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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590203	GROTON BOARD OF EDUCATION				NTNC	50	L	GW
Local Address (where applicable)		Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
1300 FLANDERS ROAD		Connections	1					

Towns Served: GROTON			·
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/31		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		·
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		·
. ,	1/1/25 - 12/31/27		
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		·
Pesticides, Herbicides and PCBs-Phase II (SOC2)	.,, .,	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		•
- (-)	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)	.,, .,	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		•
· ·	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)	, ,,-,-	1 r	outine (RT) per year
		Collection Period	Compliance Status
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Connecticut D Water (PWS Name GROTON BOARD OF ED here applicable) ROAD ROTON Facility: ENTRY POIN icals (VOCS) pint (Sampling Point ID)	Quality Moniton COUCATION Moniton IT (WSF ID: 00700)	Service Connections Require	Comp consideration of the construction of the	plianc Classificati NTNC al Comm	e Scho	edule		rimary Source GW Agricultural
PWS Name GROTON BOARD OF ED here applicable) ROAD ROTON Facility: ENTRY POIN icals (VOCS)	Monito NT (WSF ID: 00700)	Service Re Connections Oring Require	esidentia 1	NTNC al Comm	on Popu	lation Ow	L	GW
GROTON BOARD OF ED here applicable) ROAD ROTON Facility: ENTRY POIN icals (VOCS)	Monito NT (WSF ID: 00700)	Connections oring Require	esidentia 1 emen	NTNC al Comm		50	L	GW
here applicable) ROAD ROTON Facility: ENTRY POIN icals (VOCS)	Monito NT (WSF ID: 00700)	Connections oring Require	emen	al Comm			_	_
ROAD ROTON Facility: ENTRY POIN icals (VOCS)	NT (WSF ID: 00700)	Connections oring Require	emen		ercial Ir	ndustrial	Combined	Agricultura
ROTON Facility: ENTRY POIN icals (VOCS)	NT (WSF ID: 00700)	oring Require	emen	ts				
Facility: ENTRY POIN	NT (WSF ID: 00700)	Mo		ts				
icals (VOCS)	NT (WSF ID: 00700)	Mo		ts				
icals (VOCS))		nitorina					
-			nitorina					
oint (Sampling Point ID			nitorina			1	routine (F	RT) per year
		1/1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g Period	Collect	ion Period	Compli	iance Status
			./24 - 12	2/31/24			Co	mplete
		1/1	./25 - 12	2/31/25				
	Other C	ompliance So	chedu	ıles				
dule Activity			Dι	ue Date		Achieved	Date	
NSUMER NOTICE CERT	IFICATE		12/	29/2013				
ION EXEMPTION			3/	1/2024				
RVICE LINE INVENTORY			10/	16/2024				
AL LSL INVENTORY			10/	16/2024				
Wate	er System Facili	ity and Samp	ling P	oint In	vento	ry		
					Total	Lead and	I	
r System Facility		Sampling Point			Coliform			Stage
	ID	Description		Status	Rule	Rule Tiei	r Asbestos	WQP 2 DBPI
IBUTION SYSTEM	4	GENERIC DISTRIB		Α	Υ			
		WITHIN 5 SERVIC	E CON	Α				
	GBE1	SINK ROOM 3		I	Υ	2		
	GBE10	MEN'S ROOM - 1		Α	Υ	N		
	GBE11	LADIES ROOM - 1	.5	Α		N		
	GBE2	SINK ROOM 3		ı	Υ	2		
	GBE3	SINK - KITCHEN	===	A	Y	N		
			WEST	I				
			_	l				
			!					
	GBE8							
					Υ	N		
	GBE9	WITHIN 5 SERVIC	E CON	A				
	UPSTREAM			Α				
/ POINT		ENTRY POINT WELL		A				
			GBE5 SINK ROOM 13 GBE6 MEN'S ROOM - 1 GBE7 LADIES ROOM - 2 GBE8 ROOM 11 GBE9 MEN'S ROOM - 2 UPSTREAM WITHIN 5 SERVICE	GBE5 SINK ROOM 13 GBE6 MEN'S ROOM - 16 GBE7 LADIES ROOM - 2 GBE8 ROOM 11 GBE9 MEN'S ROOM - 2 UPSTREAM WITHIN 5 SERVICE CON	GBE5 SINK ROOM 13 I GBE6 MEN'S ROOM - 16 A GBE7 LADIES ROOM - 2 A GBE8 ROOM 11 A GBE9 MEN'S ROOM - 2 A UPSTREAM WITHIN 5 SERVICE CON A	GBE5 SINK ROOM 13 I Y GBE6 MEN'S ROOM - 16 A Y GBE7 LADIES ROOM - 2 A Y GBE8 ROOM 11 A Y GBE9 MEN'S ROOM - 2 A Y UPSTREAM WITHIN 5 SERVICE CON A	GBE5 SINK ROOM 13 I Y 2 GBE6 MEN'S ROOM - 16 A Y N GBE7 LADIES ROOM - 2 A Y N GBE8 ROOM 11 A Y N GBE9 MEN'S ROOM - 2 A Y N UPSTREAM WITHIN 5 SERVICE CON A	GBE5 SINK ROOM 13 I Y 2 GBE6 MEN'S ROOM - 16 A Y N GBE7 LADIES ROOM - 2 A Y N GBE8 ROOM 11 A Y N GBE9 MEN'S ROOM - 2 A Y N UPSTREAM WITHIN 5 SERVICE CON A

