	Connecticut Departmen Water Quality Mo			U			
PWS ID	PWS Name	meeting an	X		Population O		rimary Sourc
СТ0309023	MIRJAF, INC.			NC	42	P	GW
ocal Address	(where applicable)	Service	Residential	Commercia	al Industrial	Combined	Agricultur
L87 ROUTE 66	EAST	Connections	9				
Fowns Served:	COLUMBIA			÷	·	·	
	Ma	onitoring Requ	irements	5			
Nater Systen	n Facility: DISTRIBUTION SYSTEM (V						
Total Colifor	m (3100)				1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring I	Period Co	ollection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11/	/30/23		Со	mplete
			12/1/23 - 12/	/31/23		Со	mplete
			1/1/24 - 1/3	31/24		Со	mplete
			2/1/24 - 2/2				mplete
			3/1/24 - 3/3			Со	mplete
			4/1/24 - 4/3				
			5/1/24 - 5/3				
			6/1/24 - 6/3				
			7/1/24 - 7/3				
			8/1/24 - 8/3				
			9/1/24 - 9/3	-			
Total Califar			10/1/24 - 10/	/31/24	n		
Total Colifor	m (3100) Point (Sampling Point ID)		Monitoring I	Period Co	د ollection Perio	repeat (RP)	ance Status
	m Inventory of Active Sampling Points		0/12/23 - 10			u compi	unce status
Selectino			0/12/23 - 10 11/1/23 - 11			Co	mplete
			11/30/23 - 12				mplete
			1/12/24 - 1/2				mplete
Physical Para	ameters (PPS)		, , ,	,	1	routine (RT)	•
•	Point (Sampling Point ID)		Monitoring I	Period Co	ollection Perio		ance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11/	/30/23		Со	mplete
	· · · · · ·		12/1/23 - 12/	/31/23		Co	mplete
			1/1/24 - 1/3	31/24		Со	mplete
			2/1/24 - 2/2	29/24		Со	mplete
			3/1/24 - 3/3	31/24		Со	mplete
			4/1/24 - 4/3	30/24			
			5/1/24 - 5/3	31/24			
			6/1/24 - 6/3	30/24			
			7/1/24 - 7/3				
			8/1/24 - 8/3				
			9/1/24 - 9/3	-			
			10/1/24 - 10/	/31/24			
	n Facility: ENTRY POINT (WSF ID: 00	700)					
	Nitrite (NOX)					1 routine (R	••••
	Point (Sampling Point ID)		Monitoring F		ollection Perio		ance Status
ENTRY PC	אויו (3)		1/1/23 - 12/3				mplete
			1/1/24 - 12/3			Со	mplete
			1/1/25 - 12/3	31/25			

	Connectic Wa	^	ity Monit					0			ection	l	
PWS ID	PWS Name	ter quar		or mg u			sificatio				vner Type	Pri	mary Sourc
СТ0309023	MIRJAF, INC.						NC		42		P		GW
Local Address	(where applicable)			Service	Residen	tial	Commo	ercial	Indus	trial	Combin	ed	Agricultura
187 ROUTE 66	EAST			Connection	ns 9								
Towns Served:	COLUMBIA												
			Monit	oring Red	quireme	nts							
Water Systen	n Facility: WELL	#1 (WSF ID	: 10160)										
E. Coli (3014	4)									1 trig	gered (T	G)	per period
	Point (Sampling P	oint ID)			Monitori			Colle	ection	Period	l Com	plia	nce Status
WELL #1	(2)				10/11/23								
					10/31/23								nplete
					11/29/23								nplete
					1/11/24	-						Con	nplete
			Other C	omplian	ce Sched	ule	S						
	chedule Activity						Date		Acl	nieved	l Date		
CROSS CONNE	CTION SURVEY REP						2024						
		Water Sy	stem Facil	ity and S	ampling	Poi	int In	vent	ory				
Water	ten Custem Freilite		ana lina Daint	Concelling				Tota		id and			
System Wa Facility ID	ter System Facility	3	ampling Point ID	Description				Colifo Rule		opper le Tie		05	Stage NQP 2 DBP
	TRIBUTION SYSTEM		4		ON SYSTEM		<u>Status</u> A	Ŷ			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			4-1	Leventis Re			A	Ŷ					
			4-2	Leventis Re	st.Kitch.		А	Y					
			4-3	St.Joseph L	rn.Ad.Ctr		А	Y					
			4-4	Heritage Sa	lon		А	Y					
			4-5	Munson s I	Market		А	Y					
		I	DOWNSTREAM				А						
			UPSTREAM		ERVICE CON	١	A						
			3	ENTRY POI	NT		A						
10160 WE	LL #1		2	WELL #1	_		A						
			Certified	Operato	r Inform	ati	on						
Water Systen	m Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)									
	ication: SMALL WA	TER SYSTEM										0	Certificatior
Operator Nam			Operator Typ		Certificatio								Expiration
JACKSON IV, SI	HELBY P		CHIEF OPERATO	OR	DISTRIBUTI								6/3/2024
					WATER TRE		IENT PL	ANT C	PERAT	OR - (CLASS IV		12/31/2024
			Cor	tact Info	rmation								
Name			0	rganization							Job Titl	е	
Mr. Howard Ja				lirjaf, Inc.				I	Preside	nt			
Mailing Addres	ss Line One		Mailing Addres	s Line Two				ا داد م	City		State		Zip Code
P.O. Box 38 Business Pho	ano Extension	For	Mah	ilo Dhono	Emorgone	Dhe		tsdale			NY		10530
914-310-84		Fax 914-931-6		ile Phone	Emergency 718-588-				aress @cs.coi	n			
	b): Administrative			ner	10-200-	0102	- m.	janne(ພູເວ.ເປເ	11			
		contact, Lego	a contact, OW										

		- <u> </u>	-)	0		F			-	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0309023	MIRJAF, INC.						NC	42	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial	Commerc	ial Industri	ial Combin	ed Agricultural
187 ROUTE 66 EA	\ST			Connection	ns 9					
Towns Served: C	OLUMBIA			1	1					
Name				Organization					Job Titl	e
Ms. Miranda Jaf	e			Mirjaf, Inc.				Chair, Pre	esident	
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
P.O. Box 38							Hartso	lale	NY	10530
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Ph	one Email	Address		
Contact Role(s):	Owner		I							
Please note the	ollowing:									

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

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

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

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

C	onnectic	ut Denar	tment of	Public	Health	Drin	king	Water Se	ection	
		^	ity Monit				0			
PWS ID PV	VS Name	ici Qual		or mg a					ner Type	Primary Source
	LUMBIA CON	GREGATIONA				N		25	Р	GW
Local Address (whe		GREGATIONA	Echoken	Service	Resident		mmercial	Industrial	Combine	
ROUTE 66 & AMP; R				Connectio			2	muustnai	combine	Agricultural
Towns Served: COL							2			
			Monito	oring Re	quiremer	nts				
Water System Fac	cility: DISTR									
Total Coliform (•	-				1 ro	utine (RT)	per quarter
Sampling Poin	-	oint ID)			Monitorin	ng Perio	od Coll	lection Period		liance Status
Select from Inv	ventory of Act	ive Sampling F	oints		10/1/23 -	12/31/2	23		C	omplete
					1/1/24 -	3/31/24	4		C	omplete
					4/1/24 -					
					7/1/24 -	9/30/24	4			
Physical Parame	ters (PPS)							1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Coll	lection Period	Сотр	liance Status
Select from Inv	ventory of Act	ive Sampling F	oints		10/1/23 -	12/31/2	23		C	omplete
					1/1/24 -	3/31/24	4		C	omplete
					4/1/24 -	6/30/24	4			
					7/1/24 -	9/30/24	4			
Water System Fac	cility: ENTRY	Y POINT (W	SF ID: 00700)							
Nitrate And Nitri	ite (NOX)							1	routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Coll	lection Period	Сотр	liance Status
ENTRY POINT	(3)				1/1/23 - 1	12/31/2	23		C	omplete
					1/1/24 - 1				C	omplete
					1/1/25 - 1	12/31/2	25			
		Water Sy	stem Facili	ity and S	ampling	Point	Inven	tory		
Water		_					Toto			
System Water S	ystem Facility	S	ampling Point ID				D I	rm Copper	Acharta	Stage
		1		Description		Sta		e kule Hel	ASDESIO	s WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4 OWNSTREAM		ION SYSTEM	A				
		L	UPSTREAM		SERVICE CON					
00700 ENTRY P			3	ENTRY POI		А А				
	UINT		2							
20546 WELL				WELL	ormation	A	\			
N					ormation				1.1.2011	
Name				ganization		21			Job Title	
Mr. Tim Anderson			ری Nailing Address		ngregational (Lhurch		Board of Trus		Zia Carla
Mailing Address Lis	0.000							City	State	Zip Code
Mailing Address Lin	e One						Columbia		СТ	06227
P.O. Box 177		3	25 Route 87		Emorgone		Columbia		СТ	06237
P.O. Box 177 Business Phone	Extension		25 Route 87	le Phone	Emergency	Phone	Email Ad	dress	CT	06237
P.O. Box 177	Extension	Fax	25 Route 87		Emergency	Phone	Email Ad		СТ	06237

