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

PWS ID PWS Name CI			Cla	ssification	Population	Owner Type	Primary Source	
CT0690272	KILLINGLY HWY DEPT GARAGE				NTNC	68	L	GW
Local Address (where applicable) Service Resid			Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
79 PUTNAM PIK	E	Connections	1					

Towns Served: KILLINGLY			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/29	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

	Connecticut De	partment of	Public Healtl	n Drink	ing W	ater Se	ction	
	Water Qu	uality Monit	oring and Coi	nplian	ce Sch	edule		
PWS ID	PWS Name			Classificat	ion Popu	lation Owr	ner Type P	rimary Source
CT0690272	KILLINGLY HWY DEPT GA	RAGE		NTNC	e	58	L	GW
Local Address (where applicable)		Service Reside	ntial Comn	nercial Ir	ndustrial	Combined	Agricultural
79 PUTNAM PI	KE		Connections 1					
Towns Served:	KILLINGLY		1	1	'	,		
		Monito	oring Requirem	ents				
Water System	n Facility: ENTRY POINT	(WSF ID: 00700)						
Organic Cher	micals (VOCS)					1 routine	(RT) per	three years
Sampling	Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
ENTRY PO	OINT (3)		1/1/21	- 12/31/23			Co	mplete
			1/1/24	- 12/31/26				
			1/1/27	- 12/31/29				
		Other C	ompliance Sche	dules				
Compliance Sc	hedule Activity			Due Date		Achieved	Date	
SUBMIT LEAD S	SERVICE LINE INVENTORY			10/16/2024				
COMPLETE INIT	TIAL LSL INVENTORY			10/16/2024				
CROSS CONNE	CTION EXEMPTION			3/1/2029				
	Water	System Facili	ity and Sampling	g Point I	nvento	ry		
Water					Total	Lead and		
0 . 14/	ter System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
	ter system rucinty				-			_
Facility ID		ID	Description	Status	Dula		Asbestos	WQP 2 DBPR
Facility ID	TRIBUTION SYSTEM	<i>ID</i> 4	DISTRIBUTION SYSTEM	M A	Dula		Asbestos	_
Facility ID		4 DOWNSTREAM	Description	M A	Rule		Asbestos	_
Facility ID		4 DOWNSTREAM KGAR001	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT	M A DN A A	Rule Y Y			_
Facility ID		4 DOWNSTREAM KGAR001 KGAR002	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT	M A DN A A	Rule Y	Rule Tier	<i>Asbestos</i> Y	_
Facility ID		4 DOWNSTREAM KGAR001	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT	M A DN A A	Rule Y Y	Rule Tier		_
Facility ID		4 DOWNSTREAM KGAR001 KGAR002	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK	M A ON A A A	Y Y Y	Rule Tier N N		_
Facility ID		DOWNSTREAM KGAR001 KGAR002 KGAR003	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN	M A ON A A A	Y Y Y Y Y	Rule Tier N N N		_
Facility ID		DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP	M A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		_
Facility ID 00600 DIST		DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN	M A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		_
Facility ID 00600 DIST	TRIBUTION SYSTEM	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO	M A A A A A IK A DN A	Y Y Y Y Y	Rule Tier N N N N		_
Pacility ID 00600 DIST	TRIBUTION SYSTEM	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2	Description DISTRIBUTION SYSTEI WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT	M A A A A A A A A A A A A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		_
00700 ENT 10301 WEI	TRIBUTION SYSTEM	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform	M A A A A A A A A A A A A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		_
O0700 ENT 10301 WEI	TRIBUTION SYSTEM TRY POINT	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified N SYSTEM (WSF III	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform	M A A A A A A A A A A A A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		WQP 2 DBPR
O0700 ENT 10301 WEI	TRIBUTION SYSTEM TRY POINT LL 1 Facility: DISTRIBUTION Scation: SMALL WATER SYST	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified N SYSTEM (WSF III	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform D: 00600)	M A A A A A A A A A A A A A A A A A A A	Y Y Y Y Y	Rule Tier N N N N		_
O0700 ENT 10301 WEI Water System Facility Classifi	TRIBUTION SYSTEM TRY POINT LL Tracility: DISTRIBUTION SCATION: SMALL WATER SYSTER Page 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified N SYSTEM (WSF III	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform D: 00600)	M A A A A A A A A A A A A A A A A A A A	Y Y Y Y Y	N N N N	Y	WQP 2 DBPR Certification
O0700 ENT 10301 WEI Water System Facility Classifi Operator Nam	TRIBUTION SYSTEM TRY POINT LL Tracility: DISTRIBUTION SCATION: SMALL WATER SYSTER Page 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified N SYSTEM (WSF III TEM Operator Type CHIEF OPERATO	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform D: 00600)	M A A A A A A A A A A A C C C C C C C C C	Y Y Y Y Y	N N N N	Y	WQP 2 DBPR Certification Expiration
O0700 ENT 10301 WEI Water System Facility Classifi Operator Nam	TRIBUTION SYSTEM TRY POINT LL Tracility: DISTRIBUTION SCATION: SMALL WATER SYSTER Page 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DOWNSTREAM KGAR001 KGAR002 KGAR003 KGAR004 KGAR005 UPSTREAM 3 2 Certified N SYSTEM (WSF III TEM Operator Typ CHIEF OPERATO Con	Description DISTRIBUTION SYSTER WITHIN 5 SERVICE CO UPSTAIRS SINK LEFT UPSTAIRS SINK RIGHT MENS BTHRM SINK DOWN WOMENS BTHRM SIN UP KITCHEN WITHIN 5 SERVICE CO ENTRY POINT WELL Operator Inform D: 00600) Certification	M A A A A A A A A A A A C C C C C C C C C	Y Y Y Y Y	N N N N	Y	WQP 2 DBPR Certification Expiration

Killingly Hwy Depi Mailing Address Line One Mailing Address Line Two City State Zip Code 06239 79 Putnam Pike Killingly CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-779-5360 860-234-4287 dcapacchione@killinglyct.org Contact Role(s): Administrative Contact

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.