Operator Type

CHIEF OPERATOR

ASSIGNED OPERATOR

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

Facility Classification: SMALL WATER SYSTEM

Operator Name

MCGARRY, THOMAS

BELAIR, BRANDON W.

Schedule Generation Date: 4/3/2024 Page 2

Certification(s)

WATER TREATMENT PLANT OPERATOR - CLASS I

WATER TREATMENT PLANT OPERATOR - CLASS II

DISTRIBUTION SYSTEM OPERATOR - CLASS I

DISTRIBUTION SYSTEM OPERATOR - CLASS II

Certification

Expiration

3/31/2024

3/31/2024

6/30/2024

6/30/2024

C	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
Р	WS Name	Classification	Population	Owner Type	Primar

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590203	GROTON BOARD OF EDUCATION				NTNC	50	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1300 FLANDERS	SROAD	Connections	1					

Towns Served: GROTON

			Contact In	formation					
Name				n		Job Title			
Dr. Michael Graner				dyard Bd of Ed	Superintendent				
Mailing Address Line One Mailing Add			Address Line Two)		City	State	Zip Code	
		P.O. Box	x K		Groton		СТ	06340	
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
	860-572-5	5822		860-334-6351	mgranei	@groton.k1	L2.ct.us		
6	e One	e One Extension Fax	e One Mailing P.O. Bo	e One Mailing Address Line Two P.O. Box K Extension Fax Mobile Phone	e One Mailing Address Line Two P.O. Box K Extension Fax Mobile Phone Emergency Phone	Organization Town of Ledyard Bd of Ed e One Mailing Address Line Two P.O. Box K Groton Extension Fax Mobile Phone Emergency Phone Email Address Address Emergency Phone Email Address Email Ad	Organization Town of Ledyard Bd of Ed Superinten e One Mailing Address Line Two City P.O. Box K Groton Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Town of Ledyard Bd of Ed Superintendent e One Mailing Address Line Two City State P.O. Box K Groton CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal 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 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			Cla	ssification	Population	Owner Type	Primary Source
CT0590253	COMCAST CABLEVISION				NTNC	35	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
401 GOLDSTAR HWY.		Connections	1					

Towns Served: GROTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		
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		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

