

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470014	CHUCKYS MOBIL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
251 MAIN STREET		1			

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL** (WSF ID: 22460)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470014	CHUCKYS MOBIL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
251 MAIN STREET			1		

Towns Served: VOLUNTOWN

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 22460)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTREAM	WITHIN 5 SERVICE CON		A			
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22460	WELL	2	WELL	A			

REATME - UV DISINFECTION

## Contact Information

Name	Organization				Job Title
Mr. David L. Savin	Savin Gasoline Properties LLC				President
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
77 Sterling Road		East Hartford	CT	06108	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-282-0651		860-282-0015		860-282-0651	

Contact Role(s): Administrative Contact, Legal Contact

Name	Organization				Job Title
Savin Gasoline Properties LLC					
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
77 East Sterling Rd		East Hartford	CT	06108	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

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

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

End of schedule

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470024	RIVERSIDE MALL (TOWN PIZZA)	NC	25	P	GW
Local Address (where applicable)	104 BEACH POND ROAD	Service Connections	Residential	Commercial	Industrial
			1		Combined

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		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		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/4/25 - 10/9/25		Complete

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		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		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
	1/1/27 - 12/31/27		

Water System Facility: **WELL** (WSF ID: 22461)

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470024	RIVERSIDE MALL (TOWN PIZZA)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
104 BEACH POND ROAD			1		

Towns Served: VOLUNTOWN

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 22461)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL (2)	10/3/25 - 10/9/25		Complete

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/17/2017	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	10/1/24 - 10/31/24	3	12/2/2025		12/12/2025	
Physical Parameters M&R Violation	10/1/24 - 10/31/24	3	12/2/2025		12/12/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	Stage WQP 2	DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22461	WELL	2	WELL	A				

## Contact Information

Name	Organization				Job Title		
Mr. Kimon Dafoulas	Town Grill And Pizzeria				Owner		
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
104 Beach Pond Road, Unit 1				Voluntown		CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-376-3378				860-710-8425	jdafoulas@gmail.com		

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

### Please note the following:

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470034	SUNNYS MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
129 MAIN STREET			1		

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/18/2017	
RESPOND TO SANITARY SURVEY	7/3/2022	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	1/14/2016		1/24/2016	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22462	WELL	2	WELL	A			

### Contact Information

Name	Organization	Job Title
Mr. Vinod Patel	Sunny Supermarket	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470034	SUNNYS MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
129 MAIN STREET			1		

Towns Served: VOLUNTOWN

PO Box 397					Voluntown	CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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

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**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470054	NATURE'S CAMPSITES, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
98 EKONK HILL ROAD			1		

Towns Served: VOLUNTOWN

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2030	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		4-1	Cabin #1/30	A	Y	
		4-2	Playground	A	Y	
		4-3	Site 84	A	Y	
		4-4	Site 65	A	Y	
		4-5	#84	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
59873	WELL 250	2	WELL 250	A		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470054	NATURE'S CAMPSITES, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
98 EKONK HILL ROAD			1		

Towns Served: VOLUNTOWN

## Water System Facility and Sampling Point Inventory

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

## Certified Operator Information

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

**Facility Classification:** DISTRIBUTION SYSTEM

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

## Contact Information

Name	Organization	Job Title
Mr. Nathan Lazourack	Nature's Campsites, LLC	Member
Mailing Address Line One	Mailing Address Line Two	City
96 Ekonk Hill Road		State
Business Phone	Extension	Zip Code
860-376-4203		Voluntown CT 06384
Mobile Phone		Email Address
		860-376-5114 lazourack@gmail.com

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

**Please note the following:**

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

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**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470064	VOLUNTOWN FIRE STATION	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
205 PRESTON CITY RD (RT 165)			1		

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		10/7/2023

Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22465	WELL	2	WELL	A				
55470	SOFTENER							

### Contact Information

Name	Organization	Job Title
Mr. Joseph Grenier	Voluntown Fire Department	Fire Chief
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 10	Preston City Road	State
Business Phone	Mobile Phone	Zip Code
860-376-0475	Emergency Phone	VFD53@COMCAST.NET

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470064	VOLUNTOWN FIRE STATION	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
205 PRESTON CITY RD (RT 165)	Connections		1		

Towns Served: VOLUNTOWN

**Please note the following:**

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

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**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470074	VOLUNTOWN TOWN HALL	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 MAIN STREET			1		

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 22466)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22466	WELL	2	WELL	A					
63135	TREATMENT PLANT								

