Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per more collection Period Compliance State St	Select fro	om Inventory of Active Sampling Points		11/1/23 - 12/1/23 - 1/1/24 -	12/3	31/23			Co	omplete omplete omplete
Total Coliform (3100) 1 routine (RT) per mod Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Stat Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 3/1/24 - 3/31/24 Complete 6/1/24 - 6/30/24 6/1/24 - 6/30/24 6/1/24 - 6/30/24 6/1/24 - 8/31/24 9/1/24 - 9/30/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 10/1/24 - 10/31/24		om Inventory of Active Sampling Points		11/1/23 -	11/3	30/23			Cc	omplete
Total Coliform (3100) 1 routine (RT) per moton Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 1/1/24 - 2/29/24 Complete 3/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 3/1/24 - 3/31/24 6/1/24 - 6/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 9/1/24 - 9/30/24	Sampling	g Point (Sampling Point ID)		Monitori 11/1/23 -	ng Po 11/3	eriod C 30/23	ollection		Complete	iance Statu omplete
Total Coliform (3100) 1 routine (RT) per monogram Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 11/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 8/1/24 - 8/31/24	-				-		allection			-
Total Coliform (3100) 1 routine (RT) per motors Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 1/1/24 - 1/31/24 Complete 1/1/24 - 2/29/24 Complete 3/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 Complete 6/1/24 - 6/30/24 5/1/24 - 6/30/24 5/1/24 - 7/31/24 Complete				9/1/24 -	9/30	0/24				
Total Coliform (3100)1 routine (RT) per more Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StattSelect from Inventory of Active Sampling Points11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete1/1/24 - 1/31/24Complete2/1/24 - 2/29/24Complete3/1/24 - 3/31/24Complete4/1/24 - 4/30/244/1/24 - 4/30/24				6/1/24 - 7/1/24 -	6/30 7/31)/24 1/24				
Total Coliform (3100)1 routine (RT) per more Sampling Point (Sampling Point ID)Select from Inventory of Active Sampling Points11/1/23 - 11/30/23Complete Complete12/1/23 - 12/31/23Complete Complete1/1/24 - 1/31/24Complete Complete2/1/24 - 2/29/24Complete				4/1/24 -	4/30	0/24				
Total Coliform (3100)1 routine (RT) per more Monitoring PeriodSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StattSelect from Inventory of Active Sampling Points11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete				2/1/24 -	2/29	9/24				
Total Coliform (3100)1 routine (RT) per monSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance State				11/1/23 - 12/1/23 -	11/3	30/23 31/23			Cc Cc	omplete omplete
Monitoring Requirements	Total Colifo	m Facility: DISTRIBUTION SYSTEM (W rm (3100)	/SF ID: 00600)							-
			Service Connections	Resident 1	tial	Commerci	al Indus	strial	Combined	Agricultu
	СТ0691132	PWS Name 474 PUTNAM PIKE				NC	Populatio 46	on Ow	P	rimary Sou GW

		C .	 0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0691132	474 PUTNAM PIKE				NC	46	Р	GW
Local Address (w	vhere applicable)		Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
474 PUTNAM PI	KE		Connections	1				
Towns Served: K	(ILLINGLY							

	1	Water Sy	stem Facili	ity and S	Sampling P	oint In	vento	ry		
Water System Water S Facility ID	ystem Facility	9	Sampling Point ID	Sampling Descriptio		Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	Y			
			DOWNSTREAM	WITHIN 5	SERVICE CON	А				
			MW001	KITCHEN S	INK	А	Y	2	Y	
			MW002	DEEP SINK		А	Y	2		
			MW003	POT SINK		А	Y	2		
			MW004	MENS ROO	M	А	Y	2		
			MW005	WOMENS	ROOM	А	Y	2		
			UPSTREAM	WITHIN 5	SERVICE CON	А				
00700 ENTRY P	OINT		3	ENTRY PO	INT	А				
10305 WELL			2	WELL		А				
			Con	tact Info	ormation					
Name			0	rganization					Job Title	
Mr. George P. Gion	is			-	Restaurant &	Pub	Pre	esident		
Mailing Address Lin			Mailing Addres	s Line Two			C	ity	State	Zip Code
P.O. Box 518			5			Dav	ville	1	СТ	06241
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency P			SS		
860-774-0167		860-779-2	2971		860-982-36		@att.net			
Contact Role(s): Le	gal Contact, O	wner								
Name	-		0	rganization					Job Title	
Mr. Steven Anders	on		G	olden Greek	Restaurant Ar	nd Pu	Me	ember		
Mailing Address Lin	e One		Mailing Addres	s Line Two			C	ity	State	Zip Code
474 Putnam Pike						Day	ville		СТ	06241
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency P	hone Em	ail Addre	SS		
860-774-0167		860-774-0	875 860-6	517-3453		gol	dengreel	restauranta	andpub@g	mail.com
Contact Role(s): A	dministrative C	Contact	1		1	[``				
Please note the fol	lowing:									

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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End of schedule

	Connecticut De	•	t of Public H				<u> </u>			
PWS ID	PWS Name	anty MC	meeting and			ssification			- Owner Type P	rimary Sourc
CT0690114	HIDE AWAY COVE CAMPO	GROUND			Ciu	NC		100	P	GW
Local Address ((where applicable)		Service	Resident	tial	Commer	cial	Industria	I Combined	Agricultura
1060 NORTH R			Connections			300				0
Towns Served:	KILLINGLY									
		Мо	onitoring Requ	ireme	nts	;				
Water Systen	n Facility: DISTRIBUTION		VSF ID: 00600)							
Total Colifor	m (3100)							1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Coll	ection Peri	iod Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		4/1/24 -	4/3	0/24				
				5/1/24 -		-				
				6/1/24 -		•				
				7/1/24 -						
				8/1/24 -						
				9/1/24 -						
				10/1/24 -	10/	31/24			(DT)	
•	ameters (PPS) Point (Sampling Point ID)			Monitorii	na E	Deriod	Coll	L ection Peri	routine (RT)	ance Status
	m Inventory of Active Samp	ling Points		4/1/24 -	-		Com		ou compi	unce Status
Sciectino				5/1/24 -		-				
				6/1/24 -						
				7/1/24 -						
				8/1/24 -	8/3	1/24				
				9/1/24 -	9/3	0/24				
			:	10/1/24 -	10/	31/24				
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate And	Nitrite (NOX)								1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Coll	ection Peri	iod Compli	ance Status
ENTRY PC	DINT (3)			1/1/23 - 1					Со	mplete
				1/1/24 -						
				1/1/25 - 1						
		Othe	er Compliance	Sched	ule	es				
	hedule Activity					Date		Achiev	ed Date	
SEASONAL STA	ART UP COMPLETION					/2024				
		Public	Notification R	•	-					
Violation (Cito	ation		Compliance Period	Notice				<u>fication</u>		tification Described
Violation/Situe E. Coli M&R Vie			9/14/22 - 10/9/23	Tier 3		Required 4/3/2024		Performed	Due to DPH 4/13/2024	Received
E. Coli M&R Vi			10/17/22 - 10/9/23	3		4/13/2024			4/13/2024	
			acility and Sar					torv	., 20, 2024	
Water		2,3001		<u>6</u> 1			Tota	-	Ind	
	ter System Facility	Sampling I	Point Sampling Poi	nt			olifo			Stage
Facility ID		ID	Description			Status	Rule	e Rule 1	Tier Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		А	Y			
		DOWNSTR	EAM WITHIN 5 SER	VICE CON	J	А				
		UPSTRE/	AM WITHIN 5 SER			А				