	Connec	ticut Department of	Public H	lealth	Dr	inkin	g Water	Se	ection		
	V	Vater Quality Monito	oring and	d Con	npl	iance	Schedul	le			
PWS ID	PWS Name				Clas	sification	Population	Owi	ner Type Pr	imary Source	
CT0590253	COMCAST C	ABLEVISION				NTNC	35		Р	GW	
Local Address	(where applica	ble)	Service	Residen	itial	Commerc	cial Industri	ial	Combined	Agricultura	
401 GOLDSTAF	R HWY.		Connections	1							
Towns Served:	GROTON										
		Monito	ring Requ	ireme	nts						
Water Systen	n Facility: E l	NTRY POINT (WSF ID: 00700)									
Organic Che	micals (VOC	5)					1	l rou	ıtine (RT) լ	er quarter	
Sampling	Point (Sampli	ng Point ID)		Monitoring Period Collection Pe				riod	iod Compliance Status		
ENTRY PC	DINT (3)			10/1/23 -	- 12/3	31/23			Co	mplete	
				1/1/24 -	- 3/31	1/24					
				4/1/24	- 6/30	0/24					
				7/1/24 -	- 9/30	0/24					
	Mont	hly Water System Facilit	ty (WSF) I	evel N	Иon	itoring	Require	me	nts		
Water Systen	n Facility: EN	ITRY POINT (WSFID: 00700)									
Analyte	N	Monitoring Requirement (Summa	ry Type)	Ope	ratin	g Limit			Samples Re	eq/Month	
рН	Е	entry Point pH Monitoring (PHRD)		Min	imun	n: 7 PH			4		
Start Date:	1/1/2002		Complia	nce Hist	ory:	0	perating Lim	it	Monitor	ing	
			Monitor	ing Perio	d		ompliance St		: Complia	nce Status:	
			11/1/20	23 - 11/3	0/20	23					
·			12/1/20	72 _ 17/2	1/20	22					

	, , ,	o !:			
Start Date: 1/1/2002		Compliance	e History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	Compliance Status
		11/1/2023	11/30/2023		
		12/1/2023	12/31/2023		
		1/1/2024 -	1/31/2024		
		2/1/2024 - 3	2/29/2024		
		3/1/2024 - 3	3/31/2024		
Analyte	Monitoring Requirement (Summary	Туре)	Operating Limit	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Maximum: 7.5	PH	4
Start Date: 2/5/2021		Compliance	e History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status:	
		11/1/2023	11/30/2023		
		12/1/2023	12/31/2023		
		1/1/2024 - :	1/31/2024		
		2/1/2024 - 3	2/29/2024		
		3/1/2024 - 3	3/31/2024		

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024								
COMPLETE INITIAL LSL INVENTORY	10/16/2024								
CROSS CONNECTION SURVEY REPORT	3/1/2025								

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	3	C-1	Α	Υ					
		4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		MW001-1	MENS ROOM #1	Р	Υ	N				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0590253	COMCAST CABLEVISION				NTNC	35	Р	GW	
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural	
401 GOLDSTAR HWY.		Connections	1						
Towns Served: GROTON									

Water System Facility and Sampling Point Inventory										
Water				Total	Lead and					
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		5	Stage		
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR		
	MW001-2	MENS ROOM #2	1	Υ	N					
	MW002	LADIES ROOM	Р	Υ	N					
	MW003-1	KITCHEN # 1	Р	Υ	N					
	MW003-2	KITCHEN #2	1	Υ	N					
	MW005	BREAK ROOM	Р	Υ						
	OSC001-1	OUTSIDE SILLCOCK #1	Α	Υ	N					
	OSC001-2	OUTSIDE SILLCOCK #2	Α	Υ	N					
	UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700 ENTRY POINT	3	ENTRY POINT	Α							
10277 WELL	2	WELL	Α							
46386 COMCAST TREATMENT STATION	I									