	Connecticu	it Depa	irtment o	f Public	Health	Drir	nking	Water	Section	
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0690272	KILLINGLY HWY	DEPT GARA	GE			NT	NC	68	L	GW
Local Address (wi	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
79 PUTNAM PIKE				Connection	ns 1					
Towns Served: KI	LLINGLY				,	,				
Name			C	Organization					Job Title	9
Ms. Jennifer Haw	kins		Т	own of Killing	gly			Finance D	irector	
Mailing Address I	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
Town of Killingly,	Finance Dept		172 Main Stree	et			Killingly	,	СТ	06239
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress	,	
860-779-5339							JHAWK	INS@KILLIN	GLYCT.GOV	
Contact Role(s):	Legal Contact		·							

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0691102	ROGERS CORP - ROGERS WELL				NTNC	250	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
ONE TECHNOLO	GY DRIVE - KILLINGLY	Connections	1					

Towns Served: KILLINGLY

Towns Served: KILLINGLY	ina Danninan anta		
	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/12/23 - 12/17/23		Complete
	12/15/23 - 12/20/23		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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
	4/1/24 - 4/30/24		·
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)	10/1/24 - 10/31/24		

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

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.

Schedule Generation Date: 4/3/2024

	Connecticut Departmen				_			ction	
Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Prim					Primary Source				
СТ0691102	ROGERS CORP - ROGERS WELL				NTNC	250		Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combine	d Agricultural
ONE TECHNOL	Connections	onnections 1							

Towns Served: KILLINGLY			
Monitorin	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Water System Facility: WELL (WSF ID: 10303)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	12/11/23 - 12/17/23		Complete
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	Pate
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		
CROSS CONNECTION SURVEY REPORT	3/1/2025		
Water System Facility a	nd Sampling Point In	ventory	
Water		Total Lead and	
	P. B. C. C.	- 110	_

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		RC	BLDG 20A, 1ST FLOOR	Α	Υ	2			
		RC-RW	RC-RW-003	Α	Υ	2			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0691102	ROGERS CORP - ROGERS WELL	NTNC	250	Р	GW		
Local Address (where applicable)		Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
ONE TECHNOLO	Connections	1					

Towns Served: KILLINGLY

water	System Facil	ity and Sampling P	omt ir	ivento	y			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR
	RC-RW001	SP1-WELL #3 HOUSE	ı					
	RC-RW002	SP2-BLDG. 1, 3FL KIT	1	Υ				
	RCRW003	SP3-BLDG. 24 R&D BR	1	Υ	1			
	RC-RW003	SP3-BLDG.24 R&D BR	Α	Υ	2	Υ	Υ	
	RC-RW004	SP4-BLD 20A BR	Α	Υ	2			
	RC-RW005	SP5- BLD 4, 2 FL BR	Р	Υ	2			
	RC-RW006	SP6- BLD 13, WH-BR	Α	Υ	2			
	RCRWBU001	BSP1-BLD 2, 4 FL BR	1	Υ	N			
	RCRWBU002	BSP2-BLD 21 2 FL KIT	Α	Υ	2			
	RCRWBU003	BLD 24, R&D BR-02	Α		2			
	RC-RW-BU003	BSP3-BLD 23 M RM	1					
	RCRWBU004	BSP4-BLD 1 HOURLY BR	Р	Υ	2			
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
10303 WELL	2	WELL	Α					
62126 100K GALLON ATM STORAGE								

62126 100K GALLON ATM STORAGE TANK

Certified Operator Information

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

Facility Classification: SMALL WATER S	SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
WERBECKI, MICHAL	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR	9/30/2024

		CHIEF OPERA	ATOR SMALL WATER SYSTEM OPERATOR					9/30/2024
		Co	ntact Inf	ormation				
Name				1		Job Title		
Mr. Michal Werbecki				oration	Ehs Engineer			
One		Mailing Addr	ress Line Two			City	State	Zip Code
⁄e					Rogers		СТ	06263
Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address			
					michal.werbecki@rogerscorporation.com			
	one ve	one ve	ki • One Mailing Addr ve	Organization Rogers Corpo One Mailing Address Line Two Me	Mailing Address Line Two Ve Extension Fax Mobile Phone Emergency Phone	Organization Rogers Corporation One Mailing Address Line Two Rogers Extension Fax Mobile Phone Emergency Phone Email Act	Organization Rogers Corporation Ehs Engineer One Mailing Address Line Two City Rogers Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Rogers Corporation Ehs Engineer One Mailing Address Line Two City State Rogers CT Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

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

PWS ID PWS Name CI						Population	Owner Type	Primary Source
CT0691203	FRITO-LAY				NTNC	903	Р	GW
Local Address (where applicable)			Reside	ntial	Commerci	al Industri	al Combine	ed Agricultural
1886 UPPER MAPLE STREET			ns 1					

Towns Served: KILLINGLY			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Chlorine Residual (1012)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
CAFETERIA SINK (2FL105)	1/1/23 - 12/31/23	7/1-7/31	
	1/1/24 - 12/31/24	7/1-7/31	
	1/1/25 - 12/31/25	7/1-7/31	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
MAINTENANCE SINK (FLDAC-116)	1/1/23 - 12/31/23	7/1-7/31	Complete
	1/1/24 - 12/31/24	7/1-7/31	
	1/1/25 - 12/31/25	7/1-7/31	
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		20 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)			ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source		
CT0691203	FRITO-LAY				NTNC	903	Р	GW		
Local Address (w	where applicable)	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
1886 UPPER MA	Connections	1								
Towns Served: KILLINGLY										

