		Connecticut Departmer Water Quality Mo				_			ction	
	PWS ID	PWS Name		Cl	assificatio	n Po	pulation	Own	er Type Pr	imary Source
Monitoring Requirements	CT1470014	CHUCKYS MOBIL			NC		25		Р	GW
Monitoring Requirements	Local Address	(where applicable)	Service	Residentia	I Comme	rcial	Industria	al (Combined	Agricultural
Monitoring Requirements Monitoring Requirements	251 MAIN STR	EET	Connections		1					
Total Coliform (3100)	Towns Served	: VOLUNTOWN								
Total Coliform (3100)		M	onitoring Requ	uirement	ts					
Sampling Point (Sampling Point ID)	Water Syster									
Select from Inventory of Active Sampling Points		•								-
8/1/25 - 8/31/25 Complete						Coll	ection Per	riod		
9/1/25 - 9/30/25 Complete 10/1/25 - 10/31/25 Complete 10/1/25 - 10/31/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/31/26 Complete 11/1/25 - 11/31/26 Complete 11/1/26 - 1/31/26 Complete 11/1/26 - 1/31/26 Complete 11/1/26 - 1/31/26 Complete Co	Select fro	om Inventory of Active Sampling Points								-
10/1/25 - 10/31/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/31/25 Complete 11/1/25 - 11/31/25 Complete 11/1/25 - 11/31/25 Complete Comp										-
11/1/25 - 11/30/25 Complete										-
12/1/25 - 12/31/25 11/1/26 - 1/31/26 12/1/26 - 2/28/26 31/1/26 - 3/31/26 31/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26 6/1/26 - 6/30/26 6/1/26 - 6/30/26 6/1/26 - 6/30/26 6/1/26 - 6/30/26 6/1/26 - 6/30/26 Fhysical Parameters (PPS) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 7/1/25 - 7/31/25 Complete 9/1/25 - 9/30/25 Complete 9/1/25 - 9/30/25 Complete 10/1/25 - 10/31/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/31/26 2/1/26 - 1/31/26 2/1/26 - 1/31/26 2/1/26 - 1/31/26 3/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26 Mater 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) 1/1/26 - 12/31/26 1/1/26 - 12/31/26 Nater System Facility: WELL (WSF ID: 22460) E. Coli (3014) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete 1/1/26 - 12/31/26 Complete 1/1/26 -										-
1/1/26 - 1/31/26 2/1/126 - 2/28/26 3/1/26 - 2/28/26 3/1/26 - 3/31/26 4/1/25 - 4/30/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 6/30/26									Cor	nplete
2/1/26 - 2/28/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/26 5/1/26 - 6/30/25 Complete 5/1/25 - 8/31/25 Complete 5/1/25 - 8/31/25 Complete 5/1/25 - 8/31/25 Complete 5/1/26 - 1/31/25 Complete 5/1/26 - 1/31/25 Complete 5/1/26 - 1/31/26 5/1/26 - 1/31/26 5/1/26 - 1/31/26 5/1/26 - 1/31/26 5/1/26 - 1/31/26 5/1/26 - 5/31/26 5/										
3/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 6/30/26										
A/1/26 - 4/30/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 6/30/26										
S/1/26 - S/31/26 S/31/25 S/31/25 Complete S/31/25 S/31/2										
Physical Parameters (PPS)										
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete Select from Inventory of Active Sampling Points 7/1/25 - 7/31/25 Complete 8/1/25 - 8/31/25 Complete 9/1/25 - 9/30/25 Complete 10/1/25 - 10/31/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 11/30/25 Complete 11/1/26 - 1/31/26 2/1/26 - 2/28/26 3/1/26 - 3/31/26 4/1/26 - 4/30/26 Solution Period Afficiency Afficien										
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 10/1/25 - 10/31/25 Complete 11/1/25 - 11/30/25 Complete 11/1/25 - 12/31/25 Complete 12/1/25 - 12/31/25 Complete 1/1/26 - 1/31/26 Complete 2/1/26 - 2/28/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 4/1/26 - 4/30/26 6/1/26 - 6/30/26 Foliation Feriod Foliation Feriod Water System Facility: ENTRY POINT (WSF ID: 00700) Monitoring Period Collection Period Complete ENTRY POINT (3) 1/1/24 - 12/31/24 Complete ENTRY POINT (3) 1/1/25 - 12/31/25 Complete Water System Facility: WELL (WSF ID: 22460) 1/1/26 - 12/31/26 E. Coli (3014) 4/1/25 - 6/30/25 Complete Male System Facility: WELL (WSF ID: 22460) Collection Period Complete	Dhysical Day	ameters (DDC)		0/1/20 - 0/	30/26			1 40.	itina (DT)	
Select from Inventory of Active Sampling Points	-			Monitorina	Pariod	Call				-
8/1/25 - 8/31/25 Complete						COII	ection Fer	iou		
9/1/25 - 9/30/25 Complete	Jelect II c	on inventory of Active Sampling Forms								-
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: ENTRY POINT (WSF ID: 00700)										-
1/1/26 - 1/31/26 2/1/26 - 2/28/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 3/1/26 - 3/31/26 3/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 5/31/26 5/1/26 - 6/30/26										Пріссс
2/1/26 - 2/28/26 3/1/26 - 3/31/26 4/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26										
3/1/26 - 3/31/26 4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 5/31/26 6/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700)										
4/1/26 - 4/30/26					*					
5/1/26 - 5/31/26 6/1/26 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) 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 (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/26 - 12/31/26 Monitoring Period Collection Period Compliance Status Complete 4/1/25 - 6/30/25 Complete										
Mater System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility: WELL (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 4/1/25 - 6/30/25 Complete					*					
Nater System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26 Nater System Facility: WELL (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Monitoring Period Collection Period Compliance Status Monitoring Period Collection Period Compliance Status WELL (2) 4/1/25 - 6/30/25 Complete										
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Monitoring Period 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26 Mater System Facility: WELL (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance Status Monitoring Period Monitoring Period Collection Period Compliance Status 4/1/25 - 6/30/25 Complete	Water Syster	m Facility: ENTRY POINT (WSF ID: 00	0700)							
Sampling Point (Sampling Point ID) 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 (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Monitoring Period Collection Period Compliance Status 4/1/25 - 6/30/25 Complete	•	,	,					1 1	routine (R	T) per vear
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 (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 4/1/25 - 6/30/25 Complete		• •		Monitoring	Period	Coll	ection Per		· -	
1/1/25 - 12/31/25 Complete 1/1/26 - 12/31/26 Water System Facility: WELL (WSF ID: 22460) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 4/1/25 - 6/30/25 Complete										
### Toutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status										-
E. Coli (3014) Sampling Point (Sampling Point ID) WELL (2) 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status 4/1/25 - 6/30/25 Complete										
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusWELL (2)4/1/25 - 6/30/25Complete	Water Syster	m Facility: WELL (WSF ID: 22460)								
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusWELL (2)4/1/25 - 6/30/25Complete	E. Coli (301	4)					1	rou	tine (RT) p	er quarter
	-	•		Monitoring	Period	Coll				-
7/1/25 - 9/30/25 Complete	WELL (2)			4/1/25 - 6/	/30/25				Cor	mplete
				7/1/25 - 9/	/30/25				Cor	nplete

