COMPLIANCE Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT 3/1/2019 CROSS CONNECTION SURVEY REPORT 3/1/2020 CROSS CONNECTION SURVEY REPORT 3/1/2021 CROSS CONNECTION SURVEY REPORT 3/1/2021 CROSS CONNECTION SURVEY REPORT 3/1/2021 CROSS CONNECTION SURVEY REPORT 3/1/2022 CROSS CONNECTION SURVEY REPORT 3/1/2023 CROSS CONNECTION SURVEY REPORT 3/1/2024 CROSS CONNECTION SURVEY REPORT 3/1/2025							
Compliance Schedule Activity	Due Date	Achieved Date					
CROSS CONNECTION SURVEY REPORT	3/1/2014						
CROSS CONNECTION SURVEY REPORT	3/1/2015						
CROSS CONNECTION SURVEY REPORT	3/1/2016						
RESPOND TO SANITARY SURVEY	1/27/2017						
CROSS CONNECTION SURVEY REPORT	3/1/2017						
CROSS CONNECTION SURVEY REPORT	3/1/2018						
CROSS CONNECTION SURVEY REPORT	3/1/2019						
CROSS CONNECTION SURVEY REPORT	3/1/2020						
CROSS CONNECTION SURVEY REPORT	3/1/2021						
RESPOND TO SANITARY SURVEY	9/12/2021						
CROSS CONNECTION SURVEY REPORT	3/1/2022						
CROSS CONNECTION SURVEY REPORT	3/1/2023						
CROSS CONNECTION SURVEY REPORT	3/1/2024						
CROSS CONNECTION SURVEY REPORT	3/1/2025						
CROSS CONNECTION SURVEY REPORT	3/1/2026						

	VV	ater system raciii	ity and Sampling P	OIIIL II	ivento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility IE	ס	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	FNTRY POINT	3	FNTRY POINT	Δ					

Motor System Easility and Campling Doint L

WFII

				Co	ntact Info	ormation				
Name	Name							Job Title		
Mr. Donald Brown		Thompson Associates Director								
Mailing Address Lin	e One		Mailing	Addre	ess Line Two			City	State	Zip Code
240 County Home F	Road		P.O. Box	x 321			Thompso	on	СТ	06277
Business Phone Extension Fax N				Mol	bile Phone	Emergency Phone	Email Address			
860-928-6420 860-928-0460						860-928-1606	koinonia	.school@att.	net	
			_							

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

Please note the following:

22312 WELL #1

- 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 Depart	mer	nt of Public F	lealth	Drinki	ng W	ater 9	Section	
Water Qualit								
PWS ID PWS Name	y 1 v 10	officor fing an						imary Source
CT1410054 773 QUINEBAUG ROAD				NC	-	37	P PI	GW
Local Address (where applicable)		Service	Resident			ndustrial	Combined	Agricultural
773 QUINEBAUG ROAD		Connections	resident			144361141	3	7 igi redicardi
Towns Served: THOMPSON		<u> </u>						
	M	onitoring Requ	uiremer	nts				
Water System Facility: DISTRIBUTION SYST	TEM (WSF ID: 00600)						
Total Coliform (3100)						1 r	outine (RT) լ	per quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Po	ints		4/1/25 - (6/30/25			Co	mplete
			7/1/25 - 9				Co	mplete
			10/1/25 - :					
			1/1/26 - 3					
			4/1/26 - (6/30/26			()	_
Physical Parameters (PPS)			Manitarin	a Daviad	Callast		outine (RT) _I	per quarter ance Status
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Po	into		<i>Monitorin</i> 4/1/25 - 0	_	Conect	ion Perio	•	mplete
Select from inventory of Active Sampling Fo	11115		7/1/25 - 9					mplete
			10/1/25 - :					Impiete
			1/1/26 - 3					
			4/1/26 - 0					
Water System Facility: ENTRY POINT (WSF	ID: 00	0700)						
Nitrate And Nitrite (NOX)							1 routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collect	ion Perio	- '	ance Status
ENTRY POINT (3)		_	1/1/24 - 1	2/31/24			Co	mplete
			1/1/25 - 1	.2/31/25				
			1/1/26 - 1	.2/31/26				
P	ublic	Notification F	Require	ments				
		Compliance	Notice	<u>Publi</u>	c Notifico	<u>ation</u>	PN Cert	i <u>fication</u>
Violation/Situation		Period	Tier	Require		formed	Due to DPH	Received
Total Coliform M&R Violation		10/1/15 - 12/31/15		5/5/20:			5/5/2016	
Physical Parameters M&R Violation		10/1/15 - 12/31/15		4/5/20			4/5/2017	
Water Syst	tem I	Facility and Sa	mpling	Point In	vento	ry		
Water					Total	Lead an		
System Water System Facility San Facility ID	mpiing ID	Point Sampling Point Description	nt		Coliform Rule			Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SVSTEM	<u>Status</u> A	Y	Kule III	er Asbestos	WQF Z DBFK
00000 DISTRIBUTION STSTEM	4-1	Kitchen Hand		A	Υ			
	4-2		J.III.	A	Υ			
	Women s Res	troom Sin	Α	Υ				
	Men s Restro	om Sink	Α	Υ				
DOWNSTREAM WIT								
UPSTREAM WITHIN			I 5 SERVICE CON A					
00700 ENTRY POINT	3	ENTRY POINT	•	Α				

Α

WELL

Schedule Generation Date: 12/12/2025

2

22313 WELL

	Water Quality Monit	oring an	d Con	npliar	ice S	chedul	le	
PWS ID	PWS Name			Classific	ation F	Population	Owner Type	Primary Source
CT1410054	CT1410054 773 QUINEBAUG ROAD						Р	GW
Local Address	(where applicable)	Service	Residen	ntial Com	nmercia	l Industri	al Combine	ed Agricultural
773 QUINEBA	Connections					3		

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

				Cor	ntact Info	ormation				
Name				0	rganization			Job Title		
Mr. Neil Patel					Quinebaug Plaza LLC			Owner		
Mailing Address Line	e One		Mailing Ac	ddres	ress Line Two			City	State	Zip Code
773 Quinebaug Roa	d		P.O. Box 3	07			Thompso	on	СТ	06262
Business Phone	Business Phone Extension Fax N				ile Phone	Emergency Phone Email Address				
978-430-7290	978-430-7290						neilmpat	el@yahoo.com		

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

Please note the following:

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

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

End of schedule

		Department of							tion	
DIA/C ID		Quality Monit	oring an						T 0	· 6
PWS ID	PWS Name	NTDV CILID			Ciassifica NC	ition Po	pulation (r Type P	rimary Source GW
CT1410114	4 QUINNATISSET COURTESS (where applicable)	NIKI CLUB	Service	Resident		mercial	Industria		ombined	Agricultural
	ITRY HOME ROAD		Connections	Resident	iai Coiiii	1	IIIuustiia	1 0	ombineu	Agricultural
	ved: THOMPSON		COMMICCIONS			1				
TOWIIS SET	ved. ITIOIVII 30IV	NA i t	ovina Door							
Water Sy	stem Facility: DISTRIBU		oring Requ D: 00600)	ııremer	115					
Total Col	liform (3100)						1	routi	ine (RT)	per quarter
Samp	oling Point (Sampling Point	ID)		Monitorin	ng Period	Colle	ection Peri	iod	Compli	ance Status
Selec	t from Inventory of Active S	ampling Points		4/1/25 - 6	6/30/25				Со	mplete
				7/1/25 - 9					Со	mplete
				10/1/25 - :		5				
				1/1/26 - 3						
				4/1/26 - 6	6/30/26					
-	Parameters (PPS)									per quarter
	pling Point (Sampling Point			Monitorin		Colle	ection Peri	iod		ance Status
Selec	t from Inventory of Active S	ampling Points		4/1/25 - 6						mplete
				7/1/25 - 9					Co	mplete
				10/1/25 - 1		•				
				1/1/26 - 3						
\ \	store Facility CALEDY DC	NINT (MICE ID: 00700)		4/1/26 - 6	6/30/26					
	stem Facility: ENTRY PC	INT (WSF ID: 00700)						4	/=) —) — — — — — — — — — — — — — — — — —
	And Nitrite (NOX)	(D)		Manitarin	a Dovind	l Coll	action Don		-	RT) per year
	oling Point (Sampling Point RY POINT (3)	וטו	_	Monitorin 1/1/24 - 1			ection Peri	10a <u> </u>		mplete
ENIK	AT POINT (5)			1/1/24 - 1						mplete
				1/1/26 - 1					CO	IIIpiete
		Other C	ompliance							
Compliand	ce Schedule Activity			D	ue Date		Achiev	red Do	ate	
CROSS CO	NNECTION SURVEY REPORT			3	/1/2031					
	Wa	ater System Facili	itv and Sar	mpling	Point I	Invent	orv			
Water		•	•			Tota	•	ınd		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colifor	т Сорр	er		Stage
Facility ID)	ID	Description		Statu	s Rule	Rule 1	Tier A	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
22318	WELL	2	WELL		Α					
55720	TREATMENT PLANT									
		Certified	Operator	Informa	ation					
Water Sy	stem Facility: TREATME	NT PLANT (WSF ID: 5	5720)							
Facility Cla	assification:									Certification
Operator l	Name	Operator Typ	e Ce	ertification	n(s)					Expiration
LAFRAMBO	OISE, PAUL F.	CHIEF OPERATO	DR DI	STRIBUTIO	N SYSTEI	M OPER	ATOR - CLA	ASS I		9/30/2027

