Connecticut Department of		U	ection
	oring and Compliance		TRIA
PWS ID PWS Name			ner Type Primary Source
CT0719103 PRIDES CORNER FARMS - POTTING SHED	NC Convice Desidential Comme	50	P GW
Local Address (where applicable)	Service Residential Comme	ercial Industrial	Combined Agricultural
122 WATERMAN ROAD	Connections 1		
Towns Served: LEBANON			
	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)	1	
Total Coliform (3100) Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	utine (RT) per quarter Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24	Conection Period	compnunce status
Select non inventory of Active Sampling Points	7/1/24 - 9/30/24		
Total Coliform (3100)	//1/24-9/30/24	1 го	outine (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	concerton renou	Complete
Select non inventory of Active Sampling Fonts	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
Physical Parameters (PPS)	5, 1, 2 : 5, 5, 5, 2, 2 :	1 roi	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		,
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
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
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)			Complete
	1/1/23 - 12/31/23		compiete
	1/1/24 - 12/31/24		
Water System Facility: WELL 1 (WSF ID: 20050)	1/1/24 - 12/31/24		
E. Coli (3014)	1/1/24 - 12/31/24 1/1/25 - 12/31/25		outine (RT) per month
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period	1 rc Collection Period	outine (RT) per month Compliance Status
E. Coli (3014)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23		outine (RT) per month Compliance Status Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23		<b>Dutine (RT) per month</b> Compliance Status Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24		outine (RT) per month Compliance Status Complete Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24		outine (RT) per month Compliance Status Complete Complete Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24		outine (RT) per month Compliance Status Complete Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24 4/1/24 - 4/30/24		outine (RT) per month Compliance Status Complete Complete Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 2/29/24 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24		outine (RT) per month Compliance Status Complete Complete Complete Complete
E. Coli (3014) Sampling Point (Sampling Point ID)	1/1/24 - 12/31/24 1/1/25 - 12/31/25 Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24 4/1/24 - 4/30/24		outine (RT) per month Compliance Status Complete Complete Complete Complete

PWS ID PWS Name			0	lassificati	ion Popu	lation Ow	ner Type P	Primary Source
CT0719103 PRIDES CORNER FARM	AS - POTTING SHED			NC		50	P	GW
Local Address (where applicable)		Service	Residentia	al Comm	nercial Ir	dustrial	Combined	Agricultur
122 WATERMAN ROAD		Connectio	ons 1					
Towns Served: LEBANON				1				
	Moni	itoring Re	quiremen	ts				
Water System Facility: WELL 1 (W	/SF ID: 20050)							
E. Coli (3014)						1 ro	utine (RT	) per month
Sampling Point (Sampling Point I	D)		Monitoring	g Period	Collect	ion Period	Compl	iance Status
			8/1/24 - 8	/31/24				
			9/1/24 - 9	/30/24				
			10/1/24 - 1	0/31/24				
	Other	Compliar	nce Schedu	lles				
Compliance Schedule Activity			Du	ue Date		Achieved	Date	
CROSS CONNECTION SURVEY REPORT			3/	1/2025				
Wa	ter System Fac	ility and <b>S</b>	Sampling P	Point Ir	nvento	r <b>y</b>		
Water	-	-			Total	Lead and		
System Water System Facility	Sampling Poir				Coliform	Copper		Stag
Facility ID	ID	Descriptio	on	Status	Rule	Rule Tier	Asbestos	WQP 2 DBI
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	FION SYSTEM	Α	Y			
	DOWNSTREA	M WITHIN 5	SERVICE CON	А				
	LDRM1	SLOP SINK	< compared with the second sec	А	Y			
	UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY PO	INT	А				
20050 WELL 1	2	WELL		А				
47847 POTTING SHED TREATMENT STATION	-							
STATION				<b></b>				
		•	or Informa					
Water System Facility: POTTING S	HED TREATMENTS	STATION (V	VSF ID: 47847	1				
Facility Classification:	On eventer T		Contification	(-)				Certificatio
Operator Name	Operator Ty		Certification				4661	Expiration
NIGRO, DAVID	ASSIGNED OP		WATER TREA	IMENIP	LANT OPE	RATOR - CL	ASS I	3/31/2025
	Co	ontact Inf	ormation					
Name		Organization					Job Title	
Mr. Mark Sellew			er Farmhouse			ner		
Mailing Address Line One	Mailing Addr	ess Line Two				ty	State	Zip Code
122 Waterman Road			1		banon		СТ	06249
Business Phone Extension		bile Phone	Emergency P	hone Em	nail Addre	SS		
860-642-7535 86	0-642-4155							

		<b>~</b>	<i>.</i>		0		1			1		
PWS ID	PWS Name						Class	ification	Population	Ow	vner Type	Primary Source
СТ0719103	PRIDES CORNER	FARMS - PO	TTING SHE	)				NC	50		Р	GW
Local Address (w	here applicable)				Service	Reside	ntial (	Commerci	ial Industri	ial	Combine	ed Agricultural
122 WATERMAN	I ROAD				Connection	ns 1						
Towns Served: L	EBANON								1			'
Name				Or	rganization						Job Title	5
Mr. Christian Jos	seph			Pr	ides Corner	Farms, Inc	•		Site Com	plian	nce Mgr	
Mailing Address	Line One		Mailing Ad	dress	s Line Two				City		State	Zip Code
122 Waterman F	Road							Leban	on		СТ	06268
Business Phon	e Extension	Fax	Ν	Лоbi	le Phone	Emergend	y Phor	ne Email /	Address			
860-468-6025	5	860-642-2	2027			860-642	<u>2</u> -7535	cjosep	h@pridesco	rner	r.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

	Connecticut De	•				0		ection	
		uality Monit	oring an						
PWS ID	PWS Name			Clas	ssificati				rimary Source
CT0710014	GIRL SCOUTS OF CT - CA	IVIP LAUKEL - WELL 1		Posidontial	NC Comm		140	P	GW
175 CLUBHOU	(where applicable)		Service Connections	Residential	Comm 1		ndustrial	Combined	Agricultura
Towns Served:			connections		L	•			
Towns Served.		Monit	oring Requ	uiromonto					
Water Systen	n Facility: DISTRIBUTIC		• •	inements	•	_	_	_	_
Total Colifor		(	,				1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring P	Period	Collec	tion Period		iance Status
Select fro	m Inventory of Active Sam	pling Points		10/1/23 - 12/	'31/23			Co	omplete
				1/1/24 - 3/3	1/24				
				4/1/24 - 6/3	0/24				
				7/1/24 - 9/3	0/24				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)			Monitoring P		Collec	tion Period		iance Status
Select fro	m Inventory of Active Sam	pling Points		10/1/23 - 12/				Co	omplete
				1/1/24 - 3/3	-				
				4/1/24 - 6/3					
Mater Cost				7/1/24 - 9/3	0/24				
	n Facility: ENTRY POIN	I (WSFID: 00700)							
	Nitrite (NOX)			Monitoring	Daviad	Callag		-	RT) per year
ENTRY PC	Point (Sampling Point ID)			Monitoring P 1/1/23 - 12/3		Conec	tion Period		iance Status omplete
ENTRIPC	(5)			1/1/23 - 12/3					Inplete
				1/1/25 - 12/3	-				
	Wate	er System Facili	ity and Sai			vento	rv		
Water						Total	Lead and	1	
	ter System Facility	Sampling Point	Sampling Poi	int		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		BH87387	KITCHEN SIN	<	А	Y			
		BK05449	RANGER HOU	JSE KITCHEN	А	Y			
		BK79872	SERVICE CTR	KITCHEN	А	Y			
		BK81563	SERVICE CTR	KITCHEN	А	Y			
		BK81565	LEFT BATHRC	OM SINK	А	Y			
		BN14584	RANGER HOU		А	Y			
		BN14587	SERVICE CTR		А	Y			
		DOWNSTREAM			А				
		UPSTREAM	WITHIN 5 SEF		A				
		3	ENTRY POINT	•	A				
21211 WE	LL 1	2	WELL		A				
		Certified	Operator	Informati	ion				
			D. 00000						
Water Systen	n Facility: DISTRIBUTIC	N SYSTEM (WSF II	D: 00600)						
-	n Facility: <b>DISTRIBUTIC</b> ication: DISTRIBUTION SYS		D: 00800)						Certification
-	ication: DISTRIBUTION SYS			ertification(s)	)				Certification Expiration

C	onnectic	ut Depa	rtment	of Public	Health	Dri	nking	Water S	ection	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	ince S	chedule		
PWS ID PV	VS Name	~		0					wner Type	Primary Source
CT0710014 GI	RL SCOUTS OF	CT - CAMP I	LAUREL - WEL	L 1		٩	IC	140	Р	GW
Local Address (whe	re applicable)			Service	Residen	tial Co	ommercia	I Industrial	Combined	d Agricultural
175 CLUBHOUSE RO	DAD			Connection	ns		1			
Towns Served: LEB	ANON							1		ï
			Certifie	d Operato	or Inform	natio	า			
Water System Fac	cility: DISTR	BUTION S	STEM (WSI	F ID: 00600)						
Facility Classification	on: DISTRIBUT	ION SYSTEM								Certification
Operator Name			<b>Operator</b> T	уре	Certificatio	on(s)				Expiration
					DISTRIBUTI	ON SYS	TEM OPE	RATOR - CLAS	S III	6/30/2026
NIGRO, SCOTT A.			ASSIGNED OF	PERATOR	DISTRIBUTI	ON SYS	TEM OPE	RATOR - CLAS	S I	6/30/2025
					WATER TRE		NT PLANT	OPERATOR -	CLASS II	6/30/2026
			Co	ontact Info	ormation	1				
Name				Organization					Job Title	
Girl Scouts of Ame	rica, Inc.									
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington St	reet						Hartford	ł	СТ	06106
<b>Business Phone</b>	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ddress		
860-522-0163										
Contact Role(s): Le	egal Contact, C	)wner								
Name				Organization					Job Title	
Ms. Deb Asetta				Girl Scouts of	Connecticut	t		Chef Financi	al/Admi	
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City	State	Zip Code
20 Washington Ave	nue						North H		СТ	06473
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone				
203-239-2922	3321						property	egsofct.org		
Contact Role(s): O	wner			1						
Name				Organization					Job Title	
Ms. Mary Beth Cor				Girl Scouts of	Connecticut	t				
Mailing Address Lin			Mailing Addr	ess Line Two				City	State	Zip Code
20 Washington Ave					-	DI.	North H		СТ	06473
Business Phone	Extension	Fax	IVIC	bile Phone	Emergency	Phone				
203-239-2922	3321	Contact					property	y@gsofct.org		
Contact Role(s): A Please note the fol		Contact								
1. The residual disir	0	ration must b	e measured at	the same locatio	on and time a	is each t	otal colifo	rm sample		
			in intersoluted at					ini sampie.		