			Certif	fied Operat	or Information	1					
Water System Fac	cility: COMCA	ST TREAT	MENT ST	ATION (WSF I	D: 46386)						
Facility Classification	n: CLASS 1 TRE	ATMENT P	LANT						Certification		
Operator Name			Operato	or Type	Certification(s)				Expiration		
GRANT, SHANE			CHIEF OPE	ERATOR	WATER TREATMEN	· CLASS II	9/30/2026				
					DISTRIBUTION SYS	ГЕМ ОРЕГ	RATOR - CLA	SS II	9/30/2026		
PETITTI, ANDY			ASSIGNED	OPERATOR	OR DISTRIBUTION SYSTEM OPERATOR - CLASS I						
					WATER TREATMEN	WATER TREATMENT PLANT OPERATOR - CLASS I					
				Contact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Dan Tomaro				Comcast Cal	ole Communications		Regional Eh	ıs Special			
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code		
222 New Park Drive						Berlin		СТ	06037		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress				
860-839-7430						Daniel_T	omaro@co	ncast.com			
Contact Role(s): A	dministrative Co	ontact									
Name				Organization	1			Job Title			
Ms. Marna Salimen	a			Comcast Cal	ole		DEP. Gener	al Counsel			
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code		
1701 John F, Kenne	dy Blvd.				Philadelphia PA				19103		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress				
215-286-7026											

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

	water quanty fromtering and compliance contents									
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0590253	T0590253 COMCAST CABLEVISION					35	Р	GW		
Local Address (where applicable)		Service	Resider	tial Commerc		al Industri	al Combine	ed Agricultural		
401 GOLDSTAR HWY.		Connections	1							

Towns Served: GROTON

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			Cla	ssification	Population	Owner Type	Primary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural
950 FLANDERS R	OAD	Connections			1			

930 FLANDERS ROAD	1		
Towns Served: GROTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	<u> </u>		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Water System Facility: WELL 1 ENTRY POINT (WSF ID: 0070	00)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/22 - 12/31/24		· · · · ·
	1/1/25 - 12/31/27		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/23 - 12/31/25	_	
	1/1/26 - 12/31/28		

Page 8 Schedule Generation Date: 4/3/2024

	Connecticut Department of	f Public Health Drinki	ng Water Se	ction
	Water Quality Monit	coring and Compliance	e Schedule	
PWS ID	PWS Name			ner Type Primary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)	NTNC	50	P GW
Local Address (v	vhere applicable)	Service Residential Comm	ercial Industrial	Combined Agricultural
950 FLANDERS F	ROAD	Connections 1		
Towns Served: (GROTON			
	Monit	oring Requirements		
Water System	Facility: WELL 1 ENTRY POINT (WSF ID	: 00700)		
Organic Chem	nicals (VOCS)		1	routine (RT) per year
Sampling F	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 EN	TRY POINT (3)	1/1/23 - 12/31/23		Complete
		1/1/24 - 12/31/24		
		1/1/25 - 12/31/25		
Water System	Facility: WELLS 2 AND 3 ENTRY POINT	(WSF ID: 00701)		
Inorganic Che	micals (IOCS)		1 routine	(RT) per three years
Sampling F	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELLS 2 AI	ND 3 ENTRY POINT (3)	1/1/23 - 12/31/25		
		1/1/26 - 12/31/28		
Nitrate And N	litrite (NOX)		1	routine (RT) per year
Sampling F	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELLS 2 AI	ND 3 ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
		1/1/24 - 12/31/24		
		1/1/25 - 12/31/25		
Pesticides, He	erbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling F	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELLS 2 AI	ND 3 ENTRY POINT (3)	1/1/23 - 12/31/25		
		1/1/26 - 12/31/28		
Organic Chem			1	routine (RT) per year
Sampling F	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELLS 2 AI	ND 3 ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
		1/1/24 - 12/31/24		
		1/1/25 - 12/31/25		
•	Facility: WELL #2 (WSF ID: 49214)			
E. Coli (3014)				tine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #2 (2	2)	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		
•	Facility: WELL #3 (WSF ID: 49216)			
E. Coli (3014)				tine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #3 (2)	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

