	Connecticut Depa	artmer	nt of F	Public H	lealth	ı D	rinking	Wat	er S	Section	
	Water Qua						_				
PWS ID	PWS Name	intry IVI	OTITEO	ing an	a Goil						Primary Source
CT0279033	36 KILLINGWORTH TNPK					CI	NC	25	OII C	P	GW
	where applicable)		ς	ervice	Residen	ntia			strial	-	_
36 KILLINGWO				Connections	5	TCTG	Commerci	ai iiiaa	Striai	Combine	Agricultural
Towns Served:											
Towns serveu.	CLINTON	M	onitor	ing Requ	uireme	ent	ts				
Water System	n Facility: DISTRIBUTION S										
Total Colifor	m (3100)								1 r	outine (RT)	per quarter
	Point (Sampling Point ID)				Monitori	ing	Period C	ollection			iance Status
Select from	m Inventory of Active Samplin	g Points			10/1/23 -	- 12	2/31/23			C	omplete
					1/1/24						omplete
					4/1/24						<u> </u>
					7/1/24	- 9/	/30/24				
Physical Para	ameters (PPS)								1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)				Monitori	ing	Period C	ollection	Perio	od Comp	iance Status
Select fro	m Inventory of Active Samplin	g Points			10/1/23 -	- 12	2/31/23			C	omplete
					1/1/24	- 3/	/31/24			C	omplete
					4/1/24	- 6/	/30/24				
					7/1/24	- 9/	/30/24				
Water System	Facility: ENTRY POINT (	WSF ID: 0	0700)								
Nitrate And I	Nitrite (NOX)									1 routine (	RT) per year
Sampling	Point (Sampling Point ID)				Monitori	ing	Period C	ollection	Perio	od Comp	iance Status
ENTRY PO	INT (3)				1/1/23 -	12	/31/23			C	omplete
					1/1/24 -	12	/31/24				
				=	1/1/25 -	12	/31/25				
		Public	Notif	ication R	Require	em	nents				
			Con	npliance	Notice	e	Public N	otificatio	<u>n</u>	PN Cei	<u>tification</u>
Violation/Situd	ation		P	Period	Tier		Required	Perfor	med	Due to DPF	Received
Total Coliform	M&R Violation		10/1/10	0 - 12/31/10	2		4/7/2011			4/17/2011	
Total Coliform	M&R Violation		7/1/10	0 - 9/30/10	2		4/7/2011			4/17/2011	
Total Coliform	M&R Violation		1/1/11	1 - 3/31/11	2		7/13/2011			7/23/2011	
Physical Param	eters M&R Violation		1/1/11	1 - 3/31/11	3		6/12/2012			6/22/2012	
	Water S	ystem I	Facility	y and Sai	mpling	g P	oint Inve	ntory			
Water							To	otal Le	ad a	nd	
- /	ter System Facility			ampling Poi	nt			-	oppe		Stage
Facility ID		ID		escription			Status		ule Ti	ier Asbestos	WQP 2 DBPI
00600 DIST	TRIBUTION SYSTEM	4		ISTRIBUTIO			Α	Υ			
				VITHIN 5 SEF			Α				
		UPSTRE		VITHIN 5 SEF		N	Α				
00700 ENT	RY POINT	3	E	NTRY POINT			Α				

**Contact Information** Job Title Name Organization Mr. Michael Knudsen Hamilton Group, LLC Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 06413 36 Killingworth Turnpike-Lantern Square Clinton CT Mobile Phone Emergency Phone Email Address

Α

WELL

2

22836

WELL

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											
	Wa	ter Quality N	Monit	oring an	d Con	nplia	nce S	Schedul	e			
PWS ID PWS Name Classification Population Owner Type Primary Source												
СТ0279033	33 36 KILLINGWORTH TNPK NC 25 P									GW		
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al Combin	ed Agricultural		
36 KILLINGWOR	TH TURNPIKE			Connections	5							
Towns Served: C	LINTON											
business Filon	e Extension	гах	IVIODII	e Pilone L	mergency	rnone	Lillali F	luuress				
203-433-8052	2	203-643-2285	860-5	75-4341			mike@	hamilton-gr	p.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner												

## Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0279044	INDIAN RIVER RECREATIONAL COMPLEX				NC	28	L	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
201 KILLINGWO	RTH TPKE	Connections			3			

Towns Served: CLINTON

Monitoring	Requirements		
	<u> </u>		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	JU)	4	tion (DT) are a second by
Total Coliform (3100)	Adamteauto o Dania d		tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)	, , -,-,-		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
· ,	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		22/p.000

	W	ater System Facili	ity and Sampling	Point Ir	iventoi	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	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	N 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 Sour							mary Source				
CT0279044	INDIAN RIVER RECREATIONAL COMPLEX				NC	28	L		GW			
Local Address	(where applicable)	Resider	itial	Commerci	al Industri	al Combin	ed	Agricultural				
201 KILLINGW	ORTH TPKE			3								