	Co	onnectic	ut Depa	rtment o	f Public	Health	Drin	king	Water	Se	ction	
			•	ity Moni				_				
PWS ID	PW	/S Name	ter quar	icy 1.10111	coring a	na don	_			1	er Type P	rimary Source
CT1470014		UCKYS MOBIL					N		25		P	GW
Local Addr	ess (whe	re applicable)			Service	Residen	tial Co	mmercia	Industr	ial (Combined	Agricultura
251 MAIN					Connection	ns		1				
Towns Serv	ved: VOL	UNTOWN										
				Monit	oring Red	uireme	nts					
Water Sys	stem Fac	cility: WELL	(WSF ID: 22									
E. Coli (3	3014)									1 rou	tine (RT)	per quarter
-	-	t (Sampling Po	oint ID)			Monitori	ng Perio	od Co	llection Pe			ance Status
						10/1/25 -	12/31/2	25			Cc	mplete
						1/1/26 -	3/31/2	6				
						4/1/26 -	6/30/2	6				
			Water Sy	stem Facil	lity and Sa	ampling	Point	Inver	itory			
Water System Facility ID	Water S _j	stem Facility	S	Sampling Point ID	t Sampling P Description		Sta	D.	orm Cop	per	Asbestos	Stage WQP 2 DBP
00600	DISTRIBL	JTION SYSTEM		4 DOWNSTREAM UPSTREAM	DISTRIBUTION 5 S WITHIN 5 S	ERVICE CON	I A	١	•			
00700	ENTRY P	TNIC		3	ENTRY POIN	NT	Д	١				
22460	WELL			2	WELL		Д	١				
REATME -	:UV DISIN	IFECTION										
				Cor	ntact Info	rmation						
Name				C)rganization						Job Title	
Mr. David	L. Savin			S	avin Gasoline	Properties	LLC		President			
Mailing Ad	dress Lin	e One		Mailing Addres	ss Line Two				City		State	Zip Code
77 Sterling	Road							East Har	tford		CT	06108
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	ldress			
860-282	2-0651		860-282-0	015		860-282-	0651					
Contact Ro	ole(s): Ac	dministrative	Contact, Lega	l Contact								
Name				C)rganization						Job Title	
Savin Gaso	•											
Mailing Ad		e One		Mailing Addres	ss Line Two				City		State	Zip Code
77 East Ste								East Har			CT	06108
Durainasa	Phone	Extension	Fax	Mah	ile Phone	Emergency	D.I.	I - 1 A	Laborate and			

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

Connecticut Department of	Public H	Iealth	Dr	inkir	ng W	Vater	Se	ection	
Water Quality Monito	ring an	d Con	ıpli	iance	Sch	nedul	e		
PWS ID PWS Name			_					ner Type Pı	rimary Source
CT1470024 RIVERSIDE MALL (TOWN PIZZA)				NC		25		P	GW
	Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricultural
	Connections			1					
Towns Served: VOLUNTOWN									
Monito	ring Requ	ıireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)								
Total Coliform (3100)							1 ro	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng Po	eriod	Colle	ction Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/25 -	7/31	./25				Co	mplete
		8/1/25 -	8/31	./25				Со	mplete
		9/1/25 -	9/30)/25				Со	mplete
		10/1/25 -	10/3	31/25				Со	mplete
		11/1/25 -	11/3	80/25				Со	mplete
		12/1/25 -	12/3	31/25					
		1/1/26 -	1/31	./26					
		2/1/26 -	2/28	3/26					
		3/1/26 -	3/31	./26					
		4/1/26 -	4/30)/26					
		5/1/26 -	5/31	./26					
		6/1/26 -	6/30)/26					
Total Coliform (3100)							3 r	epeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		7/11/25	- 7/1	6/25				Со	mplete
		10/4/25	- 10/	9/25				Со	mplete
Physical Parameters (PPS)									per month
Sampling Point (Sampling Point ID)					Colle	ction Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/25 -							mplete
		8/1/25 -							mplete
		9/1/25 -	9/30)/25					mplete
		10/1/25 -							mplete
		11/1/25 -	11/3	30/25				Со	mplete
		12/1/25 -							
		1/1/26 -	1/31	./26					
		2/1/26 -							
		3/1/26 -							
		4/1/26 -							
		5/1/26 -							
		6/1/26 -	6/30)/26					
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)					_			-	T) per year
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod	Colle	ction Pe	riod	Compli	ance 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 (WSF ID: 22461)

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.