Schedule Generation Date: 12/12/2025 Page 5

	Water Quality Monit	oring an	d Con	npl	liance S	schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1410114	QUINNATISSET COUNTRY CLUB			NC	25	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
221 COUNTRY	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 55720)

Facility Classification: Certification

Operator Name Operator Type Certification(s) Expiration

WATER TREATMENT PLANT OPERATOR - CLASS II 9/30

9/30/2027

	WATER TREATMENT PLANT OPERATOR - CLASS II											
			Co	ontact Inf	ormation							
Name				Organization	1							
Mr. Jeff Child				Quinnatisset	Country Club		President					
Mailing Address Lin	Mailing Address Line One Mailing Add					City	State	Zip Code				
221 Country Home	Road					Thompso	on	СТ	06277			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress					
860-928-7516						info@qu	innatisset.com					
Contact Bolo(s): A	dministrativa C	ontact	·		·		·					

Contact Role(s): Administrative Contact

Please note the following:

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

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

End of schedule

Schedule Generation Date: 12/12/2025

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C	onnoctic	ut Dono	rtmont o	of Dublic	Hoolth F	hin	lring V	Mator C	action	
	onnectic	•							ection	
	Wa	ter Qual	lity Moni	itoring a	nd Comp	oliai	nce Sc	chedule		
PWS ID P\	WS Name				Cl	lassific	cation Po	opulation Ow	ner Type P	rimary Source
CT1410124 TH	HOMPSON ROI	0 & GUN CLU	В			NC		25	Р	GW
Local Address (whe	ere applicable)			Service	Residentia	l Con	nmercial	Industrial	Combined	Agricultural
93 BRANDY HILL RO	DAD			Connection	ns		1			
Towns Served: THO	OMPSON									
			Moni	toring Red	quirement	ts				
Water System Fa	cility: DISTR	IBUTION SY			•					
Total Coliform ((3100)							1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monitoring	Perio	d Coll	lection Period	l Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		4/1/25 - 6/	/30/25	,		Co	mplete
					7/1/25 - 9/	/30/25	<u>, </u>		Co	mplete
					10/1/25 - 12	2/31/2	25		Co	mplete
					1/1/26 - 3/	/31/26	ò			
					4/1/26 - 6/	/30/26	j			
Physical Parame	eters (PPS)							1 ro		per quarter
Sampling Poil	nt (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection Period	Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		4/1/25 - 6/	/30/25	5		Co	mplete
					7/1/25 - 9/	/30/25	5		Co	mplete
					10/1/25 - 12	2/31/2	25		Co	mplete
					1/1/26 - 3/	/31/26	5			
					4/1/26 - 6/	/30/26	5			
Water System Fa	cility: ENTR	POINT (W	/SF ID: 00700))						
Nitrate And Nitr	ite (NOX)							1	routine (I	RT) per year
Sampling Poi	nt (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection Period	Compl	iance Status
ENTRY POINT	(0)									
ENTRY POINT	(3)				1/1/24 - 12	/31/2	4		Co	mplete
ENTRY POINT	(3)				1/1/24 - 12 1/1/25 - 12					omplete omplete
ENTRY POINT	(3)					/31/2	5			-
ENTRY POINT	(3)	Water Sy	/stem Fac	ility and S	1/1/25 - 12	/31/2 /31/2	5 6	tory		
Water					1/1/25 - 12 1/1/26 - 12 ampling P	/31/2 /31/2	5 6 Inven	al Lead and	Cc	omplete
Water System Water S	(3) System Facility		Sampling Poin	nt Sampling P	1/1/25 - 12 1/1/26 - 12 ampling P	/31/2 /31/2	5 6 Inven Tota Colifo	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility	9	Sampling Poin	nt Sampling P Description	1/1/25 - 12 1/1/26 - 12 ampling P	/31/2 /31/2 oint	5 Inven Tota Colifo us Rul	al Lead and rm Copper	Cc	omplete
Water System Water S Facility ID			Sampling Poin ID 4	nt Sampling P Description	1/1/25 - 12 1/1/26 - 12 ampling P	/31/2 /31/2 oint Stat A	Inven Tota Colifo us Rule	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility		Sampling Poin ID 4 DOWNSTREAN	nt Sampling P Description DISTRIBUTI M WITHIN 5 S	1/1/25 - 12 1/1/26 - 12 ampling P	/31/2 /31/2 /oint Stat A	Inven Toto Colifo Ruls Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility		Sampling Poin ID 4 DOWNSTREAN TRGC01	DISTRIBUTI M WITHIN 5 S BAR SINK	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON	/31/2 /31/2 oint Stat A A	5 6 Inven Tota Colifo us Rule Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility		5ampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02	DISTRIBUTI WITHIN 5 S BAR SINK WOMENS E	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON	/31/2: /31/2: /oint Stat A A A	Inven Toto Colifo Rule Y Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID	System Facility		Sampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02 TRGC03	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON BATHROOM	/31/2: /31/2: /oint Stat A A A A	Tota Colifo Y Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility UTION SYSTEM		5ampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON	/31/2: /31/2: /oint Stat A A A A A	Tota Colifo Y Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility UTION SYSTEM		Sampling Poin ID 4 DOWNSTREAN TRGC01 TRGC02 TRGC03 UPSTREAM 3	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POI	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON	/31/2: /31/2: /oint A A A A A A	Inven Tota Colifo Rull Y Y Y Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB	System Facility UTION SYSTEM		5ampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POIL	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON	/31/2: /31/2: /oint Stat A A A A A	Inven Tota Colifo Rull Y Y Y Y	al Lead and rm Copper	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY F 22319 WELL	System Facility UTION SYSTEM		DOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3 2	DISTRIBUTION DISTRIBUTION WITHIN 5 S BAR SINK WOMENS E MENS BATE WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/25 - 12 1/1/26 - 12 ampling P coint ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON	/31/2: /31/2: /oint A A A A A A	Inven Tota Colifo Rull Y Y Y Y	al Lead and rm Copper	d r Asbestos	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY F 22319 WELL	System Facility UTION SYSTEM		5ampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3 2	DISTRIBUTION DISTRIBUTION WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/25 - 12 1/1/26 - 12 ampling P Point ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON NT	/31/2: /31/2: /oint A A A A A A	5 Inven Tota Colifo W Y Y Y Y Y Y Y Y Y	al Lead and rm Copper e Rule Tie	Cc	omplete Stage
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY F 22319 WELL Name Mr. Wilber Cotnoi	DUTION SYSTEM		ADOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3 2	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POII WELL ntact Info Organization Thompson Ro	1/1/25 - 12 1/1/26 - 12 ampling P Point ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON NT	/31/2: /31/2: /oint A A A A A A	5 Inven Tota Colifo W Y Y Y Y Y Y Y Y Y	nl Lead and rm Copper e Rule Tiel President	r Asbestos Job Title	Stage WQP 2 DBPR
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY F 22319 WELL Name Mr. Wilber Cotnoic Mailing Address Lir	DUTION SYSTEM		5ampling Poin ID 4 DOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3 2	DISTRIBUTI M WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POII WELL ntact Info Organization Thompson Ro	1/1/25 - 12 1/1/26 - 12 ampling P Point ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON NT	/31/2: /31/2: /oint Stat A A A A A A	Tota Colifo y Y	al Lead and rm Copper e Rule Tie	Job Title	Stage WQP 2 DBPR Zip Code
Water System Water S Facility ID 00600 DISTRIB 00700 ENTRY F 22319 WELL Name Mr. Wilber Cotnoic Mailing Address Lir 110 Griffin St	POINT r ne One		ADOWNSTREAM TRGC01 TRGC02 TRGC03 UPSTREAM 3 2 CO	DISTRIBUTION DISTRIBUTION WITHIN 5 S BAR SINK WOMENS E MENS BATH WITHIN 5 S ENTRY POIL WELL ntact Info Organization Thompson Rocess Line Two	1/1/25 - 12 1/1/26 - 12 ampling P Point ON SYSTEM ERVICE CON BATHROOM HROOM ERVICE CON NT Prmation d & Gun	/31/2: /31/2: /oint A A A A A A	Fascoag	Lead and rm Copper e Rule Ties President City	r Asbestos Job Title	Stage WQP 2 DBPR
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	Connecticu Wat	•	artment o				_	•		
PWS ID	PWS Name	or qua	incy 1-1011	itoring a	114 0011	-				Primary Source
	THOMPSON ROD	& GUN CL	UB				NC	25	P	ĠW
Local Address (wl	nere applicable)			Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
93 BRANDY HILL	ROAD			Connection	ns		1			
Towns Served: Th	HOMPSON						'			1
Contact Role(s):	Legal Contact, O	wner								
Name	1			Organization					Job Title	е
Mr. Nick Marcou	х			Thompson Roo	d And Gun	Club				
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
93 Brandy Hill Rd							Thomp	son	СТ	06277
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Pho	one Email A	Address	,	
860-208-6446			508	3-386-7900			Nichola	asmarcoux1(@gmail.com	
Contact Role(s):	Administrative C	ontact	,	<u>'</u>						

