

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691132	474 PUTNAM PIKE	NC	46	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
474 PUTNAM PIKE	1				

Towns Served: KILLINGLY

## Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
RESPOND TO SANITARY SURVEY	2/4/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## 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	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	KITCHEN SINK	A	Y	2	Y	
		MW002	DEEP SINK	A	Y	2		
		MW003	POT SINK	A	Y	2		
		MW004	MENS ROOM	A	Y	2		
		MW005	WOMENS ROOM	A	Y	2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10305	WELL	2	WELL	A				

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691132	474 PUTNAM PIKE	NC	46	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
474 PUTNAM PIKE		1			

Towns Served: KILLINGLY

## Contact Information

Name		Organization			Job Title		
<b>Mr. George P. Gionis</b>		Golden Greek Restaurant & Pub			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P.O. Box 518					Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-0167		860-779-2971		860-982-3691	tsg@att.net		

Contact Role(s): **Legal Contact, Owner**

Name		Organization			Job Title		
<b>Mr. Steven Anderson</b>		Golden Greek Restaurant And Pu			Member		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
474 Putnam Pike					Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-0167		860-774-0875	860-617-3453		Sanderson09@snet.net		

Contact Role(s): **Administrative Contact**

**Please note the following:**

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

*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	Primary Source
CT0690114	HIDE AWAY COVE CAMPGROUND	NC	100	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1060 NORTH ROAD	Connections		300		

Towns Served: KILLINGLY

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

  

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/18/2026	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
E. Coli M&R Violation	9/14/22 - 10/9/23	3	4/3/2024		4/13/2024	
E. Coli M&R Violation	10/17/22 - 10/9/23	3	4/13/2024		4/23/2024	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
					Rule	Rule Tier	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690114	HIDE AWAY COVE CAMPGROUND	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1060 NORTH ROAD			300		

Towns Served: KILLINGLY

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
00700	ENTRY POINT	3	ENTRY POINT	A				
21182	WELL #1	2	WELL #1	A				
21183	WELL #2	2	WELL #2	A				
56805	HYDROPNEUMATIC TANK							

## Contact Information

Name	Organization	Job Title
Mr. Michael Benoit	Hide Away Cove Campground	Manager
Mailing Address Line One	Mailing Address Line Two	City
1060 North Road	P.O. Box 129	State
Business Phone	Extension	Zip Code
860-774-1128		East Killingly CT 06243
Mobile Phone		Email Address
Emergency Phone		mikebenwaaa@yahoo.com

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

**Please note the following:**

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

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690244	GLORIA'S KITCHEN	NC	25	P	GW
Local Address (where applicable)	350 HARTFORD TURNPIKE	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: KILLINGLY

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21192	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Mark S. Benard	Gloria'S Kitchen	
Mailing Address Line One	Mailing Address Line Two	City
350 Hartford Pike		State
Business Phone	Extension	Zip Code
860-377-1906		Dayville CT 06241
Email Address		
mark.benard@snet.net		

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

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

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End of schedule

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690254	STATELINE CAMP RESORT-WELL #1	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 101			1		

Towns Served: KILLINGLY

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	4/1/26 - 6/30/26		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/16/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2029	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/16/24 - 12/18/25	2	9/26/2024		10/6/2024	
REVISED TOTAL COLIFORM RULE (RTCR)	5/2/23 - 6/14/23	3	6/7/2025		6/17/2025	
Physical Parameters M&R Violation	9/1/24 - 9/30/24	3	12/16/2025		12/26/2025	
Total Coliform M&R Violation	9/1/24 - 9/30/24	3	12/16/2025		12/26/2025	
Total Coliform M&R Violation	7/1/25 - 7/31/25	3	12/31/2026		1/10/2027	
Physical Parameters M&R Violation	7/1/25 - 7/31/25	3	12/31/2026		1/10/2027	
Total Coliform M&R Violation	5/1/25 - 5/31/25	3	12/31/2026		1/10/2027	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690254	STATELINE CAMP RESORT-WELL #1	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 101			1		