TOWIIS SELVED. KILLINGLI										
Monitoring Requirements										
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
	1/1/26 - 12/31/28									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete							
	1/1/24 - 12/31/24									
	1/1/25 - 12/31/25									
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/23 - 12/31/25									
	1/1/26 - 12/31/28									
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/23 - 12/31/25									
	1/1/26 - 12/31/28									
Organic Chemicals (VOCS)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/22 - 12/31/24		Complete							
	1/1/25 - 12/31/27									

			1/1	1/25 - 12/31/27			
	Mor	nthly Water System Facility	(WSF) Lev	el Monitori	ng Requireme	nts	
Water System	Facility: E	ENTRY POINT (WSFID: 00700)					
Analyte		Monitoring Requirement (Summary T	уре)	Operating Limit	it Samples Req/Mont		
Chlorine		Entry Point Chlorine Residual Monitori	ing (CHLR) Minimum: .2 MC		1G/L	Daily	
Start Date:	12/1/2002 Compliance History:		Operating Limit	Monitoring			
					Compliance Status	Compliance Status:	
			11/1/2023 -	11/30/2023	Υ		
			12/1/2023 -	12/31/2023	Υ		
			1/1/2024 - 3	1/31/2024	Υ		
			2/1/2024 - 2	2/29/2024	Υ		
			3/1/2024 - 3	3/31/2024			
Analyte		Monitoring Requirement (Summary T	уре)	Operating Limit	t	Samples Req/Month	
Chlorine		Entry Point RDC (EPRD)		Minimum: 0.25	5 MG/L	Daily	
Start Date:	4/1/2013		Compliance	e History:	Operating Limit	Monitoring	
			Monitoring	Period	Compliance Status	: Compliance Status:	
			11/1/2023 -	11/30/2023	Υ		
			12/1/2023 -	12/31/2023	Υ		
	<u> </u>		1/1/2024 - 3	1/31/2024	Υ		
		·	2/1/2024 - 2	2/29/2024	Υ	·	

	Conne	cticut Department of	Public H	ealth Di	rinki	ng V	Nater	Se	ction		
		Water Quality Monito				_					
PWS ID	PWS Name		8 - 8 -						er Type Pr	imary Source	
CT0691203	FRITO-LAY				NTNC		903		Р	GW	
ocal Address (w	vhere applic	cable)	Service	Residential	Comme	ercial	Industr	ial	Combined	Agricultura	
.886 UPPER MA	PLE STREET	•	Connections	1							
owns Served: K	ILLINGLY					1				1	
Water System	Facility: E	NTRY POINT (WSFID: 00700)									
Analyte		Monitoring Requirement (Summar	ry Type)	Operatir	ng Limit				Samples Re	q/Month	
Chlorine		Entry Point RDC (EPRD)		Minimur	n: 0.25	MG/L			Dai	ly	
Start Date:	4/1/2013		Complia	nce History:		Oper	ating Lim	it	Monitori	ing	
			Monitor	ing Period		-	oliance St			nce Status:	
			3/1/202	4 - 3/31/2024		•					
Analyte		Monitoring Requirement (Summa	ry Type)	Operatir	ng Limit				Samples Re	q/Month	
Orthophospl	hate	(PHOS)	Maximu	m: 3 M	G/L			2			
Start Date:	5/1/2018		Compliance History: Operating Limit				it	Monitori	ing		
			Monitor	Monitoring Period Compliance Status					Complia	nce Status:	
			11/1/2023 - 11/30/2023								
			12/1/20	23 - 12/31/20)23						
			1/1/202	4 - 1/31/2024	ļ						
			2/1/202	4 - 2/29/2024	ļ						
			3/1/202	4 - 3/31/2024	ļ						
Analyte		Monitoring Requirement (Summary Type) Operating Limit							Samples Req/Month		
Orthophospl	hate	Entry Point Phosphate Monitoring		Minimur	_				. 2		
Start Date:		, ,	,	nce History:		Operating Limit		ie	Monitoring		
	-, ,		Monitoring Period			Compliance Status:			nce Status:		
			11/1/2023 - 11/30/2023 Y					•			
				23 - 12/31/20			Υ				
				4 - 1/31/2024			Y				
				4 - 2/29/2024		У					
				4 - 3/31/2024			<u> </u>				
Analyte		Monitoring Requirement (Summa		Operatir					Samples Re	a/Month	
pH		Entry Point pH Monitoring (PHRD)	iy iypcj	Minimur	_			•	Dai	-	
Start Date:	5/1/2019	Entry Forme pri Monitoring (Frike)	Complia	nce History:	11. 7.21						
Start Date.	3/1/2010			ing Period			ating Lim		Monitori	ng nce Status:	
				23 - 11/30/20	123	Comp	oliance St Y	.atus:	Compilar	ice Status.	
				23 - 11/30/20 23 - 12/31/20			Y				
				23 - 12/31/20 4 - 1/31/2024			<u>ү</u> Ү				
				4 - 2/29/2024 4 - 2/21/2024			Υ				
A m = 1: +4 =		Manitoring Paradinant and Issue		4 - 3/31/2024					Commission B	a / N / a sa t la	
Analyte		Monitoring Requirement (Summar	ry Type)	Operatir	_				Samples Re	-	
pH	C /1 /2020	<spaces> ()</spaces>	Commit-		m: 7.8 l	7.8 PH			Daily		
Start Date:	0/1/2020			nce History:		Operating Limit		Monitori	_		
				ing Period	22	Comp	oliance St	atus:	Compilai	nce Status:	
			11/1/20	23 - 11/30/20	23						