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 Classification Population Owner Type Primary Source (T1410194 THOMPSON HOUSE OF PIZZA N.C. 25	PWS ID PWS Name T1410194 THOMPSON HOUSE OF PIZZA		_	e Schedule		
CT1410194 THOMPSON HOUSE OF PIZZA	T1410194 THOMPSON HOUSE OF PIZZA		Classificatio			
Local Address (where applicable) 1139 RIVERSIDE DRIVE (ROUTE 12) Towns Served: THOMPSON Monitoring Requirements			Ciassificatio	n Population O	wner Type Pr	imary Source
Towns Served: THOMPSON Monitoring Requirements	ocal Address (where applicable) Service		NC	25	Р	GW
Towns Served: THOMPSON Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 1/1/25 - 9/30/25 Complete 1/1/26 - 3/31/26 4/1/26 - 6/30/26 Physical Parameters (PPS) Anitoring Period Sampling Point ID) Monitoring Period 4/1/25 - 6/30/25 Select from Inventory of Active Sampling Points 4/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Select from Inventory of Active Sampling Points 4/1/26 - 6/30/25 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) Monitoring Period Compliance Status ENTRY POINT (3) 4/1/25 - 6/30/25 Complete 1/1/26 - 3/31/26 4/1/26 - 6/30/25 Complete 1/1/26 - 3/31/26 4/1/26 - 6/30/25 Complete 1/1/26 - 3/31/26 4/1/26 - 6/30/25 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 Satri Doperating Limit Monitoring		Resident	ial Comme	rcial Industrial	Combined	Agricultural
Monitoring Requirements	.139 RIVERSIDE DRIVE (ROUTE 12) Connection	ons	1			
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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: 4/1/2008 Compliance History: Operating Limit Monitoring						
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: 4/1/2008 Compliance History: Operating Limit Monitoring	Monthly Water System Facility (WS)			ng Requirem	ents	
Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring		,		. <u>6 4</u>		
pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring		Opera	ating Limit		Samples Re	ea/Month
Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring		•	_	Н	-	-
Operating Limit					-	
		-	-			
7/1/2025 - 7/31/2025				Januarioe State		
8/1/2025 - 8/31/2025						
9/1/2025 - 9/30/2025						
10/1/2025 - 10/31/2025						
11/1/2025 - 11/30/2025						
Public Notification Requirements						
·	Compliance	Notice		Notification	PN Cert	ification
COMDIGAÇE NOCICE PUBLIC NOCICACIÓN PO CENTACATION	· · · · · · · · · · · · · · · · · · ·	Tier				Received
					3/20/2006	
Violation/Situation Period Tier Required Performed Due to DPH Received	Nitrate MCL Violation 10/1/05 - 12/31		3/10/20		3/20/2006	

Schedule Generation Date: 12/12/2025 Page 9

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT1410194	THOMPSON HOUSE OF PIZZA				NC	25	Р	GW		
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural		
1139 RIVERSID	DE DRIVE (ROUTE 12)	Connections			1					
Towns Served: THOMPSON										

Connecticut Department of Public Health Drinking Water Section

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22326	WELL	2	WELL	Α					
54609	TREATMENT PLANT								

			C	ontact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Steve Gardner				Thompson H	ouse of Pizza		Owner				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
1139 Riverside Driv	e					Thompso	ompson CT 0627				
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress	,			
860-923-3018											
Contact Role(s). A	dministrative	Contact Leg	al Contact O	lwnor		1					

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

Name				Organization		Job Title			
Argyrioc Ddmopou	losliving Trust	t							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
1139 Riverside Driv	е					Thompso	n	СТ	06277
Business Phone Extension Fax			M	obile Phone	Emergency Phone	Email Ad	dress		

Contact Role(s): Owner

Please note the following:

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

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

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

End of schedule

	Connecticut Department	of Public H	lealth	Dr	inkin	g Wate	er S	Section	l	
	Water Quality Mon	itoring an	d Con	npl	iance	Sched	ule			
PWS ID	PWS Name			Clas	sification	Population	on O	wner Type	Pri	mary Source
CT1410204	THOMPSON SPEEDWAY RESTAURANT				NC	25		Р		GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial Indus	trial	Combin	ed	Agricultural
205 EAST THON	MPSON ROAD	Connections			1					
Towns Served:	THOMPSON									
	Mon	itoring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)								
Total Coliforn	m (3100)						1	routine (F	RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Collection	Perio	d Com	plia	nce Status
Select fror	m Inventory of Active Sampling Points		7/1/25 -	7/31	L/25				Con	nplete
			8/1/25 -	8/31	L/25				Con	nplete
			9/1/25 -	9/30)/25				Con	nplete
			10/1/25 -	10/3	31/25				Con	nplete
			11/1/25 -	11/3	30/25				Con	nplete
			12/1/25 -	12/3	31/25					
			1/1/26 -	1/31	L/26					
			2/1/26 -							
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
			6/1/26 -	6/30	0/26					
-	ameters (PPS)		0 d = (4 =)	· 0	- ut - d	0 - 114: - ··		_		per month
	Point (Sampling Point ID)		Monitori			Collection	Perio			nce Status
Select Irol	m Inventory of Active Sampling Points		7/1/25 -							nplete
			8/1/25 - 9/1/25 -							nplete nplete
			9/1/25 - 10/1/25 -							nplete
			11/1/25 -							nplete
			12/1/25 -						COII	ipiete
			1/1/26 -							
			2/1/26 -		•					
			3/1/26 -							
			4/1/26 -							
			5/1/26 -							
			6/1/26 -							
Water System	Facility: ENTRY POINT (WSF ID: 0070	10)	0, 2, 20	0,00	,, = 0					
•	Nitrite (NOX)							1 routine	(R1	Γ) per year
	Point (Sampling Point ID)		Monitori	ina P	eriod (Collection	Perio		_	nce Status
ENTRY PO			1/1/24 -						_	nplete
	• •		1/1/25 -		-					nplete
			1/1/26 -							•
	Other	Compliance		-						
Compliance Sci		•		Due l		Aci	hieve	ed Date		
					/2024					

3/1/2025

Schedule Generation Date: 12/12/2025

RESPOND TO SANITARY SURVEY

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT1410204	THOMPSON SPEEDWAY RESTAURANT				NC	25	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural		
205 EAST THO	MPSON ROAD	Connections			1					
Towns Served: THOMPSON										

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Water							Total	Lead and			
System Wo	ater System Facility		Sampling Point	Sampling I	Point		Coliform	Copper			Stage
Facility ID			ID	Description	n s	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPF
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α					
			MW001	KITCHEN S	INK	Α	Υ				
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 EN	TRY POINT		3	ENTRY POI	NT	Α					
22327 WE	ELL		2	WELL		Α					
			Con	tact Info	ormation						
Name			10	rganization					Job Title		
Mr. Donald H	oenig		Tr	i State Golf	Co. LLC		Ov	vner/Preside	ent		
Mailing Addre	ess Line One		Mailing Address	s Line Two			(City	State	Zip (Code
125 Harrisville	e Road					Wo	odstock		СТ	062	281
Business Ph	one Extension	Fax	Mobi	ile Phone	Emergency Pho	ne Em	ail Addre	ess			
860-923-95	591	860-923-9	9821		860-234-6722	dh	oenig@ti	ristategolfco	mpany.co	m	
Contact Role(s	s): Administrative (Contact, Leg	al Contact, Owr	ner		,					
Name			10	rganization					Job Title		
Raceway Golf	Club & Restaurant	LLC									
Mailing Addre	ess Line One		Mailing Address	s Line Two			(City	State	Zip (Code

Contact Role(s): Owner

Extension

205 East Thompson Rd

Business Phone

Please note the following:

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

Mobile Phone

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Thompson

Emergency Phone Email Address

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

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

End of schedule

06277

CT

	Connecticut De	partment of	f Public H	lealth	Drir	nking	g Wa	ater S	Sec	tion		
	Water Q	uality Monit	oring and	d Com	ıplia	nce S	Sch	edule)			
PWS ID	PWS Name				Classifi	ication	Popu	lation C)wnei	Type P	rimary	Source
CT141023	VALLEY SPRINGS SPORTS	MAN CLUB			N	С	2	.5	P)	G۷	V
Local Add	ress (where applicable)		Service	Resident	ial Co	mmerci	ial In	dustrial	Co	ombined	Agric	cultural
65 VALLEY	Y ROAD		Connections			1						
Towns Sei	rved: THOMPSON											
		Monite	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1 ו	routi	ne (RT)	per qu	uarter
Sam	pling Point (Sampling Point ID)			Monitorii	ng Peri	od C	ollect	ion Perio	od	Compl	iance S	tatus
Selec	ct from Inventory of Active Samp	ling Points		4/1/25 -	6/30/2	5				Cc	mplete	2
				7/1/25 -	9/30/2	5				Сс	mplete	2
				10/1/25 -	12/31/	'25				Cc	mplete	9
				1/1/26 -	3/31/2	6						
				4/1/26 -	6/30/2	6						
-	Parameters (PPS)									ne (RT)		
	pling Point (Sampling Point ID)			Monitorii	_		Collect	ion Peri	od	Compl		
Selec	ct from Inventory of Active Samp	ling Points		4/1/25 -							mplete	
				7/1/25 -							mplete	
				10/1/25 -						Cc	mplete	9
				1/1/26 -								
		(14/07 15 00700)		4/1/26 -	6/30/2	.6						
	stem Facility: ENTRY POINT	(WSF ID: 00700)							_		,	
	And Nitrite (NOX)									utine (I		-
	pling Point (Sampling Point ID)			Monitorii			ollect	ion Perio	od	Compl		_
ENIF	RY POINT (3)			1/1/24 - 1							mplete	
				1/1/25 - 1						Cc	mplete	5
				1/1/26 - 1								
	Wate	r System Facili	ity and Sar	npling	Poin	t Inve	ento	ſy				
Water	Makes Contain English	Committee Defeat	Communities or David			-	otal	Lead a				
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poll Description	1t			iform Rule	Coppe		sbestos	MOD	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA		tus	Y	Nuie I	IEI A	spesios	WQP	Z DDPN
00000	DISTRIBUTION STSTEIN	DOWNSTREAM				4 Λ	ĭ					
		MW001	BAR SINK	VICE CON		4	Υ					
		MW002	BAR MENS RC	MOM		Α	Y					
		MW003	BAR WOMENS			Α	Y					
		MW004	HALL MENS R			Α	Y					
		MW005	HALL WOMEN			` 4	Y					
		UPSTREAM	WITHIN 5 SER			4	•					
00700	ENTRY POINT	3	ENTRY POINT		-							
22330	WELL	2	WELL			Α						
			tact Inforr	nation								
Name			rganization						Je	ob Title		
	P. Grenier		alley Springs Sp	ortsmans	Club		Adr	ninistrat				
	ddress Line One	Mailing Address					Ci			State	Zip C	ode
65 Valley		g:				North		enordale			06255	
		Fay Mohi	le Phone Fr	nergency	Dhone							

Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address

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

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecti	cut Depa	irtment c	of Public	c Healt	h Dr	inking	g Water	Sec	tion	
	W	ater Qua	lity Moni	toring a	and Co	mpli	iance S	Schedu	le		
PWS ID	PWS Name					Clas	sification	Population	Owne	r Type	Primary Source
CT1410234	VALLEY SPRIN	GS SPORTSMA	N CLUB				NC	25	ı	Р	GW
ocal Address (w	here applicable	e)		Service	Reside	ntial	Commerci	ial Industri	al C	ombine	d Agricultural
55 VALLEY ROAD				Connection	ons		1				
Towns Served: TI	HOMPSON					·		,			
860-923-9555	EXTENSION	Tux	11101	one i none	Emergen	- 	TC EIIIGII 7	taaress			
		a Comtant									
Contact Role(s):	Aummstrativ	e Contact									
Name			(Organization					J	ob Title	!
Valley Springs Sp	otsman Club										
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code
55 Valley Rd							Thomp	son		CT	06277
Business Phone	e Extension	Fax	Mol	oile Phone	Emergen	cy Pho	ne Email A	Address			
Contact Role(s):	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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Departmen	t of	Public l	Health	Dı	rinki	ing V	Wat	er	Se	ction		
	Wate	r Quality Mo	nit	oring an	nd Com	ıpl	lianc	e Sc	hec	lul	e			
PWS ID	PWS Name					_						er Type P	rimary So	urce
CT141026	WEST THOMPSON	LAKE CAMPGROUNE)				NC		25			Р	GW	
Local Add	ress (where applicable)			Service	Residen	tial	Comm	ercial	Indu	stria	I	Combined	Agricult	tural
REARDON	I ROAD			Connections	5		1						_	
Towns Sei	rved: THOMPSON													
		Mo	nito	oring Req	uireme	nts								
Water Sy	stem Facility: DISTRIB													
Total Co	liform (3100)									1	rou	tine (RT)	per quar	ter
Sam	pling Point (Sampling Poin	t ID)			Monitori	ng P	Period	Coll	ection	Per	iod	Compl	ance Stat	us
Selec	ct from Inventory of Active	Sampling Points			4/1/25 -	6/3	0/25					Co	mplete	
					7/1/25 -	9/3	0/25					Co	mplete	
					4/1/26 -	6/3	0/26							
Physical	Parameters (PPS)									1	rou	tine (RT)		
	pling Point (Sampling Poin				Monitori			Coll	ection	Per	iod	Compl	ance Stat	us
Selec	ct from Inventory of Active	Sampling Points			4/1/25 -	6/3	0/25					Co	mplete	
					7/1/25 -	9/3	0/25					Co	mplete	
					4/1/26 -	6/3	0/26							
Water Sy	stem Facility: ENTRY P	OINT (WSF ID: 00	700)											
Nitrate A	And Nitrite (NOX)										1	routine (I	RT) per ye	ear
Sam	pling Point (Sampling Poin	t ID)			Monitori	ng P	Period	Coll	ection	Per	iod	Compl	ance Stat	us
ENTF	RY POINT (3)				1/1/24 -	12/3	31/24					Co	mplete	
					1/1/25 -	12/3	31/25					Co	mplete	
					1/1/26 -	12/3	31/26							
	W	ater System F	acili	ity and Sa	mpling	Po	int In	vent	tory					
Water		•		•				Tota		ead o	and			
System	Water System Facility	Sampling F	Point	Sampling Po	oint			Colifo					Sto	age
Facility IE		ID		Description			Status	Rule	e R	ule 1	Tier	Asbestos	WQP 2 D)BPR
00600	DISTRIBUTION SYSTEM	4		CAMPSITE 10	6		Α	Υ						
		4HOST		HOST SITE #2	1		Α	Υ						
		4SHELT	Γ	EAST SIDE SH	HELTER		Α	Υ						
		4SITE1	1	CAMPSITE 1:	1		Α	Υ						
		4WS		WOMENS RO	OOM SINK		Α	Υ						
		DOWNSTR	EAM	WITHIN 5 SE	RVICE CON	I	Α							
		UPSTREA	M	WITHIN 5 SE	RVICE CON	I	Α							
00700	ENTRY POINT	3		ENTRY POIN	Т		Α							
22333	WELL	2		WELL			Α							
62312	WELL 2	2		WELL 2			Α							
				tact Infor	mation									
Name				ganization								Job Title		
Mr. Ed Gr		T		S. Army Corp	s of Engine	ers		l	Projec	t Ma	nag			
	ddress Line One	Mailing Ad							City			State	Zip Code	
	mpson Lake	449 Reard						rth Gro		ordal	le	СТ	06255	
	s Phone Extension	Fax	Mobil	le Phone E	Emergency	Pho								
	23-2982						edv	ward.p	.greer	noug	h@ι	ısace.arm	ı.mil	
Contact R	ole(s): Legal Contact													

(Jonnectic	ut Depa	ar umemi or	Public	пеани	עו	HIIKIIIE	g vvater	Section	П	
	Wat	ter Qua	lity Monit	oring a	nd Con	np]	liance S	Schedul	le		
PWS ID F	WS Name					Cla	ssification	Population	Owner Typ	oe Pr	rimary Source
CT1410264 \	WEST THOMPSO	N LAKE CAI	MPGROUND				NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Comb	ined	Agricultural
REARDON ROAD				Connection	ns		1				
Towns Served: TH	OMPSON										
Name			Or	ganization					Job T	itle	
Ms. Michelle Cuc	chi		Us	Army Corps	of Engine	ers		Park Rang	er		
Mailing Address L	ine One		Mailing Address	Line Two				City	Stat	:e	Zip Code
449 Reardon Road	t						North (Grosvenorda	ale CT		06255
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	ddress	·		
860-923-2982							michell	e.l.cucchi@	usace.army	ı.mil	
Contact Role(s):	Administrative (Contact									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 16