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0300064	COLUMBIA CONGREGATIONAL CHURCH			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
ROUTE 66 &AM	P; ROUTE 87	Connections		2			
Towns Served: 0	COLUMBIA			·		Ċ	

Please note the following:

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

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

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

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Connecticut Departm				0		ection	
Water Quality	Monitoring a	nd Comp	olianc	e Sch	edule		
PWS ID PWS Name		Cl	assificati	on Popu	ulation O	wner Type P	rimary Source
CT0300074 HOP RIVER MOTEL			NC		25	Р	GW
Local Address (where applicable)	Service	Residentia	Comm	ercial li	ndustrial	Combined	Agricultural
152 ROUTE 66 EAST	Connection	S	1				
Towns Served: COLUMBIA							
Water System Facility: DISTRIBUTION SYSTEM	Monitoring Req	luirement	S				
· · · ·					1	outine (DT)	
Total Coliform (3100) Sampling Point (Sampling Point ID)		Monitoring	Pariod	Collact	t ro ion Perio		per quarter ance Status
Select from Inventory of Active Sampling Point	ç	10/1/23 - 12		Conect	Ion Perio	-	mplete
Select norm inventory of Active Sampling Point	5	1/1/24 - 3/					•
		4/1/24 - 3/	-				mplete
		7/1/24 - 9/	-				
Physical Parameters (PPS)		7/1/24-9/	50/24		1 m	utino (PT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Deriod	Collect	tion Perio		ance Status
Select from Inventory of Active Sampling Point	c	10/1/23 - 12		conect		_	mplete
Select nom inventory of Active Sampling Form	3	1/1/24 - 3/					mplete
		4/1/24 - 6/					inpiete
		7/1/24 - 9/					
Water System Facility: ENTRY POINT (WSF II	0.00200)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50721				
Nitrate And Nitrite (NOX)						1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Perio	-	ance Status
ENTRY POINT (3)		1/1/23 - 12/				-	mplete
		1/1/24 - 12/					mplete
		1/1/25 - 12/					
Water Syste	m Facility and Sa			vento	ry		
Water				Total	Lead an	d	
	ling Point Sampling Po			Coliform			Stage
Facility ID	ID Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTIO		A	Y			
	NSTREAM WITHIN 5 SI		A				
	STREAM WITHIN 5 SI		A				
00700 ENTRY POINT	3 ENTRY POIN	11	A				
20547 WELL	2 WELL		A				
	Contact Info	rmation					
Name	Organization					Job Title	
Mr. Harman Patel	Hop River Mot	el		Ow	ner		
Mailing Address Line One Maili	ng Address Line Two			С	ity	State	Zip Code
152 Route 66 E			Col	umbia		СТ	06237
Business Phone Extension Fax	Mobile Phone	Emergency Ph	none Em	ail Addre	SS		
860-228-4972							
Contact Role(s): Administrative Contact, Legal Con	ntact, Owner						

PWS ID	PWS Name			Classificatio	n P	opulation	Owner Type	Pri	mary Source
СТ0300074	HOP RIVER MOTEL			NC		25	Р		GW
Local Address (where applicable)	Service	Residen	tial Comme	rcial	Industria	al Combine	ed	Agricultural
152 ROUTE 66 I	EAST	Connections		1					
Towns Served:	COLUMBIA			1					

Please note the following:

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

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

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

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	Connectic								0			on	
DIA/C ID	1	er Qua	ILY N	/101111	oring a	ina con	-					in a D	
PWS ID CT0300104	PWS Name COLUMBIA TOW								-		P	ype P	rimary Source
					Service	Resider		ommer		.5 Idustrial	-	nbined	GW
ROUTE 87	vhere applicable)				Connectio			2		luustriai	Con	bined	Agricultural
Towns Served: C					connectio			Z					
Towns Served. C				1	oring Do								
Water System	Facility: DISTR	BUTION SY			•	quireme	ents						
Total Coliform	n (3100)									11	routine	e (RT)	per quarter
	oint (Sampling Po	oint ID)				Monitor	ing Peri	iod (Collect	ion Peri			ance Status
Select from	Inventory of Acti	ve Sampling	Points			10/1/23	- 12/31/	/23				Со	mplete
						1/1/24	- 3/31/2	24				Со	mplete
						4/1/24	- 6/30/2	24					
						7/1/24	- 9/30/2	24					
Physical Parar	meters (PPS)									11	routine	e (RT)	per quarter
Sampling P	oint (Sampling Po	oint ID)				Monitor	ing Peri	iod (Collect	ion Peri	od (Compli	ance Status
Select from	Inventory of Acti	ve Sampling	Points			10/1/23	- 12/31/	/23				Со	mplete
						1/1/24	- 3/31/2	24				Со	mplete
						4/1/24	- 6/30/2	24					
						7/1/24	- 9/30/2	24					
Water System	Facility: ENTRY	POINT (W	SF ID:	00700)									
Nitrate And N	itrite (NOX)										1 rout	tine (R	T) per year
Sampling P	oint (Sampling Po	oint ID)				Monitor	ing Peri	iod (Collect	ion Peri	od (Compli	ance Status
ENTRY POI	NT (3)					1/1/23 -	12/31/2	23				Со	mplete
						1/1/24 -	12/31/2	24				Со	mplete
						1/1/25 -	12/31/2	25					
		Water Sy	stem	Facil	ity and S	Sampling	Poin	t Inve	entoi	ſY			
Water			It.	a Datat	Connelling	Defet			Total	Lead a			
System Wate Facility ID	er System Facility			ig Point D	Sampling Descriptio		_		liform Rule			actor	Stage WQP 2 DBPR
	RIBUTION SYSTEM			4		" ION SYSTEM		ilus	Y	Rule I	iei Asl	Jesius	WQF 2 DBFK
						SERVICE CO		A A	T				
				REAM		SERVICE CO		A					
00700 ENTR	Y POINT			3	ENTRY PO			<u>А</u>					
20549 WELL				2	WELL			<u>А</u>					
20349 WELL	-		-					~					
						ormatior	1						
Name					rganization							Title	
Mr. Mark Walte					own of Colu	mbia		_		vn Admi			
Mailing Address			Mailing	g Addres	s Line Two					ty		ate	Zip Code
323 Jonathan Tr								Colum			(СТ	06237
Business Phon		Fax		Mobi	ile Phone	Emergency	/ Phone						
860-228-0110		860-228-1	.952					towna	adminis	strator@	colum	oiact.o	rg
Contact Role(s):	Legal Contact												

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0300104	COLUMBIA TO	WN HALL					NC	25	Р	GW
Local Address (w	here applicabl	e)		Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultura
ROUTE 87				Connectio	าร		2			
Towns Served: C	OLUMBIA				I					
Name				Organization					Job Titl	e
Mr. Jason Nowo	sad			Town of Lebar	non			Facilities	Director	
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
Town of Lebanor			579 Exeter Ro	bad			Lebano	on	СТ	06249
Business Phone	e Extension	Fax	Mc	bile Phone	Emergenc	y Pho	one Email /	Address	I	
860-642-6028							jnowo	sad@lebano	nct.gov	
Contact Role(s):	Administrativ	e Contact								
Please note the	ollowing:									