		C C		0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0690114	HIDE AWAY COVE CA	MPGRO	UND			NC	100	Р	GW
Local Address (w	vhere applicable)			Service	Residen	itial Commerc	ial Industri	ial Combine	ed Agricultural
1060 NORTH RO	AD			Connections		300			
Towns Served: K	(ILLINGLY					· ·	·		

	Wa	ter System Facili	ity and Samplin	ig Point Ir	ventor	Ŷ		
Water System Facility ID	Water System Facility)	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00700	ENTRY POINT	3	ENTRY POINT	А				
21182	WELL #1	2	WELL #1	А				
21183	WELL #2	2	WELL #2	А				

56805 HYDROPNEUMATIC TANK

			Co	ontact Inf	ormation			
Name				Organizatior	ו		Job Title	
Mr. Michael Benoit				Hide Away C	Cove Campground	Manager		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code
1060 North Road			P.O. Box 129			East Killingly	СТ	06243
Business Phone	Extension	Fax	Mc	bile Phone	Emergency Phone	Email Address		
860-774-1128						mikebenwaaa@yah	oo.com	
Contact Role(s): Ad	dministrative C	ontact, Leg	al Contact, O	wner		l		

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.

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	Connectionst	Donantina	nta	Dublic	Upplth I	Juin	lvina	Mata	n C	oction	
	Connecticut	*					0			ection	
	Water	r Quality M	onit	oring a							
PWS ID	PWS Name				C				on Ov		Primary Sourc
СТ0690174	430 LEDGE ROAD					NC		33		Р	GW
Local Address (where applicable)			Service Connection	Residentia	al Con	nmercial 2	Indust	trial	Combine	d Agricultur
Towns Served:	KILLINGLY										
		Μ	lonito	oring Re	quirement	ts					
Water System	Facility: DISTRIBU	JTION SYSTEM	(WSF II	D: 00600)							
Total Coliforn	m (3100)		-						1 rc	outine (RT)) per quarte
Sampling	Point (Sampling Point	ID)			Monitoring	g Perio	d Col	lection F	Perio	d Comp	liance Status
Select from	m Inventory of Active S	Sampling Points			10/1/23 - 1	2/31/2	3			Out	t of Service
					1/1/24 - 3	/31/24	ŀ				
					4/1/24 - 6	/30/24	-				
					7/1/24 - 9,	/30/24	ļ				
-	ameters (PPS)										per quarte
	Point (Sampling Point				Monitoring	-		lection F	Perio		liance Status
Select fror	m Inventory of Active S	Sampling Points			10/1/23 - 1					Out	t of Service
					1/1/24 - 3						
					4/1/24 - 6						
Maton Custons					7/1/24 - 9	/30/24	•				
	Facility: ENTRY PO		0700)							1	
	Nitrite (NOX) Point (Sampling Point				Monitoring	n Dorio	d Cal	lection F		-	RT) per yea liance Status
ENTRY PO		ושו			1/1/23 - 12	-		iection r	Period		complete
ENTRITO	111 (5)				1/1/24 - 12						ompiete
					1/1/25 - 12						
		Publi	c Not	ification	Requiren						
			1	ompliance	Notice	1	ublic Not	ification	1	PN Ce	rtification
Violation/Situa	ation			Period	Tier	Req	uired	Perforn	ned	Due to DPI	H Received
Physical Param	eters M&R Violation		7/1/	/23 - 9/30/2	3 3	2/21	/2025			3/3/2025	
Total Coliform I	M&R Violation		7/1/	/23 - 9/30/2	3 3	2/21	/2025			3/3/2025	
	W	ater System	Facili	ity and S	ampling P	Point	Inven	tory			
Water							Tot	al Lea	nd an	d	
	ter System Facility			Sampling F			Colifo		opper		Stage
Facility ID		ID)	Description		Stat			le Tie	er Asbestos	s WQP 2 DBF
00600 DIST	RIBUTION SYSTEM	4			ON SYSTEM	A	Y				
					SERVICE CON	A					
		UPSTR	EAM		SERVICE CON	A					
	RY POINT	3		ENTRY POI	NI	A					
21186 WEL	-L	2		WELL		A					
					rmation						
Name			Or	rganization						Job Title	
Ms. Starlet Len								Propert	y Ow		
Mailing Addres	s Line One	Mailing /	Address	s Line Two				City		State	Zip Code
· · ·							Dayville			СТ	06241
375 Ledge Rd					_						
375 Ledge Rd Business Pho 860-774-822		Fax	Mobi	le Phone	Emergency P 860-774-46		Email Ad	dress			

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

PWS ID	PWS Name			Clas	ssification P	opulation	Owner Type	Primary Source
СТ0690174	430 LEDGE ROAD				NC	33	Р	GW
Local Address (v	where applicable)	Service	Residen	tial	Commercial	Industri	al Combine	ed Agricultural
		Connections			2			

Towns Served: KILLINGLY

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.