12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024 3/1/2024 - 3/31/2024

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

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
CT0691203	FRITO-LAY		NTNC	903	Р	GW		
Local Address (v	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural	
1886 UPPER MA	Connections	1						

Towns Served: KILLINGLY

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2022								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024								
COMPLETE INITIAL LSL INVENTORY	10/16/2024								

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Haloacetic Acids M&R Violation	1/1/22 - 12/31/22	3	9/4/2024		9/14/2024			

Otal Halo	acetic Acids M&R violation	1/1/	22 - 12/31/22 3	9/4/20	727		7/14/2024	
	Water	System Facili	ty and Sampling Po	oint In	ventor	У		
Water					Total	Lead and		
-	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	2FL001	CAFETERIA SINK	Α	Υ	1		
		2FL002	GENERATED BY BATCH	Α	Υ			
		2FL0027	SAMPLE #6: DISPATCH	Α	Υ	1		
		2FL0028	SAMPLE #13: DISPATCH	Α	Υ	1		
		2FL003	FRONT OFFICE KITCHEN	Α	Υ	1		
		2FL004	GENERATED BY BATCH	Α	Υ			
		2FL005	DISPATCH MENS UPSTAI	Α	Υ	1		
		2FL006	DISPATCH WOMENS UP	Α	Υ	1		
		2FL007	DISPATCH OFFICE SINK	Α	Υ	1		
		2FL008	DISPATCH WOMEN'S DOW	Α	Υ	1		
		2FL009	GENERATED BY BATCH	Α	Υ			
		2FL014	GENERATED BY BATCH	Α	Υ			
		2FL015	GENERATED BY BATCH	Α	Υ			
		2FL017	GENERATED BY BATCH	Α	Υ			
		2FL018	UTC UTILITY SINK	Α	Υ	1		
		2FL020	SAMPLE #15: UTC WOME	Α	Υ	1		
		2FL021	GENERATED BY BATCH	Α	Υ			
		2FL022	CAFETERIA WATER FOUN	Α	Υ	1		
		2FL023	GENERATED BY BATCH	Α	Υ			
		2FL026	GENERATED BY BATCH	Α	Υ			
		2FL027	GENERATED BY BATCH	Α	Υ			
		2FL028	GENERATED BY BATCH	Α	Υ			
		2FL101	SHIPPING KITCHEN	Α	Υ	1		
		2FL102	FRONT OFFICE SINK	Α		1		
		2FL103	OFFICE FOUNTAIN	Α	Υ	1		
		2FL104	OFFICE FOUNTAIN	Α	Υ	1		

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
CT0691203	691203 FRITO-LAY					Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
1886 UPPER MA	PLE STREET	Connections	1				

Towns Ser	ved: KILLINGLY								
	Wat	er System Facili	ty and Sampling Po	oint In	vento	γ			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		2FL105	CAFETERIA SINK	A	Υ	1	Υ	Υ	Υ
		2FL106	PC QC LAB SINK	Α	Υ	1			
		2FL107	PKG DISHWASH SINK	Α	Υ	1			
		2FL108	MAIN QC LAB SINK	Α	Υ	1			
		2FL109	FCC KITCHEN SINK	Α	Υ	1			
		2FL110	MAINTENANCE SINK	Α	Υ	1			
		2FL111	SANI ROOM SINK- RAIL	Α	Υ	1			
		2FL112	BOILER ROOM CHEMICAL	Α	Υ	1			
		2FL113	BOILER ROOM UTILITY	Α	Υ	1			
		2FL114	CORN QC LAB SINK	Α	Υ	1			
		2FL115	CORN COOK MEZZ SINK	Α	Υ	1			
		2FL116	SMARTFOOD KITCHEN- HW	Α	Υ	1			
		2FL117	GES BREAKROOM UP	Α	Υ	1			
		2FL118	GES MAINT SHOP SINK	Α	Υ	1			
		2FL119	GES WATER FOUNTAINS	Α	Υ	1			
		2FL120	WASTEWATER LAB SINK	Α	Υ	1			
		2FL121	TRAFFIC GARAGE SINK	Α	Υ	1			
		2FL122	TRAFFIC KITCHENETTE	Α	Υ	1			
		2FL123	TRAFFIC KITCHENETTE	Α	Υ	1			
		2FL124	PKG LINE# 45 SINK	Α	Υ	1			
		2FL125	PKG LINE #3 SINK	Α	Υ	1			
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		1			
		FL001	GENERATED BY BATCH	Α	Υ				
		FL002	WASTEWATER LAB SINK	Α		1			
		FL01	GENERATED BY BATCH	Α	Υ				
		FLDAC-11	EMPLOYEE CAFE SINK	Α	Υ	1			
		FLDAC-110	WWTP LAB SINK	Α		1			
		FLDAC-112	WATER BUBBLER-CAFE	Α		1			
		FLDAC-113	MENS LOCKER ROOM SK	Α	Υ	1			
		FLDAC-114	WATER BUBBLER-OFF.	Α		1			
		FLDAC-115	DISPATCH OFFICE SINK	Α		1			
		FLDAC-116	MAINTENANCE SINK	Α	Υ	1	Υ	Υ	Υ
		FLDAC-117	FRT OFFICE BATHRM SK	Α		1			
		FLDAC-118	LBCSS SINK-OLD	Α		1			
		FLDAC-119	LADIES LOCKER RM SK	Α	Υ	1			
		FLDAC-12	PC LAB SINK	Α	Υ	1			
		FLDAC-120	TRUCK GARAGE SINK	Α		1			