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

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	Connectic	ut Depa	rtmer	nt of Public	c He	alth	Dı	rinkir	ng V	Nater	Se	ction	
	Wa	ter Qual	lity Mo	onitoring a	and	Com	ıpl	iance	Sc	hedul	e		
PWS ID	PWS Name			0				ssificatio		I		er Type F	Primary Source
СТ0300114	CAMP ASTO WA	MAH - LODG	iΕ					NC		100		Р	GW
Local Addres	s (where applicable)			Service	R	lesiden	tial	Comme	rcial	Industria	al	Combined	Agricultural
42 WEST ROU	JTE 87			Connectio	ons			4					
Towns Serve	d: COLUMBIA												
			M	onitoring Re	equir	eme	nts	;					
Water Syste	em Facility: DISTR	IBUTION SY	STEM (WSF ID: 00600)									
Total Colif	orm (3100)									1	rou	tine (RT)	per quarter
Samplin	g Point (Sampling P	oint ID)			M	onitori	ing P	Period	Colle	ection Pei	riod	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points		4	/1/24 -	6/3	0/24					
					7,	/1/24 -	9/3	0/24					
Physical Pa	rameters (PPS)									1	rou	tine (RT)	per quarter
	g Point (Sampling P					onitori			Colle	ection Per	riod	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points			/1/24 -							
					7,	/1/24 -	9/3	0/24					
	em Facility: ENTR	Y POINT (W	/SF ID: 0	0700)									
	d Nitrite (NOX)										1 ו	-	RT) per year
	g Point (Sampling P	oint ID)				onitori	_		Colle	ection Pei	riod		iance Status
ENTRY F	POINT (3)					/1/23 -						C	omplete
						/1/24 -							
					-	'1/25 -		-					
			Oth	er Compliar	nce S	ched	lule	es					
Compliance S	Schedule Activity					l	Due	Date		Achie	ved L	Date	
SEASONAL ST	TART UP COMPLETIO	N				2	4/1/	2024					
			Public	Notificatio	n Re	quire	eme	ents					
				Compliance		Notice			Noti	fication		PN Cer	tification
Violation/Sit	uation			Period		Tier		Require		Performe	d D	ue to DPH	
REVISED TOT	AL COLIFORM RULE	(RTCR)		5/11/23 - 6/8/	23	3	1	10/10/20		-		0/20/2024	Ļ
REVISED TOT	AL COLIFORM RULE	(RTCR)		5/15/22 - 5/24/	/22	3	1	10/10/20	24		10	0/20/2024	ŀ
		Water Sy	/stem F	acility and s	Sam	pling	Ро	int Inv	ent	tory			
Water		-		-					Tota	Lead	and		
System W	ater System Facility	9	Sampling	Point Sampling				C	olifoı	rm Copp	per		Stage
Facility ID			ID	Descriptio	on			Status	Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	1	4	DISTRIBU	tion s	YSTEM	l	А	Y				
				REAM WITHIN 5	SERVI	CE CON	N	А					
			UPSTRE	AM WITHIN 5	SERVI	CE CON	N	А					
00700 EN	NTRY POINT		3	ENTRY PO	INT			А					
47988 W	'ELL #2		2	WELL #2				А					
57631 H	DRO PNEUMATIC T	ANK											
				Contact Inf	orma	ation							
Name				Organization								Job Title	
Ms. Nancy N	laclean			Center Churc		np Asto	Wa	mah	(Camp Dire	ector		
Mailing Addr	ess Line One		Mailing A	ddress Line Two					I	City		State	Zip Code
42 West Rou	te 87							Colu	mbia			СТ	06237
Business Pl	none Extension	Fax		Mobile Phone	Eme	ergency	Pho	one Emai	l Add	dress			
860-228-3	489	860-647-7	7829	860-798-8098				ntma	clea	n@gmail.	com		
NOTE: This infor	mation has been provide	d to help owner	rs and opera	tors of public water	systems	s maintai	in cor	mpliance w	ith dri	inking wate	r quali	ity monitorii	ng requirements.

				<u> </u>		-				1		1	
PWS ID F	WS Name					C	lassificatio	n P	opulation	Owne	r Type	Prim	ary Source
СТ0300114 С	CAMP ASTO WA	MAH - LODO	6E				NC		100	I	D		GW
Local Address (wh	ere applicable)			Service	Resid	entia	l Comme	cial	Industri	al C	ombine	ed A	gricultural
42 WEST ROUTE 8	37			Connectio	ons		4						
Towns Served: CC	LUMBIA						1						
Contact Role(s):	Administrative	Contact, Leg	al Contact										
Name				Organization						J	ob Titl	е	
First Church of Ch	rist In Hartford												
Mailing Address L	ine One		Mailing Addr	ess Line Two					City		State	Z	ip Code
60 Gold Street							Hart	ford			СТ		06103
Business Phone	Extension	Fax	Mc	bile Phone	Emerger	icy Pl	hone Ema	l Ad	dress				
860-249-5631													
Contact Role(s):	Owner		i										
Please note the f	ollowing:												
1 The residual dis	infectant concent	ration must h	e measured at	the same locat	ion and tim	e as e	each total co	lifor	m sample				

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

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

	Connectic	ut Depa ter Qual					0			ction	
PWS ID	PWS Name	iter Quar		noring a							rimary Source
	MOTTAS PASTR	V & BAKE SHI	٦P					25		P	GW
Local Address (w			51	Service	Residen		ommercial		rial	Combined	_
244 ROUTE 6				Connectio			1	maast	iiui	combined	Agriculturu
Towns Served: Co							-				
			Mon	itoring Re	auiromo	ntc					
Water System F	acility: DISTR			•	-	iits	_	_		_	_
Total Coliform			•						1 rou	itine (RT)	per quarter
	oint (Sampling P	Point ID)			Monitori	ng Peri	iod Col	llection P			iance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -	3/31/2	24			Co	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical Paran	neters (PPS)								1 rou	itine (RT)	per quarter
Sampling Po	oint (Sampling P	Point ID)			Monitori	ng Peri	iod Col	llection P	eriod	Compl	iance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -	3/31/2	24			Co	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Water System F	acility: ENTR	Y POINT (W	/SF ID: 0070	0)							
Nitrate And Ni	trite (NOX)								1	routine (I	RT) per year
Sampling Po	oint (Sampling P	Point ID)			Monitori	ng Peri	iod Col	llection P	eriod	Compl	iance Status
ENTRY POIN	IT (3)				1/1/23 -	12/31/2	23			Co	omplete
					1/1/24 -	12/31/2	24			Co	omplete
					1/1/25 -	12/31/2	25				
		Water Sy	stem Fac	ility and S	Sampling	Poin	t Inven	tory			
Water							Tot	al Lea	d and		
-	r System Facility	, S	Sampling Poi	nt Sampling			Colife	orm Co	pper		Stage
Facility ID			ID	Descriptio			atus Ru	le Rul	e Tier	Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4		TION SYSTEM		A Y				
				M WITHIN 5	SERVICE CON		A				
			UPSTREAM	WITHIN 5	SERVICE CON	N A	A				
	(POINT		3	ENTRY PO	INT	1	A				
20558 WELL			2	WELL		/	A				
			Co	ontact Inf	ormation	I					
Name				Organization						Job Title	
Mr. Santo Motta				Motta's Bake	e Shop						
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
244 Route 6		1			1		Columbi			СТ	06237
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ldress			
860-228-1226											
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0300194	MOTTAS PASTRY & BAKE SHOP		NC	25	Р	GW	
Local Address (w	Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural	
244 ROUTE 6	Connections		1				
Towns Served: C	OLUMBIA						

Please note the following:

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

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

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

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

	Connecticut Departmen	t of Public H	lealth	Dr	rinking	g W	ater	Se	ction	
	Water Quality Mo	nitoring an	d Con	npl	iance 3	Sch	edul	e		
PWS ID	PWS Name	0		Clas	sification	Рори	ulation	Own	er Type P	rimary Source
СТ0300214	SAINT COLUMBA CHURCH				NC	4	49		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial II	ndustria	al	Combined	Agricultural
328 JCT. ROUTE	E 66 & ROUTE 87	Connections			2					
Towns Served:	COLUMBIA									
	Mo	nitoring Requ	uireme	nts						
Water System	n Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)								
Total Colifor	m (3100)						1	L rou	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	Collect	tion Per	iod	Compli	ance Status
Select from	m Inventory of Active Sampling Points		11/1/23 -	- 11/3	30/23				Со	mplete
			12/1/23 -	- 12/3	31/23				Со	mplete
			1/1/24 -	- 1/3	1/24				Со	mplete
			2/1/24 -	- 2/2	9/24				Со	mplete
			3/1/24 -	- 3/3	1/24					
			4/1/24 -	- 4/3	0/24					
			5/1/24 -	- 5/3	1/24					
			6/1/24 -	- 6/3	0/24					
			8/1/24 -	- 8/3	1/24					
			9/1/24 -	- 9/3	0/24					
-	ameters (PPS)						1	L rou	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Collect	tion Per	iod	Compli	ance Status
Select from	m Inventory of Active Sampling Points		11/1/23 -							mplete
			12/1/23 -							mplete
			1/1/24 -							mplete
			2/1/24 -						Со	mplete
			3/1/24 -							
			4/1/24 -							
			5/1/24 -							
			6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
			10/1/24 -	- 10/3	31/24					
	n Facility: ENTRY POINT (WSF ID: 00	700)								-
	Nitrite (NOX)		Monitor		aviad	Collect			-	T) per year
	Point (Sampling Point ID)		Monitori	_		Jonect	tion Per	iod		ance Status
ENTRY PO	(3)		1/1/23 -						Co	mplete
			1/1/24 -							
Motor Suctor			1/1/25 -	12/3	1/25					
	n Facility: WELL (WSF ID: 10810)						4		tine (DT)	
E. Coli (3014	-		Monitor	ina D	ariad	Colloct				per quarter
WELL (2)	Point (Sampling Point ID)		<i>Monitori</i> 10/1/23 -	_		Jonect	tion Per	100		ance Status mplete
VVLLL(Z)			1/1/23 -							mplete
			4/1/24 -							mpiete
			4/1/24 -	- 0/31	0/24					