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

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

		epartment of Juality Monit		d Comp	lianc	e Scł	nedul	е		
PWS ID	PWS Name			Cla		on Pop		Own		imary Sourc
СТ0710024		MP LAUREL - WELL 2			NC		25		P	GW
	ess (where applicable)		Service Connections	Residential			Industria	al (	Combined	Agricultura
	IOUSE ROAD		CONNECTIONS		1	-				
Towns Serv	ved: LEBANON	Monit	oring Dogu	uiromont	~					
Mator Sva	stem Facility: <b>DISTRIBUTIC</b>		oring Requ	inement	5	_	_	_	_	_
	iform (3100)		D. 00000j				1	rout	ine (RT) i	per quarter
	ling Point (Sampling Point ID)			Monitoring	Period	Colle	tion Per			ance Status
-	t from Inventory of Active Sam			10/1/23 - 12						mplete
				4/1/24 - 6/3						
				7/1/24 - 9/3						
Physical I	Parameters (PPS)						1	rout	ine (RT) i	oer quarter
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Per	iod	Complie	ance Status
Select	t from Inventory of Active Sam	pling Points		10/1/23 - 12	/31/23	10	/1-10/31		Со	mplete
				4/1/24 - 6/3	30/24	5	/1-6/30			
				7/1/24 - 9/3	30/24					
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	and Nitrite (NOX)								-	T) per year
	ling Point (Sampling Point ID)			Monitoring		Colle	ction Per	iod		ance Status
ENTR	Y POINT (3)			1/1/23 - 12/					Со	mplete
				1/1/24 - 12/						
				1/1/25 - 12/				_		
		Other C	ompliance	Schedul	es					
Complianc	e Schedule Activity			Due	e Date		Achiev	ved D	oate	
SEASONAL	START UP COMPLETION			5/1	/2024					
	Wate	er System Facili	ity and Sai	npling Po	oint Ir	vento	ory			
Water						Total	Lead o			
	Water System Facility	Sampling Point		nt		Colifor			<b>A</b> - <b>b</b> - <b>c b</b> - <b>c</b>	Stage
Facility ID		ID	Description		Status	Rule	Rule	lier	Aspestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4 BH87193			A	Y				
		BH87193 BJ11209	FROST FREE T		A A	Y Y				
		BK05448	HEALTH CENT		A	Ŷ				
		DOWNSTREAM	-		A	I				
		UPSTREAM	WITHIN 5 SEF		A					
00700	ENTRY POINT	3	ENTRY POINT		A					
	WELL 2	2	WELL		A					
61962	ATM STORAGE TANK (400- GALLON)									
		Certified	Operator	Informat	ion					
Water Sys	stem Facility: DISTRIBUTIO		•							
	issification: DISTRIBUTION SYS									Certification
Operator N		<b>Operator Typ</b>	e Co	ertification(s	)					Expiration
NIGRO, JR.	, VICTOR N.	CHIEF OPERATO		ATER TREAT	MENT P	LANT OF	PERATOR	- CLA	ASS II	6/30/2024
			DI	STRIBUTION	SYSTEM	I OPERA	TOR - CL/	ASS II	I	6/30/2026
	formation has been provided to help		• •				-		-	g 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

	Connectic	ut Depa	rtment	of Publi	c Healt	h Dri	nking	Water	Secti	on	
	Wa	ter Qua	lity Mon	itoring	and Co	mplia	ince S	chedul	le		
PWS ID	PWS Name			0		-				ype P	rimary Source
СТ0710024	GIRL SCOUTS OF	CT - CAMP I	LAUREL - WEL	L 2		1	IC	25	Р		GW
Local Address (w	here applicable)			Service	Resid	ential Co	ommercia	l Industri	ial Com	bined	Agricultural
175 CLUBHOUSE	ROAD			Connecti	ons		1				
Towns Served: Ll	EBANON			<sup> </sup>							
			Certifie	d Operat	or Infor	matio	า				
Water System I	Facility: DISTR		STEM (WS	F ID: 00600)							
Facility Classifica	ation: DISTRIBUT	ION SYSTEM									Certification
<b>Operator Name</b>			<b>Operator</b> T	уре	Certifica	tion(s)					Expiration
NIGRO, SCOTT A.			ASSIGNED O	PERATOR	DISTRIBU	TION SYS	TEM OPE	RATOR - CL	ASS I		6/30/2025
					WATER T	REATME	NT PLANT	OPERATO	R - CLASS	II	6/30/2026
			Co	ontact Inf	formatio	on					
Name				Organization	า				Job	Title	
Girl Scouts of An	nerica, Inc.										
Mailing Address	Line One		Mailing Addr	ress Line Two				City	St	ate	Zip Code
340 Washington	Street						Hartford	ł	(	CT	06106
Business Phone	e Extension	Fax	Mo	obile Phone	Emerger	icy Phone	Email Ad	ddress			
860-522-0163	}										
Contact Role(s):	Legal Contact, (	Owner									
Name				Organization	า				Job	Title	
Ms. Deb Asetta				Girl Scouts o	of Connectio	cut		Chef Fina	ncial/Adn	ni	
Mailing Address	Line One		Mailing Addr	ress Line Two				City	St	ate	Zip Code
20 Washington A	Avenue						North H	aven	(	T	06473
Business Phone	e Extension	Fax	Mo	obile Phone	Emerger	icy Phone	Email Ad	ddress			
203-239-2922	3321						property	y@gsofct.c	org		
Contact Role(s):	Owner										
Name				Organizatior	า				Job	Title	
Ms. Mary Beth C	Corcoran			Girl Scouts o	of Connectio	cut					
Mailing Address	Line One		Mailing Addr	ress Line Two				City	St	ate	Zip Code
20 Washington A	Venue						North H	aven	(	T	06473
Business Phone	e Extension	Fax	Mo	obile Phone	Emerger	icy Phone	Email Ad	ddress			
203-239-2922	3321						property	y@gsofct.c	org		
Contact Role(s):	Administrative	Contact									
Please note the	following:										

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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 De	•				0			ction	
		uality Monit	oring and							
PWS ID	PWS Name			Cla		ion Pop		Owr		rimary Source
CT0710034	GIRL SCOUTS OF CT - CA	MP LAUREL - WELL 3			NC		25		P	GW
	ss (where applicable)		Service Connections	Residential			Industria	al	Combined	Agricultural
175 CLUBHC			Connections		1	0				
Towns Serve	ed: LEBANON			•						
			oring Requ	irement	S					
	em Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)							
	orm (3100)									per quarter
	ing Point (Sampling Point ID)			Monitoring		Colle	ction Per	riod		ance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 - 12					Со	mplete
				4/1/24 - 6/	•					
	<i>i</i> <b>i</b>			7/1/24 - 9/3	30/24					
-	arameters (PPS)			Monitoria	Doris	<b>C</b> -11				per quarter
	ing Point (Sampling Point ID)	nling Doints		Monitoring		Colle	ction Pei	100	-	ance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 - 12 4/1/24 - 6/3					LO	mplete
				7/1/24 - 9/						
Mator Suct	em Facility: ENTRY POIN			7/1/24-9/	50/24					
		1 (W3F1D.00700)						1	routino (P	
	nd Nitrite (NOX) ing Point (Sampling Point ID)			Monitoring	Derind	Colle	ction Pei		-	RT) per year ance Status
	POINT (3)			1/1/23 - 12/		conce		100		mplete
2				1/1/24 - 12/						mpiece
				1/1/25 - 12/						
		Other C	ompliance		-					
Compliance	Schedule Activity		•p		e Date		Achie	ved I	Date	
	START UP COMPLETION				/2024					
	Wate	er System Facili	itv and Sar		•	vento	orv			
Water						Total	-	and		
	Vater System Facility	Sampling Point	Sampling Poil	nt		Colifor				Stage
Facility ID		ID	Description		Status	Rule			Asbestos	WQP 2 DBPI
00600 E	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	А	Y				
		BJ11211	WHITE PRE H	AND WASH	А	Y				
		BJ91401	4 CORNERS		А	Y				
		BJ91403	WHITE PINES		А	Y				
		BJ91404	WATERFRONT	Г	А	Y				
		BJ91405	OFFICE		А	Y				
		BK05447	DISTRIBUTION		А	Y				
		BN21690	RAMBLERS RE		А	Y				
		DOWNSTREAM			А					
		UPSTREAM	WITHIN 5 SER	VICE CON	A					
	INTRY POINT	3	ENTRY POINT		A					
	VELL 3	2	WELL		A					
57398 P	PRESSURE STORAGE									
		Certified	Operator	Informat	ion					
			-							

С	onnectic	ut Depa	rtment	of Public	Health	Drin	iking	Water	Secti	on	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	е		
PWS ID PV	WS Name					Classifi	cation I	Population	Owner T	ype Pr	rimary Source
CT0710034 GI	<b>RL SCOUTS OF</b>	CT - CAMP I	LAUREL - WEL	L 3		Ν	с	25	Р		GW
Local Address (whe	ere applicable)			Service	Residen	tial Co	mmercia	l Industria	l Com	nbined	Agricultural
175 CLUBHOUSE R	OAD			Connectio	ns		10				
Towns Served: LEB	ANON				·				·		· ·
			Certifie	d Operato	or Inform	nation	l				
Water System Fa	cility: DISTR	<b>IBUTION S</b>	(WSI	F ID: 00600)							
Facility Classification	on: DISTRIBUT	ION SYSTEM									Certification
<b>Operator Name</b>			<b>Operator</b> T	ype	Certificatio	on(s)					Expiration
NIGRO, JR., VICTOR	RN.		CHIEF OPERA	TOR	WATER TRE	ATMEN	T PLANT	OPERATOR	- CLASS	II	6/30/2024
					DISTRIBUTI	ON SYST	ГЕМ ОРЕ	RATOR - CL	ASS III		6/30/2026
NIGRO, SCOTT A.			ASSIGNED OF	PERATOR	DISTRIBUTI	ON SYST	TEM OPE	RATOR - CL	ASS I		6/30/2025
					WATER TRE	ATMEN	T PLANT	OPERATOR	- CLASS	II	6/30/2026
			Co	ontact Info	ormation						
Name				Organization					Job	Title	
Girl Scouts of Ame	rica, Inc.										
Mailing Address Lir			Mailing Addr	ess Line Two				City	St	ate	Zip Code
340 Washington St	reet						Hartford	d .	(	СТ	06106
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress	I		
860-522-0163											
Contact Role(s): Lo	egal Contact, C	Owner									
Name				Organization					Job	Title	
Ms. Deb Asetta				Girl Scouts of	Connecticut	t		Chef Finan	cial/Adn	ni	
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	St	ate	Zip Code
20 Washington Ave	enue						North H	aven	(	СТ	06473
<b>Business Phone</b>	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress			
203-239-2922	3321						propert	y@gsofct.or	g		
Contact Role(s): O	wner			1							
Name				Organization					Job	Title	
Ms. Mary Beth Cor	rcoran		1	Girl Scouts of	Connecticut	t	1				
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	St	ate	Zip Code
20 Washington Ave	enue				1		North H	aven	(	СТ	06473
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress			
203-239-2922	3321						propert	y@gsofct.or	g		
Contact Role(s): A		Contact									
Please note the fol	-										
1. The residual disir								rm sample.			
2. If a Collection Pe											dia anna an t-t-t-t-
<ol> <li>Depending on res correspondence</li> </ol>											
				e contact the L							