	Connecticut Dep						ection	
		anty Monit	oring and Co					
PWS ID	PWS Name						ner Type Prima	
CT1410284	WHITE HORSE AT VERNON	STILES INN		NC		5	Р	GW
-	where applicable)			dential Comn	nercial In	dustrial	Combined A	gricultural
	N HILL ROAD (ROUTE 193)		Connections		1			
Towns Served:	THOMPSON							
			oring Requirer	nents				
-	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)					
Total Coliforn	•					1 rou	ıtine (RT) per	-
	Point (Sampling Point ID)			toring Period	Collect	ion Period	Compliand	
Select fron	n Inventory of Active Samplin	ng Points	4/1/	25 - 6/30/25			Comp	lete
				25 - 9/30/25			Comp	lete
				25 - 12/31/25				
				26 - 3/31/26				
			4/1/	26 - 6/30/26				
Physical Para	meters (PPS)					1 rou	ıtine (RT) per	quarter
Sampling	Point (Sampling Point ID)		Moni	toring Period	Collect	ion Period	Compliand	e Status
Select fron	n Inventory of Active Samplir	ng Points	4/1/	25 - 6/30/25			Comp	lete
			7/1/	25 - 9/30/25			Comp	lete
			10/1/	25 - 12/31/25				
			1/1/	26 - 3/31/26				
			4/1/	26 - 6/30/26				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate (1040	0)					1 rou	ıtine (RT) per	quarter
Sampling I	Point (Sampling Point ID)		Moni	toring Period	Collect	ion Period	Compliand	e Status
ENTRY POI	NT (3)		4/1/	25 - 6/30/25			Comp	lete
			7/1/	25 - 9/30/25			Comp	lete
			10/1/	25 - 12/31/25				
			1/1/	26 - 3/31/26				
			4/1/	26 - 6/30/26				
Nitrite (1041	.)					1	routine (RT)	per year
Sampling	Point (Sampling Point ID)		Moni	toring Period	Collect	ion Period	Compliand	e Status
ENTRY POI	NT (3)		1/1/2	4 - 12/31/24			Comp	lete
			1/1/2	5 - 12/31/25			Comp	lete
			1/1/2	6 - 12/31/26				
	Water	System Facili	ity and Sampli	ng Point I	nvento	У		
Water					Total	Lead and		
-	er System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status		Rule Tier	Asbestos WO	QP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYST		Υ			
			WITHIN 5 SERVICE					
		UPSTREAM	WITHIN 5 SERVICE	CON A				
00700 ENT	RY POINT	3	ENTRY POINT	A				

WELL

2

22334 WELL

Schedule Generation Date: 12/12/2025 Page 17

Α

	Water Quality Monit	oring an	d Con	npl	liance S	schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1410284	WHITE HORSE AT VERNON STILES INN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultura
351 THOMPSON	I HILL ROAD (ROUTE 193)	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: THO	MPSON									·		
				Coı	ntact Info	ormation						
Name				С	Organization				Job Title			
Mr. Andrew Silvers	ton			٧	Vhite Horse A	At Vernon Stiles		President				
Mailing Address Line	e One		Mailing A	ng Address Line Two				City	State	Zip Code		
351 Thompson Road PO Box 40							Thompso	n	СТ	06277		
Business Phone Extension Fax					ile Phone	Emergency Phone	Email Ad	mail Address				
860-923-3886		860-923-9	9310				mail@lo	rdthompsonm	anor.com			
Contact Role(s): Ac	dministrative	Contact, Ow	ner									
Name				C	Organization				Job Title			
Mr. Andrew Silvers	ton			L	ord Thompso	on Manor, Inc	President					
Mailing Address Line	e One		Mailing A	ddres	ss Line Two		City		State	Zip Code		
236 Thompson Hill Road PO Box 42				28	8 Tho			n	СТ	06277		
Business Phone Extension Fax N					Mobile Phone Emergency Phone Email Address							
860-923-3886 860-923-9310							mail@lo	rdthompsonm	anor.com			

Please note the following:

Contact Role(s): Legal 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.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

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	C		•		of Public			•	-			tion		
		Wa	ter Qua	lity Mo	nitoring a	ind Con	nplia	ance S	Sch	edul	e			
PWS ID	PV	VS Name					Classif	fication	Popu	lation	Owner	r Type	Primary Sc	ource
CT141030)4 TE	E REX					١	NC	4	15	P)	GW	
Local Add	ress (whe	re applicable)			Service	Residen	itial Co	ommerci	al Ir	ndustria	al Co	ombine	d Agricul	tural
274 RIVER	RSIDE DRIV	√E			Connectio	ns		2						
Towns Ser	rved: THC	MPSON												
				Moi	nitoring Re	quireme	nts							
Water Sy	stem Fac	cility: DISTR	IBUTION S	YSTEM (W	SF ID: 00600)									
Total Co	liform (3100)								1	routi	ne (RT)	per qua	rter
Sam	pling Poin	nt (Sampling P	oint ID)			Monitor	ing Per	iod C	ollect	ion Pei	riod	Comp	liance Sta	tus
Selec	ct from In	ventory of Act	ive Sampling	Points		4/1/25 -	- 6/30/2	25				С	omplete	
						7/1/25 -	- 9/30/2	25				C	omplete	
						4/1/26	- 6/30/2	26						
Physical	Parame	ters (PPS)								1	routi	ne (RT)	per qua	rter
Sam	pling Poin	nt (Sampling P	oint ID)			Monitor	ing Per	iod C	ollect	ion Pei	riod	Comp	liance Sta	tus
Selec	ct from In	ventory of Act	ive Sampling	Points		4/1/25 -	- 6/30/2	25				C	omplete	
						7/1/25 -	- 9/30/2	25				С	omplete	
						4/1/26 -	- 6/30/2	26						
Water Sy	stem Fac	cility: ENTR	Y POINT (V	VSF ID: 007	00)									
Nitrate A	And Nitri	ite (NOX)									1 ro	utine (RT) per y	/ear
Sam	pling Poin	nt (Sampling P	oint ID)			Monitor	ing Per	iod C	ollect	ion Pei	riod	Comp	liance Sta	tus
ENTF	RY POINT	(3)				1/1/24 -	12/31/	′24				С	omplete	
						1/1/25 -	12/31/	′25				С	omplete	
						1/1/26 -	12/31/	′26						
			Water S	ystem Fa	cility and S	Sampling	Poin	t Inve	nto	ry				
Water								T	otal	Lead	and			
System	Water S	ystem Facility		Sampling Po	oint Sampling I			Col	iform					tage
Facility ID)			ID	Description	n	Sto	atus F	Rule	Rule	Tier A	sbesto	WQP 2 I	DBPR
00600	DISTRIB	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	1 .	Α	Υ					
				TR01	HAND SINI	<		Α	Υ					
				TR02	DISH SINK			Α	Υ					
00700	ENTRY P	OINT		3	ENTRY POI	NT		Α						
22696	WELL			2	WELL			Α						
				C	Contact Info	ormation	1							
Name					Organization						Jo	ob Title		
Mr. Hany	S. Yousse	ef												
Mailing Ad	ddress Lin	e One		Mailing Add	dress Line Two				C	ity		State	Zip Cod	le
64 Messie	er Road							North	Grosv	enor D	ale	СТ	06255	;
Busines	s Phone	Extension	Fax	N	Mobile Phone	Emergency	/ Phone	e Email A	Addre	SS				

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

Please note the following:

860-923-3500

- 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.