	cticut Depa							<u> </u>		ection	
	Water Qual	lity Mo	onit	oring a	nd Con	nplia	ance	Sch	edule		
PWS ID PWS Name	<u>5</u>					Class	ification	Рори	ulation Ov	vner Type F	Primary Source
CT0300214 SAINT COL	UMBA CHURCH						NC		49	Р	GW
Local Address (where applie	cable)			Service	Residen	ntial C	Commer	cial I	ndustrial	Combined	Agricultura
328 JCT. ROUTE 66 &	ROUTE 87			Connectio	ns		2				
Towns Served: COLUMBIA											
		M	onito	oring Re	quireme	nts					
Water System Facility:	WELL (WSF ID: 1	.0810)									
E. Coli (3014)									1 ro	utine (RT)	per quarter
Sampling Point (Samp	ling Point ID)				Monitori	ing Pe	riod	Collec	tion Period	l Compl	iance Status
					7/1/24 ·	- 9/30/	/24				
		Oth	er Co	omplian	ce Schec	lules	;				
Compliance Schedule Activ	ity					Due D	ate		Achieved	Date	
CROSS CONNECTION EXEM	PTION					3/1/20)18				
	Water Sy	ystem F	acili	ty and S	ampling	Poir	nt Inv	ento	ory		
Water		-		-			7	Total	Lead and	d	
System Water System F	acility .	Sampling	Point	Sampling H	Point		Со	liform	Copper		Stage
Facility ID		ID		Description	n	St	tatus	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600 DISTRIBUTION S	YSTEM	4		DISTRIBUT	ION SYSTEM	1	А	Y			
		DOWNST	REAM	WITHIN 5 S	SERVICE COI	N	А				
		MW00	01	BOYS RM L	JPSTAIRS		А	Y	Ν		
		MW00)2	GIRLS RM	UPSTAIRS		А	Y	Ν		
		MW00)3	KITCHEN			А	Y	Ν	Y	
		MW00	04	BOYS RM D	OWNSTAIR	S	А	Y	Ν		
		MW00)5	GIRLS RM I	DOWNSTAIF	RS	А	Y	Ν		
		UPSTRE	AM	WITHIN 5 S	SERVICE COI	N	А				
00700 ENTRY POINT		3		ENTRY POI	NT		А				
10810 WELL		2		WELL			Α				
			Con	tact Info	ormation	า					
Name			Or	ganization						Job Title	
St Columba Church											
Mailing Address Line One		Mailing A	ddress	Line Two				C	City	State	Zip Code
Route 87							Colun	nbia		СТ	06237
Business Phone Exten	sion Fax		Mobil	e Phone	Emergency	/ Phon	e Email	Addre	ess		
Contact Role(s): Owner		I			I						
Name			Or	ganization						Job Title	
Ms. Connie Medeiros			St	Columbia C	Church & Da	ycare		Trι	ustee		
Mailing Address Line One		Mailing A	ddress	Line Two				C	City	State	Zip Code
P.O. Box 38							Colun	nbia		СТ	06237
Business Phone Exten	sion Fax		Mobil	e Phone	Emergency	/ Phon	e Email	Addre	ess		
860-228-1205	860-228-4	4236			860-428	-6285					
Contact Role(s): Legal Con	tact										

PWS ID	PWS Na	ime						Clas	sification	Populatic	n O	wner Type	Primary Source
СТ0300214	SAINT C	OLUMBA	CHURCH						NC	49		Р	GW
Local Address (w	here ap	plicable)			Service		Residen	tial	Commerc	ial Indus	trial	Combine	d Agricultur
328 JCT. ROUTE	56 &AM	P; ROUTE	87		Connec	tions			2				
Towns Served: C	OLUMBI	IA											
Name						on						Job Title	ž
Father Michael F	St. Columb	oia Chu	rch			Pastor							
Mailing Address	Line One	е		Mailing Addre	dress Line Two					City		State	Zip Code
328 Jct. Route 66	& Rout	e 87							Colum	bia		СТ	06237
Business Phone	Business Phone Extension Fax I					e Er	nergency	/ Pho	ne Email Address				
860-228-3727									phillip	pino.micha	ael@	gmail.com	
Contact Role(s):	Admini	istrative C	Contact, Leg	al Contact					1				
Please note the	followin	ig:		-									

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

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

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

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

	Connectic	ut Departme	ent of	Public	Health	Drin	nking	Wa	ater Se	ction	
		ter Quality N					<u> </u>				
PWS ID	PWS Name				(Classifi	cation F	opul	ation Owr	ner Type P	rimary Source
СТ0300254	RECREATION PA	RK				N	С	2	5	L	GW
Local Address	(where applicable)			Service	Residenti	ial Co	mmercia	l In	dustrial	Combined	Agricultural
HENNEQUIN	ROAD			Connectio	ons		1				
Towns Served	: COLUMBIA										
		I	Monit	oring Re	quiremen	its					
	m Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Colifo											per quarter
	g Point (Sampling P				Monitorin	-		llecti	on Period		ance Status
Select fr	om Inventory of Act	ve Sampling Points			10/1/23 - 1					Co	omplete
					4/1/24 - 6						
					7/1/24 - 9	9/30/2	4				
-	rameters (PPS)										per quarter
	g Point (Sampling P				Monitorin	-		llecti	on Period		ance Status
Select fro	om Inventory of Act	ve Sampling Points			10/1/23 - 1					Co	omplete
					4/1/24 - 6						
					7/1/24 - 9	9/30/2	4				
Water Syste	m Facility: ENTRY	Y POINT (WSF ID:	00700)								
	l Nitrite (NOX)									-	RT) per year
	g Point (Sampling P	oint ID)			Monitorin	-			on Period		ance Status
ENTRY P	OINT (3)				1/1/23 - 1				12/31	Co	omplete
					1/1/24 - 1				12/31		
					1/1/25 - 1	2/31/2	25	4/1-	12/31		
		0	ther C	omplian	ice Schedu	ules					
Compliance S	chedule Activity				D	ue Dat	te		Achieved	Date	
SEASONAL ST	ART UP COMPLETIO	N			4,	/1/202	.4				
		Water System	n Facili	ity and S	Sampling I	Point	t Inven	itor	у		
Water							Tot	al	Lead and		
	ater System Facility	Samplii	ng Point	Sampling	Point		Colife	orm	Copper		Stage
Facility ID			D	Descriptio	n	Sta	tus Ru	le	Rule Tier	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	22	254	CONSESSI	ON STAND	A	A Y	'			
		32	254	WOMEN'S	BATHROOM	A	A Y	'			
			4	DISTRIBUT	TON SYSTEM	A	ų γ	'			
		42	254	MENS BAT	THROOM	A	ų γ	'			
		52	254	YARD HYD	RANT	A	λ Y	,			
				WITHIN 5	SERVICE CON	A	4				
		UPST	REAM	WITHIN 5	SERVICE CON	A	4				
00700 EN	ITRY POINT		3	ENTRY PO	INT	A	4				
22928 W	ELL #1		2	WELL		A	۹				
			Con	tact Info	ormation						
Name			0	rganization						Job Title	
Mr. Mark Wa	lter		Тс	own of Colu	mbia			Tow	n Adminis	trator	
Mailing Addre	ess Line One	Mailing	g Addres	s Line Two				Cit	:y	State	Zip Code
323 Jonathan	Trumbull Highway						Columbi	а		СТ	06237
Business Ph	one Extension	Fax	Mobi	le Phone	Emergency F	Phone	Email Ac	dres	S		
860-228-03	110	860-228-1952					townadr	ninis	trator@co	lumbiact.o	rg
NOTE: This infor	mation has been provide	d to help owners and on	erators of	nublic water a	systems maintain	comnli	ance with d	Irinkin	a water aval	ity monitorin	a requirements

				0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0300254 І	RECREATION PAR	K					NC	25	L	GW
Local Address (wh	nere applicable)			Service	Resider	ntial C	ommerci	ial Industri	ial Combin	ed Agricultural
HENNEQUIN ROA	D			Connectio	ons		1			
Towns Served: CC	DLUMBIA							·	·	
Contact Role(s):	Legal Contact									
Name				Organization					Job Titl	e
Beth Lunt				Town of Colu	ımbia			Dir of Pub	olic Works	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
323 Jonathan Tru	mbull Highway						Colum	bia	СТ	06237
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phon	e Email /	Address	·	
860-228-0110	314						elunt@	ocolumbiact	.org	
Contact Role(s):	Administrative C	ontact					·			
Please note the f	ollowing:									

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

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

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

Сс	onnectic	ut Depa	rtment of	Public	Health	Drir	nking	Wa	ter	Sect	ion	
	Wa	ter Qual	lity Monit	oring a	and Com	plia	nce S	che	dul	е		
PWS ID PW	'S Name					Classifi	ication	Popula	ation	Owner	Туре	Primary Source
СТ0300264 СО	LUMBIA BEAG	CH HOUSE				N	С	25	5	L		GW
Local Address (wher	e applicable)			Service	Resident	tial Co	mmercia	I Ind	lustria	al Co	mbine	d Agricultura
LAKE ROAD				Connectio	ons		1					
Towns Served: COLL	JMBIA											
			Monite	oring Re	quireme	nts						
Water System Fac	ility: DISTR		(STEM (WSF I	D: 00600)								
Total Coliform (3 Sampling Point	-	oint ID)			Monitoriı	na Peri	od Co	ollectio) per quarter <i>liance Status</i>
Select from Inv			Points		10/1/23 -	-						omplete
					1/1/24 -							omplete
					4/1/24 -							•
					7/1/24 -							
Physical Paramet	ers (PPS)								1	routin	e (RT)	per quarter
Sampling Point	t (Sampling P	oint ID)			Monitorii	ng Perio	od Co	ollectio	on Per	iod	Сотр	liance Status
Select from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23					omplete
					1/1/24 -						C	omplete
					4/1/24 -							
					7/1/24 -	9/30/2	4					
Water System Fac		Y POINT (W	/SF ID: 00700)									
Nitrate And Nitri									_		-	RT) per year
Sampling Point		oint ID)			Monitorii	-		ollectio	on Per	iod		liance Status
ENTRY POINT (3)				1/1/23 - 1							omplete
					1/1/24 - 1 1/1/25 - 1						Ľ	omplete
		Mator C	etom Facili					-				
		water Sy	ystem Facili	ity and S	Sampling	POIN		-				
Water System Water Sy	stem Facility		Sampling Point	Samplina	Point				Lead (Copp			Stage
Facility ID			ID	Descriptio		Sta	· · · · · ·				besto	s WQP 2 DBP
	TION SYSTEM	1	2264	LIFEGUARI	D OFFICE			Y				
			3264	WOMENS	BATHROOM	A	4					
			4	DISTRIBUT	ION SYSTEM	A	ч ,	Y				
			4264	MENS BAT	HROOM	A	۰ <i>د</i>	Y				
			DOWNSTREAM	WITHIN 5	SERVICE CON	I 4	4					
			UPSTREAM	WITHIN 5	SERVICE CON	I A	4					
00700 ENTRY P0	DINT		3	ENTRY PO	INT	A	4					
23012 WELL			2	WELL		ŀ	4					
			Con	tact Info	ormation							
Name			01	rganization						Jo	b Title	
Mr. Mark Walter			Тс	wn of Colu	mbia			Towi	n Adm	ninistra	or	
Mailing Address Line			Mailing Address	s Line Two				City	y		State	Zip Code
323 Ionathan Trum	oull Highway						Columb				СТ	06237
	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress	5			
Business Phone 860-228-0110	LATENSION	860-228-2					townad			_ ·		