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

End of schedule

	Connectic	ut Departme	ent of	Public	Health	Drin	king V	Vater S	ection	
	Wa	ter Quality N	<u>lonit</u>	oring a	nd Com	pliaı	nce Sc	hedule		
PWS ID	PWS Name				(	Classific		-		Primary Sour
CT0710044	FIRE SAFETY COI	MPLEX				N	-	25	L	GW
	where applicable)			Service Connectio	Residenti	al Cor	nmercial	Industrial	Combined	Agricultur
GOSHEN HILL R				Connectio	115		1			
owns Served:	LEBANON		1			4.0				
Nator Suctor					quiremen	its				
Total Colifor		IBUTION SYSTEM	(1021	D: 00600)				1 rc	utino (PT)	per quarte
	Point (Sampling P	oint ID)			Monitorin	a Perio	d Colle	ection Period		iance Status
		ive Sampling Points			10/1/23 - 1	-				omplete
					1/1/24 - 3					
					4/1/24 - 6					
					7/1/24 - 9					
Physical Para	meters (PPS)							1 rc	outine (RT)	per quarte
Sampling	Point (Sampling P	oint ID)			Monitorin	g Perio	d Colle	ection Period	d Comp	liance Status
Select from	m Inventory of Act	ive Sampling Points			10/1/23 - 1	12/31/2	23		C	omplete
					1/1/24 - 3	3/31/24	1			
					4/1/24 - 6					
					7/1/24 - 9	9/30/24	1			
		Y POINT (WSF ID:	00700)							
	Nitrite (NOX)								-	RT) per yea
	Point (Sampling P	oint ID)			Monitorin	-		ection Period		iance Status
ENTRY PO	INT (3)				1/1/23 - 1 1/1/24 - 1					omplete
					<u>1/1/24 - 1</u> 1/1/25 - 1					
		01	hor C	omnlian	ce Schedi		5			
Compliance Scl	hedule Activity			ompilan		ue Dat	<i>•</i>	Achieved	d Date	
	ANITARY SURVEY					/14/20	-	Achieved	Dute	
		Water System	Facili	ity and S				orv		
Water		trater oystem		lty and b		onne	Tota		d	
System Wat	ter System Facility	Samplin	g Point	Sampling I	Point		Colifor	m Copper		Stag
		1	D	Description	n	Stat	Rule	Rule Tie	r Asbestos	WQP 2 DB
Facility ID						Jui	us			
-	RIBUTION SYSTEM		1	DISTRIBUT	ION SYSTEM	A				
-	RIBUTION SYSTEM	1 4	-				Y			
-	RIBUTION SYSTEM	1 downs	-	WITHIN 5 S	ION SYSTEM	А	Y			
00600 DIST	RIBUTION SYSTEN	1 DOWNS UPST	STREAM	WITHIN 5 S	ION SYSTEM SERVICE CON SERVICE CON	A A	Y			
00600 DIST 00700 ENT 21214 WEL	RY POINT L	1 DOWNS UPST	STREAM REAM	WITHIN 5 S	ION SYSTEM SERVICE CON SERVICE CON	A A A	Y			
00600 DIST 00700 ENT	RY POINT L	1 DOWNS UPST	STREAM REAM 3	WITHIN 5 S WITHIN 5 S ENTRY POI	ION SYSTEM SERVICE CON SERVICE CON	A A A A	Y			
00600 DIST 00700 ENT 21214 WEL 60931 WEL	RY POINT L	1 DOWNS UPST	STREAM REAM 3	WITHIN 5 S WITHIN 5 S ENTRY POI WELL	ION SYSTEM SERVICE CON SERVICE CON	A A A A	Y			
00600 DIST 00700 ENT 21214 WEL 60931 WEL	RY POINT L L 2	1 DOWNS UPST	STREAM REAM 3 2	WITHIN 5 S WITHIN 5 S ENTRY POI WELL WELL 2	ION SYSTEM SERVICE CON SERVICE CON	A A A A	Y			
00600 DIST 00700 ENT 21214 WEL 60931 WEL 62890 WA	RY POINT L L 2	1 DOWNS UPST	Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL WELL 2	ION SYSTEM SERVICE CON SERVICE CON NT	A A A A	Y		Job Title	
00600 DIST 00700 ENT 21214 WEL 60931 WEL 62890 WAT	RY POINT L L 2	1 DOWNS UPST	Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL WELL 2	ION SYSTEM SERVICE CON SERVICE CON NT	A A A A	Y		Job Title	
00700 ENT 21214 WEL 60931 WEL	RY POINT L L 2 TER SOFTENER	1 DOWNS UPST	Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL WELL 2	ION SYSTEM SERVICE CON SERVICE CON NT	A A A A	Y	City	Job Title State	Zip Code
00600 DIST 00700 ENT 21214 WEL 60931 WEL 62890 WAT	RY POINT L L 2 TER SOFTENER s Line One	1 DOWNS UPST	Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL WELL 2	ION SYSTEM SERVICE CON SERVICE CON NT		Y			Zip Code

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

						<b>г</b>				
PWS ID	PWS Name					Class	ification	Population	Owner Type	<b>Primary Source</b>
СТ0710044	FIRE SAFETY COI	MPLEX					NC	25	L	GW
Local Address (w	here applicable)			Service	Reside	ntial (	Commerc	ial Industri	al Combin	ed Agricultural
GOSHEN HILL RO	AD			Connectio	ns		1			
Towns Served: LE	BANON								1	·
Contact Role(s):	Owner									
Name				Organization					Job Titl	e
Mr. Kevin Cwikla	l			Town of Leba	non			First Selee	ctman	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
579 Exeter Road							Leban	on	СТ	06249
Business Phone	e Extension	Fax	Mc	bile Phone	Emergenc	y Phor	e Email	Address	i	
860-642-6100	1				860-334	I-1009	firstse	lectman@lel	banonct.gov	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Please note the f	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

	Connectic	ut Departm	onto	f Public	Haalth	D	rinkin	σΜ	Vator	Soct	ion	
		ter Quality						0			.1011	
PWS ID	PWS Name	ter Quality	WIOIII	Juling al			ssification					Primary Source
CT0710064	GOSHEN HILL CH	IURCH				Cia	NC	FU	25	P		GW
	(where applicable)	loken		Service	Residen	tial	Commerc	rial	Industria	-	mbined	-
CHURCH ROAD				Connection		- Clui	1		maastin		moniee	, Agriculturul
Towns Served:							-					
			Monit	oring Req	uireme	nts						
Water System	n Facility: DISTR						·	_	_	_	_	
Total Colifor									1	. routir	າe (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ing P	Period (	Colle	ction Pe	riod	Comp	iance Status
Select from	m Inventory of Act	ive Sampling Points	;		4/1/24 -	6/3	0/24					
					7/1/24 -	9/3	0/24					
<b>Total Colifor</b>	m (3100)									1 ro	utine (	RT) per year
Sampling	Point (Sampling P	oint ID)			Monitori	ing P	Period (	Colle	ction Pe	riod	Comp	iance Status
Select from	m Inventory of Act	ive Sampling Points	5		1/1/23 -	12/3	31/23				C	omplete
<b>Physical Para</b>	ameters (PPS)								1	. routir	ne (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ing P	Period	Colle	ction Pe	riod	Comp	iance Status
Select from	m Inventory of Act	ive Sampling Points	5		4/1/24 -	6/3	0/24					
					7/1/24 -	9/3	0/24					
<b>Physical Para</b>	ameters (PPS)									1 ro	utine (	RT) per year
Sampling	Point (Sampling P	oint ID)			Monitori	ing P	Period (	Colle	ction Pe	riod	Compl	iance Status
Select from	m Inventory of Act	ive Sampling Points	;		1/1/23 -	12/3	31/23				C	omplete
Water System	n Facility: ENTR	Y POINT (WSF ID	: 00700)									
	Nitrite (NOX)									1 ro	utine (	RT) per year
	Point (Sampling P	oint ID)			Monitori	_		Colle	ction Pe	riod	Comp	iance Status
ENTRY PO	0INT (3)				1/1/23 -						C	omplete
					1/1/24 -							
					1/1/25 -	12/3	31/25					
		Pub	lic Not	tification	Require	eme	ents					
			0	Compliance	Notice	?	Public N	Votifi	ication		PN Cer	tification
Violation/Situe				Period	Tier		Required		erforme		to DPH	
Total Coliform	M&R Violation			/23 - 12/31/23			3/20/2025			3/3	0/2025	
		Water Syster	n Facil	ity and Sa	mpling	Ро	int Inve	ente	ory			
Water								Total				_
	ter System Facility	Sampl	ing Point ID	Sampling Po Description	DINT			lifor			chastas	Stage WQP 2 DBPF
		A		-			514145	Rule	Kule	TIEL A	5025105	WQF 2 DDFT
00600 DIST	TRIBUTION SYSTEM		4 ISTREAM	DISTRIBUTIC			A A	Y				
			TREAM	WITHIN 5 SE			A					
00700 ENT	RY POINT	083	3	ENTRY POIN		N	A					
21215 WEI			2	WELL			A					
				ntact Info	mation		~					
Name					mation						ab Tiele	
Name	D MaCall			rganization	urah				امداد	JC	ob Title	
Miss Maureen		N.A.:!!		oshen Hill Chu	urcn				lerk		Ctata	Zip Code
Mailing Addres		iviallir	ig Addres	s Line Two			Leban		City		State CT	Zip Code 06249
Business Pho		Fax	Moh	ile Phone	Emergency	/ Pho			recc		CI	00249
		T dA	1VIOD		SED END				church1	720 കെ	mail cor	n
	ation has been provide	d to halp owners and o	norators of	nublic water sus								

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0710064	<b>GOSHEN HILL CHURCH</b>				NC	25	Р	GW
Local Address	(where applicable)		Service	Resider	ntial Commer	cial Industri	ial Combine	ed Agricultural
CHURCH ROAD	)		Connections		1			
Towns Served:			·			·		
000-042-33	57			000-042	-1720 Rosue	millionarchi	129@gmail.co	וווכ
Contact Role(s	): Administrative Contac	t, Legal Conta	ct					

#### 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

	Connecticut Departme					<u> </u>			ection	
	Water Quality M	Ionitoring an	d Com	npli	iance	Sc	hedul	е		
PWS ID	PWS Name			Clas	sificatior	n Po	pulation	Ow	ner Type P	rimary Sour
СТ0710074	LAKE WILLIAMS CAMPGROUND				NC		25		Р	GW
Local Address	(where applicable)	Service	Resident	tial	Commer	cial	Industri	al	Combined	Agricultur
1742 EXETER F	ROAD	Connections			1					
Towns Served	: LEBANON									
	Π	Aonitoring Requ	ireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)								
Total Colifor	rm (3100)							1 ro	utine (RT	) per montl
	Point (Sampling Point ID)		Monitori	ng Po	eriod	Coll	ection Pe			iance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 -	11/3	30/23				Out	of Service
			12/1/23 -	12/3	31/23					
			4/1/24 -	4/30	0/24					
			5/1/24 -	5/31	1/24					
			6/1/24 -	6/30	)/24					
			7/1/24 -							
			8/1/24 -	8/31	1/24					
			9/1/24 -	9/30	0/24					
			10/1/24 -	10/3	31/24					
<b>Physical Par</b>	ameters (PPS)							1 ro	utine (RT	per montl
-	Point (Sampling Point ID)		Monitori	ng Po	eriod	Coll	ection Pe			iance Status
Select fro	om Inventory of Active Sampling Points		11/1/23 -	11/3	30/23				Out	of Service
			12/1/23 -	12/3	31/23					
			4/1/24 -	4/30	0/24					
			5/1/24 -	5/31	1/24				- <u></u> -	
			6/1/24 -	6/30	0/24					
			7/1/24 -	7/31	1/24					
			8/1/24 -	8/31	1/24					
			9/1/24 -	9/30	0/24					
			10/1/24 -	10/3	31/24					
Water Syster	m Facility: ENTRY POINT (WSF ID:	00700)								
Nitrate And	Nitrite (NOX)							1	routine (I	RT) per yea
Sampling	Point (Sampling Point ID)		Monitori	ng Po	eriod	Coll	ection Pe	riod	Compl	iance Status
ENTRY PO	DINT (3)		1/1/23 -	12/3	1/23	3	/30-12/3	1	Co	omplete
			1/1/24 -	12/3	1/24	3	/30-12/3	1		
			1/1/25 -	12/3	1/25	3	/30-12/3	1		
Water Syster	m Facility: WELL #2 (WSF ID: 2121	7)								
E. Coli (301	4)						1	. rou	utine (RT)	per quarte
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe			iance Status
WELL (2)			10/1/23 -	12/3	31/23				Co	omplete
			4/1/24 -	6/30	0/24					
			7/1/24 -	9/30	)/24					
Water Syster	m Facility: WELL #3 (WSF ID: 6056	8)								
E. Coli (301	4)						1	. rou	utine (RT)	per quarte
Sampling	Point (Sampling Point ID)		Monitori	ng Po	eriod	Coll	ection Pe	riod	Compl	iance Status
WELL 3 (2	2)		10/1/23 -	12/3	31/23				Co	omplete
			4/1/24 -	6/30	)/24					
			7/1/24 -	9/30	)/24					