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	Connecticut D	epartment of	Public Health I	Drinki	ng Wa	ater Se	ction	
	Water (Quality Monit	oring and Comp	olianc	e Sche	edule		
PWS ID	PWS Name		<u> </u>				ner Type P	rimary Source
СТ069025	4 STATELINE CAMP RESC	RT-WELL #1		NC	5	0	Р	GW
	ress (where applicable)		Service Residentia	al Comm	ercial In	dustrial	Combined	Agricultural
ROUTE 10			Connections	1				
Towns Ser	ved: KILLINGLY							
			oring Requirement	ts				
-	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)					
	liform (3100)	1	Manitaria	Devied	Callasti			per quarter
	oling Point (Sampling Point ID t from Inventory of Active San		Monitoring 10/1/23 - 12		Collecti	on Period		iance Status omplete
Selec	t from inventory of Active San		4/1/24 - 6					mpiete
			7/1/24 - 9					
Physical	Parameters (PPS)		.,_,			1 rou	tine (RT)	per quarter
-	oling Point (Sampling Point ID)	Monitoring	Period	Collecti	on Period	• •	iance Status
Selec	t from Inventory of Active San	npling Points	10/1/23 - 1	2/31/23			Co	mplete
			4/1/24 - 6,	/30/24				
			7/1/24 - 9,	/30/24				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)						
Nitrate								per quarter
	oling Point (Sampling Point ID)	Monitoring		Collecti	on Period		iance Status
ENTR	Y POINT (3)		10/1/23 - 12				Co	omplete
			4/1/24 - 6,	-				
Nituata (And Nitrite (NOV)		7/1/24 - 9,	/30/24		1		
	And Nitrite (NOX) <pre>pling Point (Sampling Point ID</pre>)	Monitoring	Period	Collecti	u on Period	-	RT) per year
	Y POINT (3)	/	1/1/23 - 12		concern	onrenou		omplete
2			1/1/24 - 12					omplete
			1/1/25 - 12					I ²
		Other C	ompliance Schedu					
Compliand	ce Schedule Activity		•	ie Date		Achieved I	Date	
	START UP COMPLETION		4/1	5/2024				
CROSS CO	NNECTION SURVEY REPORT		3/	1/2029				
	Wat	er System Facili	ity and Sampling P	oint In	ventor	У		
Water		-			Total	Lead and		
System	Water System Facility		Sampling Point		Coliform			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21193	WELL	2	WELL	A				
21195			tact Information	~				
Name							lob Title	
Name Mr. Nicola	a G. Leonetti		rganization esort Camplands Int. Inc.		Vn		Job Title	
	ddress Line One	Mailing Address			Vp Cit	tv	State	Zip Code
	ford Turnpike			Fas	t Killingly	- y	CT	06243
	- Bhanna - Enternation		nuhlic water systems maintain (a water aval		

						0		1				
PWS ID	PWS	Name						Class	ification	Population	Owner Type	Primary Source
СТ0690254	STAT	ELINE CAMP	RESORT-W	VELL #1					NC	50	Р	GW
Local Address (where	applicable)				Service	Resider	ntial C	Commerc	ial Industri	al Combine	ed Agricultura
ROUTE 101						Connection	ıs		1			
Towns Served:	KILLING	GLY									·	
Business Phoi	ne	Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email /	Address		
860-774-301	6		860-774-	-6470			860-234	-6955	camp(@statelineca	mpresort.con	n
Contact Role(s)	Adm	ninistrative C	Contact, Leg	gal Cont	act, Own	er						
Please note the	follov	ving:										

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

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(Connecticut Departn					0			
	Water Quality		nitoring and						
	PWS Name			C					rimary Source
	ZIPS DINER INC				NC		25	P	GW
Local Address (w			Service	Residentia			ndustrial	Combined	Agricultural
	IN ST / 725 HARTFORD PIKE		Connections		1				
Towns Served: KI	ILLINGLY								
			nitoring Requ	iremen	ts				
	acility: DISTRIBUTION SYSTE	M (N	/SF ID: 00600)						
Total Coliform								outine (RT)	· •
	oint (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status
Select from	Inventory of Active Sampling Point	ts		.0/1/23 - 1					mplete
				1/1/24 - 3				Co	mplete
				4/1/24 - 6					
	(220)			7/1/24 - 9	/30/24		-	/`	
Physical Param								outine (RT)	•
	oint (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status
Select from	Inventory of Active Sampling Point	ts		.0/1/23 - 1					mplete
				1/1/24 - 3				Со	mplete
				4/1/24 - 6					
				7/1/24 - 9	/30/24				
Water System F	Facility: ENTRY POINT (WSF I	D: 007	700)						
Nitrate And Ni								1 routine (R	
	oint (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status
ENTRY POIN	IT (3)			1/1/23 - 12					mplete
				1/1/24 - 12	2/31/24			Co	mplete
				1/1/25 - 12	2/31/25				
	(Othe	er Compliance	Schedu	les				
Compliance Sche	edule Activity			Dı	ie Date		Achieve	ed Date	
CROSS CONNECT	ION EXEMPTION			3/	1/2021				
RESPOND TO SAM	NITARY SURVEY			7/	1/2021				
	Pu	blic	Notification R	equiren	nents				
			Compliance	Notice	Publ	ic Notifico	ation	PN Cert	ification
Violation/Situati			Period	Tier	Requir		formed	Due to DPH	Received
Total Coliform M	&R Violation		1/1/15 - 3/31/15	2	8/5/20	15		8/15/2015	
Total Coliform M	&R Violation		4/1/15 - 6/30/15	2	10/24/2	015		11/3/2015	
Physical Paramet	ers M&R Violation		1/1/15 - 3/31/15	3	7/5/20	16		7/15/2016	
Physical Paramet	ers M&R Violation		4/1/15 - 6/30/15	3	9/23/20	016		10/3/2016	
	Water Syste	em Fa	acility and San	npling P	oint In	vento	ry		
Water						Total	Lead ar	nd	
	r System Facility Samp	-	oint Sampling Poin	t		Coliform	Сорре		Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А	Y			
		4-1	KITCHEN DISH		А	Y			
		4-2	DISTRIBUTION	SYSTEM	А	Y			
		4-3	DISTRIBUTION	SYSTEM	А	Y			
		4-4	DISTRIBUTION	SYSTEM	А	Y			
		4-5	DISTRIBUTION	SYSTEM	А	Y			

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT0690274 ZIPS DINER INC NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1086 NORTH MAIN ST / 725 HARTFORD PIKE 1 Towns Served: KILLINGLY Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae Description ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Δ MW4 DISTRIBUTION SYSTEM Υ A UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α WELL 2 WELL 21195 A **Contact Information** Organization Name Job Title Mr. Kevin R. Cole Krc Enterprises, LLC Member Mailing Address Line One Mailing Address Line Two Citv State Zip Code Davville 06241 P.O. Box 263 CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-774-6335 kevincole680@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner Name Job Title Organization Krc Enterprises LLC Mailing Address Line One Mailing Address Line Two State Zip Code City 725 Hartford Pike Dayville 06241 CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): Owner Please note the following:

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

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 Departr	nent of	Public	Health	Dr	rinki	ng V	Vater	Se	ction		
	Wa	ter Quality	v Monit	oring a	nd Com	ıpl	iance	e Scl	hedul	e			
PWS ID	PWS Name					Clas	ssificatio	on Po	pulation	Owr	ner Type P	rimary	/ Sourc
СТ0690324	MOZZARELLAS (OF KILLINGLY, INC	2				NC		35		Р	G١	N
Local Address	(where applicable)			Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agri	cultura
460 HARTFOR	D TURNPIKE			Connectio	ns		1						
Towns Served	: KILLINGLY												
			Monit	oring Re	quireme	nts	;						
Water Syster	m Facility: DISTR	RIBUTION SYSTE	M (WSFI	D: 00600)									
Total Colifor	rm (3100)								1	l rou	tine (RT)	per q	uartei
	y Point (Sampling P				Monitori	ng P	Period	Colle	ection Pe	riod	Compl	iance S	Status
Select fro	om Inventory of Act	ive Sampling Poir	nts		10/1/23 -						Co	omplet	e
					1/1/24 -						Co	omplet	e
					4/1/24 -								
					7/1/24 -	9/3	0/24						
-	ameters (PPS)										tine (RT)		
	Point (Sampling P	-			Monitori	_		Colle	ection Pe	riod	Compl		
Select fro	om Inventory of Act	tive Sampling Poir	nts		10/1/23 -							omplet	
					1/1/24 -						Co	omplet	e
					4/1/24 -								
Mater Constant					7/1/24 -	9/30	0/24						
	m Facility: ENTR	Y POINT (WSF	ID: 00700)										
	Nitrite (NOX)						and and	C -11-			routine (I		-
	Point (Sampling P	oint ID)			Monitori	_		Colle	ection Pe	rioa		iance S	
ENTRY PC					1/1/23 - 1/1/24 -						C	omplet	e
					1/1/24 -			_					
			Othor C	omnlian	ce Sched								
Compliance Su	chedule Activity		other c	ompilan			Date		Achie	wed	Date		
	CTION SURVEY REF	PORT					2010		Acme	vcui	Dutt		
	SANITARY SURVEY						/2019						
	CTION SURVEY REF	PORT					2024						
		Water Syste	em Facil	ity and S				vent	orv				
Water		mater byst		ity and b	ampm.6			Total	-	and			
	iter System Facility	sam	pling Point	Sampling I	Point		(Colifor					Stage
Facility ID			ID	Description			Status	Rule			Asbestos	WQP	
00600 DIS	TRIBUTION SYSTEM	Λ	4	DISTRIBUT	ION SYSTEM		А	Y					
		DOV	VNSTREAM	WITHIN 5 S	SERVICE CON	N	А						
		UI	PSTREAM	WITHIN 5 S	SERVICE CON	N	А						
00700 EN	TRY POINT		3	ENTRY POI	NT		А						
22689 WE			2	WELL			А						
			Con	tact Info	ormation								
Name				rganization							Job Title		
Mr. Glen Rave	enelle			ailside Taver	'n			C	Owner				
Mailing Addre	ss Line One	Mai	ling Addres	s Line Two				Į	City		State	Zip C	Code
460 Hartford F							Day	ville	-		СТ	062	
	one Extension	Fax	Mohi	le Phone	Emergency				ress		<u> </u>		
Business Pho	LALEIISION	Гах	10100	ie i none	Lineigency	FIIU		III Auu	1035				

		0					1
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0690324	MOZZARELLAS OF KILLINGLY, INC			NC	35	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
460 HARTFORD	TURNPIKE	Connections		1			
Towns Served: K	KILLINGLY				Ċ	·	

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.

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

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(Connectic	ut Depa	rtment o	f Public	Health I	Drinki	ing W	/ater	Sec	ction	
	Wa	ter Qua	lity Moni	toring a	nd Comj	olianc	e Sch	nedul	е		
PWS ID F	WS Name			0	0	lassificati	ion Pop	ulation	Owne	er Type P	imary Source
CT0690344 F	OUR GS PIZZER	IA				NC		25		P	GW
Local Address (wh	ere applicable)			Service	Residentia	al Comm	nercial	Industria	al C	Combined	Agricultural
305 HARTFORD T	JRNPIKE (ROUT	E 101)		Connectior	าร	1	L				
Towns Served: KII	LINGLY										
			Monit	oring Red	quiremen	ts					
Water System F	acility: DISTR		STEM (WSF	ID: 00600)							
Total Coliform	(3100)			-				1	rout	ine (RT)	per quarter
	int (Sampling P	oint ID)			Monitoring	g Period	Collec	ction Per			ance Status
	nventory of Act	-	Points		10/1/23 - 1	-					mplete
	-				1/1/24 - 3						mplete
					4/1/24 - 6						
					7/1/24 - 9						
Physical Param	eters (PPS)							1	rout	ine (RT)	per quarter
Sampling Po	int (Sampling P	oint ID)			Monitoring	g Period	Collec	ction Per	iod	Compli	ance Status
Select from I	nventory of Act	ive Sampling	Points		10/1/23 - 1	2/31/23				Со	mplete
					1/1/24 - 3	/31/24				Со	mplete
					4/1/24 - 6	/30/24					
					7/1/24 - 9	/30/24					
Water System F	acility: ENTR	Y POINT (V	/SF ID: 00700)							
Nitrate And Nit	rite (NOX)								1 r	outine (R	T) per year
Sampling Po	int (Sampling P	oint ID)			Monitoring	g Period	Collec	ction Per	iod	Compli	ance Status
ENTRY POIN	Г (З)				1/1/23 - 12	2/31/23				Со	mplete
					1/1/24 - 12	2/31/24				Со	mplete
					1/1/25 - 12	2/31/25					
		Water Sy	stem Faci	lity and S	ampling P	Point Ir	nvento	ory			
Water				•			Total	Lead o	and		
System Water	System Facility	· .	Sampling Point	: Sampling P	Point		Coliforn	n Copp	per		Stage
Facility ID			ID	Description	1	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEN	1	4	DISTRIBUTI	ON SYSTEM	А	Y				
			DOWNSTREAM	1 WITHIN 5 S	ERVICE CON	А					
			UPSTREAM	WITHIN 5 S	ERVICE CON	А					
00700 ENTRY	POINT		3	ENTRY POI	NT	А					
22693 WELL			2	WELL		Α					
			Сог	ntact Info	rmation						
Name			C	Organization						Job Title	
Golden Greek Res	staurants Intn'l	, Inc.									
Mailing Address L	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
305 Hartford Pike						Da	yville			СТ	06241
Business Phone	Extension	Fax	Mob	ile Phone	Emergency P	hone Em	nail Addr	ess		+ +	
860-779-3659											
Contact Role(s):	Legal Contact,	Owner									
	- ''										