	Connecticut Dep	partment of	f Public H	ealth	D	rinking	o W	ater	Section	
		ality Monit				_				
PWS ID	PWS Name	<u> </u>	<u> </u>		_	ssification				Primary Source
CT059015	4 MEDTRONIC XOMED (ME	ROCEL FACILITY)				NTNC		50	Р	GW
Local Addı	ress (where applicable)		Service	Residen	tial	Commerc	ial Ir	ndustria	I Combined	d Agricultural
950 FLANI	DERS ROAD		Connections			1				
Towns Ser	ved: GROTON									
		Other C	ompliance	Sched	lul	es				
Complian	ce Schedule Activity			L	Due	Date		Achiev	ed Date	
CROSS CO	NNECTION SURVEY REPORT			3	3/1/	/2024				
SUBMIT LE	EAD SERVICE LINE INVENTORY			10	0/16	6/2024				
COMPLET	E INITIAL LSL INVENTORY			10	0/16	6/2024				
		Public Not	ification R	equire	em	ents				
		C	Compliance	Notice		<u>Public N</u>	otific	<u>ation</u>	PN Cei	<u>tification</u>
Violation/	'Situation		Period	Tier		Required	Pei	rformed	Due to DPF	I Received
Lead and (Copper M&R Violation		10/1/23 -	3		11/27/2024	1		12/7/2024	
	Water	System Facil	ity and Sar	npling	Pc	int Inve	nto	ry		
Water							otal	Lead a		
System	Water System Facility	Sampling Point ID	Sampling Poil Description	nt			iform			Stage
Facility ID			•	LCVCTENA		Stutus	Rule	Kule I	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION			A	Υ			
		DSP 004	BACK LADIES			A P		1		
		DSP004	LUNCH ROOM		JIVI	P	Υ	1		
		DSP001	FRT. LADIES B		NΛ	P	'	1		
		DSP003	FRONT MEN			r P		1		
		DSP005	BACK MEN BA			r P		1		
		EPS001	HOLDING TAN			P		_		
		UPSTREAM	WITHIN 5 SER		V	A				
00700	WELL 1 ENTRY POINT	3	WELL 1 ENTR			Α				
00701	WELLS 2 AND 3 ENTRY POINT	3	WELLS 2 AND			Α				
10802	WELL #1 (MANUFACTURING ONLY)	2	WELL			Α				
49214	WELL #2	2	WELL #2			Α				
49216	WELL #3	2	WELL #3			Α				
		Certified	Operator	Inform	at	ion				
Water Sy	stem Facility: DISTRIBUTION									
-	assification: SMALL WATER SYST									Certification

Facility Classification: SMALL WATER SYSTEM								
Operator Name	Operator Type	Certification(s)	Expiration					
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024					
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024					
LAFRAMBOISE, ERIC	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2026					
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	9/30/2026					
STARK, TYLER	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2025					
		WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2025					

Page 10 Schedule Generation Date: 4/3/2024

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source		
СТ0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW		
Local Address (where applicable) Service Reside				ntial	Commerci	al Industri	al Combine	ed Agricultural		
950 FLANDERS F	Connections			1						

Connecticut Department of Public Health Drinking Water Section

		Co	ontact Inf	ormation				
			Organization	l	Job Title			
			Medtronic, I	nc.	Sr Operation Manager			
Mailing Address Line One Mailing Add			ess Line Two			City	State	Zip Code
					Mystic		СТ	06355
Extension	Fax	Mo	bile Phone	Emergency Phone	Email A	ddress		
					eddie.o	liver@medtro	nic.com	
gal Contact, Ow	/ner	*		•				
			Organization	l			Job Title	
Laboy			Organization Medtronic, I			Snr Manage		
Laboy e One			Medtronic, I			Snr Manage City		Zip Code
-			Medtronic, I		Mystic		r	Zip Code 06355
-	Fax	Mailing Addr	Medtronic, I		-	City	r State	•
	Extension	Extension Fax	e One Mailing Addr	e One Mailing Address Line Two Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	Organization Medtronic, Inc. e One Mailing Address Line Two Mystic Extension Fax Mobile Phone Emergency Phone Email A eddie.o	Organization Medtronic, Inc. Pe One Mailing Address Line Two City Mystic Extension Fax Mobile Phone Emergency Phone Email Address eddie.oliver@medtro	Organization Medtronic, Inc. Pe One Mailing Address Line Two Mystic Extension Fax Mobile Phone Emergency Phone Emerg

