| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | |
|--|---|------------|--------------------|---|--------------------|---------|------------------|--------------|----------------|--|--|--|
| | Water Qua | lity M | onitoring an | d Com | plian | ce So | chedule | 9 | | | | |
| PWS ID | PWS Name | | | | Classificat | tion Po | opulation (| Owner Type | Primary Source | | | |
| CT0450044 | GIRL SCOUTS OF CT - CAMP | PATTAGAI | NSETT 2 | | NC | | 25 | Р | GW | | | |
| Local Address (| where applicable) | | Service | Resident | ial Comn | nercial | Industria | Combine | d Agricultural | | | |
| 121 UPPER PAT | TAGANSETT | | Connections | | | 1 | | | | | | |
| Towns Served: | EAST LYME | | | | | | | | | | | |
| Monitoring Requirements | | | | | | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | | | | | | |
| Total Coliforn | | | | | | | | - |) per quarter | | | |
| | Point (Sampling Point ID) | | | Monitoring Period Collection Period Compliance Status | | | | | | | | |
| Select from Inventory of Active Sampling Points | | | | | 10/1/20 - 12/31/20 | | | | | | | |
| | | | | 1/1/21 - 3/31/21 | | | | | | | | |
| | | | 4/1/21 - 0 | | | | | | | | | |
| | 4 | | | 7/1/21 - 9 | 9/30/21 | | | | | | | |
| - | Physical Parameters (PPS) | | | | | | | - |) per quarter | | | |
| | Sampling Point (Sampling Point ID) | | | | ng Period | Coll | lection Peri | od Comp | oliance Status | | | |
| Select from | Select from Inventory of Active Sampling Points | | | | 12/31/20 | | | | | | | |
| | | | | 1/1/21 - 3 | | | | | | | | |
| | | | | 4/1/21 - 0 | | | | | | | | |
| | | | 2700 | 7/1/21 - 9 | 9/30/21 | | | | | | | |
| - | Facility: ENTRY POINT (| WSF ID: 00 | 0700) | | | | | | () | | | |
| Nitrate And N | | | | | | | | | (RT) per year | | | |
| | Point (Sampling Point ID) | | | Monitorin | | Coll | lection Peri | | oliance Status | | | |
| ENTRY PO | ENTRY POINT (3) 1/1/20 - 12/31/20 Complete | | | | | | | | Complete | | | |
| | 1/1/21 - 12/31/21 | | | | | | | | | | | |
| | | | | 1/1/22 - 1 | | | | | | | | |
| | | Public | Notification R | Require | ments | | | | | | | |
| | | | Compliance | Notice | | | <u>ification</u> | | ertification | | | |
| Violation/Situa | | | Period | Tier | Requi | | Performed | | | | | |
| Total Coliform I | | | 10/1/20 - 12/31/20 | | 4/6/2 | | | 4/16/2022 | | | | |
| Physical Paramo | eters M&R Violation | | 10/1/20 - 12/31/20 | _ | 4/6/2 | | | 4/16/2022 | 2 | | | |
| | Water S | ystem I | Facility and Sai | mpling | Point I | nven | tory | | | | | |
| Water | | | | | | Tota | | | | | | |
| * | er System Facility | | Point Sampling Poi | nt | | Colifo | | | Stage | | | |
| Facility ID | | ID | Description | | Status | | e Kule I | ier Aspesto | s WQP 2 DBPR | | | |
| 00600 DIST | RIBUTION SYSTEM | 4 | DISTRIBUTIO | | A | Y | | | | | | |
| | | BH660 | | | A | Y | | | | | | |
| | BH99565 METCALF LO | | | | A | Y | | | | | | |
| | BJ48869 METAL F LC | | | | A . | Y | | | | | | |
| | BK08995 METCALF LO DOWNSTREAM WITHIN 5 S | | | | | Υ | | | | | | |
| | | | | | | | | | | | | |
| 00700 5117 | DV DOINT | UPSTRE | | | | | | | | | | |
| 00700 ENTI | RY POINT | 3 | ENTRY POINT | | Α | | | | | | | |

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.

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20840 WELL

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| | | . D | | CD 11: | TT 1.1 | D : | 1 . | TAT . | 0 1 | | | |
|--|----------------|----------------------------|------|-----------------------|--------------|------------------------------|---------------------|---------------------|-------|--------|----------------|--|
| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | |
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | |
| PWS ID P | VS ID PWS Name | | | | | | ication | Population | Owner | Type F | Primary Source | |
| CT0450044 GIRL SCOUTS OF CT - CAMP PATTAGANSETT 2 | | | | | | NC | | 25 | Р | | GW | |
| Local Address (where applicable) | | | | Service | Resider | Residential Cor | | mmercial Industrial | | mbined | d Agricultural | |
| 121 UPPER PATTAGANSETT | | | | Connectio | ns | | 1 | | | | | |
| Towns Served: EAST LYME | | | | | | | | | | | | |
| Contact Information | | | | | | | | | | | | |
| Name | Organization | Organization | | | | Job Title | | | | | | |
| Ms. Michele Vele | Girl Scouts of | Girl Scouts of Connecticut | | | | | Dir. Property Svcs. | | | | | |
| Mailing Address Line One Mailing Addr | | | | ess Line Two | | | City | | | State | Zip Code | |
| 20 Washington Avenue | | | | | | | North Haven | | | 06473 | | |
| Business Phone | Extension | Fax | М | Mobile Phone Emergend | | | ne Email Address | | | | | |
| 203-239-2922 | 3329 | 203-239-7 | 7220 | 800-922-27 | | | mvelez@gsofct.org | | | | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | | |
| Name | Organization | | | | Job Title | | | | | | | |
| Girl Scouts of Am | erica, Inc. | | | | | | | | | | | |
| Mailing Address Line One Mailing Addre | | | | ress Line Two | ess Line Two | | | City | | | Zip Code | |
| 340 Washington Street | | | | | | | Hartford | | | CT | 06106 | |
| Business Phone | Extension | Fax | М | obile Phone | Emergence | nergency Phone Email Address | | | | | | |
| 860-522-0163 | | | | | | | | | | | | |

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 schedule.

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

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

End of schedule

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