Q		. CD 11:	TT 1.1	D :	1		O	
Connecticut Depa								
Water Qua	llity Mo	onitoring a	nd Con	_				
PWS ID PWS Name				Classifi	cation Po	opulation C	Owner Type Pr	imary Source
CT1470024 RIVERSIDE MALL (TOWN PIZ	ZA)			N	С	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
104 BEACH POND ROAD		Connection	IS		1			
Towns Served: VOLUNTOWN								
	M	onitoring Red	quireme	nts				
Water System Facility: WELL (WSF ID: 2	22461)							
E. Coli (3014)						1 tı	riggered (TG)	per period
Sampling Point (Sampling Point ID)			Monitori	ng Peri	od Coll	ection Peri	od Compli	ance Status
WELL (2)			7/10/25	- 7/16/2	25		Соі	mplete
			10/3/25	- 10/9/2	25		Coi	mplete
	Oth	er Compliand	e Sched	lules				
Compliance Schedule Activity				Due Da	te	Achiev	ed Date	
RESPOND TO SANITARY SURVEY			S)/17/20	17			
	Public	Notification	Require	ement	ts			
		Compliance	Notice		Public Noti	ification	PN Cert	ification
Violation/Situation		Period	Tier			 Performed		Received
Total Coliform M&R Violation		10/1/24 - 10/31/2	24 3	12/	2/2025	-	12/12/2025	
Physical Parameters M&R Violation		10/1/24 - 10/31/2	24 3	12/	2/2025		12/12/2025	
Water S	ystem F	acility and Sa	ampling	Poin	Inven	tory		
Water		-			Tota	al Lead a	nd	
System Water System Facility	Sampling	Point Sampling P			Colifo	rm Coppe	er	Stage
Facility ID	ID	Description		Sta	tus Rul	e Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	ON SYSTEM	l A	Y Y			
	DOWNSTI	REAM WITHIN 5 S	ERVICE CON	N A	\			
	UPSTRE	AM WITHIN 5 S	ERVICE CON	N A	١			
00700 ENTRY POINT	3	ENTRY POIN	NT	A	١			
22461 WELL	2	WELL		A	١			
		Contact Info	rmation	1				
Name		Organization					Job Title	
Mr. Kimon Dafoulas		Town Grill And	l Pizzeria			Owner		
Mailing Address Line One	Mailing A	ddress Line Two				City	State	Zip Code
104 Beach Pond Road, Unit 1					Voluntow	/n	СТ	06384
Business Phone Extension Fax		Mobile Phone	Emergency	Phone	Email Add	dress		
860-376-3378			860-710-	8425	jdafoulas	@gmail.cor	n	
Contact Role(s): Administrative Contact, Le	gal Contact	t, 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 Departmen	nt of Public H	lealth I	Orinkin	ig Water S	Section	
Water Quality M				•		
PWS ID PWS Name				Population O		imary Source
CT1470034 SUNNYS MARKET			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	Commer	cial Industrial	Combined	Agricultural
129 MAIN STREET	Connections		1			
Towns Served: VOLUNTOWN	1					
M	onitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) _I	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compli	ance Status
Select from 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	2/31/25		Co	mplete
		1/1/26 - 3/	/31/26			
		4/1/26 - 6/30/26				
Physical Parameters (PPS)				1 r	outine (RT) _ا	-
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	-	ance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/				mplete
		7/1/25 - 9/				mplete
	•	10/1/25 - 12			Co	mplete
		1/1/26 - 3/				
		4/1/26 - 6/	/30/26			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
ENTRY POINT (3)		1/1/24 - 12				mplete
		1/1/25 - 12			Co	mplete
0.11		1/1/26 - 12				
	ner Compliance					
Compliance Schedule Activity			e Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY			8/2017			
RESPOND TO SANITARY SURVEY			3/2022			
Public	c Notification R	equiren	nents			
	Compliance	Notice	<u>Public</u>	<u>Notification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required		Due to DPH	Received
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	1/14/201	.6	1/24/2016	
Water System	Facility and Sar	npling P	oint Inv	entory		
Water				Total Lead an		
	Point Sampling Poil Description	nt		oliform Coppe		Stage
r womey is	·	I CVCTC* 4	<u>Status</u>		er Aspestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A	Υ		
UPSTRE	REAM WITHIN 5 SER EAM WITHIN 5 SER		Α			
		VICE CON	Α			
00700 ENTRY POINT 3	ENTRY POINT		Α			
22462 WELL 2	WELL		Α			

Page 5

Schedule Generation Date: 12/12/2025

A	CLINING MADVET	NC	25	D	CM						
	PWS Name	Classification	Population	Owner Type	Primary Source						
	Water Quality Monitoring and Compliance Schedule										
	Connecticut Department of Public Health Drinking Water Section										

CT1470034	SUNNYS MARKET				NC	25		Р	GW	
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industr	ial	Combine	d Agricultu	ıral
129 MAIN STRE	ET	Connections			1					

Connecticut Department of Dublic Health Drinking Water Costion

Towns Served: VOLUNTOWN

PWS ID

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Vinod Patel				Sunny Superi	market		Owner		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
PO Box 397						Volunto	wn	СТ	06384
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-376-3120									