Towns Served. CLIN	ITON									
	,	Water Sy	stem Facil	ity and S	Sampling Po	oint I	nvento	ory		
Water System Water S Facility ID	ystem Facility	s	ampling Point ID	Description	n	Statu	Total Coliforr Rule	n Copper	Asbestos	Stage WQP 2 DBF
			UPSTREAM		SERVICE CON	Α				
00700 ENTRY P	OINT		3	ENTRY POI	INT	Α				
53240 WELL 1			2	WELL 1		A				
			Con	tact Info	ormation					
Name			0	rganization					Job Title	
Clinton										
Mailing Address Lin	e One	ſ	Mailing Addres	s Line Two				City	State	Zip Code
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Ph	one Er	mail Addr	ess		
Contact Role(s): O	wner									
Name			0	rganization					Job Title	
Mr. Robert Potter			CI	inton Parks	And Rec Dept		D	irector		
Mailing Address Lin	e One	ſ	Mailing Addres	s Line Two				City	State	Zip Code
201 Killingworth Tu	rnpike					_	inton		СТ	06413
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Ph	one Er	mail Addr	ess		
860-669-6901		860-644-4	073		860-853-839	99 rp	otter@c	intonct.org		
Contact Role(s): Le	egal Contact									
Name			0	rganization					Job Title	
Mrs. Kelley A. Nich	ols		CI	inton Parks	And Recreation	1	Ex	kecutive Assi	stant	
Mailing Address Lin	e One	ſ	Mailing Addres	s Line Two				City	State	Zip Code
201 Killingworth Tu	rnpike					Cl	inton		СТ	06413
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Ph	one Er	mail Addr	ess		
860-669-6901						kr	nichols@	clintonct.org		
Contact Role(s): A	dministrative (	Contact								

Please note the following:

Towns Served: CLINTON

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End of schedule

Page 4

	Connecticut Departm Water Quality	nent of Public H Monitoring and		U			l			
PWS ID PWS Name Classification Population Owner Type Primary Source										
CT0279054	CHAMARD VINEYARDS			NC	40	Р	GW			
Local Address	(where applicable)	Service	Residential	Commercia	al Industri	al Combin	ed Agricultural			
115 COW HILL	15 COW HILL ROAD Connections 1									
Towns Served:	owns Served: CLINTON									

ng Requirements		
00600)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 r	outine (RT) per year
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
1/1/23 - 12/31/23		Complete
1/1/24 - 12/31/24		
1/1/25 - 12/31/25		
	Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  Monitoring Period  1/1/24 - 12/31/23	1 rout  Monitoring Period Collection Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Monitoring Period Collection Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Collection Period  1/1/23 - 12/31/23  1/1/24 - 12/31/24  1/1/24 - 12/31/24

			1/1/23 12	, 5 1, 25					
	Water	<b>System Facili</b>	ity and Sampling P	oint Ir	rventoi	У			
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					
		C1001	PUBLIC RESTROOM A	Α	Υ				
		C1002	PUBLIC RESTROOM B	Α					
		C1003	KITCHEN RESTROOM	Α	Υ				
		C1004	KITCHEN SINK A	Α	Υ				
		C1005	KITCHEN HANDWASH A	Α	Υ				
		C1006	BUTLER SINK A	Α	Υ				
		C1007	ICEMAKER A	Α	Υ				
		C1008	TANK ROOM SINK A	Α	Υ				
		C1009	TANK FAUCET A	Α	Υ				
		C1010	LAB SINK A	Α	Υ				
		C1011	SERVICE SINK A	Α	Υ				
		C1012	BARN RESTROOM A	Α	Υ				
		C1013	BARN RESTROOM B	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
60219	WELL 1	2	WELL 1	Α					
62325	SOFTENER & UV TREATMENT								

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	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
СТ0279054	CHAMARD VINEYARDS				NC	40	Р	GW				
Local Address (where applicable) Service				ntial	Commerci	al Industri	al Combine	ed Agricultural				
115 COW HILL R	OAD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			С	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Jonathan Roth	berg	Chamard Vir	neyard, Inc.						
Mailing Address Lin		Mailing Address Line Two			City Stat		State	Zip Code	
530 Whitfield St						Guilford		06437	
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Address			
203-535-8770									
Contact Role(s): Le	egal Contact								
Name				Organization			Job Title		
Ms. Charles Beckius				Charmed Vineyards			Property Manager		
Mailing Address Lin		Mailing Address Line Two				City	State	Zip Code	
115 Cow Hill						Clinton		СТ	06413
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Address			
203-535-8770									
Contact Dolo/s).	dministrativa Ca	ntact	<u> </u>						

## Contact Role(s): Administrative Contact

## Please note the following:

Towns Served: CLINTON

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End of schedule