Towns Served: KILLINGLY

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Y	Rule Tier	WQD	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	A	A	A
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21193	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Ms. Nicola G. Leonetti	Resort Camplands Int. Inc.	Vp
Mailing Address Line One	Mailing Address Line Two	City
1639 Hartford Turnpike		East Killingly
Business Phone	Extension	State
860-774-3016	860-774-6470	Zip Code
Emergency Phone	Mobile Phone	Email Address
860-234-6955		nicolagillvp1639@yahoo.com

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

**Please note the following:**

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

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**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690274	ZIPS DINER INC	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1086 NORTH MAIN ST / 725 HARTFORD PIKE	Connections		1		

Towns Served: KILLINGLY

### Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/1/2021	
CROSS CONNECTION EXEMPTION	3/1/2024	
CROSS CONNECTION EXEMPTION	3/1/2025	
CROSS CONNECTION EXEMPTION	3/1/2026	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015	
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016	
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1	KITCHEN DISH SINK TR	A	Y			
		4-2	DISTRIBUTION SYSTEM	A	Y			
		4-3	DISTRIBUTION SYSTEM	A	Y			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690274	ZIPS DINER INC	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1086 NORTH MAIN ST / 725 HARTFORD PIKE	Connections		1		

Towns Served: KILLINGLY

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
		4-4	DISTRIBUTION SYSTEM	A	Y			
		4-5	DISTRIBUTION SYSTEM	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON		A				
	MW4	DISTRIBUTION SYSTEM		A	Y			
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21195	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Kevin R. Cole	Krc Enterprises, LLC	Member
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
P.O. Box 263		Dayville CT 06241
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	Organization	Job Title
Krc Enterprises LLC		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
725 Hartford Pike		Dayville CT 06241
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address

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 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

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

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**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690324	RAILSIDE TAVERN	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
460 HARTFORD TURNPIKE			1		

Towns Served: KILLINGLY

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2010	
RESPOND TO SANITARY SURVEY	9/22/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
22689	WELL	2	WELL	A						

### Contact Information

Name	Organization	Job Title
Mr. Glen Ravenelle	Railside Tavern	Owner
Mailing Address Line One	Mailing Address Line Two	City
460 Hartford Pike		State
	Dayville	Zip Code
Business Phone	Extension	
	Fax	
	Mobile Phone	
	Emergency Phone	Email Address

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0690324	RAILSIDE TAVERN			NC	35	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
460 HARTFORD TURNPIKE				1			
Towns Served: KILLINGLY							
860-774-4400			860-933-3166	railsidetavern@gmail.com			
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>							
<b>Please note the following:</b> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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</li> </ol>							
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> <a href="http://www.ct.gov/dph/publicdrinkingwater">http://www.ct.gov/dph/publicdrinkingwater</a>							
<b>End of schedule</b>							

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690344	FOUR GS PIZZERIA	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
305 HARTFORD TURNPIKE (ROUTE 101)			1		

Towns Served: KILLINGLY

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22693	WELL	2	WELL	A			

## Contact Information

Name	Organization	Job Title
Golden Greek Restaurants Intn'l, Inc.		
Mailing Address Line One	Mailing Address Line Two	City
305 Hartford Pike		Dayville
Business Phone	Extension	State
860-779-3659		Zip Code
		CT
		06241
Email Address		
Contact Role(s): Legal Contact, Owner		

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0690344	FOUR GS PIZZERIA	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
305 HARTFORD TURNPIKE (ROUTE 101)	Connections		1		

Towns Served: KILLINGLY

Name		Organization			Job Title		
<b>Mr. George P. Gionis</b>		Golden Greek Restaurant & Pub			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P.O. Box 518					Dayville		06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-0167		860-779-2971		860-982-3691	tsg@att.net		

Contact Role(s): **Administrative Contact**

Name		Organization			Job Title		
<b>Mr. Richard Burke</b>					Owner/Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
305 Hartford Turnpike					Dayville		06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-3659							

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 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

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691223	1075 NORTH MAIN STREET - KILLINGLY	NC	30	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1075 NORTH MAIN STREET (RTE 12)	Connections		1		