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 Dep	partment of	f Public H	lealth	Dr	inki	ng V	Vate	r Se	ection		
		•	ality Monit					_					
PWS ID		PWS Name	<u> </u>	0 -		_				_	ner Type	Primary	/ Source
CT147005	4	NATURE'S CAMPSITES, LLC	•				NC		25		Р	G۱	W
Local Addı	ress (v	vhere applicable)		Service	Resident	tial (Comme	ercial	Industi	rial	Combine	d Agri	cultural
98 EKONK	HILL	ROAD		Connections			1						
Towns Ser	rved: \	/OLUNTOWN										,	
			Monite	oring Requ	ıireme	nts							
Water Sy	rstem	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Col	liforn	າ (3100)								1 ro	utine (R	T) per ı	month
Samp	pling F	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ection P	eriod	Comp	oliance S	Status
Selec	ct from	n Inventory of Active Samplir	ng Points		7/1/25 -	7/31	/25				(Complet	:e
					8/1/25 -	8/31	/25				(Complet	:e
					9/1/25 -	9/30	/25				(Complet	:e
					10/1/25 -	10/3	1/25				(Complet	:e
					5/1/26 -	5/31	/26						
					6/1/26 -								
Physical	Para	meters (PPS)								1 ro	utine (R	T) per ı	month
Samp	pling F	Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Colle	ction P	eriod	Comp	oliance S	Status
Selec	ct from	n Inventory of Active Samplir	ng Points		7/1/25 -	7/31	/25				(Complet	:e
					8/1/25 -	8/31	/25				(Complet	:e
					9/1/25 -	9/30	/25				(Complet	:e
					10/1/25 -	10/3	1/25				(Complet	e
					5/1/26 -	5/31	/26						
					6/1/26 -	6/30	/26						
Water Sy	stem	Facility: ENTRY POINT ((WSF ID: 00700)										
Nitrate A	And N	litrite (NOX)								1	routine	(RT) pe	r year
Samp	pling F	Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Colle	ction P	eriod	Comp	oliance S	Status
ENTR	RY POI	NT (3)			1/1/24 - 3	12/31	1/24				(Complet	:e
					1/1/25 - :	12/31	1/25				(Complet	:e
					1/1/26 - :	12/31	1/26						
			Other C	ompliance	Sched	lule	S						
Compliand	ce Sch	edule Activity		•		Due D			Achi	eved	Date		
CROSS CO	NNEC	TION SURVEY REPORT			3	3/1/2	030						
		Water	System Facil	ity and Sar	mpling	Poi	nt In	vent	ory				
Water			•	-				Total		d and			
System	Wate	er System Facility	Sampling Point	Sampling Poi	nt		(Colifor		oper			Stage
Facility ID)		ID	Description		S	tatus	Rule	Rul	e Tier	Asbesto	s WQP	2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
			4-1	Cabin #1/30			Α	Υ					
			4-2	Playground			Α	Υ					
			4-3	Site 84			Α	Υ					
			4-4	Site 65			Α	Υ					
			4-5	#84			Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α						
			UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTR	RY POINT	3	ENTRY POINT			Α						
59873	WELI	_ 250	2	WELL 250			Α						

	Water Quality Mon	itoring an	d Con	nplianc	e S	chedul	le	
PWS ID	PWS Name			Classification	n P	opulation	Owner Type	Primary Source
CT1470054	NATURE'S CAMPSITES, LLC	NATURE'S CAMPSITES, LLC				25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Comm	ercial	Industri	al Combin	ed Agricultural
98 FKONK HII	I ROAD	Connections		1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: VOLUNTOWN

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
59875	WELL 260	2	WELL 260	Α						
59877	ATMOSPHERIC TANK									
59879	PUMP STATION									

Certified Operator Information

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

, ,	<u> </u>	•	
Facility Classification: DISTRIBUTION	ON SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

Contact Information											
Name Organization Job Title											
Mr. Nathan Lazourack Nature's Campsites, LLC Member											
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
96 Ekonk Hill Road						Volunto	wn	СТ	06384		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress				
860-376-4203 860-376-5114 lazourack@gmail.com											
Contact Pola(s): Administrative Contact Logal Contact Owner											

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

Please note the following:

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

	Co	nnectic Wa	•			f Public coring a							ection		
PWS ID	P\Λ/	'S Name	cer que	illey 1.10		or mg ar	ila dol	_					ner Type F	rimarv	Source
CT147006		LUNTOWN FI	RE STATION	<u> </u>				Cit	NC	711 1 0	25)11 OW	I	GV	
		e applicable)	NE STATION	-		Service	Reside	ntial		ercial	Indus	trial	Combined		cultural
		RD (RT 165)				Connection		reiai	1	or oran		criai		7.811	Januara i
Towns Ser															
				N/A	onit	oring Rec	uirom	nnt.	c						
Water Sy	stem Fac	ility: DISTR	IBUTION S				_f un enn	2116	S						
Total Co	liform (3	100)										1 ro	utine (RT)	per q	uarter
Samp	oling Point	t (Sampling P	oint ID)				Monito	ring	Period	Colle	ction	Period	Compl	iance S	itatus
Selec	t from Inv	entory of Acti	ive Sampling	g Points			4/1/25	- 6/3	30/25				Co	omplet	e
							7/1/25	- 9/3	30/25				Co	omplet	e
							10/1/25	- 12	/31/25				Co	mplet	e
							1/1/26	- 3/3	31/26						
							4/1/26	- 6/3	30/26						
Physical	Paramet	ers (PPS)										1 ro	utine (RT)	per q	uarter
Samp	oling Point	t (Sampling P	oint ID)				Monito	ring	Period	Colle	ction	Period	Compl	iance S	itatus
Selec	t from Inv	entory of Acti	ive Sampling	g Points			4/1/25	- 6/3	30/25				Co	omplet	e
							7/1/25	- 9/3	30/25				Co	omplet	e
							10/1/25	- 12	/31/25				Co	omplet	e
						1/1/26 - 3/31/26									
							4/1/26	- 6/3	30/26						
Water Sy	stem Fac	ility: ENTRY	Y POINT (V	WSF ID: 00	700)										
Nitrate A	And Nitrit	te (NOX)										1	routine (RT) pe	r year
Samp	oling Point	t (Sampling P	oint ID)			Monitoring Period Collection Period						Compl	iance S	tatus	
ENTR	RY POINT (3	3)					1/1/24	- 12/	/31/24				Co	omplet	e
							1/1/25	- 12/	/31/25				Co	omplet	е
							1/1/26	- 12/	/31/26						
				Oth	er C	ompliand	e Sche	dul	es						
Complian	ce Schedul	le Activity					_	Due	e Date		Acl	nieved	Date		
RESPOND	TO SANITA	ARY SURVEY						10/7	7/2023						
			Water S	ystem F	acil	ity and Sa	ampling	g Po	oint In	vent	ory				
Water				-		-	•			Total	Lec	nd and	1		
System	Water Sy	stem Facility		Sampling	Point	Sampling Po	oint			Colifor	m Co	pper			Stage
Facility ID				ID		Description			Status	Rule	Ru	le Tiei	Asbestos	WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM		4		DISTRIBUTION	ON SYSTEM	Λ	Α	Υ					
				DOWNST	REAM	WITHIN 5 SI	ERVICE CO	N	Α						
				UPSTRE	AM	WITHIN 5 SI	ERVICE CO	N	Α						
00700	ENTRY PO	DINT		3		ENTRY POIN	IT		Α						
22465	WELL			2		WELL			Α						
55470	SOFTENE	R													
					Con	tact Info	rmatio	n							
Name					O	rganization							Job Title		
Mr. Josep	h Grenier					oluntown Fire	e Departm	ent		F	ire Chi	ef			
Mailing Ad		e One		Mailing A		s Line Two	. 1	-			City		State	Zip C	ode
P.O. Box 1				Preston C					Volu	untowr			CT	063	
Business		Extension	Fax				Emergeno	y Ph							
			. 371				- 3-11	,							