### Contact Information

Name	Organization	Job Title
Voluntown		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470074	VOLUNTOWN TOWN HALL	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 MAIN STREET			1		

Towns Served: VOLUNTOWN

Town Hall	115 Main Street				Voluntown	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

860-376-4089 860-376-3295

Contact Role(s):	Owner						
Name	Organization					Job Title	
Ms. Tracey Hanson	Town of Voluntown					First Selectman	
Mailing Address Line One	Mailing Address Line Two				City	State	Zip Code
115 Main Street	PO Box 96				Voluntown	CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-376-5880					thanson@voluntown.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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470094	VOLUNTOWN BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
52 MAIN STREET			1		

Towns Served: VOLUNTOWN

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/3/2022	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
GROUNDWATER RULE TT Violation	2/6/18 - 3/14/18	2	7/5/2018	7/15/2018	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					A	Y	A	A
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22468	WELL #1	2	WELL	A				
62844	WELL #2	2	WELL #2	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470094	VOLUNTOWN BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
52 MAIN STREET			1		

Towns Served: VOLUNTOWN

## Contact Information

Name	Organization	Job Title		
Reverend David Larsen	Voluntown Baptist Church	Pastor		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
52 Main Street	P O Box 508	Voluntown	CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
860-376-9485		860-376-7835		860-917-6053 vbcsecretary@sbcglobal.net

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

Name	Organization	Job Title		
Voluntown Baptist Church				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
52 Main Street	P O Box 508	Voluntown	CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
860-376-9485				

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

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

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

**End of schedule**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470154	PACHAUG S.F./MOUNT MISERY PUMP HOUSE	NC	30	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTES 49 AND 138	Connections	5			

Towns Served: VOLUNTOWN

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	12/8/2004		12/18/2004	
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/8/2005		11/18/2005	
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/27/2011		4/6/2011	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Asbestos	WQP 2 DBPR Stage
					Rule	Rule Tier		
00600	DISTRIBUTION SYSTEM	101	YOUTH CAMPING TAP	A	Y			
		102	RESIDENCE SINK	A	Y			
		103	RESIDENCE BR SINK	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22472	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470154	PACHAUG S.F./MOUNT MISERY PUMP HOUSE	NC	30	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTES 49 AND 138	Connections	5			

Towns Served: VOLUNTOWN

## Contact Information

Name	Organization	Job Title		
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
163 Great Hill Road		Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-342-2215		860-344-2560	860-205-7552	860-424-3333
				david.cooley@ct.gov

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

Name	Organization	Job Title		
Ms. Andrea M. Lane	State of CT Deep			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
163 Great Hill Road		Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-977-9739				860-424-3333
				andrea.lane@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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470184	CIRCLE "C" CAMPGROUND - WELL #3	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 BAILEY POND ROAD			1		

Towns Served: VOLUNTOWN

## Monitoring Requirements

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

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

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
Facility ID						
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTREAM	WITHIN 5 SERVICE CON	A			
	UPSTREAM	WITHIN 5 SERVICE CON	A			
00700 ENTRY POINT	3	ENTRY POINT	A			
57005 WELL 3	2	WELL 3	A			

## Contact Information

Name	Organization				Job Title		
Ms. Michelle S. Botelho	Campground				Owner - President		
Mailing Address Line One	Mailing Address Line Two				City	State	Zip Code
21 Bailey Pond Road					Voluntown	CT	06384
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-564-4534		860-564-4534			circlec@comcast.net		
Contact Role(s):	Administrative Contact, Legal Contact, Owner						

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1470184	CIRCLE "C" CAMPGROUND - WELL #3	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
21 BAILEY POND ROAD	Connections		1		

Towns Served: VOLUNTOWN

**Please note the following:**

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

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1479024	144&166 MAIN STREET	NC	29	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
144 & 166 MAIN STREET			2		

Towns Served: VOLUNTOWN

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
58907	WELL 1	2	WELL 1	A			
58977	BLADDER TANK						
58979	TREATMENT PLANT						

### Contact Information

Name	Organization	Job Title
Mrs. Shelly Grillo	Griswold Plaza	
Mailing Address Line One	Mailing Address Line Two	City
1130 Voluntown Road		State
Business Phone	Extension	Zip Code
860-639-6955		
	Fax	
	Mobile Phone	
	Emergency Phone	Email Address
		860-639-6955 Gpaula4@yahoo.com

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1479024	144&166 MAIN STREET	NC	29	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
144 & 166 MAIN STREET			2		

Towns Served: VOLUNTOWN

**Please note the following:**

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

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**