	Co		-		c of Public			0				tion	
		Wa	ter Qual	lity Mo	nitoring a	and Com	plia	nce S	Sche	edule			
PWS ID	PWS	Name			0		*					r Type P	rimary Source
СТ0710074	LAKI		CAMPGROU	ND			N	С	2	5	F	<b>5</b>	GW
Local Address	s (where	applicable)			Service	Resident	tial Co	mmercia	al In	dustrial	С	ombined	Agricultural
1742 EXETER					Connectio	ons		1					
Towns Served	: LEBAN	ION											I
		Monthly	Water S	ystem Fa	acility (WSI	F) Level M	lonit	oring	Req	uirem	ent	ts	
Water Syste	m Facil	ity: ENTRY	POINT (W	SFID: 0070	00)								
Analyte		Mon	itoring Requi	irement (Su	mmary Type)	Орен	ating L	imit			Sa	mples R	eq/Month
рН		Entry	Point pH Mo	onitoring (P	PHRD)	Mini	mum:	7 PH				2	1
Start Date	e: 4/1/2	2019			Com	pliance Histo	ory:	qO	eratin	ng Limit		Monito	ring
					Mon	itoring Perio	b	-		nce Stat	us:	Complia	ince Status:
					11/1	/2023 - 11/30	)/2023						
					12/1	/2023 - 12/31	L/2023						
					1/1/2	2024 - 1/31/2	024						
					2/1/2	2024 - 2/29/2	024						
					3/1/2	2024 - 3/31/2	024					_	
				Othe	r Complian	ice Sched	ules						
Compliance S	Schedule	Activity				L	Due Da	te		Achieve	ed Do	ate	
SEASONAL ST	ART UP	COMPLETIO	)N			2	4/1/202	24					
			Water Sy	ystem Fa	acility and S	Sampling	Point	t Inve	ntor				
Water					-				tal	Lead a	nd		
	ater Sys	tem Facility		Sampling P	oint Sampling	Point			form	Сорре			Stage
Facility ID				ID	Descriptio	n	Sta	tus R	ule	Rule Ti	er A	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUT	ION SYSTEM	1	4	DISTRIBUT	TION SYSTEM	ŀ	4	Y				
				DOWNSTRE	EAM WITHIN 5	SERVICE CON	I A	4					
				UPSTREA	M WITHIN 5	SERVICE CON	I A	4					
00700 EN	ITRY PO	INT		3	ENTRY PO	INT	ŀ	4					
21217 WI	ELL #2			2	WELL		A	4					
59533 TR	EATMEN	NT PLANT											
60568 WI	ELL #3			2	WELL 3		ŀ	4					
				(	Contact Info	ormation							
Name					Organization						J	ob Title	
Mr. John Olel	ksiw				Lake William	s Campgroun	d Assoc		Pres	sident			
Mailing Addre	ess Line	One		Mailing Ad	dress Line Two				Ci	ty		State	Zip Code
PO Box 571								Manch	ester			СТ	06045
Business Ph	none	Extension	Fax	Ν	Mobile Phone	Emergency	Phone	Email A	ddres	s			
860-908-18	842							lwca.in	c.pc@	gmail.co	om		
Contact Role(	(s): Leg	al Contact, (	Owner										
Name	·				Organization						J	ob Title	
Mr. Franklin I	Pilicy				Pilicy & Ryan	, Рс			Atto	orney			
Mailing Addre	ess Line	One		Mailing Ad	dress Line Two				Ci	ty		State	Zip Code
365 Main Stre	eet							Watert	own			СТ	06795
Business Ph	none	Extension	Fax	Ν	Mobile Phone	Emergency	Phone	Email A	ddres	S		· · · · ·	
860-274-00	018		860-274-0	0061						licy.com			
Contact Role(	(s): Leg	al Contact											

	···ut	ci quu	mey monte	or mg un	u uon	<u>ipiia</u>		, ciicaai			
PWS ID	PWS Name					Classifi	cation	Population	Owner Typ	e P	rimary Sourc
СТ0710074	LAKE WILLIAMS C	AMPGROU	IND			N	C	25	Р		GW
Local Address (wi	nere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combi	ned	Agricultura
1742 EXETER ROA	AD.			Connections			1				
Towns Served: LE	BANON										
Name			Or	ganization					Job T	itle	
Ms. Jody L. Welle	er		Lal	ke Williams Ca	ampgroun	d Assoc	:	Treasurer			
Mailing Address I	ine One		Mailing Address	Line Two				City	Stat	e	Zip Code
5 Shaw Cove			Suite 200				New Lo	ndon	СТ		06320
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	Phone	Email A	ddress	I.		
860-908-1842			860-9	08-1842	860-367-	3476	admin@	lwcainc.or	nmicrosoft.c	com	
Contact Role(s):	Administrative C	ontact	1	I			1				
Plassa nota tha f	ollowing:										

#### 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

	Connecticut Dep Water Qu	oartment of ality Monit				0		ection	
PWS ID	PWS Name			Cla		ion Po	-		rimary Source
CT0710084	LEBANON COMMUNITY H	OUSE	Comiles	Docident	NC	oreic	25	L	GW
	s (where applicable) ND ROUTE 87		Service Connections	Residential	Comm	nercial	Industrial	Combined	Agricultura
Towns Served			connections			L			
Towns Served		Monit	oring Requ	iromont	c				
Water Syste	em Facility: <b>DISTRIBUTION</b>				5	_	_		
Total Colifo	•		2.00000,				1 rc	outine (RT)	per quarter
	g Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio		ance Status
	om Inventory of Active Sampli	ng Points		10/1/23 - 12					mplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
-	rameters (PPS)								per quarter
	g Point (Sampling Point ID)			Monitoring		Colle	ection Perio		ance Status
Select fr	om Inventory of Active Sampli	ng Points		10/1/23 - 12				Со	mplete
				1/1/24 - 3/					
				4/1/24 - 6/					
Mator Syste				7/1/24 - 9/	30/24				
	em Facility: ENTRY POINT	(WSF ID: 00700)						1 noutino (F	
Nitrate (10	g Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio	-	T) per year ance Status
	POINT (3)			1/1/23 - 12/		conc			mplete
2				1/1/24 - 12/					mpiere
				1/1/25 - 12/					
Nitrite (10	41)							1 routine (F	T) per year
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Colle	ection Perio	-	ance Status
ENTRY P	POINT (3)			1/1/23 - 12/	/31/23			Co	mplete
				1/1/24 - 12/	/31/24				
				1/1/25 - 12/	/31/25				
		Other C	ompliance	Schedul	es				
Compliance S	Schedule Activity			Due	e Date		Achieve	d Date	
RESPOND TO	SANITARY SURVEY			12/1	4/2023				
	Water	System Facil	ity and Sai	npling Po	oint Ir	nvent	ory		
Water						Tota	Lead an	d	
	ater System Facility	Sampling Point		nt		Colifor			Stage
Facility ID		ID	Description		Status		Rule Tie	er Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTIO		A	Y			
		DOWNSTREAM			A				
00700 51		UPSTREAM	WITHIN 5 SEF		A				
		3	ENTRY POINT		A				
21218 W	ELL	2	WELL		A				
			ntact Infori	nation					
Name		0	rganization					Job Title	
Lebanon	ass Lina Ona		a Line Two				City	Ctota	7in Code
Mailing Addr	ess line one	Mailing Addres	s Line TWO				City	State	Zip Code

				0		<b>I</b> <sup>-</sup>			-		
PWS ID	PWS Name					Classi	fication	Population	Owner Type	e Prii	mary Source
СТ0710084	LEBANON COMM		JSE				NC	25	L		GW
Local Address (w	here applicable)			Service	Reside	ntial C	ommerc	ial Industri	al Combin	ned	Agricultural
ROUTE 207 AND	ROUTE 87			Connectio	ons		1				
Towns Served: LE	BANON										
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Phone	e Email /	Address			
Contact Role(s):	Owner										
Name			(	Organization					Job Tit	le	
Mr. Kevin Cwikla	l		-	Town of Leba	anon			First Selec	ctman		
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	State		Zip Code
579 Exeter Road							Leban	on	СТ		06249
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Phone	e Email /	Address			
860-642-6100	1				860-334	4-1009	firstse	ectman@lel	panonct.gov		
Contact Role(s):	Administrative	Contact, Leg	al 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

	Connecticut Do Water C	epartment o Juality Mon				U			
PWS ID	PWS Name		itoring an						rimary Source
CT0710094	MARKET ON THE GREEN	J			NC		25	P	GW
	ss (where applicable)	•	Service	Residentia		ercial	Industria	-	
	OWN STREET		Connections		1				
	ed: LEBANON								
		Mon	itoring Requ	liremen	tc				
Water Syst	em Facility: DISTRIBUTIC								
	form (3100)				Devied	Calla		routine (RT)	• •
-	ng Point (Sampling Point ID)			Monitoring		Collec	ction Peri		iance Status
Select f	from Inventory of Active Sam	pling Points		10/1/23 - 12				C	omplete
				1/1/24 - 3					
				4/1/24 - 6, 7/1/24 - 9,	-				
Physical P	arameters (PPS)			//1/24-9/	1 30/ 24		1	routine (RT)	nor quartar
-	arameters (PPS) ing Point (Sampling Point ID)			Monitoring	Period	Colleg	⊥ ction Peri		iance Status
	from Inventory of Active Sam			10/1/23 - 12		conet		-	omplete
Beleet				1/1/24 - 3					inpiece
				4/1/24 - 6					
				7/1/24 - 9					
Water Syst	em Facility: ENTRY POIN	T (WSF ID: 0070	0)						
Nitrate (1		•	•				1	routine (RT)	per quarter
-	ng Point (Sampling Point ID)			Monitoring	Period	Collec	ction Peri		iance Status
	POINT (3)			10/1/23 - 12					omplete
				1/1/24 - 3,	/31/24				
			-	4/1/24 - 6,	/30/24	_			
				7/1/24 - 9,	/30/24				
Nitrite (10	041)							1 routine (	RT) per year
Sampli	ng Point (Sampling Point ID)			Monitoring	y Period	Collec	ction Peri	iod Compl	iance Status
ENTRY	POINT (3)			1/1/23 - 12				Co	omplete
				1/1/24 - 12					
				1/1/25 - 12	2/31/25				
		Public No	otification <b>F</b>	Requiren	nents				
			Compliance	Notice	Public	: Notifi	cation	PN Cer	tification
Violation/Si			Period	Tier	Require		erformed		Received
Nitrate M&F			/1/23 - 9/30/23	3	1/2/202			1/12/2025	
	ameters M&R Violation		/1/23 - 9/30/23	3	1/2/202			1/12/2025	
Total Colifor	m M&R Violation		/1/23 - 9/30/23	3	1/2/202			1/12/2025	
	Wate	er System Fac	ility and Sa	mpling P	oint In	vento	ory		
Water						Total			
-	Vater System Facility		nt Sampling Poi	int	(	Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule 1	ier Asbestos	WQP 2 DBPF
00600 D	DISTRIBUTION SYSTEM				A	Y			
			M WITHIN 5 SEP		A				
00700 5		UPSTREAM			A				
		3	ENTRY POINT		A				
21219 V	VELL	2	WELL		A				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name** Ρ СТ0710094 MARKET ON THE GREEN NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **199 WEST TOWN STREET** 1 Towns Served: LEBANON **Contact Information**

				contact ini	ormation				
Name				Organizatior	1			Job Title	
Ms. Morgan E. Hep	ple			Market On T	he Green		Admin/Mar	nager	
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
199 West Town Stre	eet					Lebanon		СТ	06249
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-576-1423						marketo	nthegreenC	T@gmail.com	ı
Contact Role(s): A	dministrative C	ontact, Leg	gal Cont	act					
Name				Organizatior	١			Job Title	
Mr. Peter Alba				Pirates Prop	erties LLC		Owner		
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
224 Mansfield City	Road					Mansfie	d	СТ	06250
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-931-1258					860-576-1423				
Contact Role(s): <b>O</b>	wner			I		1			

#### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

Сс	onnectic	ut Depa	rtment of	Public	: Health I	Drin	king	Wa	ter Se	ction	
		-	lity Monit				Ŭ				
PWS ID PW	/S Name					<b>.</b>				ner Type	Primary Source
CT0710104 TR	UMBULL LIBR	ARY				N	С	25	5	L	GW
Local Address (whe	re applicable)			Service	Residentia	al Co	mmercial	Ind	lustrial	Combined	d Agricultura
580 EXETER ROAD				Connectio	ons		1				
Towns Served: LEBA	NON										
					quiremen	ts					
Water System Fac		RIBUTION SY	STEM (WSFI	D: 00600)					-	(57)	
Total Coliform (3	-					. Davis		U.a. a.t.: a			per quarter
Sampling Poin		-	Doints		Monitoring	-		iectio	on Period		liance Status
Select from Inv	Pentory of Act	ive sampling	POINTS		10/1/23 - 1 1/1/24 - 3					Ľ	omplete
					4/1/24 - 6						
					7/1/24 - 9						
Physical Paramet	ors (DDS)				7/1/24-9	7 307 24	4		1 rou	ting (RT)	per quarter
Sampling Poin		oint ID)			Monitoring	n Perio	nd Col	llectio	on Period		liance Status
Select from Inv		-	Points		10/1/23 - 1	-			in r crioù		omplete
					1/1/24 - 3						
					4/1/24 - 6						
					7/1/24 - 9						
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And Nitri		•							1	routine (	RT) per year
Sampling Poin	• •	oint ID)			Monitoring	g Perio	od Col	llectio	on Period	-	liance Status
ENTRY POINT (	3)				1/1/23 - 12	2/31/2	23			C	omplete
					1/1/24 - 12	2/31/2	24				
					1/1/25 - 12	2/31/2	25				
			Other C	omplian	ce Schedu	ıles					
Compliance Schedu	le Activity				Du	ue Dat	te	/	Achieved	Date	
RESPOND TO SANIT	ARY SURVEY				12/	′14/20	23				
		Water Sy	/stem Facili	ity and S	Sampling F	Point	t Inven	tory	y		
Water							Tot		Lead and		
	stem Facility		Sampling Point				Colifo		Copper		Stage
Facility ID			ID	Descriptio		Sta			Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBL	JTION SYSTEM		4		ION SYSTEM	А					
			DOWNSTREAM			А					
	0.N/T		UPSTREAM		SERVICE CON	Δ					
00700 ENTRY P	UINT		3	ENTRY PO	INI	Δ					
21220 WELL			2	WELL		Δ	4				
-					ormation						
Name			01	rganization						Job Title	
Lebanon	0.000		Mailing Address					C:+-		Ctata	Zin Code
Mailing Address Lin	e One		Mailing Address	s Line IWO				City	у	State	Zip Code
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	Idress	5		
					57.						
Contact Role(s): O	wner	1			1		1				

				0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0710104	TRUMBULL LIBRA	RY					NC	25	L	GW
Local Address (w	here applicable)			Service	Resider	tial (	Commerci	al Industri	al Combin	ed Agricultural
580 EXETER ROA	D			Connections	;		1			
Towns Served: L	BANON								1	
Name			Or	ganization					Job Titl	e
Mr. Kevin Cwikla			То	wn of Leband	on			First Seleo	ctman	
Mailing Address	ine One		Mailing Address	s Line Two				City	State	Zip Code
579 Exeter Road							Leband	on	СТ	06249
Business Phone	e Extension	Fax	Mobil	le Phone E	Emergency	/ Phor	ne Email /	Address		
860-642-6100	1				860-334	-1009	firstsel	ectman@lel	banonct.gov	
Contact Role(s):	Administrative C	ontact, Leg	al Contact	L						
Please note the	ollowing:									

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

С	onnecticut Depa					0		ection	
	Water Qua	lity Monit	coring ai	nd Com	pliar	nce Sc	hedule		
PWS ID PV	WS Name			(	Classific	cation Po	pulation Ov	vner Type	rimary Source
CT0710124 LE	BANON TOWN HALL				NC	2	25	L	GW
Local Address (whe	ere applicable)		Service	Residenti	al Cor	nmercial	Industrial	Combined	Agricultural
ROUTE 207 AND R	OUTE 87		Connection	IS		1			
Towns Served: LEB	ANON								
			oring Req	quiremen	ts				
-	cility: DISTRIBUTION S	YSTEM (WSFI	D: 00600)						
Total Coliform	•								per quarter
	nt (Sampling Point ID)	<b>D</b> · · ·		Monitorin	-		ection Period		iance Status
Select from In	ventory of Active Sampling	g Points		10/1/23 - 1				Li	omplete
				1/1/24 - 3	• •				
				4/1/24 - 6					
				7/1/24 - 9	9/30/24	1			
Physical Parame	• •								per quarter
	nt (Sampling Point ID)			Monitorin	-		ection Period		iance Status
Select from In	ventory of Active Sampling	g Points		10/1/23 - 1				Co	omplete
				1/1/24 - 3					
				4/1/24 - 6					
				7/1/24 - 9	9/30/24	1			
Water System Fa	cility: ENTRY POINT (	NSF ID: 00700)							
Nitrate And Nitr								-	RT) per year
	nt (Sampling Point ID)			Monitorin	-		ection Period		iance Status
ENTRY POINT	(3)			1/1/23 - 1				Co	omplete
				1/1/24 - 1					
				1/1/25 - 1	2/31/2	5			
	Water S	ystem Facili	ity and Sa	ampling I	Point	Invent	ory		
Water						Tota	I Lead an	d	
	System Facility	Sampling Point				Colifor			Stage
Facility ID		ID	Description		Stat	tus Rule	e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SI	ERVICE CON	A				
		UPSTREAM	WITHIN 5 SI	ERVICE CON	A				
00700 ENTRY F	POINT	3	ENTRY POIN	IT	A				
21221 WELL		2	WELL		A				
		Con	tact Info	rmation					
Name		0	rganization					Job Title	
Lebanon									
Mailing Address Li	ne One	Mailing Addres	s Line Two				City	State	Zip Code
Business Phone	Extension Fax	Mobi	ile Phone	Emergency I	Phone	Email Ado	lress		
Contact Role(s): C	)wner								

		· · · ·		0		I I			-	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0710124	LEBANON TOWI	N HALL					NC	25	L	GW
Local Address (w	here applicable)			Service	Reside	ential	Commerc	ial Industri	al Combin	ed Agricultural
ROUTE 207 AND	ROUTE 87			Connecti	ions		1			
Towns Served: LE	BANON						1			
Name				Organizatio	n				Job Titl	e
Mr. Kevin Cwikla				Town of Leb	banon			First Selee	ctman	
Mailing Address	Line One		Mailing Addr	ess Line Two	)			City	State	Zip Code
579 Exeter Road							Leban	on	СТ	06249
Business Phone	e Extension	Fax	Mo	bile Phone	Emergen	cy Pho	one Email	Address		
860-642-6100	1				860-33	4-100	9 firstse	lectman@lel	banonct.gov	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Please note the f	ollowing:									

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

	Connectio Wa	*	rtment of lity Monit				0			ection	
PWS ID	PWS Name	uu yuu		Jing a		A				ner Type	Primary Source
CT0710154	ST FRANCIS OF	ASSISI				N		25	0.00	P	GW
	(where applicable)			Service	Resident		nmercial	Industri	ial	Combined	-
WEST TOWN				Connectior			1	maastri		combined	i Agriculturul
Towns Served	-						-				
			Monit	oring Red	quiremer	nts					
Water Syste	m Facility: DISTE								_		
<b>Total Colifo</b>	rm (3100)							1	1 rou	utine (RT)	per quarter
Sampling	g Point (Sampling P	Point ID)			Monitorin	g Perio	d Coll	ection Pe	riod	Compl	iance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 - 1	12/31/2	23			Co	omplete
					1/1/24 - 3	3/31/24	1				
					4/1/24 -	6/30/24	1				
					7/1/24 - 9	9/30/24	1				
-	rameters (PPS)									• •	per quarter
	g Point (Sampling P		Delint		Monitorin	-		ection Pe	riod		iance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 - 1					C	omplete
					1/1/24 - 3						
					4/1/24 - 0 7/1/24 - 9						
Mator System	m Facility: ENTR				//1/24-:	9/50/24	+				
			V3F1D.00700j						1	routino (I	
	Nitrite (NOX) g Point (Sampling F	Point ID)			Monitorin	a Perio	d Coll	ection Pe		-	RT) per year <i>iance Status</i>
ENTRY P		onnenoy			1/1/23 - 1	-			nou		omplete
	0111 (0)				1/1/24 - 1						Impiete
					1/1/25 - 1						
		Water S	ystem Facil	ity and S				torv			
Water						• • • • •	Toto	-	and		
	ater System Facility		Sampling Point	Sampling P	Point		Colifo				Stage
Facility ID			ID	Description	ו	Stat	us Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	/	4	DISTRIBUTI	ON SYSTEM	A	Y				
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	A					
			UPSTREAM	WITHIN 5 S	ERVICE CON	A					
00700 EN	TRY POINT		3	ENTRY POI	NT	A					
21224 WE	ELL		2	WELL		A					
58291 PR	ESSURE STORAGE										
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Reverend Ma	rk Masnicki		St	: Francis of A	ssisi Church			Pastor			
Mailing Addre	ess Line One		Mailing Addres	s Line Two				City		State	Zip Code
67 West Towr	n Street						Lebanon			СТ	06249
Business Ph	one Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Add	dress			

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0710154	ST FRANCIS OF ASSISI			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
WEST TOWN ST	REET	Connections		1			
Towns Served:	LEBANON	i.					

#### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut Dep					0			
PWS ID	PWS Name	ality Mo	onitoring an	d Con	-			wner Type Pi	imany Source
CT0710174	THE LOG CABIN RESTAURA	NT			Class	NC	25	P	GW
	(where applicable)		Service	Residen	tial	Commercial	Industrial	Combined	Agricultural
	LL HIGHWAY (ROUTE 87)		Connections			1	muustnai	combined	Agricultural
Towns Served									
Towns Served		D/a	pritoring Dog	iromo	to				
Water Syste	m Facility: DISTRIBUTION		onitoring Req NSF ID: 00600)	ureme	nts				
<b>Total Colifo</b>	rm (3100)						1 r	outine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitori	ing Pe	eriod Col	lection Perio	od Compli	ance Status
Select fro	om Inventory of Active Samplir	g Points		10/1/23 -	· 12/3	31/23		Со	mplete
				1/1/24 -	3/31	./24			
				4/1/24 -	6/30	)/24			
				7/1/24 -	9/30	)/24			
-	rameters (PPS)						1 r	outine (RT)	-
	g Point (Sampling Point ID)			Monitori	ing Pe	eriod Col	lection Perio		ance Status
Select fro	om Inventory of Active Samplir	g Points		10/1/23 -				Со	mplete
				1/1/24 -					
				4/1/24 -					
				7/1/24 -	9/30	)/24			
	m Facility: ENTRY POINT (	WSF ID: 00	700)						
	Nitrite (NOX)				_			1 routine (R	
	g Point (Sampling Point ID)			Monitori	_		lection Perio		ance Status
ENTRY P	OINT (3)			1/1/23 -				Co	mplete
				1/1/24 -					
		<b>.</b>	- H	1/1/25 -					
		Othe	er Compliance	e Sched	lule	S			
Compliance S	chedule Activity				Due L		Achieve	ed Date	
RESPOND TO	SANITARY SURVEY			!	5/5/2	2019			
		Public	<b>Notification</b>	Require	eme	nts			
			Compliance	Notice	•	Public Not	ification	PN Cert	i <u>fication</u>
Violation/Situ	uation		Period	Tier		Required	Performed	Due to DPH	Received
Total Coliform	n M&R Violation		1/1/19 - 3/31/19	3	5	5/30/2020		6/9/2020	
Physical Parar	meters M&R Violation		1/1/19 - 3/31/19	3	5	5/30/2020		6/9/2020	
	Water S	System F	acility and Sa	mpling	Poi	nt Inven	tory		
Water						Tot	al Lead a	nd	
	ater System Facility	1 0	Point Sampling Po	int		Colifo			Stage
Facility ID		ID	Description			Status Rul		er Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTIO			A Y			
			EAM WITHIN 5 SE			А			
		UPSTRE			N	А			
	TRY POINT	3	ENTRY POINT	Г		А			
	ELL 1	2	WELL 1			А			
59754 WI	ELL 2	2	WELL 2			А			

PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
СТ0710174	THE LOG CABIN RESTAURANT				NC	25	Р	GW
Local Address (w	/here applicable)	Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
383 TRUMBULL	HIGHWAY (ROUTE 87)	Connections			1			
Towns Served: L	EBANON							

			Co	ontact Inf	ormation			
Name				Organization			Job Title	ļ
Mr. Robert D'elised	)			The Log Cabi	n Restaurant	Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code
389 Route 87						Lebanon	СТ	06249
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		
860-456-7663					860-716-2205	rdeliseo@sbcglobal.r	net	
Contact Role(s): Ad	dministrative	Contact, Leg	al Contact, O	wner				
Name				Organization			Job Title	1
Lebanon Properties	s LLC							
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code
383 Trumbull Hgwy						Lebanon	СТ	06249
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		
Contact Role(s): <b>O</b>	wner							

### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut De	partment	of Public H	lealth I	Drinki	ng W	ater S	ection	
		•	nitoring and			U			
PWS ID	PWS Name				lassificati				rimary Source
СТ0710184	4 WATERS EDGE CAMPGRO	DUND			NC		50	P	GW
Local Addr	ress (where applicable)		Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agricultural
271 LEON	ARD BRIDGE ROAD		Connections		15	0			
Towns Ser	ved: LEBANON								
		Mo	nitoring Requ	liremen	ts				
Water Sy	stem Facility: <b>DISTRIBUTIO</b>								
<b>Total Col</b>	liform (3100)						<b>1</b> r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	g Period	Collect	ion Perio	d Compl	iance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Physical	Parameters (PPS)						<b>1</b> r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	g Period	Collect	ion Perio	d Compl	iance Status
Selec	t from Inventory of Active Samp	ling Points		4/1/24 - 6					
				7/1/24 - 9	/30/24				
Water Sy	stem Facility: ENTRY POINT	- LOWER SAF	ARI WELL (WSF	D: 00701)					
	And Nitrite (NOX)							-	RT) per year
	oling Point (Sampling Point ID)			Monitoring	-	Collect	ion Perio	d Compl	iance Status
EP - L	OWER SAFARI WELL (3)			1/1/23 - 12	2/31/23			Co	omplete
				1/1/24 - 12					
				1/1/25 - 12	2/31/25				
		Othe	r Compliance	Schedu	les				
Compliand	ce Schedule Activity			Dı	ie Date		Achieve	d Date	
SEASONAL	START UP COMPLETION			4/	1/2024				
		Public I	Notification R	equiren	nents				
			Compliance	Notice	Publ	ic Notific	ation	<u>PN Cer</u>	<u>tification</u>
Violation/			Period	Tier	Requir		rformed	Due to DPH	Received
Total Colif	orm M&R Violation		7/1/04 - 9/30/04	2	2/9/20			2/19/2005	
	Water	<sup>r</sup> System Fa	cility and Sar	npling P	Point In		-		
Water System	Water System Facility	Samplina D	oint Sampling Poi	nt		Total Coliform	Lead an		Staao
Facility ID		ID	Description	n.		Rule			Stage WQP 2 DBPI
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SVSTEM	<u>Status</u> A	Y	nuic m		11Q: 20011
00000	DISTRIBUTION STSTEM		AM WITHIN 5 SER		A				
		OKS	OFFICE KITCH		A	Y			
		UPSTREA			A	•			
00701	ENTRY POINT - LOWER SAFARI WELL	3	EP - LOWER S		A				
57171	LOWER SAFARI WELL	2	LOWER SAFAI	RI WELL	A				
			Contact Inform						
Name			Organization					Job Title	
Mr. Brian	Korten		Waters Edge Car	npground		Ow	ner		
	ddress Line One	Mailing Add	dress Line Two				ity	State	Zip Code
	rd Bridge Rd				Let	banon	,	СТ	06249
Business 860-642	s Phone Extension	Fax N		mergency P 860-933-43	hone Em	ail Addre		ampground.c	
			and a fully set of a set						

		<u> </u>		-				
PWS ID	PWS Name			Cla	ssification P	opulation	Owner Type	Primary Source
СТ0710184	WATERS EDGE CAMPGROUND				NC	60	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial	Commercial	Industri	al Combine	ed Agricultural
271 LEONARD B	RIDGE ROAD	Connections			150			
Towns Served: L	EBANON							