401-378-2558

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

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

End of schedule

thehon21@yahoo.com

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

_											
Co		ut Departme								ection	
	Wa	ter Quality N	Monit	toring a	nd Comp	olian	ice Sc	che	dule		
PWS ID PW:	S Name				CI	lassifica	ation Po	opulat	tion Ow	ner Type F	Primary Source
CT1410334 LOR	D THOMPSO	N MANOR				NC		25		Р	GW
Local Address (where	e applicable)			Service	Residentia	l Com	mercial	Indi	ustrial	Combined	d Agricultural
286 THOMPSON HILI	L ROAD			Connection	ns		1				
Towns Served: THON	ИPSON			- 1							
		1	Monit	oring Re	quirement	ts					
Water System Faci	lity: DISTR										
Total Coliform (3	100)								1 ro	utine (RT)	per quarter
Sampling Point	(Sampling P	oint ID)			Monitoring	Period	d Coll	lectio	n Period	Comp	liance Status
Select from Inve	entory of Acti	ve Sampling Points			4/1/25 - 6/	/30/25				C	omplete
					7/1/25 - 9/	/30/25				C	omplete
					10/1/25 - 12	2/31/2	5			C	omplete
					1/1/26 - 3/	/31/26					
					4/1/26 - 6/	/30/26					
Physical Paramete	ers (PPS)								1 ro	utine (RT)	per quarter
Sampling Point	(Sampling P	oint ID)			Monitoring	Period	d Coll	lectio	n Period	Comp	liance Status
Select from Inve	entory of Acti	ve Sampling Points			4/1/25 - 6/	/30/25				C	omplete
					7/1/25 - 9/	/30/25				C	omplete
					10/1/25 - 12	2/31/2	5			C	omplete
					1/1/26 - 3/	/31/26					
					4/1/26 - 6/	/30/26					
Water System Faci	lity: ENTRY	POINT (WSF ID:	00700)								
Nitrate And Nitrit	e (NOX)								1	routine (RT) per year
Sampling Point	(Sampling P	oint ID)			Monitoring	Period	d Coll	lectio	n Period	Comp	liance Status
ENTRY POINT (3	3)				1/1/24 - 12	/31/24				C	omplete
					1/1/25 - 12	/31/25	,			C	omplete
					1/1/26 - 12	/31/26)				
		Water System	ո Facil	ity and S	ampling P	oint	Inven	tory	•		
Water							Tota	al L	ead and		
	stem Facility		_	Sampling F			Colifo		Copper		Stage
Facility ID			ID	Description		Statu		e I	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM		4		ON SYSTEM	Α	Υ				
					SERVICE CON	Α					
			REAM		SERVICE CON	Α					
00700 ENTRY PC	DINT		3	ENTRY POII	NI	A					
22925 WELL #1			2	WELL		Α					
59555 ATMOSPH	HERIC STORAC	jE									
			Cor	ntact Info	rmation						
Name			О	rganization						Job Title	
Mr. Andrew Silverst	on		W	/hite Horse A	At Vernon Stile	S		Presid	dent		
Mailing Address Line	One	Mailing	g Addres	s Line Two				City		State	Zip Code
351 Thompson Road		РО Вох	< 402			Т	hompso	n		СТ	06277
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Pl	hone E	mail Ado	dress			
The second secon			1					1.1			
860-923-3886		860-923-9310				n	nail@lor	atnor	прѕопть	anor.com	
860-923-3886 Contact Role(s): Ad	ministrative		act			n	nail@lor	atnor	прѕопт	anor.com	

Schedule Generation Date: 12/12/2025 Page 20

	Connectic	ut Depa	rtme	ent of	Public	Health	ı D	rinking	g Water	Section	l	
	Wa	ter Qua	lity N	Ionito	oring a	nd Con	np	liance S	Schedul	le		
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Pri	mary Source
CT1410334	ORD THOMPSO	N MANOR						NC	25	Р		GW
Local Address (w	nere applicable)				Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural
286 THOMPSON	HILL ROAD				Connection	ns		1				
Towns Served: Th	IOMPSON					'			'	1		
Name				Org	ganization					Job Titl	e	
Mr. Andrew Silve	erston			Lor	rd Thompso	n Manor, Ir	าต		President			
Mailing Address I	ine One		Mailing	Address	Line Two				City	State		Zip Code
236 Thompson H	II Road		РО Вох	428				Thomp	son	СТ		06277
Business Phone	Extension	one Email <i>A</i>	ddress	,								
860-923-3886		860-923-9	9310					mail@l	ordthompso	nmanor.com	า	
Contact Role(s):	Owner											

Please note the following:

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

End of schedule

Connecticut Depa Water Qua								ction	
PWS ID PWS Name		<u> </u>						er Type P	rimary Source
CT1410344 ROLLIES VARIETY				NC		25		P	GW
Local Address (where applicable)		Service	Residentia		mercial	Indust	rial	Combined	
1213 THOMPSON ROAD		Connectio			1	maast		combined	7.81104164141
Towns Served: THOMPSON									
Towns served. Thown sorv	Moni	toring Re	quirement	ts					
Water System Facility: DISTRIBUTION S	YSTEM (WSF	ID: 00600)							
Total Coliform (3100)							1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	l Coll	ection P	eriod	Compl	iance Status
Select from Inventory of Active Sampling	g Points		4/1/25 - 6/	/30/25				Cc	mplete
			7/1/25 - 9/	/30/25				Co	mplete
			10/1/25 - 12	2/31/25	5			Co	mplete
			1/1/26 - 3/						
			4/1/26 - 6/						
Physical Parameters (PPS)			<u> </u>	<u> </u>			1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	l Coll	ection P			iance Status
Select from Inventory of Active Sampling	Points		4/1/25 - 6/						mplete
	5. 00		7/1/25 - 9/	-					mplete
			10/1/25 - 12						mplete
			1/1/26 - 3/		,				присс
				-					
Water System Facility: ENTRY POINT (\)	NCE ID: 0070	1	4/1/26 - 6/	30/26					
, , , , , , , , , , , , , , , , , , , ,	W3F ID. 00700	J)					1.	antina /I	2T\ non
Nitrate And Nitrite (NOX)			Monitoring	Doulod	ı Call	action D		-	RT) per year
Sampling Point (Sampling Point ID)			Monitoring			ection P	erioa		iance Status
ENTRY POINT (3)			1/1/24 - 12						mplete
			1/1/25 - 12					Co	mplete
			1/1/26 - 12						
Water S	ystem Fac	ility and S	Sampling P	oint l	Inven	tory			
Water					Tota	ıl Lead	d and		
System Water System Facility	Sampling Poir				Colifo		pper		Stage
Facility ID	ID	Descriptio	n	Statu	_{IS} Rul	e Rul	e Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	TON SYSTEM	Α	Υ				
	DOWNSTREAL	M WITHIN 5	SERVICE CON	Α					
	UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY PO	INT	Α					
22939 WELL #1	2	WELL		Α					
	Co	ntact Info	ormation						
Name		Organization						Job Title	
Mr. Jigar Patel		Rollies Variet	у			Legal Ow	vner		
Mailing Address Line One	Mailing Addre					City		State	Zip Code
312 Rebecca Rd				W	Vitinsvill			MA	01588
Business Phone Extension Fax	Mo	bile Phone	Emergency Ph						
860-935-9043			774-368-34			gyahoo.	com		

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

		_	U		_ I		1	
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1410344	ROLLIES VARIETY				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1213 THOMPSO	N ROAD		Connections		1			
Towns Served: 1	THOMPSON							

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

End of schedule

	Co	nnectic	ut Depa	rtment	of Public	Health	Dri	nking	g W	ater	Se	ction		
		Wa	ter Qual	lity Mon	itoring a	ind Con	nplia	ance S	Sch	edul	le			
PWS ID	PWS	Name										ner Type P	rimary S	Source
CT1419074	292	RIVERSIDE D	ORIVE - THON	1PSON				١C	-	25		P	GW	
Local Addres	ss (where	applicable)			Service	Residen	tial Co	ommerci	al Ir	ndustri	al	Combined	Agric	ultural
					Connectio	ns		1						
Towns Serve	ed: THOM	1PSON				'								
					itoring Re	quireme	nts							
Water Syst	em Facil	ity: DISTR	IBUTION SY	STEM (WSI	F ID: 00600)									
Total Colif	•	-								1	l rou	tine (RT)	per qu	arter
-		(Sampling P				Monitori			ollect	ion Pe	riod		iance St	
Select f	rom Inve	ntory of Act	ive Sampling	Points		4/1/25 -						Cc	mplete	
						7/1/25 -	9/30/2	25				Co	mplete	
						10/1/25 -						Co	mplete	
						1/1/26 -	3/31/2	26						
						4/1/26 -	6/30/2	26						
Physical Pa	aramete	rs (PPS)								1	l rou	tine (RT)	per qu	arter
Sampli	ng Point	(Sampling P	oint ID)			Monitori	ng Peri	iod C	ollect	ion Pe	riod	Compl	iance St	atus
Select f	rom Inve	ntory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25				Co	mplete	
						7/1/25 -	9/30/2	25				Co	mplete	
						10/1/25 -	12/31,	/25				Co	mplete	
						1/1/26 -	3/31/2	26						
						4/1/26 -	6/30/2	26						
Water Syst	em Facil	ity: ENTR	Y POINT (W	/SF ID: 0070	0)									
Nitrate An	d Nitrite	(NOX)									1	routine (I	RT) per	year
Sampli	ng Point	(Sampling P	oint ID)			Monitori	ng Peri	iod C	ollect	ion Pe		-	iance St	-
ENTRY	POINT (3)				1/1/24 -	12/31/	24				Co	mplete	
	-	·				1/1/25 -	12/31/	'25				Co	mplete	
						1/1/26 -	12/31/	'26					-	
			Water Sy	stem Fac	ility and S				nto	ry				
Water									otal	Lead				
	Vater Sys	tem Facility			nt Sampling I				iform					Stage
Facility ID				ID	Description			atus R	Rule	Rule	Tier	Asbestos	WQP 2	? DBPR
00600 D	ISTRIBUT	ION SYSTEM		4		ION SYSTEM		A	Υ					
					M WITHIN 5			A						
				UPSTREAM	WITHIN 5	SERVICE CON	1 .	Α						
00700 E	NTRY PO	INT		3	ENTRY POI	NT		A						
57512 W	VELL 1			2	WELL 1			Α						
				Co	ntact Info	ormation								
Name					Organization							Job Title		
Mr. Hany S.	Youssef													
Mailing Add	ress Line	One		Mailing Addr	ess Line Two				C	ity		State	Zip Co	ode
64 Messier F	Road							North (Grosv	enor D	ale	СТ	0625	55
Business P	hone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	Addre	SS		'		
860-923-3	3500			40	1-378-2558			thehon	121@y	yahoo.	com			