PWS ID	PWS Nam	ne						Cla	ssification	Population	Owner Type	Primary Sourc	
СТ0300264	COLUMB	IA BEAC	H HOUSE						NC	25	L	GW	
Local Address (w	nere appl	licable)			Service		Residen	tial	Commerci	al Industr	al Combin	ed Agricultura	
LAKE ROAD					Connect	ions			1				
Towns Served: Co	DLUMBIA	\			I				1	I.			
Name						n					Job Titl	e	
Mr. Jason Nowosad					Town of Let	banor				Facilities	Director		
Mailing Address	ine One			Mailing Addr	Address Line Two					City	State	Zip Code	
Town of Lebanor				579 Exeter R	ter Road				Lebanon CT				
Business Phone	Business Phone Extension Fax I					Emergency Phone Email Address							
860-642-6028									jnowos	ad@lebanc	onct.gov		
Contact Role(s):	Adminis	trative C	Contact	L									
Please note the f	ollowing	:											

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

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

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	Сс		it Departme						<u> </u>			ction	
	1		er Quality M	Ionito	oring a	nd Con							
PWS ID		'S Name							n Po		n Owr		rimary Source
СТ030027		ROUTE 66 - CC	DLUMBIA		1		1	NC		33		Р	GW
Local Add	ress (wher	e applicable)			Service Connectior	Residen	ntial C	ommei 1	rcial	Industr	rial	Combined	Agricultural
Towns Ser	rved: COLL	JMBIA											
						quireme	ents						
			BUTION SYSTEM	(WSF ID): 00600)								
	liform (3	-											per quarter
-		t (Sampling Po				Monitor	-		Colle	ection Pe	eriod		iance Status
Selec	ct from Inv	entory of Activ	ve Sampling Points			10/1/23 -						Co	omplete
						4/1/24 -							
		_				7/1/24 -	- 9/30/	24					
-		ers (PPS)										• •	per quarter
-		t (Sampling Po				Monitor			Colle	ection Pe	eriod		iance Status
Selec	t from Inv	entory of Activ	ve Sampling Points			10/1/23 -		-				Co	omplete
						4/1/24 -							
						7/1/24 ·	- 9/30/	24					
Water Sy	stem Fac	ility: ENTRY	POINT (WSF ID: 0	00700)									
Nitrate A	And Nitrit	te (NOX)									1	routine (F	RT) per year
Sam	oling Point	t (Sampling Po	oint ID)			Monitor	ing Per	riod	Colle	ection Pe	eriod	Compl	iance Status
ENTR	RY POINT (3)				1/1/23 -	12/31	/23	4	/1-12/3	1	Co	omplete
						1/1/24 -	12/31	/24	4	/1-12/3	1		
						1/1/25 -	12/31	/25	4	/1-12/3	1		
		,	Water System	Facilit	ty and Sa	ampling	; Poir	nt Inv	vent	ory			
Water			-		-				Tota	-	d and		
System	Water Sy	stem Facility	Sampling	g Point	Sampling P	Point		С	olifor	m Cop	oper		Stage
Facility ID)		IC)	Description	1	St	atus	Rule	Rule	e Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	4		DISTRIBUTI	ON SYSTEM	1	А	Y				
00700	ENTRY PO	DINT	3		ENTRY POI	NT		А					
47980	WELL #1		2		WELL #1			А					
				Cont	act Info	rmatior	ו						
Name				Org	ganization							Job Title	
Mr. Steve	Harringto	n		The	e Main Moo	ose Restaur	ant						
Mailing Ad	ddress Line	e One	Mailing	Address	Line Two					City		State	Zip Code
94 Rt 66 E	ast							Colu	mbia			СТ	06237
Busines	s Phone	Extension	Fax	Mobile	e Phone	Emergency	/ Phon	e Emai	il Add	ress			
860-33	7-0113			860-25	50-8350			shari	ringto	n@iafd	inc.co	m	
Contact R	ole(s): Ad	lministrative C	Contact, Legal Conta	ct, Owne	er								
Please no			-										
		-	ration must be measur	ed at the	same locatio	on and time a	as each	total co	liform	n sample.			
2. If a Col	llection Peri	iod is specified,	all water quality samp	les must b	e collected o	during the sp	ecified	period.					
3. Depen	ding on res	ults, additional r	monitoring may be req	uired (i.e.	repeat or co	onfirmation s	samples	s). This	sched	ule is sub	oject to	o change, an	d any related

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

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

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

End of schedule

	Connecticut Dep	oartment of	Public	Healt	h Dr	rinki	ing V	Nater	Sec	tion	
	*	ality Monit					<u> </u>				
PWS ID	PWS Name	<u> </u>	0							er Type P	rimary Source
СТ0309094	ICA DONUTS, LLC					NC		25		P	GW
Local Address ((where applicable)		Service	Reside	ential	Comm	nercial	Industria	l C	ombined	Agricultural
221 WILLIMAN	ITIC ROAD		Connectio	ns		1	L				
Towns Served:	COLUMBIA		÷				·				·
		Monit	oring Re	quirem	ents						
-	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colifor	• •					a stand	C -11				per quarter
	Point (Sampling Point ID)	na Dointa		Monito	-		Colli	ection Per	ioa		iance Status
Select from	m Inventory of Active Sampli	ng Points		10/1/23							omplete
				1/1/24	-	-				C	omplete
				4/1/24	-	-					
Physical Para	ameters (PPS)			//1/24	+ - 9/ 5	0/24		1	rout	ine (RT)	per quarter
•	Point (Sampling Point ID)			Monito	orina P	eriod	Coll	ection Peri			iance Status
	m Inventory of Active Sampli	ng Points		10/1/23							mplete
	, ,	0		1/1/24							mplete
				4/1/24	1 - 6/3	0/24					
				7/1/24							
Water System	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 re	outine (I	RT) per year
Sampling	Point (Sampling Point ID)			Monito	oring P	eriod	Colle	ection Per	iod	Compl	iance Status
ENTRY PO	DINT (3)			1/1/23	- 12/3	31/23				Co	omplete
				1/1/24		-				C	omplete
				1/1/25							
		Other C	omplian	ce Sche	dule	es					
-	hedule Activity					Date		Achiev	ved D	ate	
	CTION SURVEY REPORT					2021					
	CTION SURVEY REPORT					2022					
	CTION SURVEY REPORT			_		2023					
CROSS CONNE	CTION SURVEY REPORT					2024					
	Water	System Facil	ity and S	amplin	g Po	int Ir	nvent	-			
Water	ten Contana Engliste		Constitution	Defet			Tota				
System Wat Facility ID	ter System Facility	Sampling Point ID	Description				Colifo Rule			Ashestas	Stage WQP 2 DBPI
_	TRIBUTION SYSTEM	4	DISTRIBUT			<u>Status</u> A	nun	. nuici		15005105	
00000 013		DOWNSTREAM		-	אכ	A					
		UPSTREAM	WITHIN 5 S			A					
00700 ENT	RY POINT	3	ENTRY POI			A					
	LL #1	2	WELL #1			A					
			tact Info	ormatio	n						
Name			rganization							Job Title	
Ms. Frances T.	James		a Donuts, LL	.C, 221 Wil	limant	t	(Owner			
Mailing Addres		Mailing Addres		· ·				City		State	Zip Code
14 Grand Place						Ne	wtown	,		СТ	06470
Business Pho	one Extension Fa	ax Mobi	le Phone	Emergen	cy Pho	ne Em	nail Add	dress		<u> </u>	
NOTE: This inform	ation has been provided to help ow	ners and operators of	public water s	ystems main	tain con	npliance	with dri	inking water	qualit	y monitorin	a requirements.