Please note the following:

Towns Served: GROTON

- 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	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary S

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0598033 PRECIOUS MEMORIES DAYCARE CENTER					NTNC	169	Р	GW
Local Address (Local Address (where applicable) Service Residen			ntial	Commerci	al Industri	al Combine	ed Agricultural
195 SANDY HO	LLOW ROAD	Connections	2					

Towns Served: GROTON			
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/22 - 12/31/24	6/1-9/30	Complete
	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	
Physical Parameters (PPS)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		·
	1/1/27 - 12/31/29		
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		·
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		<u> </u>
· ·	1/1/26 - 12/31/28		

	Connecticut De	epartment of	Public F	lealth I	Drink	ing W	ater Se	ction	
		uality Monit				U			
PWS ID	PWS Name			C	Classificat	ion Pop	ulation Owi	ner Type P	rimary Source
СТ059803	3 PRECIOUS MEMORIES D	AYCARE CENTER			NTNC	:	169	Р	GW
Local Add	ress (where applicable)		Service	Residentia	al Comm	nercial	ndustrial	Combined	Agricultural
195 SAND	Y HOLLOW ROAD		Connections	2					
Towns Ser	rved: GROTON					·	·		
		Monite	oring Requ	uiremen	ts				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Organic	Chemicals (VOCS)						1 routine	e (RT) per	three years
Sam	pling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Period	Compli	ance Status
ENTR	RY POINT (3)			1/1/21 - 12	2/31/23			Co	mplete
				1/1/24 - 12	2/31/26				
				1/1/27 - 12	2/31/29				
		Other C	ompliance	Schedu	ıles				
Complian	ce Schedule Activity			Du	ue Date	_	Achieved	Date	
SUBMIT LI	EAD CONSUMER NOTICE CERTIF	ICATE		12/	/29/2012				
CROSS CO	NNECTION EXEMPTION			3/	1/2017				
SUBMIT LI	EAD SERVICE LINE INVENTORY			10/	16/2024				
COMPLET	E INITIAL LSL INVENTORY			10/	16/2024				
	Wate	r System Facili	ity and Sai	mpling F	oint Ir	nvento	ry		
Water		-	-			Total	Lead and		
System							_		
System	Water System Facility	Sampling Point	Sampling Poi	int		Coliforn	n Copper		Stage
Facility ID		Sampling Point ID	Sampling Poil Description	int	Status	D. J.		Asbestos	Stage WQP 2 DBPR
					<u>Status</u> A	D. J.		Asbestos	_
Facility ID)	ID	Description			Rule		Asbestos	_
Facility ID)	1D 4	Description GENERIC DIST BUILDING 2		Α	Rule Y	Rule Tier	Asbestos	_
Facility ID)	1D 4 B1B2	Description GENERIC DIST BUILDING 2 BUILDING 1	TRIBUTION	A A	Rule Y Y	Rule Tier	Asbestos	_
Facility ID)	4 B1B2 BLDG1BATH1	Description GENERIC DIST BUILDING 2 BUILDING 1	TRIBUTION	A A A	Rule Y Y	Rule Tier	Asbestos	_
Facility ID)	4 B1B2 BLDG1BATH1 DOWNSTREAM	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SER	TRIBUTION	A A A	Rule Y Y Y	Rule Tier 2 2	Asbestos	_
Facility ID)	4 B1B2 BLDG1BATH1 DOWNSTREAM K1B1	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SER BUILDING 1	TRIBUTION	A A A A	Rule Y Y Y Y	Rule Tier 2 2 2	Asbestos	_
Facility ID)	4 B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2	TRIBUTION	A A A A	Rule Y Y Y Y Y	Rule Tier 2 2 2 2	Asbestos	_