	Connecticut Department of Lubile Hearth Drinking Water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name Classification Population Owner Type Primary Source												
CT1470064 VOLUNTOWN FIRE STATION NC 25 L GW													
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural													
205 PRESTON C	TY RD (RT 165)		Connections			1							
Towns Served: \	/OLUNTOWN												
860-376-0475 VFD53@COMCAST.NET													
Contact Role(s): Administrative Contact, Legal Contact													

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

	Connecticut Dep	artment of	f Public H	ealth	Drink	ing W	ater	Se	ction	
	•	ality Monit								
PWS ID	PWS Name	arrey Monne	oring and	a dom					er Tyne P	rimary Source
CT1470074	VOLUNTOWN TOWN HALL				NC		25		L	GW
	s (where applicable)		Service	Resident	tial Comn		Industria	al (Combined	Agricultural
115 MAIN ST			Connections			l				0
Towns Serve	d: VOLUNTOWN					<u> </u>				
		Monito	oring Requ	ireme	nts					
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifo	orm (3100)						1	rou	tine (RT)	per quarter
	ng Point (Sampling Point ID)				ng Period	Collec	tion Per	iod	Compl	iance Status
Select fi	rom Inventory of Active Samplin	ng Points		4/1/25 -						mplete
				7/1/25 -						mplete
			-		12/31/25				Сс	mplete
				1/1/26 -						
Dharainal Da	(DDC)			4/1/26 -	6/30/26		4		(DT)	
-	rameters (PPS) og Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Per			per quarter iance Status
	rom Inventory of Active Samplin	ng Points		4/1/25 -		Conec	tion rei	iou		mplete
Sciecti	om inventory of Active Sampin	15 1 011113		7/1/25 -						mplete
					12/31/25					mplete
				1/1/26 -						<u> </u>
				4/1/26 -						
Water Syste	em Facility: ENTRY POINT ((WSF ID: 00700)								
Nitrate And	d Nitrite (NOX)							1 1	routine (f	RT) per year
Samplin	ng Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Per		=	iance Status
ENTRY F	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 Syste	em Facility: WELL (WSF ID:	22466)								
E. Coli (30	14)						1	rou		per quarter
	ng Point (Sampling Point ID)		ı		ng Period	Collec	tion Per	iod		iance Status
WELL (2	2)			4/1/25 -						mplete
				7/1/25 -						omplete
					12/31/25				Сс	mplete
				1/1/26 -						
				4/1/26 -						
	Water	System Facili	ity and Sar	npling	Point I					
Water	ater System Facility	Sampling Point	Camplina Dei	.+		Total	Lead			Charac
System W Facility ID	ater system rucinty	ID	Description		Status	Coliform Rule			Asbestos	Stage WQP 2 DBPR
	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Y				,
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
00700 EI	NTRY POINT	3	ENTRY POINT		А					
22466 W	'ELL	2	WELL		Α					
1										

Schedule Generation Date: 12/12/2025

63135 TREATMENT PLANT

		. D			'D 11'	TT 1.1	D :	1 .	TAT .	0 .:	
(Connectic	ut Depa	rtme	nt of	Public	Health	Drii	ıkıng	g Water	Section	L
	Wa	ter Qua	lity M	Ionit	oring a	nd Con	nplia	nce S	Schedu	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT1470074 V	OLUNTOWN TO	OWN HALL					N	С	25	L	GW
Local Address (wh	ere applicable)				Service	Residen	tial Co	mmerci	al Industr	ial Combin	ed Agricultural
115 MAIN STREET					Connection	ns		1			
Towns Served: VO	LUNTOWN										
				Con	tact Info	rmation)				
Name				Or	ganization					Job Titl	e
Voluntown											
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Code
Town Hall			115 Mai	n Street	t			Volunt	own	СТ	
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	Phone	Email A	Address		
860-376-4089		860-376-3	3295								
Contact Role(s):	Owner										
Name				Or	ganization					Job Titl	e
Ms. Tracey Hanso	n			To	wn of Volun	itown			First Sele	ctman	
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	Zip Code
115 Main Street			PO Box !	96				Volunt	own	СТ	06384
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	Phone	Email A	Address		