Towns Served: KILLINGLY

## Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

  

1 special (SP) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month
		Minimum:	7.0 PH	
pH	Entry Point pH Monitoring (PHRD)			4
Start Date:	Monitoring Period	Compliance History:	Operating Limit	Monitoring
12/1/2014		8/1/2025 - 8/31/2025		Compliance Status:
		9/1/2025 - 9/30/2025		
		10/1/2025 - 10/31/2025		
		11/1/2025 - 11/30/2025		
		12/1/2025 - 12/31/2025		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691223	1075 NORTH MAIN STREET - KILLINGLY	NC	30	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1075 NORTH MAIN STREET (RTE 12)	Connections		1		

Towns Served: KILLINGLY

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	MEN'S ROOM	A	Y	N		Y
		MW002	WOMEN'S ROOM	A	Y	N		
		MW003	SLOP SINK	A	Y	N		
		OM1001	LOBBY	I		N		
		OM1002	LADIES ROOM	I		N		
		OM1003	BEVERAGE MACHINE	I		N		
		OM1004	MENS ROOM	I		N		
		OM1005	BATHROOM SINK	I		N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10855	WELL 1	2	WELL 1	A				
58992	TREATMENT PLANT							

## Contact Information

Name	Organization			Job Title		
Mr. Michael Eng	Altcat Enterprises, LLC			Owner		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code
306 Ivy Court			Franklin Lakes		NJ	07417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
201-370-3264					mikeeng22@yahoo.com	

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691234	CHURCH OF THE NAZARINE	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
440 WESTCOTT ROAD			1		

Towns Served: KILLINGLY

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<b>Total Coliform (3100)</b>	<b>3 repeat (RP) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	9/30/25 - 10/5/25		Complete
<b>Total Coliform (3100)</b>	<b>3 temporary routine (TR) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		
<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL 1 (WSF ID: 49264)

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	9/29/25 - 10/5/25		Complete

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
L1 ASSESSMENT (MULTIPLE TC+)	11/3/2025	
RESPOND TO SANITARY SURVEY	2/4/2026	
CROSS CONNECTION EXEMPTION	3/1/2030	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION DOWNSTREAM WITHIN 5 SERVICE CON	A	A	

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691234	CHURCH OF THE NAZARINE	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
440 WESTCOTT ROAD			1		

Towns Served: KILLINGLY

<b>Water System Facility and Sampling Point Inventory</b>							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Stage WQP 2 DBPR
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A			
49264	WELL 1	2	WELL 1	A			

## Contact Information

Name	Organization	Job Title
Pastor Joseph Baldinger	Danielson Church of Nazarene	Pastor
Mailing Address Line One	Mailing Address Line Two	City
440 Westcott Rd		State
Business Phone	Extension	Zip Code
860-774-5844		Danielson
		CT
		06239
Mobile Phone		Email Address
		jbaldinger119@gmail.com

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691244	CUMBERLAND FARMS STORE #4632	NC	32	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
567 WAUREGAN ROAD			1		

Towns Served: KILLINGLY

### Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
57888	WELL #1	2	WELL #1	A				
58150	TREATMENT PLANT							

### Contact Information

Name	Organization	Job Title
Cumberland Farms Inc		
Mailing Address Line One	Mailing Address Line Two	City
100 Crosing Blvd		State Zip Code
		MA 01702

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0691244	CUMBERLAND FARMS STORE #4632	NC	32	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
567 WAUREGAN ROAD		1			

Towns Served: KILLINGLY

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Nicholas Unkovic	Eg - America, LLC	Svp General Counsel
Mailing Address Line One	Mailing Address Line Two	City
165 Flanders Road		State
Business Phone	Mobile Phone	Zip Code
508-270-7278	Emergency Phone	Westborough
		MA
		01581
Business Phone	Extension	Email Address
508-270-7278		Nicholas.Unkovic@eg-america.com