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

#### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

Water Quality Monitoring and Compliance Schedule           PWS ID         PWS Name         Classification         Permany Source           Coronada         Kit Scours of CT - CAMP LAUREL - WELL 4         NC         25         P         GW           Local Address (where applicable)         bervice         Residential         Commercial         Industrial         Combined         Agricultural           Towns Served: LEBANON         Monitoring Requirements         I         Industrial         Compliance Status           Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         I routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 5/31/24         I routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 6/30/24         I routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 6/30/24         I routine (RT) per month           Sampling Point (Sampling Point ID)		Connecticut De	*					0		ection	
CT071D134     GIRL SCOUTS OF CT - CAMP LAUREL - WELL 4     NC     25     P     GW       Local Address (where applicable)     Service Connections     Residential Commercial Industrial     Industrial     Combined     Agricultural       Towns Served: LEBANON     Monitoring Requirements     Industrial     Combined     Agricultural       Water System Facility:     DISTRIBUTION SYSTEM (WSF ID: 00600)     I routine (RT) per month     Service     Combined     Agricultural       Select from Inventory of Active Sampling Points     5/1/24 - 6/30/24     Combined     Combined     Combined     Agricultural       Select from Inventory of Active Sampling Points     5/1/24 - 6/30/24     I routine (RT) per month       Sampling Point (Sampling Point ID)     Monitoring Period     Collection Period     Compliance Status       Select from Inventory of Active Sampling Points     5/1/24 - 6/30/24     I routine (RT) per month       Sampling Point (D)     Monitoring Period     Collection Period     Compliance Status       Select from Inventory of Active Sampling Points     5/1/24 - 6/30/24     I routine (RT) per month       Sampling Point (MON)     Sampling Point ID)     Monitoring Period     Collection Period     Compliance Status       Select from Inventory of Active Sampling Point ID)     Monitoring Period     Collection Period     Compliance Status       Sampling Point (RTY PON		Water Q	uality Monit	oring and	Con	ıpl	ianc	e Sch	edule		
Local Address (where applicable)         Service Connections         Residential I         Commercial I         Industrial I         Combined Agricultural           17 SCUBHOUSE ROAD         I <td>PWS ID</td> <td>PWS Name</td> <td></td> <td></td> <td></td> <td>Clas</td> <td>sificatio</td> <td>on Popu</td> <td>ulation Ow</td> <td>ner Type P</td> <td>rimary Source</td>	PWS ID	PWS Name				Clas	sificatio	on Popu	ulation Ow	ner Type P	rimary Source
ITS CLUBHOUSE ROAD       Connections       1         Monitoring Requirements         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Coliform (3100)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Anitoring Period       Collection Period <td< td=""><td>CT0710194</td><td>4 GIRL SCOUTS OF CT - CA</td><td>MP LAUREL - WELL 4</td><td>L</td><td></td><td></td><td>NC</td><td></td><td>25</td><td>Р</td><td>GW</td></td<>	CT0710194	4 GIRL SCOUTS OF CT - CA	MP LAUREL - WELL 4	L			NC		25	Р	GW
In Jection 1         Monitoring Requirements         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Coliform (3100)       Loutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Collection Period       Compliance Status         9/1/24 - 0/33/24       9/1/24 - 0/33/24       1       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       1       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       6/1/24 - 6/30/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Point (WSF ID: 00700)       1       Toutine (RT) per year       Collection Period       Compliance Status         Nitrate And Nitrite (NOX)       1       1       1       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/31/24       Collection Period       Co	Local Addr	ess (where applicable)		Service F	Residen	tial	Commo	ercial I	ndustrial	Combined	Agricultural
Monitoring Requirements           Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)           1 routine (RT) per month           Sompling Point (Sompling Point ID)         I routine (RT) per month           Sompling Point Sompling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 6/30/24         7/1/24 - 7/31/24         6/1/24 - 6/30/24           9/1/24 - 9/30/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         1         1           Sampling Point (Sompling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 5/31/24         1         1         routine (RT) per month           Sampling Point (Sompling Point (D)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 5/31/24         1         1         1         1         1         Point (Sompling Point (D)         1         1         Collection Period         Compliance Status         1         1         1         1         1         1         1         1         1         1         1         1	175 CLUBH	HOUSE ROAD		Connections			1				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         I routine (RT) per month Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 5/31/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per year       Toutine (RT) per year         Sampling Point (Sampling Point (WSF ID: 00700)       10/1/24 - 10/31/24       Toutine (RT) per year       Sampling Point (Sampling Point ID)       Monitoring Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/23       Compliance Status       Compliance Status       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/24       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/24 <t< td=""><td>Towns Serv</td><td>ved: LEBANON</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Towns Serv	ved: LEBANON									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         I routine (RT) per month Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 5/31/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Toutine (RT) per year       Toutine (RT) per year         Sampling Point (Sampling Point (WSF ID: 00700)       10/1/24 - 10/31/24       Toutine (RT) per year       Sampling Point (Sampling Point ID)       Monitoring Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/23       Compliance Status       Compliance Status       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/24       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 1/3/3/24 <t< td=""><td></td><td></td><td>Monite</td><td>oring Requi</td><td>reme</td><td>nts</td><td></td><td></td><td></td><td></td><td></td></t<>			Monite	oring Requi	reme	nts					
Sampling Point (Sampling Point 10)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 5/31/24											
Select from Inventory of Active Sampling Points       \$/1/24 - \$/31/24         6/1/24 - \$/31/24       6/1/24 - \$/31/24         7/1/24 - \$/31/24       8/1/24 - \$/31/24         8/1/24 - \$/31/24       8/1/24 - \$/31/24         9/1/24 - \$/31/24       9/1/24 - \$/31/24         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       \$/1/24 - \$/31/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       \$/1/24 - \$/31/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       \$/1/24 - \$/31/24       I routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Intrate And Nitrite (NOX)       1 routine (RT) per year       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/23 - 12/31/23       Compliance Status         ENTRY POINT (3)       1/1/24 - 12/31/24       Compliance Status         Compliance Schedule Activity       Due Date       Achieved Date         Set Solution System Facility and Sampling Point       Colliform Copper Stage       Stage		• •							<b>1</b> re		-
6/1/24 - 6/30/24       7/1/24 - 7/31/24       7/1/24 - 7/31/24       8/1/24 - 8/31/24       9/1/24 - 9/30/24       10/1/24 - 10/31/24       Physical Parameters (PPS)       1 routine (RT) per month       Select from Inventory of Active Sampling Points       Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24       Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24       Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24       Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24       Select from Inventory of Active Sampling Points       Select from Inventory of Active Sampling Point (WSF ID: 00700)       Nitrate And Nitrite (NOX)       1 routine (RT) per year       Compliance Status       ENTRY POINT (3)       1/1/23 - 12/31/23       Compliance Schedule Activity       Due Date       Achieved Date       Setaura (Rule       Setaura (Rule       Compliance Schedule Activity       Due Date       Achieved Date       S						_		Collect	tion Period	l Compl	iance Status
7/1/24 - 7/31/24         8/1/24 - 8/31/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         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       5/1/24 - 5/31/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 6/30/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Points       5/1/24 - 9/30/24       Collection Period       Compliance Status         Select from Inventory of Active Sampling Point (WSF ID: 00700)       1 routine (RT) per year       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         Water System Facility:       ENTRY POINT (WSF ID: 00700)       1 trutine (RT) per year       Collection Period       Compliance Status         ENTRY POINT (3)       11/1/23 - 12/31/23       Compliance Status       Compliance Status         ENTRY POINT (3)       11/1/23 - 12/31/24       1/1/25 - 12/31/25       Compliance Schedule Activity       Due Date       Achieved Date         SEASONAL START UP COMPLETION       5/3/2024       Total       Lead and       Status       Rule Rule Ti	Select	t from Inventory of Active Sam	pling Points				-				
8/1/24 - 8/31/24         9/1/24 - 9/30/24         10/1/24 - 19/30/24         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       5/1/24 - 6/30/24         6/1/24 - 6/30/24         9/1/24 - 9/30/24         9/1/24 - 9/30/24         9/1/24 - 9/30/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per year         Compliance Source Status         ENTRY POINT (3)       1/1/23 - 12/31/23         Compliance Schedule Activity         Due Date       Achieved Date         Setter System Facility and Sampling Point       Coliform Copper       Stage         Voter System Facility and Sampling Point       Coliform Copper       Stage         Other Compliance Schedules         Compliance Schedule Activity         Stage Facility 10				6	5/1/24 -	6/30	0/24				
9/1/24 - 9/30/24 10/1/24 - 10/31/24 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 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) 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 1/1/23 - 12/31/24 1/1/25 - 12/31/25 Cother Compliance Schedules Complete Activity Due Date Achieved Date SEASONAL START UP COMPLETION 5/1/2024 Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Status Rule Rule Tier Asbestos WQP 2 DBPR Point Sampling Hout JI ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y BI11213 KITCHEN SINK A Y BI11213 KI				7	/1/24 -	7/3	1/24				
10/1/24 - 10/31/24         Investigating Points       Investigating Points         Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24         Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24         Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24         Select from Inventory of Active Sampling Points       S/1/24 - 5/31/24         Solution Period       Collection Period       Compliance Status         Nitrate And Nitrite (NOX)       I routine (RT) per year         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       I routine (RT) per year         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Inverting Point (Sampling Point ID)       I routine (RT) per year         Sampling Point (Sampling Point ID)       I routine (RT) per year         Sampling Point Sampling Point Collection Period       Complete											
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       5/1/24 - 6/30/24       6/1/24 - 6/30/24         Select from Inventory of Active Sampling Points       6/1/24 - 6/30/24       7/1/24 - 6/30/24         Select from Inventory of Active Sampling Points       6/1/24 - 6/30/24       9/1/24 - 9/30/24         Select from Inventory of Active Sampling Point (WSF ID: 00700)       8/1/24 - 8/31/24       9/1/24 - 9/30/24         Water System Facility:       ENTRY POINT (WSF ID: 00700)       1 routine (RT) per year         Nitrate And Nitrite (NOX)       1 routine (RT) per year       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/24 - 12/31/23       Complete       1/1/24 - 12/31/24         SEASONAL START UP COMPLETION       5/1/2024       Sampling Point       Coliform       Coliform       Copper       Stage         Water       System Facility       Sampling Point       Sampling Point       Coliform       Coliform       Coliform       Copper       Stage         06000       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y       NUHEN SSERVICE CON       A       Y       DB/12123       KITCHEN SINK <td></td> <td></td> <td></td> <td>9</td> <td>)/1/24 -</td> <td>9/30</td> <td>0/24</td> <td></td> <td></td> <td></td> <td></td>				9	)/1/24 -	9/30	0/24				
Sampling Point (Sampling Point 1D)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         5/1/24 - 5/31/24         6/1/24 - 6/30/24           6/1/24 - 6/30/24         7/1/24 - 7/31/24         6/1/24 - 7/31/24           8/1/24 - 8/31/24         8/1/24 - 7/31/24         6/1/24 - 7/31/24           9/1/24 - 7/31/24         8/1/24 - 7/31/24         6/1/24 - 7/31/24           9/1/24 - 7/31/24         10/1/24 - 7/31/24         10/1/24 - 7/31/24           Water System Facility: ENTRY POINT (WSF ID: 00700)         1 routine (RT) per year           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         1/1/24 - 12/31/24           Compliance Schedule Activity         Due Date         Achieved Date           SEASONAL START UP COMPLETION         5/1/2024         Status         Rule Tier Asbestos WQP 2 DBPR           Water         Sampling Point         Collform         Copper         Stage           Facility ID         ID         Description         Status         Rule Tier Asbestos WQP 2 DBPR           00600 <td></td> <td></td> <td></td> <td>10</td> <td>)/1/24 -</td> <td>10/3</td> <td>31/24</td> <td></td> <td></td> <td></td> <td></td>				10	)/1/24 -	10/3	31/24				
Select from Inventory of Active Sampling Points       5/1/24 - 5/31/24         G/1/24 - 6/30/24       7/1/24 - 7/31/24         T/1/24 - 7/31/24       8/1/24 - 6/30/24         8/1/24 - 8/31/24       8/1/24 - 8/31/24         B/1/24 - 9/30/24       9/1/24 - 9/30/24         10/1/24 - 10/31/24       9/1/24 - 9/30/24         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)       1/1/23 - 12/31/23       Complete       1/1/24 - 12/31/24         1/1/25 - 12/31/25       0ther Compliance Schedules       Complete       Sompling Point ID       Complete         Vater System Facility       Due Date       Achieved Date       ScasonAL START UP COMPLETION       S/1/2024         Water System Facility       Sampling Point       Sampling Point       Collection Copper       Stage         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BN23624       DINING HALL KITCHEN       A       Y         DOWNSTREAM       UPSTREAM       WTHIN S SERVICE CON       A         00700       ENTRY POINT       3       <	Physical	Parameters (PPS)							<b>1</b> re	outine (RT)	per month
6/1/24 - 6/30/24         7/1/24 - 7/31/24         8/1/24 - 8/31/24         9/1/24 - 8/31/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         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       1/1/24 - 12/31/24       1/1/24 - 12/31/24         Compliance Schedules         Compliance System Facility and Sampling Point Inventory         Water System Facility       Sampling Point Sampling Point Colliform Copper       Stage         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI31213       KITCHEN SINK       A       Y       BI32624       DINING HALL KITCH	Samp	oling Point (Sampling Point ID)		M	lonitori	ng P	eriod	Collect	tion Period	l Compl	iance Status
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)         Nitrate And Nitrite (NOX)         I routine (RT) per year         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period Compliance Status         ENTRY POINT (3)         1/1/23 - 12/31/23         Compliance Schedules         Compliance Schedules         Compliance Schedules         Compliance Schedules         Compliance Schedules         Compliance Schedules         Vater System Facility and Sampling Point         Sampling Point         Sampling Point         Vater System Facility         Sampling Point         Sampling Point         Total Lead and         Sampling Point         Sampling Point         Sampling Point         Total Lead and         Sampling Point         Sampling Point	Select	t from Inventory of Active Sam	pling Points	5	5/1/24 -	5/3	1/24				
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)         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       1/1/25 - 12/31/25       Complete         Other Compliance Schedules         Compliance Schedule Activity       Due Date         Achieved Date         Status         Vater System Facility and Sampling Point Inventory         Water       Sampling Point       Coliform       Coper       Stage         Vater System Facility       Sampling Point       Coliform       Coper       Stage         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y         BK05446       DINING HALL KITCHEN       A       Y         BN0000       DOWNSTREAM       WITHIN 5 SERVICE CON       A         UPSTREAM       WITHIN 5 SERVICE CON       A         UPSTREAM       WITHIN				6	5/1/24 -	6/30	0/24				
9/1/24 - 9/30/24         10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         I routine (RT) per year         Sampling Point (NOX)         I routine (RT) per year         Compliance Situs         ENTRY POINT (3)         I routine (RT) per year         Compliance Situs         Compliance Situs         Other Compliance Schedules         Compliance Schedule Activity         Due Date         Achieved Date         Sampling Point         Source Schedule Activity         Supplication         Status         Water System Facility         Sampling Point         Source Schedule Activity         Supplies Total         Complete Activity         Vater System Facility and Sampling Point         Coliform Copper Stage         Facility ID         Description         Status         Rule Rule Rule Tier Asbestos WQP 2 DBPR         O06600 </td <td></td> <td></td> <td></td> <td>7</td> <td>/1/24 -</td> <td>7/3</td> <td>1/24</td> <td></td> <td></td> <td></td> <td></td>				7	/1/24 -	7/3	1/24				
10/1/24 · 10/31/24         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)       1/1/23 · 12/31/23       Complete         1/1/23 · 12/31/23       Complete         Other Compliance Schedules         Complete Activity       Due Date       Achieved Date         Status         Water System Facility and Sampling Point       Total Lead and         System Vater System Facility       Sampling Point         Doscription       Status         Water System Facility       Sampling Point       Coliform Copper       Stage         Vater System Facility       Sampling Point       Coliform Copper       Stage         00600       DISTRIBUTION SYSTEM       A       Y         DOWNSTREAM WITHIN 5 SERVICE CON       A         BI312324       DINING				8	8/1/24 -	8/3	1/24				
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)       1/1/23 - 12/31/23       Compliance Status         ENTRY POINT (3)       1/1/24 - 12/31/24       1/1/24 - 12/31/24         Other Compliance Schedules         Compliance Schedule Activity       Due Date       Achieved Date         State         Vater System Facility and Sampling Point Inventory         Water       System Facility       Sampling Point       Total       Lead and       Status         System Water System Facility       Sampling Point       Sampling Point       Collform       Copper       Stage         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y         BI23624       DINING HALL KITCHEN       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       Y				9	)/1/24 -	9/30	0/24				
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)       1/1/23 - 12/31/23       Compliance Status         ENTRY POINT (3)       1/1/24 - 12/31/24       1/1/24 - 12/31/24         Other Compliance Schedules         Compliance Schedule Activity       Due Date       Achieved Date         State         Vater System Facility and Sampling Point Inventory         Water       System Facility       Sampling Point       Total       Lead and       Status         System Water System Facility       Sampling Point       Sampling Point       Collform       Copper       Stage         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y         BI23624       DINING HALL KITCHEN       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       Y				10	)/1/24 -	10/3	31/24				
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       Compliance Status         ENTRY POINT (3)       1/1/24 - 12/31/24       1/1/24 - 12/31/24         Other Compliance Schedules         Compliance Schedules         Complete         Vater System Facility and Sampling Point       Total       Lead and         Stage         Water       Sampling Point       Sampling Point       Collform       Copper       Stage         Vater       System Facility       1D       Description       Status       Rule Tier       Asbestos WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y         BI23624       DINING HALL KITCHEN       A       Y         DOWNSTREAM       UPSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A         23000       WELL #4       2       WELL       A	Water Sv	stem Facility: ENTRY POIN	T (WSF ID: 00700)			,					
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       Complete         Other Compliance Schedules         Complete Compliance Schedules         Complete Activity       Due Date       Achieved Date         SEASONAL START UP COMPLETION       5/1/2024       Status       Rule         Water       System Facility       Sampling Point       Sampling Point       Coliform       Copper       Stage         System       Vater System Facility       Sampling Point       Sampling Point       Coliform       Colliform       Colliform       Colliform       Colliform       Colliform       Colliform       Colliform       Colliform       Colliform       Status       Rule       Rule Tier       Asbestos WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y       No         BI11213       KITCHEN SINK       A       Y       No       No       No       No         00600       DISTRIBUTION SYSTEM       4       DINING HALL       A       Y       No       No       No       No									1	routine (I	RT) ner vear
ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       1/1/25 - 12/31/25       1/1/25 - 12/31/25         Other Compliance Schedules         Compliance Schedules         Completion       Completion         Status       Due Date       Achieved Date         Seasonal start UP COMPLETION       S/1/2024         Water System Facility and Sampling Point       Inventory         Water       Sampling Point       Sampling Point       Coliform       Copper       Stage         System       Water System Facility       Sampling Point       Status       Rule       Rule Tier       Asbestos       WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y       BN23624       DINING HALL       A       Y         BN23624       DINING HALL       A       Y       DOWNSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       Y         23000       WELL #4       2       WELL       A       Y <td></td> <td>• •</td> <td></td> <td>Μ</td> <td>Ionitori</td> <td>na P</td> <td>eriod</td> <td>Collect</td> <td></td> <td>-</td> <td></td>		• •		Μ	Ionitori	na P	eriod	Collect		-	
1/1/24 - 12/31/24         1/1/25 - 12/31/25         Other Compliance Schedules         Compliance Schedule Activity       Due Date       Achieved Date         SEASONAL START UP COMPLETION       Source Schedule Activity       Due Date       Achieved Date         Water System Facility and Sampling Point       Total Lead and Coliform Copper       Stage Facility ID       ID       Description       Status       Rule Tier Asbestos WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI1213       KITCHEN SINK       A       Y       BN23624       DINING HALL KITCHEN       A       Y         BN23624       DINING HALL       A       Y       BN23624       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       UPSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       4         23000       WELL #4       2       WELL       A       4						_		concer			
1/1/25 - 12/31/25         Other Compliance Schedules         Compliance Schedule Activity         Due Date       Achieved Date         SEASONAL START UP COMPLETION       S/1/2024         Water System Facility and Sampling Point Inventory         Water       Sampling Point       Sampling Point       Coliform       Copper       Stage         Facility ID       ID       Description       Status       Rule       Rule Tier       Asbestos WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BX1213       KITCHEN SINK       A       Y         BK05446       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A         23000       WELL       A       Y       X	LININ										mplete
Other Compliance Schedules           Compliance Schedule Activity         Due Date         Achieved Date           SEASONAL START UP COMPLETION         5/1/2024         Status         Status         Status         Status         Lead and         Stage         Stage <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
Compliance Schedule Activity       Due Date       Achieved Date         SEASONAL START UP COMPLETION       5/1/2024         Water System Facility and Sampling Point Inventory         Water       Sampling Point       Sampling Point       Total       Lead and         System       Water System Facility       Sampling Point       Description       Status       Rule       Rule Tier       Asbestos       WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y         BK05446       DINING HALL       A       Y         BN23624       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A         23000       WELL #4       2       WELL       A       H											
SEASONAL START UP COMPLETION       5/1/2024         Water System Facility       Total       Lead and         Sompling Point       Total       Lead and         System Water System Facility       Sampling Point       Coliform       Copper       Stage         Pacility ID       ID       Description       Status       Rule       Rule       Rule Tier       Asbestos       WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y       V       BI11213       KITCHEN SINK       A       Y       V       BN23624       DINING HALL       A       Y       V       BN23624       DINING HALL       A       Y       V       UPSTREAM       WITHIN 5 SERVICE CON       A       Y       V </td <td></td> <td></td> <td>Other Co</td> <td>ompliance S</td> <td>sched</td> <td>lule</td> <td>es</td> <td></td> <td></td> <td></td> <td></td>			Other Co	ompliance S	sched	lule	es				
Water System Facility       Sampling Point       Total       Lead and         System Vater System Facility       Sampling Point       Total       Lead and         Sompling Point       Sampling Point       Total       Lead and         System Facility       Sampling Point       Total       Lead and         Facility ID       Description       Status       Rule Tier Asbestos WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y       BI11213       KITCHEN SINK       A       Y       BR05446       DINING HALL       A       Y       BN23624       DINING HALL       A       Y       DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y       UPSTREAM       WITHIN 5 SERVICE CON       A       V <td>Compliand</td> <td>ce Schedule Activity</td> <td></td> <td></td> <td></td> <td>Due</td> <td>Date</td> <td></td> <td>Achievea</td> <td>l Date</td> <td></td>	Compliand	ce Schedule Activity				Due	Date		Achievea	l Date	
Water System       Water System Facility       Sampling Point ID       Sampling Point Description       Total Coliform       Lead and Copper       Stage Rule Tier         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BI11213       KITCHEN SINK       A       Y       B       B       B         BK05446       DINING HALL       A       Y       B       B       B       B         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y       B       B       B       B       B       B       B       B       B       Control       A       Y       B       B       B       B       B       Control       A       Y       B <td>SEASONAL</td> <td>START UP COMPLETION</td> <td></td> <td></td> <td>!</td> <td>5/1/2</td> <td>2024</td> <td></td> <td></td> <td></td> <td></td>	SEASONAL	START UP COMPLETION			!	5/1/2	2024				
System Facility IDWater System Facility IDSampling Point IDSampling Point DescriptionColiform StatusCopper RuleStage Rule TierStage Rule TierStage Rule Tier00600DISTRIBUTION SYSTEM4DISTRIBUTION SYSTEMAYBJ11213KITCHEN SINKAYBK05446DINING HALL KITCHENAYBN23624DINING HALLAYDOWNSTREAMWITHIN 5 SERVICE CONAUPSTREAMWITHIN 5 SERVICE CONA00700ENTRY POINT3ENTRY POINTA23000WELL #42WELLA		Wate	er System Facili	ity and Sam	pling	Ро	int In		-		
Facility ID       ID       Description       Rule       Rule Tier       Asbestos       WQP 2 DBPR         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         BJ11213       KITCHEN SINK       A       Y         BK05446       DINING HALL KITCHEN       A       Y         BN23624       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A         UPSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3         23000       WELL #4       2       WELL       A		Maton Custom English		Committee Del 1						1	~
O0600     DISTRIBUTION SYSTEM     4     DISTRIBUTION SYSTEM     A     Y       BJ11213     KITCHEN SINK     A     Y       BK05446     DINING HALL KITCHEN     A     Y       BN23624     DINING HALL     A     Y       DOWNSTREAM     WITHIN 5 SERVICE CON     A       UPSTREAM     WITHIN 5 SERVICE CON     A       00700     ENTRY POINT     3     ENTRY POINT       23000     WELL #4     2     WELL     A	-							-		r Achastas	
BJ11213       KITCHEN SINK       A       Y         BK05446       DINING HALL KITCHEN       A       Y         BN23624       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y         UPSTREAM       WITHIN 5 SERVICE CON       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A         23000       WELL #4       2       WELL       A       Y									Rule He	ASDESIUS	WQP 2 DDPR
BK05446       DINING HALL KITCHEN       A       Y         BN23624       DINING HALL       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A         UPSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT         23000       WELL #4       2       WELL       A	00600	DISTRIBUTION SYSTEM			STSTEIVI						
BN23624     DINING HALL     A     Y       DOWNSTREAM     WITHIN 5 SERVICE CON     A       UPSTREAM     WITHIN 5 SERVICE CON     A       00700     ENTRY POINT     3     ENTRY POINT       23000     WELL #4     2     WELL     A					TOU						
DOWNSTREAM     WITHIN 5 SERVICE CON     A       UPSTREAM     WITHIN 5 SERVICE CON     A       00700     ENTRY POINT     3     ENTRY POINT     A       23000     WELL #4     2     WELL     A				-	ICHEN						
UPSTREAM         WITHIN 5 SERVICE CON         A           00700         ENTRY POINT         3         ENTRY POINT         A           23000         WELL #4         2         WELL         A								Y			
00700         ENTRY POINT         3         ENTRY POINT         A           23000         WELL #4         2         WELL         A											
23000 WELL #4 2 WELL A					ICE CON	N					
	00700	ENTRY POINT	3	ENTRY POINT			Α				
57396 PRESSURE STORAGE	23000	WELL #4	2	WELL			А				
	57396	PRESSURE STORAGE									