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					Classifi	ication P	opulation	Owner Type	Primary Source
CT1419074	292 RIVERSIDE DRIVE	- THOM	PSON			N	IC	25	Р	GW
Local Address (where applicable)			Service	Residen	itial Co	mmercial	Industria	al Combine	ed Agricultural
				Connections			1			

Towns Served: THOMPSON

Please note the following:

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

End of schedule

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			1				_	
	Connecticut De	partment of	Public Health	Drink	ing Wa	ater Se	ction	
	Water O	uality Monit	oring and Com	plianc	e Sche	edule		
PWS ID	PWS Name	adirey 1.10111e		Classificat			or Type P	rimary Source
CT141908		CONCESSION		NC		5	P P	GW
	ress (where applicable)	CONCLOSION	Service Resident			_	Combined	
	THOMPSON ROAD		Connections	lai Collili	ierciai iii	uustriai		Agricultural
			Commedians				1	
Towns Ser	rved: THOMPSON			_	_	_	_	
		Monite	oring Requiremer	its				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Co	liform (3100)					1 rou	tine (RT)	per quarter
Sam	oling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period		ance Status
Selec	t from Inventory of Active Samp	ling Points	4/1/25 - (5/30/25			Co	mplete
			7/1/25 - 9	9/30/25			Со	mplete
			10/1/25 - :					mplete
			4/1/26 - (•
Physical	Parameters (PPS)		,, -	, , -		1 rou	tine (RT)	per quarter
-	oling Point (Sampling Point ID)		Monitorin	a Period	Collecti	ion Period		ance Status
_	et from Inventory of Active Samp	ling Points	4/1/25 - (mplete
30.00		8	7/1/25 - 9					mplete
			10/1/25 - :					mplete
			4/1/26 - (Implete
Mator Sv	stem Facility: ENTRY POINT	CONCESSION ST		5/ 50/ 20				
	•	-concession 317	AND (WSF ID. 00700)			4	(DT)	
Nitrate	•		Manitoviu	a Douted	Callage			per quarter
	oling Point (Sampling Point ID)		Monitorin		Collecti	ion Period		ance Status
EP-C	ONCESSSION (3)		4/1/25 - 0					mplete
			7/1/25 - 9					mplete
			10/1/25 - :				Сс	mplete
			4/1/26 - (5/30/26				-
Nitrite (·						_	RT) per year
	oling Point (Sampling Point ID)			_	Collecti	ion Period	Compli	ance Status
EP-C	ONCESSSION (3)		1/1/24 - 1					mplete
			1/1/25 - 1				Сс	mplete
			1/1/26 - 1	2/31/26				
	Wate	r System Facili	ity and Sampling	Point Ir	nventoi	γ		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MW001	GARAGE	1	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT-CONCESSION STAND	3	EP-CONCESSSION	Α				
58807	CONCESSION WELL 1	2	WELL 1	Α				
20007	22.70203.017 77222.2			, ,				
			tact Information					
Name			rganization				Job Title	
Mr. Dona			i State Golf Co. LLC			ner/Preside		
	ddress Line One	Mailing Address	s Line Two		Ci	ty	State	Zip Code
125 Harris	sville Road			Wo	oodstock		CT	06281

	Connecticut Department of Fublic Health Diffixing Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID		Classif	ication	Population	Owner Type	Primary Source						
CT1419084		N	С	25	Р	GW						
Local Address (where applicable) Service Resi						ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
205 EAST THOM	PSON ROAD			Connection	IS				1			
Towns Served: THOMPSON												
Description of Discription	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address											
Business Phone	e Extension	Emergency	ncy Phone Email Address									
860-923-9591 860-923-9821 860-						-6722	722 dhoenig@tristategolfcompany.com					

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Co			rtment of				0				ction		
		Wa	ter Qua	lity Monit	oring an	ıd Com	plia	nce S	che	edul	e			
PWS ID	PW	/S Name					Classifi	cation P	opul	ation	Owr	ner Type I	Primary	Source
CT141909	TRI	-STATE BAPTI	ST CHURCH				N	С	15	57		Р	GV	V
Local Add	lress (wher	e applicable)			Service	Resident	ial Co	mmercial	In	dustria	al	Combine	d Agric	ultural
386 QUIN	IEBAUG RE)			Connections	i		2						
Towns Se	rved: THO	MPSON												
				Monite	oring Req	uiremer	nts							
Water Sy	stem Fac	ility: DISTR	IBUTION S	YSTEM (WSF II	D: 00600)									
Total Co	oliform (3	3100)								1	rou	tine (RT)	per qu	arter
Sam	pling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Co	llecti	on Pei	riod	Comp	liance S	tatus
Seled	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -	6/30/2	5				С	omplete	j
						7/1/25 - 9	9/30/2	5				С	omplete	j
						10/1/25 -	12/31/	25						
						1/1/26 - 3	3/31/2	6						
						4/1/26 -	6/30/2	6						
-		ers (PPS)										tine (RT)		
		t (Sampling P				Monitorin	_		llecti	on Pei	riod		liance S	
Seled	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -							omplete	
						7/1/25 - 9						С	omplete	;
						10/1/25 -								
						1/1/26 - :								
						4/1/26 -	6/30/2	6						
-		•	POINT (V	VSF ID: 00700)										
	And Nitri	•										routine (-
		t (Sampling P	oint ID)			Monitorin	_		llecti	on Pei	riod		liance S	
ENT	RY POINT (3)				1/1/24 - 1							omplete	
						1/1/25 - 1						С	omplete	j
						1/1/26 - 1	.2/31/2	26						
			Water S	ystem Facili	ity and Sa	mpling	Point	t Inven	itor	У				
Water								Tot		Lead	and			
System		stem Facility		Sampling Point		int		Colife		Copp				Stage
Facility IL				ID	Description		Sta		le	Rule	Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBU	ITION SYSTEM		4	DISTRIBUTIO		F.							
				DOWNSTREAM					,					
				TSBC01	KITCHEN SIN		Α							
				TSBC02	MEN'S BATH									
				TSBC03	WOMEN'S BA	ATHROOM	P	A Y						
				UPSTREAM	WITHIN 5 SE	RVICE CON	ļ	4						
00700		DINT		3	ENTRY POIN		, ,							
	FNTRY P			•		•								
59648	WELL #1			2	WELL #1		F	4						1
						mation	F	4						
59648				Con	tact Infor	mation	F	4				Job Title		
59648 Name	WELL #1			Con	tact Infor		F	4				Job Title		
59648 Name Mr. Frank	WELL #1			Con Oi Tr	tact Inforganization		F	4	Cit	·V			7in C	ode
Name Mr. Frank Mailing A	WELL #1			Con	tact Inforganization		F		Cit	ТУ		State	Zip C	
Name Mr. Frank Mailing A 386 Quine	WELL #1		Fax	Con Or Tr Mailing Address	tact Infor ganization i-State Baptis s Line Two			Thompse	on				Zip Ci 062	

Connecticut Department of Public Health Drinking Water Section								
Water Quality Monitoring and Con	npliance S	Schedul	e					
PWS Name	Classification	Population	Owner Type	Prim				

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1419093	TRI-STATE BAPTIST CHURCH				NC	157	Р	GW
Local Address (w	here applicable)	Service	Residen	itial (Commercia	al Industri	al Combine	ed Agricultural
386 QUINEBAUG	G RD	Connections			2			