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	g Water	Section	
	Water Quality Monitoring and Con	npliance :	Schedul	e	
/S ID	PWS Name	Classification	Population	Owner Type	Prin

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT0691203 FRITO-LAY					NTNC	903	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1886 UPPER M	APLE STREET	Connections	1					

Towns Served: KILLINGLY

	Water System Facility and Sampling Point Inventory										
Water System Water S Facility ID	System Facility :	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBF			
		FLDAC-13	UTILITY SINK-ASF	Α		1					
		FLDAC-14	QC LAB SINK	Α	Υ	1					
		FLDAC-15	FCC KITCHEN SINK	Α		1					
		FLDAC-16	BOILER RM-UTIL. SINK	Α	Υ	1					
		FLDAC-17	CORN QC LAB	Α	Υ	1					
		FLDAC-18	UTC UTILITY SINK	Α	Υ	1					
		FLDAC-19	SHIPPING SINK-MEN RM	Α		1					
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ	1					
		XXXFL01	CAFETERIA SINK	Α	Υ	1					
00700 ENTRY F	POINT	3	ENTRY POINT	Α	Υ	1					
10307 WELL#:	1	2	WELL #1	Α		1					
59242 WELL#3	3	2	WELL #3	Α		1					
59244 ATMOS	PHERIC STORAGE										
59246 PUMP S	STATION										
995 FRITO L	AY TREATMENT STATION										

Certified Operator Information

Water System Facility: FRITO LAY TREATMENT STATION (WSF ID: 995)

	-	•	
Facility Classification: CLASS 2 TRE	ATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024
NAPIERATA, KYLE	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title		
Ms. Heather Belanger				Frito Lay			Env. Coordinator			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
1886 Upper Maple	St					Dayville		СТ	06241	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	Email Address			
860-412-1173						heather.	ther.belanger@pepsico.com			
					•					

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

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			Cla	ssification	Population	Owner Type	Primary Source	
CT0691243 KILLINGLY HIGH SCHOOL & AGRICULTURAL CTR					NTNC	1,400	L	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combin	ed Agricultural
234 PUTNAM PI	KE	Connections			1			

234 FUTIVAINI FIRE	1		
Towns Served: KILLINGLY		1	1
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:			
Chlorine Residual (1012)		2 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		Complete
Total Haloacetic Acids (2456)	.,	1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
KITCHEN FOOD PREP SINK (1307)	1/1/23 - 12/31/23	9/1-9/30	Complete
, ,	1/1/24 - 12/31/24	9/1-9/30	· ·
	1/1/25 - 12/31/25	9/1-9/30	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ART ROOM 3106 (3106)	1/1/23 - 12/31/23	9/1-9/30	Complete
	1/1/24 - 12/31/24	9/1-9/30	<u> </u>
	1/1/25 - 12/31/25	9/1-9/30	
Total Coliform (3100)			itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24	_	
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Lead And Copper (PBCU)		10 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)		2 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points			

Connecticut Department of Public I	Health Drinki	ng Water Se	ection
Water Quality Monitoring an			
PWS ID PWS Name	Classificati		ner Type Primary Source
CT0691243 KILLINGLY HIGH SCHOOL & AGRICULTURAL CTR	NTNC	1,400	L GW
Local Address (where applicable) Service	Residential Comm		Combined Agricultural
234 PUTNAM PIKE Connections			7.8.10414141
Towns Served: KILLINGLY			
Monitoring Req	uirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Physical Parameters (PPS)		2 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: TREATMENT PLANT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routin	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routin	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Monthly Water System Facility (WSF)	Level Monitori	ng Requireme	ents

	Conne	*	artment of				U			
			ality Monit	oring an						
PWS ID	PWS Nam				Cla				wner Type I	Primary Source
CT0691243			AGRICULTURAL (NTNC		1,400	L	GW
	s (where appli	cable)		Service	Residential	Comm	ercial	Industrial	Combined	d Agricultural
234 PUTNAN	/I PIKE			Connections	5	1	L			
Towns Serve										
Water Syste	em Facility:	TREATMENT PLA	ANT (WSFID: 00	700)						
Analyte		Monitoring Req	uirement (Summa	ary Type)	Operati	ng Limit	t		Samples F	Req/Month
Chlorine		Entry Point RDC	(EPRD)		Minimu	m: 0.5	MG/L		Cont	inuous
Start Dat	e: 9/1/2010			Compli	iance History:		Opera	ting Limit	Monito	oring
				Monito	ring Period		Compl	iance Statu	us: Compli	ance Status:
				11/1/20	023 - 11/30/20	023		Υ		
				12/1/20	023 - 12/31/20	023		Υ		
				1/1/202	24 - 1/31/202	4		Υ		
				2/1/202	24 - 2/29/202	4		Υ		
				3/1/202	24 - 3/31/202	4				
Analyte		Monitoring Req	uirement (Summ	ary Type)	Operati	ng Limit	t		Samples F	Req/Month
рН		Entry Point pH N	Monitoring (PHRD))	Minimu	m: 6.4	PH		D	aily
Start Dat	e: 9/1/2010			Compli	iance History:		Opera	ting Limit	Monito	oring
				Monito	ring Period			iance Statu	us: Compli	ance Status:
				11/1/20	023 - 11/30/20	023				
				12/1/20	023 - 12/31/2	023				
				1/1/202	24 - 1/31/202	4				
				2/1/202	24 - 2/29/202	4				
				3/1/202	24 - 3/31/202	4				
Analyte		Monitoring Req	uirement (Summ	ary Type)	Operati	ng Limit	t		Samples F	Req/Month
Phospha	te (as PO4)	Entry Point Phos	phate Monitoring	g (PHOS)	Maximu	ım: 10 l	MG/L			2
Start Dat	e: 2/1/2014			Compli	iance History:		Opera	ting Limit	Monito	oring
				Monito	ring Period		-	iance Statı		ance Status:
				11/1/20	023 - 11/30/2	023				
				12/1/20	023 - 12/31/20	023				
				1/1/202	24 - 1/31/202	4				
				2/1/202	24 - 2/29/202	4				
					24 - 3/31/202					
			Other C	ompliance	e Schedul	es				
Compliance :	Schedule Activ	rity			Due	Date		Achieve	d Date	
CROSS CONN	NECTION SURV	EY REPORT			3/1,	/2023				
CROSS CONN	NECTION SURV	EY REPORT			3/1,	/2024				
SUBMIT LEA	D SERVICE LINE	INVENTORY			10/1	6/2024				
COMPLETE II	NITIAL LSL INV	ENTORY			10/1	6/2024				
		Water 9	System Facili	ity and Sa	mpling Po	oint Ir				
Water	Inton Cost	·	Compatible of D. C.	Courtell	.ta		Total			-
	/ater System F	acility	Sampling Point ID		oint		Coliforn			Stage
Facility ID	ICTDID: IT: T: T:	VCTER		Description		Status	Rule		er Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION S	YSTEM	1110	SCI		A	Y	1		
			1112	SCI		A	Y	1		
			1202	SCI		Α	Υ	1		