Contact Role(s): **Legal Contact**

Name	Organization	Job Title
Mr. Todd Hartley	Eg - America, LLC	Senior Mgr, Service
Mailing Address Line One	Mailing Address Line Two	City
165 Flanders Road		State
Business Phone	Mobile Phone	Zip Code
508-270-1524	Emergency Phone	Westborough
		MA
		01581
Business Phone	Extension	Email Address
508-270-1524		Todd.Hartley@eg-america.com

Contact Role(s): **Administrative Contact**

**Please note the following:**

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

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

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

**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0699203	610 WAUREGAN ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
610 WAUREGAN ROAD			1		

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		Complete
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/12/25 - 8/17/25		Complete
	11/4/25 - 11/9/25		Complete
<b>Physical Parameters (PPS)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		Complete
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>			
<b>Nitrate And Nitrite (NOX)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
<b>Water System Facility: WELL 1 (WSF ID: 57896)</b>			

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0699203	610 WAUREGAN ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
610 WAUREGAN ROAD			1		

Towns Served: KILLINGLY

### Monitoring Requirements

Water System Facility: WELL 1 (WSF ID: 57896)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL 1 (2)	8/11/25 - 8/17/25		Complete
		11/3/25 - 11/9/25		Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2013	
CROSS CONNECTION SURVEY REPORT	3/1/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2015	
CROSS CONNECTION SURVEY REPORT	3/1/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
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	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
57896	WELL 1	2	WELL 1	A				

### Contact Information

Name	Organization				Job Title		
Mr. William Bourque	Central Coffee Company, LLC.				Owner		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code	
612 Wauregan Road			Danielson		CT	06239	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-6336	302				bill@centralcoffeecompany.com		
Contact Role(s):	Administrative Contact, Legal Contact, Owner						

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0699203	610 WAUREGAN ROAD				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
610 WAUREGAN ROAD				1				
Towns Served: KILLINGLY								
Name			Organization			Job Title		
Central Coffee Properties LLC								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
612 Wauregan Rd					Danielson		CT	06239
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-779-6336								

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 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

***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	Primary Source
CT0699224	KILLINGLY PROFESSIONAL BUILDING	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
165 HARTFORD PIKE			2		

Towns Served: KILLINGLY

## Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
60504	WELL	2	WELL	A			

## Contact Information

Name	Organization			Job Title		
Killingly Professional Building LLC						
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
60 Pine Ledge Rd				Greenville	RI	02828
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

Contact Role(s): Owner

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0699224	KILLINGLY PROFESSIONAL BUILDING				NC	33	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
165 HARTFORD PIKE				2				

Towns Served: KILLINGLY

Name		Organization			Job Title		
Mr. Mark Krawiec		Killingly Professional Buildin			Principal		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
60 Pine Ledge Rd					Greenville	RI	02828
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
401-934-2426		401-934-0900	401-523-9007		Krawiectree1@cox.net		

Contact Role(s): **Administrative Contact**

**Please note the following:**

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

***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	Primary Source
CT0699244	BLACK POND BREWS	NC	25	P	GW
Local Address (where applicable)	1001 HARTFORD PIKE	Service Connections	Residential	Commercial	Industrial
				Combined	Agricultural

Towns Served: KILLINGLY

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 8/31/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<b>Total Coliform (3100)</b>	<b>3 repeat (RP) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/27/25 - 9/1/25		Complete
<b>Total Coliform (3100)</b>	<b>3 temporary routine (TR) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	9/1/25 - 9/30/25		Complete
<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 62404)

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/26/25 - 9/1/25		Complete

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y	
00700	ENTRY POINT	3	ENTRY POINT	A		
62404	WELL	2	WELL	A		
62414	TREATMENT					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0699244	BLACK POND BREWS	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1001 HARTFORD PIKE					1

Towns Served: KILLINGLY

## Contact Information

Name	Organization	Job Title		
Mr. Cory Smith	Black Pond Brews LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1001 Hartford Pike		Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
			860-377-5716	Email Address cory@blackpondbrews.com

Contact Role(s): **Administrative Contact, Legal Contact**

Name	Organization	Job Title		
Black Pond Brews LLC				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address

Contact Role(s): **Owner**

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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

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

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

**End of schedule**