					0		r					
PWS ID	PWS Name						Class	ification	Populatio	n Ov	wner Type	Primary Source
СТ0309094 І	CA DONUTS, LL	С						NC	25		Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial (Commerc	ial Indus	trial	Combine	ed Agricultural
221 WILLIMANTI	CROAD				Connectior	าร		1				
Towns Served: CC	DLUMBIA						1					I
203-426-6888						203-509	-0491					
Contact Role(s):	Legal Contact,	Owner						·				
Name				0	rganization						Job Title	9
Mr. Richard D. M	cCarthy			lc	a Donuts, LL	С			Manage	er		
Mailing Address L	ine One		Mailing	g Addres	s Line Two				City		State	Zip Code
100 East Main St								Plainv	ille		СТ	06062
Business Phone	e Extension	Fax		Mob	ile Phone	Emergenc	y Phon	e Email	Address		I	
860-793-6955 222 860-793-6896						860-793	-6955	rich@gadonut.com				
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.

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

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

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

		uality Monit	or mg a								
PWS ID	PWS Name								Owr		Primary Sourc
СТ0309104	CAMP ASTO WAMAH -	INFIRMARY				NC	100			Р	GW
	(where applicable)		Service	Residen	tial C	ommercia	al Ind	ustria		Combined	Agricultura
42 WEST ROUT			Connectior	IS		2					
Towns Served:	COLUMBIA										
		Monit	oring Red	quireme	nts						
Water Systen	n Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)								
Total Colifor	• •									-) per month
	Point (Sampling Point ID)			Monitori	_		ollectio	n Peri	iod	Compl	iance Status
Select fro	m Inventory of Active Sam	pling Points		6/1/24 -							
				7/1/24 -							
				8/1/24 -	8/31/	/24					
-	ameters (PPS)									-) per month
	Point (Sampling Point ID)			Monitori	-		ollectio	n Peri	iod	Compl	iance Status
Select fro	m Inventory of Active Sam	pling Points		6/1/24 -							
				7/1/24 -							
		_ /		8/1/24 -	8/31/	/24					
	n Facility: ENTRY POIN	T (WSF ID: 00700)									
	Nitrite (NOX)							_		-	RT) per year
	Point (Sampling Point ID)			Monitori	-		ollectio	n Peri	IOd		iance Status
ENTRY PC	JINT (3)			1/1/23 -						C	omplete
				1/1/24 -							
				1/1/25 -							
		Other C	ompliand	ce Sched	lules						
	hedule Activity				Due D		-	Achiev	ved I	Date	
SEASONAL STA	RT UP COMPLETION				6/1/20)24					
	Wate	er System Facili	ity and Sa	ampling	Poir	nt Inve	ntory	/			
Water								ead a			
	ter System Facility	Sampling Point						Copp		6 - k k	Stage
Facility ID		ID	Description		St	ulus	ule	Rule I	ier	Aspestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4		-		A					
		DOWNSTREAM				A					
00700 517		UPSTREAM	WITHIN 5 S		N	A					
	RY POINT	3	ENTRY POIN	NÍ		A					
47990 WE	LL 3	2	WELL 3			A					
		Con	tact Info	rmation	1						
Name		0	rganization							Job Title	
Ms. Nancy Ma	clean		enter Church	Camp Asto	Wam	ah	Camp	o Dire	ctor		
Mailing Addres	ss Line One	Mailing Addres	s Line Two				City	/		State	Zip Code
42 West Route	-					Columb				СТ	06237
Business Pho	one Extension	Fax Mobi	le Phone	Emergency	Phon	e Email A	ddress				

PWS ID	PWS Name			Classif	ication I	Population	Owner Type	Primary Source
СТ0309104	CAMP ASTO WAMAH - INFIRMARY			N	IC	100	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Co	ommercia	al Industria	al Combine	ed Agricultural
42 WEST ROUTE	87	Connections			2			
Towns Served: C	COLUMBIA					·		

Please note the following:

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

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

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

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

42 WEST ROUTE 87 Connections 2 Image: connection of the system served of the sys	ype Primary Source GW bined Agricultural
CT0309114 CAMP ASTO WAMAH - HUNGERFORD NC 100 P Local Address (where applicable) Service Residential Commercial Industrial Commercial 42 WEST ROUTE 87 Connections 2 2 100 P Towns Served: COLUMBIA Monitoring Requirements 2 100 P Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) 1 Toutine Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 4/1/24 - 6/30/24 1	GW
Local Address (where applicable) Service Residential Commercial Industrial Come 42 WEST ROUTE 87 Connections 2 <td< th=""><th></th></td<>	
42 WEST ROUTE 87 Connections 2 Towns Served: COLUMBIA Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine Sampling Point (Sampling Point ID) Monitoring Period Collection Period Connections Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Collection Period Collection	bined Agricultural
Towns Served: COLUMBIA Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24	
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Collection Period Collection	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Collection Period Collection	
Total Coliform (3100)1 routineSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCollection PeriodSelect from Inventory of Active Sampling Points4/1/24 - 6/30/24Collection PeriodCollection Period	
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCollection PeriodSelect from Inventory of Active Sampling Points4/1/24 - 6/30/24	
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCollection PeriodSelect from Inventory of Active Sampling Points4/1/24 - 6/30/24	(RT) per quarter
	ompliance Status
7/1/24 - 9/30/24	
Physical Parameters (PPS) 1 routine	(RT) per quarter
	ompliance Status
Select from Inventory of Active Sampling Points $4/1/24 - 6/30/24$	
7/1/24 - 9/30/24	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routi	ine (RT) per year
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Co	ompliance Status
ENTRY POINT (3) 1/1/23 - 12/31/23	Complete
1/1/24 - 12/31/24	
1/1/25 - 12/31/25	
Water System Facility: WELL 4 (WSF ID: 47992)	
E. Coli (3014) 1 routine	(RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Co	ompliance Status
WELL 4 (2) 10/1/23 - 12/31/23	
1/1/24 - 3/31/24	
4/1/24 - 6/30/24	
7/1/24 - 9/30/24	
Other Compliance Schedules	
Compliance Schedule Activity Due Date Achieved Date	
SEASONAL START UP COMPLETION 6/1/2024	
Public Notification Requirements	
	N Certification
Violation/Situation Period Tier Required Performed Due to	-
REVISED TOTAL COLIFORM RULE (RTCR) 5/13/23 - 6/8/23 3 10/9/2024 10/19/	
REVISED TOTAL COLIFORM RULE (RTCR) 5/15/22 - 5/24/22 3 10/10/2024 10/20/	/2024
Water System Facility and Sampling Point Inventory	
Water Total Lead and System Water System Facility Sampling Point Coliform Copper	Stage
WaterTotalLead andSystemSampling PointColiformCopper	Stage estos WQP 2 DBPR
Water Total Lead and System Water System Facility Sampling Point Coliform Copper	-
WaterTotalLead andSystemSampling PointSampling PointColiformFacility IDIDDescriptionStatusRuleRuleRuleRuleRuleRule	-
Water System Water System FacilitySampling Point Sampling PointTotal ColiformLead and Copper Rule Tier Asber00600DISTRIBUTION SYSTEM4DISTRIBUTIONA	-
Water System Water System Facility Sampling Point Sampling Point Total Lead and Facility ID ID Description Status Rule Rule Tier Asbes 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION A DOWNSTREAM WITHIN 5 SERVICE CON A	-
Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Facility ID ID Description Status Rule Rule Tier Asber 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	-

		<u> </u>	0						
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0309114	CAMP ASTO WAMAH	- HUNGERFORD				NC	100	Р	GW
Local Address (w	here applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
42 WEST ROUTE	87		Connections			2			
Towns Served: C	OLUMBIA								

				Conta	ct Inf	ormation					
Name				Orgar	nization			Job Title			
Ms. Nancy Maclear	า			Cente	er Churc	h Camp Asto Wamal	h Camp Director				
Mailing Address Lin	e One		Mailing	Address Lir	ne Two		City	State	Zip Code		
42 West Route 87							Columbia	СТ	06237		
Business Phone	Extension	Fax		Mobile P	hone	Emergency Phone	Email Address	HH_			
860-228-3489		860-647-	7829	860-798-	8098		ntmaclean@gmail.co	om			
Contact Role(s): A	dministrative	Contact, Leg	al Conta	ct			1				
Name				Orgar	nization			Job Title			
First Church of Chri	st In Hartford										
Mailing Address Lin	e One		Mailing	Address Lir	ne Two		City	State	Zip Code		
60 Gold Street							Hartford	СТ	06103		
Business Phone	Extension	Fax		Mobile P	hone	Emergency Phone	Email Address				
860-249-5631											
Contact Role(s): O	wner		L				1				

Please note the following:

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

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

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

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

	Connecticut Depa							<u> </u>			
	Water Qua	ility M	Ionit	coring a	na con					1	
PWS ID	PWS Name					Cla	ssificati	on Po	-		Primary Source
СТ0309124	52 ROUTE 66						NC		25	Р	GW
Local Address (v	where applicable)			Service Connectio	Residen	tial	Comm 3		Industrial	Combine	d Agricultural
Towns Served: (Columbia			connection			3				
		Λ	/onit	oring Re	quireme	nts	•				
Water System	Facility: DISTRIBUTION S				44			_			
Total Coliforn	n (3100)								1 r	outine (RT) per quarter
Sampling I	Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ection Perio	d Com	oliance Status
Select from	n Inventory of Active Sampling	g Points			10/1/23 -	· 12/	/31/23			(Complete
					1/1/24 -	3/3	31/24			(Complete
					4/1/24 -	6/3	0/24				
					7/1/24 -	9/3	0/24				
Physical Para	meters (PPS)								1 r	outine (RT) per quarter
Sampling I	Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ection Perio	od Com	oliance Status
Select from	n Inventory of Active Sampling	g Points			10/1/23 -	12/	/31/23			(Complete
					1/1/24 -		-			(Complete
					4/1/24 -						
					7/1/24 -	9/3	0/24				
Water System	Facility: ENTRY POINT (NSF ID:	00700)								
Nitrate And N											(RT) per year
	Point (Sampling Point ID)				Monitori			Colle	ection Perio		oliance Status
ENTRY POI	NT (3)				1/1/23 -						Complete
					1/1/24 -		-			(Complete
			_		1/1/25 -						
		Ot	her C	omplian						-	
Compliance Sch							Date		Achieve	ed Date	
CROSS CONNEC	TION SURVEY REPORT						2025				
	Water S	ystem	Facil	ity and S	ampling	Po	oint In	vent	ory		
Water								Total			
	er System Facility	Samplin	-	Sampling F Description				Colifor			Stage s WQP 2 DBPR
Facility ID							<u>Status</u>	Rule	Rule II	er Asbesto	S WQP 2 DDPK
00600 DIST	RIBUTION SYSTEM			DISTRIBUT			A				
		UPSTI			SERVICE CON		A				
00700 ENTF	RY POINT	0P311		ENTRY POI		N	A				
53179 WEL		2		WELL 1			A				
55175 WEE		2			rmation		~				
				itact Info	ormation						
Name			0	rganization						Job Title	2
Mr. Albert P. Sh Mailing Address		Mailing	Addros	s Line Two				Ľ	Owner	State	Zip Code
P.O. Box 132		iviaililig	Auures	S LINE I WU			C.~!	umbia	City	State CT	06237
Business Phor	ne Extension Fax	.	Mobi	ile Phone	Emergency	, Dha			rocc	CI	00237
860-228-934				ile FIIUIIE	860-228-				@aol.com		
	Administrative Contact, Le		act Own	ner	500-226-	554	Juse		201.CUIII		
2011/2011/010(5).											

	PWS ID	PWS Name			Clas	sification	Population	Owner Type	Prim	ary Source
	СТ0309124	52 ROUTE 66				NC	25	Р		GW
Connections	Local Address (w	/here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed A	gricultural
connections 3			Connections			3				

Towns Served: COLUMBIA

Please note the following:

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

	Connecticu Wate	t Departme er Quality M					-	-		ection	
PWS ID	PWS Name	Quality 1						1	-	vner Type f	Primary Source
СТ0309134	BECKISH SENIOR C	ENTER					NC	25		L	GW
Local Address (where applicable)			Service	Resider	ntial	Commerci	al Industi	rial	Combined	d Agricultural
188 ROUTE 66				Connection	IS		1				
Towns Served:	COLUMBIA									1	
		Γ	Ionit	oring Red	quireme	nts					
Water System	n Facility: DISTRIB				•						
Total Colifor											per quarter
	Point (Sampling Point				Monitor	-		ollection P	erioc	-	liance Status
Select from	m Inventory of Active	e Sampling Points			10/1/23		-				omplete
					1/1/24		-			C	omplete
					4/1/24		-				
Physical Dara	ameters (PPS)				7/1/24	- 9/3	0/24		1	uting (DT)	per quarter
-	Point (Sampling Point	nt ID)			Monitor	ina P	Period C	ollection P			liance Status
	m Inventory of Active				10/1/23	-		oncetion i			omplete
					1/1/24						omplete
					4/1/24						- -
					7/1/24						
Water System	n Facility: ENTRY I	POINT (WSF ID:	00700)								
Nitrate And I	Nitrite (NOX)								1	L routine (RT) per year
Sampling	Point (Sampling Poi	nt ID)			Monitor	ing P	Period C	ollection P	erioc	d Comp	liance Status
ENTRY PO	INT (3)				1/1/23 -	12/3	31/23			C	omplete
					1/1/24 -	12/3	31/24			C	omplete
					1/1/25 -	12/3	31/25				
		Publi	1	ification							
Violation/Situa	rtion		C	ompliance Period	Notice Tier	2		otification			<u>rtification</u>
	trite M&R Violation		1/1/	10 - 12/31/1			4/7/2011	Perform	ea	Due to DPF 4/17/2011	
		Vater System				PO		ntory		4/17/2011	
Water	-				69			otal Lead	d and	d	
	ter System Facility	Samplin	g Point	Sampling P	oint				oper		Stage
Facility ID		11)	Description			Status R	Rule Rul	e Tie	r Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4		DISTRIBUTI	ON SYSTEM	1	А	Υ			
		DOWNS	TREAM	WITHIN 5 S	ERVICE CO	N	А				
		UPSTF		WITHIN 5 S		N	А				
	RY POINT	3		ENTRY POIN	NT		А				
50011 WEL	LL 1	2		WELL 1			A				
			Con	tact Info	rmatior	ו					
Name				rganization						Job Title	
Mr. George Mu		1		own of Colum	nbia			Dir of Pu	blic		
Mailing Addres		Mailing	Addres	s Line Two				City		State	Zip Code
	Frumbull Highway				-	51	Colum			СТ	06237
Business Pho		Fax	Mobi	le Phone	Emergency	/ Phc	one Email A		L		
860-228-427		860-228-0327					gmurp	hy@colum	plact	.org	
Contact Role(S)): Administrative Co	Jintact									

PWS ID	PWS	S Name						Cla	ssification	Population	Owner Type	Primary Sourc
СТ0309134	BEC	KISH SENIOR	CENTER						NC	25	L	GW
Local Address (w	vhere	e applicable)				Service	Reside	ntial	Commerci	ial Industri	al Combine	ed Agricultura
188 ROUTE 66						Connection	IS		1			
Towns Served: C	OLU	MBIA							1			
Name					(Organization					Job Titl	e
Ms. Carmen L. V	/ance	9			-	Fown of Colum	nbia			First Selec	tman	
Mailing Address	Line	One		Mailing	Addre	ss Line Two				City	State	Zip Code
323 Jonathan Tr	umb	ull Highway		Route 8	37				Colum	bia	СТ	06237
Business Phon	ie	Extension	Fax		Mo	oile Phone	Emergenc	y Pho	one Email /	Address	i	
860-228-0110	C		860-228	1952			860-336	-811	9 cvance	e@columbiad	ct.org	
Contact Role(s):	Leg	al 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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		ut Departme				U		ection	
		ter Quality N	aonitoring a						
PWS ID	PWS Name			C	lassificat				rimary Source
СТ0309144	CORNERSTONE	OF COLUMBIA	c :		NC		.93	P	GW
Local Address (v	where applicable)		Service Connectio	Residentia			ndustrial	Combined	Agricultural
Tauras Camuadu (connectio	/13	-				
Towns Served: (_				
Water System	Facility: DISTR	IBUTION SYSTEM		quirement	ts				_
Total Coliforn							1 ro	utino (PT)	per quarter
	Point (Sampling P	oint ID)		Monitoring	Period	Collect	tion Period		iance Status
		ive Sampling Points		10/1/23 - 12		concer			omplete
50000	Thiventory of Act			1/1/24 - 3/					omplete
				4/1/24 - 6/				C	mpiete
				7/1/24 - 9/					
Physical Para	motors (DDC)			7 1 24 - 9	50/24		1	iting (DT)	per quarter
-	Point (Sampling P	oint ID)		Monitoring	Period	Collect	tion Period		iance Status
		ive Sampling Points		10/1/23 - 12		Conect	lion Feriou		omplete
Select II OII	Thiventory of Act			1/1/24 - 3/					omplete
				4/1/24 - 6/					Inplete
				7/1/24 - 9/					
Water System	Facility: ENTR	Y POINT (WSF ID:	00700)	771724-57	50/24				
			007007					noutine (
Nitrate And N	Point (Sampling P	oint (D)		Monitoring	Pariod	Collact	⊥ tion Period	-	RT) per year <i>iance Status</i>
ENTRY POI				1/1/23 - 12		Conect	lion Periou		omplete
ENTRIPOL	NT (5)			1/1/23 - 12					omplete
				1/1/25 - 12					
		Ot	ther Complian						
Compliance Sch	edule Activity		•		e Date		Achieved	Date	
-	NITARY SURVEY			4/2	25/2020				
		Water System	Facility and S			vento	ry		
Water						Total	Lead and		
	er System Facility	Sampliı	ng Point Sampling			Coliform			Stage
Facility ID			D Descriptio	n	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM			TON SYSTEM	А				
		DOWN	STREAM WITHIN 5	SERVICE CON	А				
		UPST	REAM WITHIN 5	SERVICE CON	А				
00700 ENTF	RY POINT		3 ENTRY PO	INT	Α				
59456 WELI	L 1		2 WELL 1		Α				
			Contact Inf	ormation					
Name			Organization					Job Title	
Ms. Laureen Mo	oran		<u> </u>						
Mailing Address		Mailing	Address Line Two			C	ity	State	Zip Code
106 Route 66 Ea					Co	lumbia		CT	06237
Business Phor		Fax	Mobile Phone	Emergency Pl			SS		
860-228-019		860-228-2694		860-208-14			oadsphysic	altherapy.	org
		Contact, Legal Cont	act, Owner				1 1		
			· · ·, - · · · · ·						