Contact Role(s): Administrative Contact

Please note the following:

860-376-5880

- 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

thanson@voluntown.gov

	Connecticut Dep	nartment of	f Public F	lealth I)rinkii	nσ Wa	ater S	ection	
	•	ality Monit				_		CCCIOII	
PWS ID	PWS Name	anty Monit	ornig an					wpor Typo B	rimary Source
CT1470094	VOLUNTOWN BAPTIST CH	IIDCU		C	NC	2!		P P	GW
	(where applicable)	OKCII	Service	Residentia			dustrial	Combined	Agricultural
52 MAIN STRI			Connections	Residentia	1	.rciai iii	uustiiai	Combined	Agricultural
	I: VOLUNTOWN								
TOWNS SCITCE		Monito	oring Requ	iiremen	ts				
Water Syste	m Facility: DISTRIBUTION								
Total Colifo	•		•				1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Collecti	on Perio		ance Status
Select fr	om Inventory of Active Sampli	ng Points		4/1/25 - 6,	/30/25			Со	mplete
				7/1/25 - 9,	/30/25			Со	mplete
				10/1/25 - 12	2/31/25			Со	mplete
				1/1/26 - 3,	/31/26				
				4/1/26 - 6,	/30/26				
Physical Pa	rameters (PPS)						1 re	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Collecti	on Perio	d Compli	ance Status
Select fr	om Inventory of Active Sampli	ng Points		4/1/25 - 6,	/30/25			Со	mplete
				7/1/25 - 9,	/30/25			Со	mplete
				10/1/25 - 12	2/31/25			Со	mplete
				1/1/26 - 3,	/31/26				
				4/1/26 - 6,	/30/26				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)							=	RT) per year
	g Point (Sampling Point ID)			Monitoring		Collecti	on Perio		ance Status
ENTRY P	OINT (3)			1/1/24 - 12	-				mplete
				1/1/25 - 12				Со	mplete
				1/1/26 - 12	· ·				
		Other C	ompliance	Schedu	les				
Compliance S	chedule Activity			Du	e Date		Achieve	d Date	
RESPOND TO	SANITARY SURVEY			7/3	3/2022				
		Public Not	tification R	equiren	nents				
		С	ompliance	Notice	Public	: Notifica	<u>tion</u>	PN Cert	<u>rification</u>
Violation/Site	uation		Period	Tier	Require	ed Perj	formed	Due to DPH	Received
GROUNDWAT	TER RULE TT Violation	2/6,	/18 - 3/14/18	2	7/5/201	L8		7/15/2018	
	Water	System Facil	ity and Sar	mpling P	oint In	ventor	у		
Water							Lead an		_
	ater System Facility	Sampling Point		nt		Coliform	Coppe		Stage
Facility ID	CTDIDLITION CVCTCN4	ID A	DISTRIBUTION	I CVCTC* 4	Status ^	Rule	Kule III	er ASDESTOS	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			Α				
00700 EN	TRY POINT	UPSTREAM 3	WITHIN 5 SER	VICE CON	Α				
					Α				
22468 W	ELL #1	2	WELL		Α				

Α

WELL #2

2

62844 WELL #2

Connectic	ut Depa	rtme	ent of l	Public 1	Health	ı Di	rinkin	g '	Water	Se	ction		
	*							_					
PWS Name						Cla	ssification	P	opulation	Own	er Type	Primary	Source
CT1470094 VOLUNTOWN BAPTIST CHURCH NC 25 P GW											٧		
Local Address (where applicable) Service Resid									Industri	al	Combine	ed Agric	cultural
			C	Connections	S		1						
OLUNTOWN					·					·		·	
			Conta	act Info	mation	1							
			Orga	anization							Job Title	9	
Larsen			Volu	untown Bap	tist Churc	h			Pastor				
ine One		Mailing	Address L	Line Two					City		State	Zip Co	ode
		Р О Вох	508				Volun	itov	vn		СТ	0638	84
Extension	Fax		Mobile	Phone	Emergenc	y Pho	ne Email	Ad	dress				
	860-376-7	7835			860-917	-605	3 vbcse	cre	tary@sbcg	globa	l.net		
Administrative	Contact	·					·						
			Orga	anization							Job Title	9	
ist Church													
ine One		Mailing	Address L	Line Two					City		State	Zip Co	ode
		P O Box	508				Volun	itov	vn		СТ	0638	84
i	PWS Name VOLUNTOWN BA here applicable) OLUNTOWN Larsen Line One	Water Qua PWS Name VOLUNTOWN BAPTIST CHUF here applicable) OLUNTOWN Larsen Line One Extension Fax 860-376-3 Administrative Contact	Water Quality Mater Quality Mater Quality Mater Quality Mater Quality Mater Quality Mater Quality Materials Material	Water Quality Monito PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) OLUNTOWN Cont Org Larsen Line One Mailing Address P O Box 508 E Extension Fax Mobile 860-376-7835 Administrative Contact Org	Water Quality Monitoring ar PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Contact Information Organization Voluntown Baptime One Mailing Address Line Two P O Box 508 Extension Fax Mobile Phone 860-376-7835 Administrative Contact Organization Organization Mailing Address Line Two P O Box 508 Mobile Phone Mobile Phone	Water Quality Monitoring and Corporate PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Contact Information Organization Voluntown Baptist Church Line One Mailing Address Line Two P O Box 508 Extension Fax Mobile Phone Emergence 860-376-7835 Administrative Contact Organization Organization Emergence 860-917 Administrative Contact Organization ist Church Line One Mailing Address Line Two	Water Quality Monitoring and Complement PWS Name	Water Quality Monitoring and Compliance PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Connections Comment Connections Conne	Water Quality Monitoring and Compliance Sc PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Connections Connections Contact Information Organization Voluntown Baptist Church Line One Mailing Address Line Two P O Box 508 Extension Fax Mobile Phone Emergency Phone Email Ad 860-376-7835 Mobile Phone Mobil	Water Quality Monitoring and Compliance Schedul PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Service Connections Connections Organization Larsen Voluntown Baptist Church Pastor Line One Mailing Address Line Two Extension Fax Mobile Phone Extension Before 376-7835 Mobile Phone Mailing Address Line Two Organization City Voluntown Emergency Phone Email Address Address Administrative Contact Organization Industrication Industrica	Water Quality Monitoring and Compliance Schedule PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Service Connections Connections Connections Organization Voluntown Baptist Church Larsen Voluntown Baptist Church Pastor City P O Box 508 Extension Fax Mobile Phone Extension Baco-376-7835 Mobile Phone Baco-917-6053 Administrative Contact Organization Corganization Emergency Phone Emergency Phone Emergency Phone Emergency Phone Emergency Phone Baco-917-6053 Voluntown City Organization Organization Mailing Address Line Two City City	Water Quality Monitoring and Compliance Schedule PWS Name VOLUNTOWN BAPTIST CHURCH here applicable) Service Connections Connections Organization Organization Voluntown Baptist Church Industrial Combine Organization Job Title Larsen Voluntown Baptist Church P O Box 508 P O Box 508 P O Box 508 Extension Fax Mobile Phone Extension Fax Mobile Phone Emergency	PWS Name VOLUNTOWN BAPTIST CHURCH Service Connections Classification Population Owner Type Primary NC 25 P GW NC 25 P GW Agric Combined Agric Connections Organization Organization Organization United Description Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email Address 860-376-7835 860-917-6053 Mailing Address Line Two Organization Organization Formation Organization Organization Organization Organization Fax Mobile Phone Emergency Phone Email Address 860-376-7835 Organization Organization