		ter zun	110y 1.10			ind de	· · · · ·	5110			cuar	U			
PWS ID	PWS Name						C	lassif	ication	Рори	lation	Owne	er Type	Prir	mary Source
СТ0690344	FOUR GS PIZZER	IA						N	С	2	25		Р		GW
Local Address (w	here applicable)				Service	Resid	dentia	al Co	mmerci	al Ir	ndustria	al C	Combine	ed	Agricultural
305 HARTFORD T	URNPIKE (ROUT	E 101)			Connectior	ns			1						
Towns Served: KI	LLINGLY									1					
Name				0	rganization								Job Title	e	
Mr. George P. Gi	onis			Go	olden Greek	Restaura	ant &	Pub		Pre	sident				
Mailing Address	Line One		Mailing Ad	dres	s Line Two					С	ity		State		Zip Code
P.O. Box 518									Dayville	e			СТ		06241
Business Phone	e Extension	Fax	٦	Nobi	le Phone	Emerge	ency P	hone	Email A	ddre	SS				
860-774-0167		860-779-	2971			860-9	82-36	591	tsg@at	t.net					
Contact Role(s):	Administrative	Contact													
Name				0	rganization								Job Title	е	
Mr. Richard Burk	(e									Ow	ner/Ma	anage	er		
Mailing Address	Line One		Mailing Ad	dres	s Line Two					С	ity		State	2	Zip Code
305 Hartford Tur	npike								Dayville	e			СТ		06241
Business Phone	e Extension	Fax	ſ	Nobi	le Phone	Emerge	ency P	hone	Email A	ddre	SS				
860-779-3659															
Contact Role(s):	Owner														
Please note the f	following:														
1. The residual di	sinfectant concen	tration must b	e measured	at the	e same locatio	on and tim	ne as e	each t	otal colif	orm sa	ample.				

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	ealth Di	rinking V	Water S	Section	
	Water Quality Mo	nitoring and	d Compl	iance Sc	hedule		
PWS ID	PWS Name	0				wner Type Pi	rimary Sourc
СТ0691223	1075 NORTH MAIN STREET - KILLINGLY			NC	30	Р	GW
Local Address	(where applicable)	Service	Residential	Commercial	Industrial	Combined	Agricultur
1075 NORTH N	IAIN STREET (RTE 12)	Connections		1			
Towns Served:	KILLINGLY						
	Mo	onitoring Requ	irements	;			
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)					
Total Colifor	m (3100)				1 r	outine (RT)	per quarte
Sampling	Point (Sampling Point ID)		Monitoring P	Period Coll	ection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12/	31/23		Со	mplete
			1/1/24 - 1/3	1/24		Со	mplete
			4/1/24 - 6/3	0/24			
			7/1/24 - 9/3	0/24			
Total Colifor	m (3100)				3	repeat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitoring P	Period Coll	ection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points		1/10/24 - 1/1				mplete
Total Colifor				3 t	emporary	routine (TR)	•
	Point (Sampling Point ID)		Monitoring P		ection Perio	-	ance Status
	m Inventory of Active Sampling Points		2/1/24 - 2/2	9/24			mplete
-	ameters (PPS)					outine (RT)	-
	Point (Sampling Point ID)		Monitoring P		ection Perio	-	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12/				mplete
			1/1/24 - 3/3			Co	mplete
			4/1/24 - 6/3				
			7/1/24 - 9/3	0/24			
-	n Facility: ENTRY POINT (WSF ID: 00	700)					1
	Nitrite (NOX)					1 routine (R	
	Point (Sampling Point ID)		_		ection Perio	od Compli	
ENTRY PC	JINT (3)		1/1/23 - 12/3				mplete
			1/1/24 - 12/3			Co	mplete
Over the Char			1/1/25 - 12/3	31/25		4	D)
•	micals (VOCS) Point (Sampling Point ID)		Monitoring P	Dariad Call	ection Perio	1 special (S	P) per yea ance Status
					ection Perio	a compil	unce status
ENTRY PC	(כ) ואוי		1/1/23 - 12/3 1/1/24 - 12/3				
			1/1/24 - 12/3 1/1/25 - 12/3				
Water Systen	n Facility: WELL 1 (WSF ID: 10855)		1/1/20-12/3	, , 2.5			
E. Coli (3014					1 tr	iggered (TG)	per perio
-	Point (Sampling Point ID)		Monitoring P	Period Coll	ection Perio		ance Status
WELL 1 (2			1/9/24 - 1/1				mplete
`	•				equirem		•

	Connecticut	Department of	Public H	ealth D	rinki	ng W	ater S	Section	
		Quality Monit				0			
PWS ID	PWS Name	X	0 0		assificati				Primary Source
СТ069122		STREET - KILLINGLY			NC		30	P	GW
Local Add	lress (where applicable)		Service	Residentia	Comm	ercial I	ndustrial	Combined	Agricultur
	RTH MAIN STREET (RTE 12)		Connections		1				
Fowns Se	rved: KILLINGLY								
Nater Sy	/stem Facility: ENTRY PO	INT (WSFID: 00700)							
Analy	te Monitorir	ng Requirement (Summa	ary Type)	Operat	ing Limit	:		Samples R	leq/Month
рН	Entry Poir	nt pH Monitoring(PHRD)	Minimu	um: 7.0 l	РН			4
Start I	Date: 12/1/2014		Complia	nce History	:	Operat	ing Limit	Monito	ring
			Monitor	ing Period		-	ance Stat		ance Status:
			11/1/202	23 - 11/30/2	023				
			12/1/202	23 - 12/31/2	023				
			1/1/2024	l - 1/31/202	24				
			2/1/2024	1 - 2/29/202	24				
			3/1/2024	4 - 3/31/202	.4				
	Wa	ater System Facili	ity and San	npling P	oint In	vento	ry		
Water						Total	Lead ar	nd	
System	Water System Facility	Sampling Point		nt		Coliform			Stag
acility IL		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А	Y			
		DOWNSTREAM			A				
		MW001	MEN'S ROOM		A	Y	N	Y	
		MW002	WOMEN'S RO	ОМ	A	Y	N		
		MW003	SLOP SINK		A	Y	N		
		OM1001	LOBBY		1		N		
		OM1002	LADIES ROOM		1		N		
		OM1003	BEVERAGE M	ACHINE	1		N		
		OM1004	MENS ROOM				N		
		OM1005 UPSTREAM	BATHROOM S WITHIN 5 SER		1		N		
00700					A				
10955	ENTRY POINT	3	ENTRY POINT		A				
10855	WELL 1 TREATMENT PLANT	2	WELL 1		A				
58992				!					
			tact Inforr	nation					
lame			rganization					Job Title	
Ar. Mich	-		tcat Enterprise	s, LLC			vner		
/lailing A	ddress Line One	Mailing Address	s Line Two			(City	State	Zip Code