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

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
CT0691243	TR			NTNC	1,400	L	GW	
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
234 PUTNAM PIKE		Connections			1			

Towns Served: KILLINGLY

	Water System Facili	ity and Sampling P	oint Ir	ventor	У		
Water System Water System Facilit Facility ID	ry Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
	1215	UP-FAC DIN	А	Υ	1		
	1216	ROOM 1216	Α	Υ	N		
	1307	KITCHEN FOOD PREP SI	Α	Υ	N	Υ	Υ
	1315	CONCESSION	Α	Υ	N		
	1414	DWN TRAIN	Α	Υ	N		
	1602	PRI-BRK	Α	Υ	N		
	1810	DWN FD SCI	Α	Υ	N		
	1818	ANML SCI	Α	Υ	N		
	2207	ROOM 2207	Α	Υ	N		
	2211	ROOM 2211	Α	Υ	N		
	2215	ROOM 2215	Α	Υ	N		
	3102	CERAMIC	Α	Υ	1		
	3106	ART ROOM 3106	Α	Υ	1		Υ
	3207	ROOM 3207	Α	Υ	1		
	3211	ROOM 3211	Α	Υ	1		
	3215	ROOM 3215	Α	Υ	1		
	4	DISTRIBUTION SYSTEM	Α				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 TREATMENT PLANT	3	ENTRY POINT	Α				
57244 WELL 1	2	WELL 1	А				
57246 WELL 2	2	WELL 2	А				
57252 ATMOSPHERIC TANK							
57256 PUMP STATION							

Certified Operator Information

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

Facility Classification: CLASS 1 DIST	TRIBUTION SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
NAPIERATA, KYLE	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024
ENGLE, ROGER D.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2023
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2023
LAFRAMBOISE, ERIC	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	9/30/2026
		WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2026
STARK, TYLER	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2025

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

	Water Quality Mon	itoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0691243	CT0691243 KILLINGLY HIGH SCHOOL & AGRICULTURAL CTR					1,400	L	GW
Local Address (where applicable)	Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural
234 PUTNAM PIKE		Connections		1				
Towns Served:	KILLINGLY							

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILL	INGLY									
			Cer	tified Ope	rato	or Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF ID: 00	600)					
Facility Classification	on: CLASS 1 DI	STRIBUTION	SYSTEM	1						Certification
Operator Name			Opera	ator Type		Certification(s)				Expiration
Water System Fac	cility: TREAT	MENT PLA	NT (W	SF ID: 00700)					
Facility Classification	on: CLASS 2 TF	REATMENT PI	LANT							Certification
Operator Name			Operator Type			Certification(s)				Expiration
LAFRAMBOISE, PAU	JL F.		CHIEF C	PERATOR		WATER TREATMEN	T PLANT	OPERATOR - CI	_ASS II	9/30/2024
						DISTRIBUTION SYST	ГЕМ ОРЕ	RATOR - CLASS	I	9/30/2024
NAPIERATA, KYLE			ASSIGN	ED OPERATOR	R	DISTRIBUTION SYST	ГЕМ ОРЕ	RATOR - CLASS	1	9/30/2024
						WATER TREATMEN	T PLANT	OPERATOR - CI	LASS II	9/30/2024
ENGLE, ROGER D.			ASSIGN	ED OPERATOR	R	DISTRIBUTION SYST	ГЕМ ОРЕ	RATOR - CLASS	II	6/30/2023
			,		WATER TREATMEN	LASS II	6/30/2023			
LAFRAMBOISE, ERIC			ASSIGN	ED OPERATOR	R	DISTRIBUTION SYST	Ш	9/30/2026		
					WATER TREATMEN	T PLANT	OPERATOR - CI	LASS III	9/30/2026	
STARK, TYLER			ASSIGNED OPERATOR		DISTRIBUTION SYST	ГЕМ ОРЕ	RATOR - CLASS	II	3/31/2025	
						WATER TREATMEN	3/31/2025			
				Contact	Info	ormation				
Name				Organiz	ation				Job Title	
Ms. Mary Calorio				Town of	Killin	gly		Town Manage	er	
Mailing Address Lin	e One		Mailing	Address Line	Two			City	State	Zip Code
Killingly Town Hall			172 Ma	in Street, 2No	Flooi	r	Killingly		СТ	06239
Business Phone	Extension	Fax		Mobile Pho	ne	Emergency Phone	Email Ad	ddress		
860-779-5335		860-779-5	5382				mcalorio	@killinglyct.go	V	
Contact Role(s): Le	gal Contact			1						
Name	Name Organi								Job Title	
Mr. Michael Vassar Kill					y Public Schools Operation Supervi			ervisor		
Mailing Address Lin	e One		Mailing	Address Line	Two			City	State	Zip Code
226 Putnam Pike		T			Dayville			CT	06241	
Business Phone	Extension	Fax		Mobile Pho	ne	Emergency Phone				
860-779-6655						860-455-3613	mvassar	@killinglyschoo	ols.org	