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

Business Phone

860-376-9485

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.

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

	Connecticut De	nartment c	of Public H	ا مالدما	Orinkir	ng Wa	otor (Section	
	•	iality Moni				_			
PWS ID	PWS Name	adirty 1.10111	itoring and		•			wner Type Pr	imary Source
CT1470154	PACHAUG S.F./MOUNT M	IISERY PUMP HOI	USE		NC	. 3		S	GW
Local Address (v	vhere applicable)		Service	Residentia	al Comme	rcial In	dustrial	Combined	Agricultural
ROUTES 49 AND			Connections	5					
Towns Served: \	/OLUNTOWN			<u> </u>					
		Moni	toring Requ	iiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Coliforn	n (3100)						1 r	outine (RT) բ	er quarter
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Collecti	on Perio	d Complic	ance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6	/30/25			Cor	mplete
				7/1/25 - 9	/30/25			Cor	mplete
				10/1/25 - 1					
				1/1/26 - 3	/31/26				
				4/1/26 - 6	/30/26				
Physical Para	• •							outine (RT) բ	
	Point (Sampling Point ID)			Monitoring		Collecti	on Perio		ance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6					mplete
				7/1/25 - 9				Cor	mplete
				10/1/25 - 1					
				1/1/26 - 3					
Matau Custom	Facility FAITDY BOINT	/W.CE ID: 00700	11	4/1/26 - 6	/30/26				
-	Facility: ENTRY POINT	(WSF ID: 00700	')					4	T\
Nitrate And N	Point (Sampling Point ID)			Monitoring	n Period	Collecti	on Paria	1 routine (R	n) per year ance Status
ENTRY POI			_	1/1/24 - 12		Conecti	on rend		mplete
ENTITE	(3)			1/1/25 - 12					mplete
				1/1/26 - 12					прісте
		Public No	tification R						
			Compliance	Notice	1	Notifica	tion	PN Certi	ification
Violation/Situa	tion		Period	Tier	Require		formed	Due to DPH	Received
Total Coliform N		1/	1/04 - 3/31/04	2	12/8/200			12/18/2004	
Physical Parame	eters M&R Violation	1/	1/04 - 3/31/04	3	11/8/200			11/18/2005	
Distribution Tur	bidity MCL Violation	7/	1/10 - 9/30/10	2	3/27/201			4/6/2011	
	Water	System Faci	lity and Sar	npling P	oint Inv	entor	У		
Water						Total	Lead a	nd	
System Wate	er System Facility	Sampling Poin	t Sampling Poi	nt	C	oliform	Coppe	r	Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	101	YOUTH CAMP	ING TAP	Α	Υ			
		102	RESIDENCE SI	NK	Α	Υ			
		103	RESIDENCE BE	R SINK	Α	Υ			
		4	DISTRIBUTION	I SYSTEM	Α	Υ			
			M WITHIN 5 SER		Α				
	RY POINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTF		3	ENTRY POINT		Α				

Α

WELL

2

22472 WELL

Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT1470154	CT1470154 PACHAUG S.F./MOUNT MISERY PUMP HOUSE NC 30 S GW											
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
ROUTES 49 AN	ROUTES 49 AND 138 Connections 5											
Towns Served: VOLUNTOWN												

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. David Cooley				Deep-Engine	ering Unit		Supv Civil Engi	neer	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland		СТ	06480
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ad	dress		
860-342-2215		860-344-	2560	860-205-7552	860-424-3333	david.co	oley@ct.gov		
Contact Role(s): Le	gal Contact, O	wner							
Name				Organization	1			Job Title	
Ms. Andrea M. Lan	е			State of CT D	Реер				
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland		CT	06480
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ad	dress		
860-977-9739					860-424-3333	andrea.l	ane@ct.gov		