Towns Served: THOMPSON

Contact Role(s): Administrative Contact, Legal Contact

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

End of schedule

	Conne	ecticut Depa						_			ction	
		Water Qual	lity Mon	itoring a	ina Con							
PWS ID	PWS Nam					Clas		on Po		Owi		rimary Source
CT1419094		3 LLC RESTAURANT	•				NC	1.	25		Р	GW
	ss (where appli	cable)		Service Connectio	Residen	tial	Comme	ercial	Industri	ial	Combined	Agricultural
49 THOMPS				Connectio	115						1	
Towns Serve	d: THOMPSON	· ·										
Water Syste	em Facility:	DISTRIBUTION SY		toring Re	quireme	nts						
-	orm (3100)	2.011.1.2011.011.01	312111 (1131	15. 000007						1 roi	ıtine (RT)	per quarter
	ng Point (Sam	nlina Point ID)			Monitori	na P	Period	Coll	ection Pe			iance Status
		of Active Sampling	Points		4/1/25 -			Con		1104		mplete
30,0001		or recive sampling			7/1/25 -							mplete
					10/1/25 -							mplete
					1/1/26 -							
					4/1/26 -							
Physical Pa	arameters (P	PS)			-, -,	-,	-,			1 roı	utine (RT)	per quarter
_	ng Point (Sam	-			Monitori	ng P	eriod	Coll	ection Pe			iance Status
•		of Active Sampling	Points		4/1/25 -							mplete
	·				7/1/25 -	9/30	0/25				Сс	mplete
					10/1/25 -	12/3	31/25				Co	mplete
					1/1/26 -	3/31	1/26					
					4/1/26 -	6/30	0/26					
Water Syste	em Facility:	ENTRY POINT (W	/SF ID: 00700	0)								
Nitrate An	d Nitrite (NC	OX)								1	routine (F	RT) per year
Samplii	ng Point (Sam _l	oling Point ID)			Monitori	ng P	eriod	Coll	lection Pe	riod	Compl	iance Status
ENTRY	POINT (3)				1/1/24 -	12/3	31/24				Cc	mplete
					1/1/25 -	12/3	1/25				Co	mplete
					1/1/26 -	12/3	1/26					
		Water Sy	stem Fac	ility and S	Sampling	Po	int In	ven	tory			
Water	Vertou Customs F		Campalina Doir	at Campalina	Doint			Toto				Charac
System W Facility ID	Vater System F	aciity	Sampling Poir ID	Description Description				Colifo Rul	-	•	Ashestos	Stage WQP 2 DBPR
	ISTRIBUTION S	VSTFM	4	•	ION SYSTEM		<u>Status</u> A	Y	e nare	1101	ASSESTOS	WQI Z DDI K
00000 D	131 KIBOTION 3		4 DOWNSTREAI				A	,				
			UPSTREAM		SERVICE CON		A					
00700 E	NTRY POINT		3	ENTRY POI		•	A					
	VELL 1		2	WELL 1	141		A					
	TORAGE TANK			VVLLLI								
	REATMENT PLA	ΔNT										
00302	NLATIVIENT PLA	71V (
				ntact Info	ormation							
Name				Organization							Job Title	
Mr. Kenneth									Owner			
	ress Line One		Mailing Addre	ess Line Two					City		State	Zip Code
PO Box 213	_							nfret			СТ	06259
Business P		nsion Fax	Мо	bile Phone	Emergency	Pho						
401-529-2	2788						ken	Ioisell	el@aol.co	om		

Contact Role(s): Administrative Contact, Owner

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1419094	ROUTE 193 LLC RESTAURANT				NC	25	Р	GW
Local Address (v	vhere applicable)	Serv	/ice	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
49 THOMPSON	ROAD	Con	nections				1	

Towns Served: THOMPSON

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

End of schedule

	Сс	nnectic	ut Departme	ent of	f Public	Health	Dri	nking	g W	ater	Se	ction	
		Wat	ter Quality N	Ionit	coring a	ind Com	plia	ance S	Sch	edul	le		
PWS ID	PW	'S Name									_	ner Type P	rimary Sou
CT1419104	4 TH	OMPSON SPE	EDWAY-GARAGE				1	NC	2	25		Р	GW
Local Addr	ress (wher	e applicable)			Service	Residen	tial Co	ommerci	ial Ir	ndustri	al	Combined	Agricultu
					Connectio	ns						1	
Towns Ser	ved: THO	MPSON					·		,		,		
	_					quireme	nts						
•			IBUTION SYSTEM	(WSF I	D: 00600)								
Total Col	-	-											per quart
_		: (Sampling Po				Monitori			ollect	ion Pe	riod		iance Statu
Select	t from Inv	entory of Acti	ve Sampling Points			4/1/25 -							mplete
						7/1/25 -	-						mplete
						10/1/25 -						Cc	mplete
						1/1/26 -							
						4/1/26 -	6/30/	26					
•		ers (PPS)											per quart
_		t (Sampling Po				Monitori			ollect	ion Pe	riod		iance Statu
Selec	t from Inv	entory of Acti	ve Sampling Points			4/1/25 -							mplete
						7/1/25 -							mplete
						10/1/25 -	12/31	/25				Co	mplete
						1/1/26 -	3/31/	26					
						4/1/26 -	6/30/	26					
Water Sys	stem Fac	ility: ENTRY	POINT (WSF ID:	00700)									
Nitrate A	and Nitrit	e (NOX)									1	routine (I	RT) per ye
Samp	oling Point	: (Sampling Po	oint ID)			Monitori	ng Per	riod C	ollect	ion Pe	riod	Compl	iance Statu
ENTR	Y POINT (3	3)				1/1/24 - :	12/31/	/24				Cc	mplete
						1/1/25 - :	12/31/	/25				Co	mplete
						1/1/26 - :	12/31/	/26					
			Water System	Facil	ity and S	Sampling	Poin	nt Inve	nto	ry			
Water									otal	Lead			
System	-	stem Facility		_	Sampling I				iform				Sta
Facility ID				D	Description			utus	Rule	Rule	Tier	Asbestos	WQP 2 DE
00600	DISTRIBU	TION SYSTEM		1		ION SYSTEM		Α	Υ				
						SERVICE CON		Α	Υ				
				REAM		SERVICE CON		Α					
	ENTRY PO			3	ENTRY POI			Α					
61752	GARAGE	WELL		2	GARAGE W	/ELL		A					
						ormation							
Name					rganization					-		Job Title	
Mr. Donal					i State Golf	Co. LLC				ner/Pr	eside		
Mailing Ad		e One	Mailing	Addres	s Line Two					ity		State	Zip Code
125 Harris						T		Woods				СТ	06281
Business		Extension	Fax	Mobi	ile Phone	Emergency	Phone						
860-923	3-9591		860-923-9821			860-234-	6722	dhoeni	ig@tri	istateg	olfco	mpany.co	n

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

PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT1419104	THOMPSON SPEEDWA	AY-GARA	AGE				NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural	
				Connections					1	

Towns Served: THOMPSON

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End of schedule

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	Connectic	ut Depa	rtmen	t of	f Public	Health	Drii	nking	Wate	er S	ection	
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	nplia	ince So	ched	ule		
PWS ID	PWS Name						Classif	ication P	opulatio	on Ow	ner Type	Primary Source
CT1419144	MAIN ST. GELAT	0					N	IC	25		Р	GW
Local Address (w	vhere applicable)				Service	Residen	tial Co	mmercial	Indus	trial	Combine	d Agricultura
372 RIVERSIDE D	DRIVE				Connection	ns		1				
Towns Served: T	HOMPSON					·						
			Mo	onit	oring Re	quireme	nts					
Water System	Facility: DISTR	IBUTION SY	YSTEM (V	VSF I	D: 00600)							
Total Coliform	າ (3100)									1 ro	utine (RT) per quarter
Sampling P	Point (Sampling P	oint ID)				Monitori	ng Peri	iod Col	lection	Period	l Comp	oliance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -	6/30/2	25			(Complete
						7/1/25 -					(Complete
						10/1/25 -					(Complete
						1/1/26 -						
						4/1/26 -	6/30/2	26				
Physical Parar	meters (PPS)									1 ro	utine (RT) per quarter
	Point (Sampling P					Monitori			lection	Period	l Comp	oliance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -	6/30/2	25			(Complete
						7/1/25 -	9/30/2	25			(Complete
						10/1/25 -	12/31/	/25			(Complete
						1/1/26 -	3/31/2	26				
						4/1/26 -	6/30/2	26				
Water System	Facility: ENTRY	Y POINT (W	VSF ID: 00	700)								
Nitrate And N	itrite (NOX)									1	routine	(RT) per year
Sampling P	Point (Sampling P	oint ID)				Monitori	ng Peri	iod Col	lection	Period	Comp	oliance Status
ENTRY POIN	NT (3)					1/1/25 -	12/31/	25			(Complete
						1/1/26 -	12/31/	26				
		Water Sy	ystem F	acili	ity and S	ampling	Poin	t Inven	tory			
Water									al Led			
-	er System Facility			Point	Sampling F			_	orm Co			Stage
Facility ID			ID		Description			atus Ru		ile Tie	r Asbesto	s WQP 2 DBPI
00600 DISTR	RIBUTION SYSTEM		4			ON SYSTEM		A Y				
					WITHIN 5 S			A Y				
00700 51170	V POINT		UPSTREA	AIVI		SERVICE CON		A Y				
	Y POINT		3		ENTRY POII	N I		A .				
63279 WELL	. 1		2		WELL 1			A				
					tact Info	rmation			T			
Name				Oı	rganization						Job Title)
Mr. Jarrod Hans												
Mailing Address			Mailing Ad	ddres	s Line Two				City		State	Zip Code
372 Riverside Dr					П			North Gr		rdale	СТ	06255
Business Phon		Fax		Mobi	le Phone	Emergency	Phone					
860-942-4516	5							mainstge	elato@g	mail.c	om	

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

		_				_ A			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1419144	MAIN ST. GELATO					NC	25	Р	GW
Local Address (where applicable)			Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural	
372 RIVERSIDE DRIVE				Connections		1			

Towns Served: THOMPSON

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