Facility ID)	4 B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SER BUILDING 1 BUILDING 2 BUILDING 1	TRIBUTION	A A A A A	Rule Y Y Y Y Y Y Y	2 2 2 2 2 2	Asbestos	_
Facility ID)	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 1	TRIBUTION	A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
Facility ID 00600	DISTRIBUTION SYSTEM	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEE	TRIBUTION RVICE CON	A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
Facility ID)	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 1 BUILDING 2	TRIBUTION RVICE CON	A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
00700	DISTRIBUTION SYSTEM ENTRY POINT	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT	TRIBUTION RVICE CON	A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
00700 10749	DISTRIBUTION SYSTEM ENTRY POINT WELL 1	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT WELL 1 WELL 2	TRIBUTION RVICE CON	A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
00700 00749 50176	DISTRIBUTION SYSTEM ENTRY POINT WELL 1	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2 Certified	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT WELL 1 WELL 2 Operator	TRIBUTION RVICE CON	A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	_
00700 10749 50176	ENTRY POINT WELL 1 WELL 2 Estem Facility: DISTRIBUTIO	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2 Certified N SYSTEM (WSF II	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT WELL 1 WELL 2 Operator	TRIBUTION RVICE CON	A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	WQP 2 DBPR
00700 10749 50176 Water Sy	ENTRY POINT WELL 1 WELL 2 Estem Facility: DISTRIBUTIO assification: SMALL WATER SYS	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2 Certified N SYSTEM (WSF III	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEF BUILDING 1 BUILDING 1 BUILDING 1 BUILDING 1 BUILDING 2 WITHIN 5 SEF ENTRY POINT WELL 1 WELL 2 Operator D: 00600)	TRIBUTION RVICE CON	A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Asbestos	WQP 2 DBPR Certification
00700 10749 50176 Water Sy Facility Cli Operator	ENTRY POINT WELL 1 WELL 2 Estem Facility: DISTRIBUTIO assification: SMALL WATER SYS Name	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2 Certified N SYSTEM (WSF III STEM Operator Typ	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT WELL 1 WELL 2 Operator D: 00600)	TRIBUTION RVICE CON Informa ertification	A A A A A A A A A A A A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		WQP 2 DBPR Certification Expiration
00700 10749 50176 Water Sy	ENTRY POINT WELL 1 WELL 2 Estem Facility: DISTRIBUTIO assification: SMALL WATER SYS Name	B1B2 BLDG1BATH1 DOWNSTREAM K1B1 K1B2 K2B1 R1B1 R1B2 UPSTREAM 3 2 2 Certified N SYSTEM (WSF III STEM) Operator Typ CHIEF OPERATO	Description GENERIC DIST BUILDING 2 BUILDING 1 WITHIN 5 SEE BUILDING 1 BUILDING 2 BUILDING 1 BUILDING 2 WITHIN 5 SEE ENTRY POINT WELL 1 WELL 2 Operator D: 00600)	TRIBUTION RVICE CON RVICE CON Informa ertification	A A A A A A A A A A A A A A A A A A A	Rule Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		WQP 2 DBPR Certification