Please note the following:

Contact Role(s): Administrative Contact

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

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

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

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Prim

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0699213	60 HARTFORD PIKE				NTNC	29	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: KILLINGLY			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/24		Complete
	1/1/25 - 12/31/33		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		

	Connecticut De	partment of	Public F	lealth	Drink	ing W	ater Se	ection	
		uality Monit				_			
PWS ID	PWS Name		0 - 1 - 1 - 0 - 1 - 1	0. 0011	Classificat			ner Type P	rimary Source
CT069921	3 60 HARTFORD PIKE				NTNC		29	Р	GW
Local Add	ress (where applicable)		Service	Residen	tial Comn	nercial I	ndustrial	Combined	Agricultura
	, , ,		Connections			1			
Towns Ser	rved: KILLINGLY				l l				
		Monite	oring Requ	ireme	nts				
Water Sv	stem Facility: ENTRY POINT		Jimg Requ	СС	1103				
•	Chemicals (VOCS)	, ,					1 roi	utine (RT)	per quarter
•	pling Point (Sampling Point ID)			Monitori	ing Period	Collect	tion Period		ance Status
	<i>,</i> , , , , , , , , , , , , , , , , , ,				9/30/24				
		Other C	ompliance						
Complian	ce Schedule Activity				Due Date		Achieved	Date	
-	NNECTION SURVEY REPORT				3/1/2019				
CROSS CO	NNECTION SURVEY REPORT				3/1/2020				
CROSS CO	NNECTION SURVEY REPORT				3/1/2021				
CROSS CO	NNECTION SURVEY REPORT				3/1/2022				
CROSS CO	NNECTION SURVEY REPORT				3/1/2024				
SUBMIT L	EAD SERVICE LINE INVENTORY			1	0/16/2024				
COMPLET	E INITIAL LSL INVENTORY			1	0/16/2024				
	Water	System Facili	ty and Sar	mpling	Point I	nvento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION						
		DOWNSTREAM							
		HPAPKIT	APT SIDE KITO		Α		N		
		HPFOBL	FRONT OFFIC		Α		N		
		HPFOBR	FRONT OFFIC				N		
		HPKITUP	KITCHEN SINK		Α		N		
		HPMR	MEN'S ROOM		Α	Y	N	Υ	
		HPORUP	OFFICE RESTR		Α		N		
		UPSTREAM	WITHIN 5 SEF						
00700	ENTRY POINT	3	ENTRY POINT	•	Α				
59709	WELL 1	2	WELL 1		Α				
		Certified	Operator	Inform	ation				
Water Sy	stem Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)						
Facility Cl	assification: SMALL WATER SYST	ГЕМ							Certification
O	News	One mater Torre	_		· · · / - \				Fundametic :

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

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Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification P		Population	Owner Type	Primary Source				
СТ0699213	60 HARTFORD PIKE			NTNC	29	Р	GW				
Local Address	Service	Residen	Residential Commo		al Industri	al Combin	ed Agricultural				
		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGLY

			Contact Inf	ormation				
	Organization	1		Job Title				
ıude	Northeast M	lanagement/Owner						
e One	Address Line Two	ress Line Two			State	Zip Code		
96 Murdock Road					Pomfret 0	Center	СТ	06259
Extension	Fax		Mobile Phone	Emergency Phone	e Email Address			
	860-973-3	3950		860-942-3707	DAVIDPATENAUDE@SBCGLOBAL.NET			.NET
	e One	e One Extension Fax	e One Mailing	Organization ude Northeast M e One Mailing Address Line Two Extension Fax Mobile Phone	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Northeast Management/Owner e One Mailing Address Line Two Pomfret C Extension Fax Mobile Phone Emergency Phone Email Add	Organization Northeast Management/Owner e One Mailing Address Line Two City Pomfret Center Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Northeast Management/Owner e One Mailing Address Line Two City State Pomfret Center CT Extension Fax Mobile Phone Emergency Phone Email Address

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

Please note the following:

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

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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				
СТ0690622	EASTCONN NTNC 87 P GW										
Local Address	(where applicable)	Service	Resident	tial	Commerci	al Industri	al Combin	ed Agricultura			
556 WESTCOT	ΓROAD	Connections			1						