-	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0309144 С	CORNERSTONE OF COLUMBIA			NC	193	Р	GW
Local Address (wh	nere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Towns Served: COLUMBIA

Please note the following:

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

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

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

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С	onnectic Wa	ut Depar ter Quali						0		ction	
PWS ID PV	NS Name	ter quan				-				an Tura I	Primary Source
	EARTSTONE FA	ARIVI & WINER	Y, LLC	- ·			NC		.5	P	GW
Local Address (whe				Service		ential Co	omme	rcial In	dustrial	Combined	Agricultural
468 RT. 87, COLUN				Connectio	DIIS					1	
Towns Served: COL	UMBIA										
Water System Fa	cility: DISTR	BUTION (M		toring Re	equirem	ents			_	_	
Total Coliform (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1	ting (PT)	por quartar
•	•	oint (D)			Monite	oring Dori	ind	Collacti	ion Period		per quarter
	nt (Sampling P		Na la ha			oring Peri		Collecti	ion Perioa		iance Status
Select from In	ventory of Act	ive Sampling F	oints			3 - 12/31,				C	omplete
						4 - 6/30/2					
					7/1/2	4 - 9/30/2	24				
Physical Parame											per quarter
Sampling Poir	nt (Sampling P	oint ID)				oring Peri		Collecti	ion Period	Compl	iance Status
Select from In	ventory of Act	ive Sampling F	Points		10/1/2	3 - 12/31,	/23			C	omplete
					4/1/2	4 - 6/30/2	24				
					7/1/2	4 - 9/30/2	24				
Water System Fa	cility: ENTR	Y POINT (W	SF ID: 0070	D)							
Nitrate And Nitr									1	routine (RT) per year
	nt (Sampling P	oint ID)			Monito	oring Peri	iod	Collecti	ion Period	-	iance Status
ENTRY POINT		,				- 12/31/					omplete
	(3)					- 12/31/					omplete
						5 - 12/31/				C	Jinpiete
			0 .1	o I'			23				
			Other	Compliar	ice Sche	aules					
Compliance Sched	ule Activity					Due Da	nte		Achieved	Date	
CROSS CONNECTIO	N SURVEY REF	PORT				3/1/20	24				
		Water Sy	stem Fac	ility and S	Samplin	g Poin	t Inv	ventor	у		
Water								Total	Lead and		
	System Facility	S		nt Sampling			C	Coliform	Copper		Stage
Facility ID			ID	Descriptio	on	Sta	atus	Rule	Rule Tier	Asbestos	WQP 2 DBPF
00600 DISTRIB	UTION		4	DISTRIBUT	ΓION		A				
		C	OWNSTREA	M DISTRIBUT	TION DOW	NSTR	A	Y			
			UPSTREAM	DISTRIBUT	TION UPST	RE	A	Y			
00700 ENTRY F	POINT		3	ENTRY PO	INT		A				
60665 WELL			2	WELL			A				
				ontact Inf	ormatic	n					
Name				Organization						Job Title	
Mr. Walter A. Tabo	or			Heartstone F		ervIIC					
Mailing Address Lir		1	Mailing Addr			.,		Ci	tv	State	Zip Code
15 Robert Drive							Colu	ımbia	~1	CT	06237
Business Phone	Extension	Fax	N.4.0	bile Phone	Emergen	cy Phone					00237
	EXTENSION	ΓdΧ	IVIC	SILE FILONE						~	
860-933-1605		.			860-93	3-1099	walt	eratabol	r@gmail.co	m	
Contact Role(s): A	aministrative	contact, Lega	i Contact, O	wner							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0309154	HEARTSTONE FARM & WINERY, LLC			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial Commerci	ial Industri	al Combine	ed Agricultural
468 RT. 87 <i>,</i> CO	LUMBIA	Connections				1	
Towns Served:	COLUMBIA			·	·	·	

Please note the following:

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

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

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

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	Connecticut Dep					0		ection				
		ality Monit	oring an		1							
PWS ID	PWS Name							ner Type P	rimary Source			
CT0309164	RECREATION PARK- BATH	ROOM PAVILION			NC		25	L	GW			
Local Address (where applicable)		Service Connections	Resident		nercial Ir 1	ndustrial	Combined	Agricultura			
Towns Served:	COLUMBIA											
		Monite	oring Requ	uiremer	nts							
Nater System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)						1 rc	outine (RT)	per month			
Sampling	Sampling Point (Sampling Point ID)					Collect	ion Period	Compli	ance Status			
Select from	Select from Inventory of Active Sampling Points				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 Para	ameters (PPS)						1 rc	outine (RT)	per month			
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period	Compli	ance Status			
Select from	m Inventory of Active Sampl	ing Points		11/1/23 -	11/30/23							
				12/1/23 -	12/31/23							
				1/1/24 -	1/31/24							
				2/1/24 -	2/29/24							
				3/1/24 -	3/31/24							
		-	4/1/24 -									
				5/1/24 -	5/31/24							
				6/1/24 -	6/30/24							
			7/31/24									
				8/1/24 -								
				9/1/24 -	9/30/24							
		10/1/24 - 10/31/24										
Nater System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And I	Nitrite (NOX)						1	routine (F	RT) per year			
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period	Compli	ance Status			
ENTRY PO	INT (3)			1/1/23 - 1	.2/31/23			Со	omplete			
				1/1/24 - 1	.2/31/24							
				1/1/25 - 1	.2/31/25							
		Other C	ompliance	Sched	ules							
Compliance Schedule Activity					ue Date		Achieved	Date				
SEASONAL START UP COMPLETION				4/15/2024								
	Water	System Facili	ty and Sa	mpling	Point li	nvento	ry					
Water				1 0		Total	Lead and	1				
	ter System Facility	Sampling Point ID	Sampling Poi Description	int	Status	Coliform	Copper		Stage WQP 2 DBP			
00600 DIST	RIBUTION SYSTEM	4	GENERAL DIS	TRIBUTION		Y						
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	А	Y						
		UPSTREAM	WITHIN 5 SEF			Y						

	Connactio	ut Dono	rtmo	nt of	Dublic	Hoalth	Driv	alzing	Ma	tors	oction			
	Connectic							0			ection			
	Wa	ter Qual	lity M	onit	oring a	nd Con	iplia	ince S	che	dule				
PWS ID	PWS Name						Classif	fication	vner Type P	rimary Source				
СТ0309164	RECREATION PARK- BATHROOM PAVILION						Ν	IC .	25	5	L	GW		
Local Address (w	here applicable)				Service	Residen	tial Co	ommercia	l Inc	dustrial	Combined	Agricultural		
				(ns		1						
Towns Served: C	OLUMBIA													
		Water Sy	ystem	Facili	ity and S	ampling	Poin	t Inver	ntor	y				
Water								Total Lead and						
System Wate	ystem Water System Facility		Sampling Point S					Colifo		Copper		Stage		
Facility ID			ID		Description		Status I		le	Rule Tie	r Asbestos	WQP 2 DBPR		
00700 ENTR	POINT		3		ENTRY POI	NT		A						
62813 WELL			2		WELL			A						
				Con	tact Info	ormation	1							
Name				О	rganization						Job Title			
Columbia					<u> </u>									
Mailing Address Line One Mailing Ad					ddress Line Two				City			Zip Code		
Business Phone	ness Phone Extension Fax Mob			Mobi	le Phone	Email Address								
Contact Role(s):	Owner													
Name				О	rganization			Job Title						
Mr. Mark Walter To					own of Colur		Town Administrator							
Mailing Address	Mailing Address Line Two					City			State	Zip Code				
323 Jonathan Tru						Columbia			СТ	06237				
Business Phone	e Extension	Fax	Fax Mobi			Emergency	Email Address							
860-228-0110		860-228-1952				town			wnadministrator@columbiact.org					
Contact Role(s):	Legal Contact													
Name Organization								Job Title						
Beth Lunt To					own of Colur	Dir of Public Works								
Mailing Address Line One Mailing Add				Address	ress Line Two			City		State	Zip Code			
323 Jonathan Trumbull Highway								Columb	ia		СТ	06237		
Business Phone	e Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	ddress	S				
860-228-0110	860-228-0110 314					elunt@				୬columbiact.org				
Contact Role(s):	Administrative	Contact												
Please note the	following:													
1. The residual d	sinfectant concent	tration must b	e measure	d at the	e same locatio	on and time a	is each t	otal colifo	rm sar	nple.				
2. If a Collection	Period is specified,	all water qua	lity sample	es must	be collected	during the sp	ecified p	period.						
	The second se			· · · /·		C1 11						and the second se		

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

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