Ŭ					,				
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
306 Ivy Court						Franklin l	Lakes	NJ	07417
Business Phone	Extension	Fax	Mc	bile Phone	Emergency Phone	Email Ad	dress		
201-370-3264						mikeeng	22@yahoo.com		
Contact Role(s): Ac	ministrative	Contact, Leg	al Contact, O	wner					

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0691223	1075 NORTH MAIN STREET - KILLINGLY			NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commer	cial Industi	ial Combin	ed Agricultural
1075 NORTH M	AIN STREET (RTE 12)	Connections		1			
Towns Served: H	KILLINGLY			1			

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.

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

	Connecticut D	^				0			on		
		Juality Monit	oring an								Caura
PWS ID CT0691244	PWS Name 4 CUMBERLAND FARMS	STORE #4622			lassificati NC		ulation 32	P	ype P	GV	
	ress (where applicable)	STORE #4032	Service	Residentia			ndustria	-	nbined	-	cultura
	EGAN ROAD		Connections	Nesidentia	1		nuustna		Ibilieu	Agric	Juiture
	ved: KILLINGLY				L						
10113 361		Monite	oring Requ	irement	ts						
Water Sys	stem Facility: DISTRIBUTI		• •						_		
	iform (3100)		· · · ·				1	routin	e (RT)	per qu	Jarter
Samp	ling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Per	iod	Compli	ance S	tatus
Select	t from Inventory of Active San	pling Points		10/1/23 - 12	2/31/23				Cc	mplete	е
		·		1/1/24 - 3/	/31/24				Cc	mplete	e
				4/1/24 - 6/	/30/24					•	
				7/1/24 - 9/	/30/24						
Physical	Parameters (PPS)						1	routin	e (RT)	per qu	Jartei
Samp	ling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Per	iod	Compl	ance S	tatus
Select	t from Inventory of Active San	pling Points		10/1/23 - 12	2/31/23				Co	mplete	e
				1/1/24 - 3/	/31/24				Co	mplete	e
				4/1/24 - 6/	/30/24						
				7/1/24 - 9/	/30/24						
Nater Sys	stem Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate (1040)						1	routin	e (RT)	per qu	Jarte
Samp	ling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Per			ance S	
ENTR	Y POINT (3)			10/1/23 - 12	2/31/23				Co	mplete	e
				1/1/24 - 3/	/31/24				Co	mplete	e
				4/1/24 - 6/	/30/24	_					
				7/1/24 - 9/	/30/24						
Nitrite (1041)							1 rou	tine (F	RT) pei	r vea
•	ling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Per		-	ance S	-
ENTR	Y POINT (3)			1/1/23 - 12	/31/23				Cc	mplete	e
				1/1/24 - 12	/31/24					mplete	
				1/1/25 - 12	/31/25					•	
	Wat	er System Facili	ity and Sar	npling P	oint In	vento	ory				
Water		•	•	1 0		Total	Lead	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn	n Copp	per			Stag
Facility ID		ID	Description		Status	Rule	Rule	Tier As	bestos	WQP	2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А						
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	А						
		UPSTREAM	WITHIN 5 SEF	VICE CON	А						
00700	ENTRY POINT	3	ENTRY POINT		А						
57888	WELL #1	2	WELL #1		А						
58150	TREATMENT PLANT										
		Con	tact Infori	mation							
Name		0	ganization					Jol	Title		
Cumberlar	nd Farms Inc										
Mailing Ad	dress Line One	Mailing Address	s Line Two			(City	S	tate	Zip C	ode
100 Crosin					Fra	minghar			MA	017	
	<u> </u>								-		

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

PWS ID	PWS Name						C	Classifi	cation	Populatio	n Ov	vner Type	Primary Source
СТ0691244	CUMBERLAND F	ARMS STOR	E #4632					N	С	32		Р	GW
Local Address (w	here applicable)				Service	Resid	denti	al Co	mmercia	l Indust	rial	Combine	ed Agricultural
567 WAUREGAN	ROAD				Connection	ns			1				
Towns Served: K	ILLINGLY											1	
Contact Role(s):	Owner												
Name				Or	ganization							Job Title	5
Nicholas Unkovi	c			Eg	- America,	LLC				Svp Gen	eral	Counsel	
Mailing Address	Line One		Mailing <i>i</i>	Address	s Line Two					City		State	Zip Code
165 Flanders Roa	ad								Westbo	rough		MA	01581
Business Phon	e Extension	Fax		Mobil	le Phone	Emerge	ncy P	hone	Email A	ddress			
508-270-7278	3								Nichola	s.Unkovic	@eg	-america.c	om
Contact Role(s):	Legal Contact												
Name				Or	ganization							Job Title	5
Todd Hartley				Eg	- America,	LLC				Senior N	/lgr, S	Service	
Mailing Address	Line One		Mailing	Address	s Line Two					City		State	Zip Code
165 Flanders Roa	ad								Westbo	rough		MA	01581
Business Phon	e Extension	Fax		Mobil	le Phone	Emerge	ncy P	hone	Email A	ddress			
508-270-1524	L .								Todd.H	artley@eg	g-ame	erica.com	
Contact Role(s):	Administrative	Contact											
Please note the	following:												
4 The second during the													