ng Requirements					
0600)					
	1 routine (RT) per nine years				
Monitoring Period	Collection Period	Compliance Status			
1/1/18 - 12/31/26		Complete			
	1 rout	ine (RT) per quarter			
Monitoring Period	Collection Period	Compliance Status			
10/1/23 - 12/31/23		Complete			
1/1/24 - 3/31/24		Complete			
4/1/24 - 6/30/24					
7/1/24 - 9/30/24					
	5 r	outine (RT) per year			
Monitoring Period	Collection Period	Compliance Status			
1/1/23 - 12/31/23	6/1-9/30	Complete			
1/1/24 - 12/31/24	6/1-9/30				
1/1/25 - 12/31/25	6/1-9/30				
	1 rout	ine (RT) per quarter			
Monitoring Period	Collection Period	Compliance Status			
10/1/23 - 12/31/23		Complete			
1/1/24 - 3/31/24		Complete			
4/1/24 - 6/30/24					
7/1/24 - 9/30/24					
	1 routine	(RT) per three years			
Monitoring Period	Collection Period	Compliance Status			
1/1/23 - 12/31/25					
1/1/26 - 12/31/28					
	1 r	outine (RT) per year			
Monitoring Period	Collection Period	Compliance Status			
1/1/23 - 12/31/23		Complete			
1/1/24 - 12/31/24		Complete			
1/1/25 - 12/31/25					
	1 routine	(RT) per three years			
Monitoring Period	Collection Period	Compliance Status			
1/1/23 - 12/31/25					
1/1/26 - 12/31/28					
	1 routine	(RT) per three years			
Monitoring Period	Collection Period	Compliance Status			
1/1/23 - 12/31/25		Complete			
1/1/26 - 12/31/28					
	Monitoring Period 1/1/18 - 12/31/26 Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/25 Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/25 Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28	1 routine Monitoring Period 1/1/18 - 12/31/26 1 rout Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 5 r Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/24 6/1-9/30 1/1/25 - 12/31/25 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 routine Monitoring Period 10/1/23 - 12/31/25 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 routine Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 1 r Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1 routine Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/28 1 routine Monitoring Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 1 routine Collection Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 1 routine Collection Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28 1 routine Collection Period 1/1/23 - 12/31/25 1/1/26 - 12/31/28			

	Connecticut Dep	partment of	Public	Health	Drink	ing W	ater Se	ction	
	•	ality Monit							
PWS ID	PWS Name	<u> </u>	<u> </u>		Classifica			ner Type P	rimary Source
CT0690622	EASTCONN				NTNC		87	Р	GW
Local Address (v	vhere applicable)		Service	Residenti	al Comr	nercial I	ndustrial	Combined	Agricultural
556 WESTCOTT	ROAD		Connection	S		1			
Towns Served: K	KILLINGLY				'				
		Other C	omplianc	e Schedu	ules				
Compliance Schedule Activity				D	ue Date		Achieved	Date	
SUBMIT LEAD SE	ERVICE LINE INVENTORY			10,	/16/2024				
COMPLETE INITI	AL LSL INVENTORY			10,	/16/2024				
CROSS CONNEC	TION SURVEY REPORT			3,	/1/2025				
	Water	System Facili	ity and Sa	ampling F	Point I	nvento	ry		
Water						Total	Lead and		
	er System Facility	Sampling Point				Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTIO		Α	.,			
		DE-1	ADULT ED K		A	Y	N	Y	Y
		DE-10	HOUSE KITC		A	Y	3	Y	Y
		DE-2	ADULT ED V		A	Y	N	Y	Y
		DE-3	ADULT ED -		Α	Y	N	Y	Y
		DE-4	HEAD ST RM		Α	Y	N	Y	Υ
		DE-5	HEAD ST RM		Α	Υ	N	Y	Υ
		DE-6	HEAD ST RM		Α	Υ	N	Y	Υ
		DE-7	HEAD ST RM		Α	Υ	N	Y	Υ
		DE-8	HEAD ST KIT		Α	Υ	N	Υ	Υ
		DE-9	FACULTY LA	V SINK	Α	Υ	N	Υ	Υ
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SE	ERVICE CON	Α				
00700 ENTR	RY POINT	3	ENTRY POIN	IT	Α				
60409 WELL	_1	2	WELL 1 - DR	ILLED WEL	Α				
		Certified	Operato	r Informa	ation				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Facility Classific	ation: SMALL WATER SYST	EM							Certification
Operator Name		Operator Type	e	Certification	(s)				Expiration
HELMING, TRAV	'IS	CHIEF OPERATO	DR \	WATER TREA	TMENT I	PLANT OPI	ERATOR - CI	ASS III	9/30/2025
			ſ	DISTRIBUTIO	N SYSTE	И OPERAT	OR - CLASS	Ш	9/30/2025
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Facility Classific	ation:								Certification
Operator Name		Operator Type	e	Certification	(s)				Expiration
HELMING, TRAV	'IS	CHIEF OPERATO	DR \	WATER TREA	TMENT	PLANT OPI	ERATOR - CI	ASS III	9/30/2025
			[DISTRIBUTIO	N SYSTE	∕I OPERAT	OR - CLASS	III	9/30/2025
		Con	tact Info	rmation					

Name Organization Job Title Mr. Craig M. Gates Diamonds In The Rough, LLC Owner/President Mailing Address Line One Mailing Address Line Two City State Zip Code P.O. Box 130 North Windham CT06256 **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone

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.

	Connectic	ut Depa	rtmen	t of	Public	Health	Drir	ıking	Water	Secti	on		
	Wa	ter Qua	lity Mo	nit	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name				Classification F		Population	Owner T	ype P	rimary Source			
CT0690622	EASTCONN				NT	NC	87	Р		GW			
Local Address (where applicable) Service							ntial Co	mmerci	al Industri	al Con	bined	Agricultural	
556 WESTCOTT R	OAD				Connection	ns		1					
Towns Served: KI	LLINGLY											'	
860-456-0055													
Contact Role(s):	Legal Contact,	Owner											
Name				Or	Organization Job Title					Title			
Ms. Kristina Smit	:h			Ro	lgate			Property Manager					
Mailing Address	Line One		Mailing Ad	dress	ress Line Two			City		St	ate	Zip Code	
PO Box 130				North Windham CT		CT	06256						
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	ency Phone Email Address						
860-942-1277								ksmith@gatesgmcnissan.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 schedule.

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

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

End of schedule