Precious Memories Daycare

Organization

Mobile Phone

Mailing Address Line Two

Ms. Barbara Bohonowicz

Mailing Address Line One

Extension

Fax

195 Sandy Hollow Rd

Business Phone

Job Title

State

CT

City

Mystic

Emergency Phone Email Address

Zip Code

06355

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Source										
СТ0598033	PRECIOUS MEM	ORIES DAYCARE CENTER			ı	NTNC	169		Р	GW
Local Address (w	here applicable)		Service	Residen	tial	Commerci	ial Indust	rial	Combine	ed Agricultural
195 SANDY HOLL	OW ROAD		Connections	2						
Towns Served: G	ROTON			·			·			
860-572-9958 860-572-8750 860-912-3233 barbboho@yahoo.com										
Contact Role(s):	Administrative	Contact, Legal Contact, Own	er							

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			Classification Population Owner Type			Primar	/ Source	
СТ0598063	MYSTIC BUSINESS PARK, LLC				NTNC	225	Р	G	W
ocal Address (where applicable) Service Resid					Commercia	al Industri	al Combine	ed Agr	icultural
	Connections 130								

Towns Served: GROTON		,	'
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		·
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
, ,	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		·
	7/1/24 - 9/30/24		
Nitrite (1041)		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		·
Inorganic Chemicals (IOCS)	<u> </u>	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		,
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	· · · · · · ·	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
, ,	1/1/26 - 12/31/28		
	,, - ,- ,-		

	Connecticut I	Department of	Public He	ealth	Dr	inkir	ng W	/ater	Se	ction		
	Water	Quality Monit	oring and	Com	ıpli	ance	e Sch	nedu	le			
PWS ID	PWS Name	Cara ay	3 - 3						_	ner Type	Primary	Source
CT0598063	MYSTIC BUSINESS PAI	RK, LLC			ľ	NTNC		225		Р	G۱	W
Local Addr	ess (where applicable)	-	Service F	Resident	tial	Comme	rcial	Industri	ial	Combine	d Agri	cultural
			Connections			130)					
Towns Ser	ved: GROTON											
		Monito	oring Requi	remer	nts							
Water Sys	stem Facility: ENTRY POI	NT (WSF ID: 00700)										
Organic (Chemicals (VOCS)							1	1 rou	tine (RT) per q	uarter
Samp	ling Point (Sampling Point II	D)	M	lonitorin	ng Pe	eriod	Collec	ction Pe	riod	Comp	oliance S	Status
ENTR	Y POINT (3)		10)/1/23 -	12/3	1/23				(Complet	e
				./1/24 -	•					(Complet	e
				/1/24 -		-						
				//1/24 -								
		Other Co	ompliance S	Sched	ule	S						
	e Schedule Activity				Due E	_		Achie	eved	Date		
	AD SERVICE LINE INVENTOR	Υ				2024						
	E INITIAL LSL INVENTORY					2024						
CROSS COI	NNECTION EXEMPTION				3/1/2							
	Wat	ter System Facili	ity and Sam	pling	Poi	nt Inv	vento	ory				
Water							Total	Lead				
System	Water System Facility	Sampling Point ID	Sampling Point Description			C	Coliforn		-	Asbesto	- 14/00	Stage
Facility ID	DISTRIBUTION SYSTEM			CVCTERA	S	tatus	Rule	Kule	rier	Aspesto	s wup	2 DBPK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION S			A						
			WITHIN 5 SERV	ICE CON	l	A	V					
		MBP004 MBP005	WS2650-23 WS2650-24			Α	Y Y					
		MBP006	WS2650-25			A						
		MBP007	WS2650-25			A ^	Y Y					
		MBP008	WS2650-27			A	Y					
		MBP011	DISTRIBUTION S	SYSTEM		Α	Y					
		UPSTREAM	WITHIN 5 SERVI		l	Α	•					
00700	ENTRY POINT	3	ENTRY POINT		•	Α						
	WELL 1	2	WELL 1			Α						
	WELL 2	2	WELL 2			Α						
		Certified	Operator In	form	atio	n						
Water Svs	stem Facility: DISTRIBUT		•									
•	ssification: SMALL WATER S		•								Certif	fication
Operator I	-	Operator Type	e Cert	tificatio	n(s)						_	iration
	INESSY, WILLIAM J.	CHIEF OPERATO		ΓER TRE		ENT PLA	ANT OF	PERATO	R - CL	ASS II		0/2024
			tact Inform								-, -	•
Name			rganization	acion						Job Title		

Organization Job Title Name Mr. Timothy Tylaska Mystic Business Park Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 800 Flanders Road CT 06355 Mystic **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-572-0534 860-572-8440 tim@tylaska.com

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.

	Water Quality Monitoring and Compliance Schedule											
	water Quality Mor	ntoring and	a Guii					1				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0598063	MYSTIC BUSINESS PARK, LLC				NTNC	225	Р	GW				
Local Address	(where applicable)	Residen	itial	Commercia	al Industri	al Combin	ed Agricultural					
	Connections 130											

Connecticut Department of Dublic Health Drinking Water Costion

Towns Served: GROTON

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