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 Depart	ment of Public H	lealth	Dı	rinking	g V	Vater	Se	ection	
	Water Qualit	y Monitoring an	d Con	ıpl	iance	Sc	hedul	e		
PWS ID	PWS Name			Clas	ssification	Ро	pulation	Ow	ner Type F	Primary Source
СТ0699203	610 WAUREGAN ROAD				NC		25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial	Industri	al	Combined	Agricultural
610 WAUREGA	N ROAD	Connections			1					
Towns Served:	KILLINGLY									
		Monitoring Requ	iireme	nts	;					
Water System	n Facility: DISTRIBUTION SYST	EM (WSF ID: 00600)								
Total Colifor	m (3100)							1 rc	outine (RT) per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period (Colle	ection Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sampling Po	ints	11/1/23 -	11/	30/23					
			12/1/23 -	12/	31/23					
			1/1/24 -	1/3	1/24				Co	omplete
			2/1/24 -	2/2	9/24					
			3/1/24 -	3/3	1/24				Co	omplete
			4/1/24 -	4/3	0/24					
			5/1/24 -	5/3	1/24					
			6/1/24 -	6/3	0/24					
			7/1/24 -							
			8/1/24 -	8/3	1/24					
			9/1/24 -	9/3	0/24					
			10/1/24 -	10/	31/24					
Physical Para	ameters (PPS)							1 rc	outine (RT) per month
	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sampling Po		11/1/23 -							
			12/1/23 -							
			1/1/24 -						Co	omplete
			2/1/24 -							
			3/1/24 -						Co	omplete
			4/1/24 -							
			5/1/24 -		-					
			6/1/24 -							
			7/1/24 -							
			8/1/24 -	-	-					
			9/1/24 -							
			10/1/24 -	· 10/	31/24					
	n Facility: ENTRY POINT (WSF	D: 00700)								
	Nitrite (NOX)					c - 11 -			-	RT) per year
	Point (Sampling Point ID)		Monitori	-		Lolle	ection Pe	riod		iance Status
ENTRY PO	11NT (3)		1/1/23 -						Co	omplete
			1/1/24 -							
			1/1/25 -							
		Other Compliance								
				Due	Data		Achie	ved	Date	
-	hedule Activity									
CROSS CONNE	CTION SURVEY REPORT			3/1/	2013					
CROSS CONNEC	-			3/1/ 3/1/						

			0		1				
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0699203	610 WAUREGAN RO	٩D				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
610 WAUREGA	N ROAD		Connections			1			
Towns Served:	KILLINGLY		· · · · · · · · · · · · · · · · · · ·						

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2016								
CROSS CONNECTION SURVEY REPORT	3/1/2017								
RESPOND TO SANITARY SURVEY	2/1/2018								
CROSS CONNECTION SURVEY REPORT	3/1/2018								
CROSS CONNECTION SURVEY REPORT	3/1/2019								
CROSS CONNECTION SURVEY REPORT	3/1/2020								
CROSS CONNECTION SURVEY REPORT	3/1/2021								
CROSS CONNECTION SURVEY REPORT	3/1/2022								
RESPOND TO SANITARY SURVEY	2/18/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								

Dublic Notification Paguiroman

Public Notification Requirements												
	Compliance	Notice	Public No	tification	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform M&R Violation	10/1/13 - 12/31/13	2	3/27/2014		4/6/2014							
Total Coliform M&R Violation	1/1/14 - 3/31/14	2	7/27/2014		8/6/2014							
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	2/25/2015		3/7/2015							
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	6/27/2015		7/7/2015							
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	11/25/2015		12/5/2015							
Physical Parameters M&R Violation	11/1/23 - 11/30/23	3	2/22/2024		3/3/2024							
Total Coliform M&R Violation	11/1/23 - 11/30/23	3	2/21/2025		3/3/2025							
Physical Parameters M&R Violation	12/1/23 - 12/31/23	3	3/21/2025		3/31/2025							
Total Coliform M&R Violation	12/1/23 - 12/31/23	3	3/21/2025		3/31/2025							
Physical Parameters M&R Violation	2/1/24 - 2/29/24	3	3/21/2025		3/31/2025							
Total Coliform M&R Violation	2/1/24 - 2/29/24	3	3/21/2025		3/31/2025							
			-		1							

Water Sys	stem Facility	y and Samp	pling Point	Inventory
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Water							Total	Lead and			
System	Water System Facility	1	Sampling Point	nt Sampling Point			Coliform	Copper			Stage
Facility ID		ID	Description	1	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	А					
			DOWNSTREAM	I WITHIN 5 S	ERVICE CON	А					
			UPSTREAM	WITHIN 5 S	ERVICE CON	А					
00700	ENTRY POINT		3	ENTRY POI	NT	А					
57896	WELL 1		2	WELL 1		А					
			Cor	ntact Info	rmation						
Name			0	Organization					Job Title		
Mr. Willia	m Bourque		C	entral Coffee	Company, LLC		Ow	ner			
Mailing Ad	ldress Line One		Mailing Addres	ess Line Two			С	ity	State	Zip C	ode
612 Waure	egan Road					Da	nielson		СТ	062	39
Business	Phone Extension		ile Phone	Emergency Ph							

			<i>.</i>		0		1					1			
PWS ID	PWS Name						C	lassif	ication	Popula	tion	٥w	vner Type	Prim	nary Source
СТ0699203	610 WAUREGAN	ROAD						Ν	IC	25			Р		GW
Local Address (w	here applicable)				Service	Service Residential		l Co	ommerci	al Ind	ustri	al	al Combined		Agricultural
610 WAUREGAN	ROAD				Connection	S			1						
Towns Served: K	ILLINGLY					- L									
860-779-6336	302					0	,		bill@ce	entralco	offee	corr	npany.com	1	
Contact Role(s):	Administrative	Contact, Leg	gal Contact	t, O	wner										
Name			Organization	Organization Job Title					9						
Central Coffee P	roperties LLC														
Mailing Address	Line One		Mailing A	ddr	ess Line Two			City			-	State	Z	ip Code	
612 Wauregan R	d								Daniels	son			СТ		06239
Business Phone	e Extension	Fax		Mc	bile Phone	Emergen	cy Pl	hone	Email A	Address					
860-779-6336	j														
Contact Role(s):	Owner											-			
Please note the [•]	following:														
1. The residual d	isinfectant concen	tration must b	pe measured	d at	the same locatio	n and time	as e	each t	otal colif	orm san	ple.				
2. If a Collection	Period is specified	, all water qua	ality samples	s mu	ist be collected d	luring the s	speci	fied p	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 Depart	tment of	Public	Health	Drin	iking	Water	· Sec	tion	
Water Qualit					0				
PWS ID PWS Name		ormgu						er Type P	rimary Source
CT0699224 KILLINGLY PROFESSIONAL BUIL	DING			N		33	Own	P	GW
Local Address (where applicable)		Service	Residenti		mmercia		ial (Combined	-
165 HARTFORD PIKE		Connection			2				
Towns Served: KILLINGLY					_				
	Monito	oring Red	quiremen	ts					
Water System Facility: DISTRIBUTION SYS			1						
Total Coliform (3100)							1 rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	a Perio	od Co	llection Pe			ance Status
	Select from Inventory of Active Sampling Points								
, 10			10/1/23 - 1 1/1/24 - 3					Co	mplete
			4/1/24 - 6						•
			7/1/24 - 9						
Physical Parameters (PPS)							1 rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Perio	od Co	llection Pe	eriod	Compl	ance Status	
Select from Inventory of Active Sampling Po	oints		10/1/23 - 1	2/31/2	23				
			1/1/24 - 3	3/31/24	4			Co	mplete
			4/1/24 - 6	5/30/24	4				
			7/1/24 - 9	9/30/24	4				
Water System Facility: ENTRY POINT (WS	F ID: 00700)								
Nitrate And Nitrite (NOX)							1 r	outine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	g Perio	od Co	llection Pe	eriod	Compl	ance Status
ENTRY POINT (3)			1/1/23 - 1	2/31/2	23				
			1/1/24 - 1					Cc	mplete
			1/1/25 - 1	2/31/2	25				
Water Sys	tem Facili	ty and Sa	ampling F	Point	t Inven	tory			
Water						al Lead			
	mpling Point ID	Sampling P Description			D.,	orm Cop		Achecter	Stage
		-		Stat		ie kule	e ner i	ASDESIOS	WQP 2 DBPF
00600 DISTRIBUTION SYSTEM	4 DWNSTREAM		ON SYSTEM	A					
			ERVICE CON	A A					
00700 ENTRY POINT	3	ENTRY POI		A					
60504 WELL	2	WELL		A					
		tact Info	rmation		<u>،</u>				
Namo			mation					lob Title	
Name Killingly Professional Building LLC	Ur	ganization						Job Title	
	ailing Address	Line Two				City		State	Zip Code
60 Pine Ledge Rd	anng Auuress	ng Address Line Two						RI	02828
Business Phone Extension Fax	Mohil	e Phone	Emergency F	Greenvil Email Ac					
	woon	e i none	Emergency r	none					
Contact Role(s): Owner									