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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Connecticut Depart	ment of Pu	blic Health	Drinkin	g Water Se	ction
Water Quality	z Monitorii	ng and Com	nliance	Schedule	
PWS ID PWS Name	, 1-101110011		*		ner Type Primary Source
CT1470184 CIRCLE "C" CAMPGROUND - WEI	I #3		NC	25	P GW
Local Address (where applicable)	Serv	ice Resident			Combined Agricultural
21 BAILEY POND ROAD		nections	1	lai iliuustilai	Combined Agricultural
Towns Served: VOLUNTOWN			1		
TOWNS SELVED. VOLUNTOWN	D. (1 14 11	- D	. 4 -		
Water System Facility: DISTRIBUTION SYST		g Requiremer	ITS		
Total Coliform (3100)	(1101 121 00			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitorin	na Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Poi	nts	4/1/25 - (Complete
Science from inventory of Active Sampling For	11.5	7/1/25 - 9			Complete
		4/1/26 - (Complete
Physical Parameters (PPS)		4/1/20	0/30/20	1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitorin	na Period	Tiou Collection Period	Compliance Status
Select from Inventory of Active Sampling Poi	ntc	4/1/25 - (conection remod	Complete
Select from inventory of Active Sampling For	11.3	7/1/25 - 9			Complete
		4/1/26 - (Complete
Mater Custom Facility FAITRY DOINT (MCF	ID: 00700\	4/1/20-1	0/30/20		
Water System Facility: ENTRY POINT (WSF	ID: 00700)				(>=)
Nitrate And Nitrite (NOX)					routine (RT) per year
Sampling Point (Sampling Point ID)		Monitorin	_	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/24 - 1			Complete
		1/1/25 - 1			Complete
		1/1/26 - 1	.2/31/26		
	Other Comp	liance Sched	ules		
Compliance Schedule Activity		D	ue Date	Achieved I	Date
CROSS CONNECTION SURVEY REPORT		3	/1/2026		
Water Syst	em Facility a	nd Sampling	Point Inv	entory	
Water				Total Lead and	
	pling Point Sam	_		liform Copper	Stage
Facility ID		ription	Status		Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		RIBUTION SYSTEM	Α	Υ	
		IIN 5 SERVICE CON	Α		
		IIN 5 SERVICE CON	Α		
00700 ENTRY POINT		RY POINT	Α		
57005 WELL 3	2 WEL	_ 3	A		
		Information			
Name	Organiz				Job Title
Ms. Michelle S. Botelho	Campgr			Owner - Presid	
	ling Address Line	Two		City	State Zip Code
21 Bailey Pond Road			Volun		CT 06384
Business Phone Extension Fax	Mobile Pho	one Emergency	Phone Email		
860-564-4534 860-564-4534	l l		circled	@comcast.net	

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					Classi	fication	Population	Owner Type	Primary Source
	CT1470184	CIRCLE "C" CAMPGRO	UND -	WELL #3			1	NC	25	Р	GW
Local Address (where applicable)					Service	Resider	ntial Co	ommercia	Industri	al Combine	ed Agricultural
	21 BAILEY POND ROAD				Connections	Connections		1			

Towns Served: VOLUNTOWN

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

End of schedule

Connecticut Depa	rtment of Public	r Health Drink	zing Water Se	ection						
•	ity Monitoring									
PWS ID PWS Name	ity Monitoring	*		ner Type Primary Source						
CT1479024 144&166 MAIN STREET		NC	29	P GW						
Local Address (where applicable)	Service		mercial Industrial	Combined Agricultural						
144 & 166 MAIN STREET	Connection		2	7.Bricararar						
Towns Served: VOLUNTOWN										
Monitoring Requirements										
Water System Facility: DISTRIBUTION SY										
Total Coliform (3100)			1 ro	utine (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								
		1/1/26 - 3/31/26								
		4/1/26 - 6/30/26								
Physical Parameters (PPS)				utine (RT) per quarter						
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period							
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								
		1/1/26 - 3/31/26								
	CT ID .00T00\	4/1/26 - 6/30/26								
Water System Facility: ENTRY POINT (W	SF ID: 00/00)		_	(5-1)						
Nitrate And Nitrite (NOX)		Monitoring David		routine (RT) per year						
Sampling Point (Sampling Point ID) ENTRY POINT (3)		Monitoring Period 1/1/24 - 12/31/24	Collection Period	Compliance Status Complete						
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete						
		1/1/26 - 12/31/26		Complete						
Water Su	stom Eacility and		nyontory							
-	stem Facility and	Sampling Point								
Water System Water System Facility Sacility ID	ampling Point Sampling ID Description		Total Lead and Coliform Copper Rule Rule Tier	Stage Asbestos WQP 2 DBPR						
00600 DISTRIBUTION SYSTEM		Statu TION SYSTEM A	3							
	DOWNSTREAM WITHIN 5									
		SERVICE CON A								
00700 ENTRY POINT	3 ENTRY PO	INT A								
58907 WELL 1	2 WELL 1	А								
58977 BLADDER TANK										
58979 TREATMENT PLANT										
	Contact Inf	ormation								
Name	Organization			Job Title						
Mrs. Shelly Grillo	Griswold Pla			JOD TICE						
	Mailing Address Line Two	- 	City	State Zip Code						
1130 Voluntown Road		G	riswold	CT 06351						
Business Phone Extension Fax	Mobile Phone	Emergency Phone E								
860-639-6955			paula4@yahoo.com							
	10 1 10		,							

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		Population	Owner Type	Primary So	urce
CT1479024	1479024 144&166 MAIN STREET				NC		NC 29		GW		
Local Address (where applicable)			Service	Residen	ntial C	ommercia	al Industri	al Combine	ed Agricultural	ural	
144 & 166 MAIN STREET				Connections			2				
Towns Served: \	/OLUNTOWN										

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End of schedule

Page 20