	IIa	ter guu	110y 1.	10111			<u></u>		Jonioaa			
PWS ID	PWS Name						Class	ification	Population	Owner Type	Prim	nary Sourc
СТ0699224	KILLINGLY PROF	ESSIONAL B	UILDING					NC	33	Р		GW
Local Address (w	here applicable)				Service	Reside	Residential Co		ial Industri	ial Combin	ed A	Agricultura
165 HARTFORD P	165 HARTFORD PIKE					าร		2				
Towns Served: KI	LLINGLY					L.					I	
Name		C	Organization				Job Title					
Mr. Mark Krawie	C			K	Cillingly Profes	sional Buil		Principal				
Mailing Address	ine One		Mailing	Addre	ess Line Two				City	State	Z	ip Code
60 Pine Ledge Rd								Green	ville	RI		02828
Business Phone	e Extension	Fax		Mot	oile Phone	Emergenc	y Phor	e Email	Address			
401-934-2426		401-934-	0900	401-523-9007				Krawie	Krawiectree1@cox.net			
Contact Role(s):	Administrative	Contact	1		1							

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.

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Сс	onnectic	ut Depa	rtment of	f Public	: Health I	Drinl	king	Wa	ater Se	ection	
	Wat	ter Qual	ity Monit	coring a	and Comp	olian	ce So	che	edule		
PWS ID PW	/S Name				C	lassifica	ation P	opul	ation Ow	ner Type	Primary Sourc
	ACK POND BR	EWS				NC		2	5	Р	GW
Local Address (whe				Service	Residentia	al Com	mercial	In	dustrial	Combine	d Agricultur
1001 HARTFORD PII				Connectio	ons					1	
Fowns Served: KILLI	NGLY				_						
				•	quirement	ts					
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSFI	D: 00600)							
Total Coliform (3	-									-) per quarte
Sampling Poin					Monitoring			llecti	on Period		liance Status
Select from Inv	entory of Acti	ve Sampling	Points		10/1/23 - 12		3				Complete
					1/1/24 - 3/					(Complete
					4/1/24 - 6/						
Dhysical Davament					7/1/24 - 9/	/30/24			1) per quarte
Physical Paramet Sampling Poin		oint ID)			Monitoring	Derion		llocti	on Period	-) per quarte liance Status
Select from Inv		-	Points		10/1/23 - 12			iecti	onrenou		Complete
Sciect nom in	childry of Acti	ve sumpling	Tomts		1/1/24 - 3/		,				Complete
					4/1/24 - 6/					•	
					7/1/24 - 9/						
Water System Fac	ility: ENTRY	POINT (W	/SF ID: 00700)								
Nitrate And Nitri		•							1	routine	(RT) per yea
Sampling Poin	• •	oint ID)			Monitoring	Period	l Col	llecti	on Period		liance Status
ENTRY POINT (3)				1/1/23 - 12	/31/23				(Complete
					1/1/24 - 12	/31/24				(Complete
					1/1/25 - 12	2/31/25					
		Water Sy	stem Facil	ity and S	Sampling P	oint	Inven	tor	у		
Water							Tot	al	Lead and	1	
· · · · · · · · · · · · · · · · · · ·	stem Facility	9	Sampling Point				Colifo		Copper		Stage
Facility ID			ID	Descriptio		Statu			Rule Tie	r Asbesto	s WQP 2 DBF
00600 DISTRIBU	JTION SYSTEM		4		TION SYSTEM	A	Y				
						A	Y				
00700 ENTRY P			UPSTREAM		SERVICE CON	A	Y				
	JINT		3	ENTRY PO		A					
62404 WELL			2	WELL		A					
62414 TREATM	ENI		•								
					ormation						
Name				rganization				_		Job Title	
Mr. Cory Smith				Black Pond Brews LLC				Owr		a	
Mailing Address Lin	e Une		Mailing Addres	s Line Two		-		Cit	.y	State	Zip Code
1001 Hartford Pike	Extension	Eav	Mab	ile Phone	Emergency		ayville	Idroc	5	СТ	06241
Business Phone	Extension	Fax		377-5716	Emergency P				s ondbrews	scom	
		Contract Log		0110-110		C	Jum	аскр	onubrews	5.0011	
Contact Role(s)	1minictrotive /	Ontart Lon									
Contact Role(s): Ac	aministrative	Contact, Lega									
Contact Role(s): A	aministrative	Contact, Lega									

		C C	<u> </u>	0							
PWS ID	PWS Name						sification	Population	Owner Type	Primary Source	
СТ0699244	BLACK POND BR	EWS			N		NC	25	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al Combin	ed Agricultural	
1001 HARTFORD	PIKE			Connection	IS				1		
Towns Served: K	LLINGLY								1		
Name				Organization Job Title							
Black Pond Brew	rs LLC										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code	
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	y Pho	ne Email /	•			
Contact Role(s):	Owner										

Please note the following:

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

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

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