С	onnectic	ut Depa	rtment o	f Public	Health	Drin	iking	Water	Sect	ion	
	Wat	ter Qual	ity Moni	toring ai	nd Com	plia	nce S	chedul	e		
PWS ID PV	WS Name					Classifi	cation	Population	Owner	Type Pr	imary Source
CT0710194 G	IRL SCOUTS OF	CT - CAMP L	AUREL - WELL	4		Ν	С	25	Р		GW
Local Address (whe	ere applicable)			Service	Resident	tial Co	mmercia	Industria	al Coi	mbined	Agricultural
175 CLUBHOUSE R	OAD			Connection	ns		1				
Towns Served: LEB	ANON				·			·			
			Certified	l Operato	r Inform	ation					
Water System Fa	cility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)							
Facility Classificati	on: DISTRIBUT	ION									Certification
<b>Operator Name</b>			<b>Operator</b> Typ	pe	Certificatio	n(s)					Expiration
NIGRO, JR., VICTOF	R N.		CHIEF OPERAT	OR	WATER TRE	ATMEN	T PLANT	OPERATOR	- CLASS	S II	6/30/2024
				l	DISTRIBUTIO	ON SYST		RATOR - CL	ASS III		6/30/2026
NIGRO, SCOTT A.			ASSIGNED OPE	RATOR	DISTRIBUTIO	ON SYST		RATOR - CL	ASS I		6/30/2025
				,	WATER TRE	ATMEN	T PLANT	OPERATOR	- CLASS	5 11	6/30/2026
			Со	ntact Info	rmation						
Name			C	Organization					Jo	b Title	
Girl Scouts of Ame	erica, Inc.			0							
Mailing Address Lir	ne One		Mailing Addre	ss Line Two				City	S	State	Zip Code
340 Washington St	treet						Hartfor	d		СТ	06106
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddress		I	
860-522-0163											
Contact Role(s): C	Dwner		ŀ								
Name			C	Organization					Jo	b Title	
Ms. Deb Asetta			G	Girl Scouts of C	Connecticut			Chef Finar	ncial/Ad	mi	
Mailing Address Lir	ne One		Mailing Addre	ss Line Two				City	S	State	Zip Code
20 Washington Ave	enue						North H	laven		СТ	06473
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddress			
203-239-2922	3321						propert	y@gsofct.o	rg		
Contact Role(s):	Dwner										
Name			C	Organization					Jo	b Title	
Ms. Mary Beth Co	rcoran			Girl Scouts of C	Connecticut						
Mailing Address Lin	ne One		Mailing Addre	ss Line Two				City	S	State	Zip Code
20 Washington Ave	enue						North H	laven		СТ	06473
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddress			
203-239-2922	3321						propert	y@gsofct.o	rg		
Contact Role(s):		Contact									
Please note the fo	-										
1. The residual disi								rm sample.			
2. If a Collection Pe											
<ol> <li>Depending on re correspondence</li> </ol>											
correspondence			stions, please							and some	

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

End of schedule

	Connecticut D	epartm	ient of	f Public	Health	Drinl	king V	Vater Se	ection	
	Water (	Quality	Monit	coring a	and Com	plian	ice Sc	hedule		
PWS ID	PWS Name				(	Classifica	ation Po	pulation Ow	ner Type	Primary Source
СТ0719114	LEBANON SENIOR CEN	TER				NC		51	L	GW
	where applicable)			Service	Residenti	al Com	mercial	Industrial	Combined	d Agricultural
WEST TOWN S	TREET			Connectio	ons		1			
Towns Served:	LEBANON									
					equiremen	ts				
	n Facility: DISTRIBUTI	ON SYSTER	Л (WSFI	D: 00600)						
Total Colifor	• •									per quarter
	Point (Sampling Point ID	-			Monitorin	-		ection Period		liance Status
Select from	m Inventory of Active Sar	npling Point	S		10/1/23 - 1		3		C	omplete
					1/1/24 - 3					
					4/1/24 - 6					
					7/1/24 - 9	9/30/24				
-	ameters (PPS)									per quarter
	Point (Sampling Point ID				Monitorin			ection Period	-	liance Status
Select from	m Inventory of Active Sar	npling Point	S		10/1/23 - 1		3		C	omplete
					1/1/24 - 3					
					4/1/24 - 6					
					7/1/24 - 9	9/30/24				
-	n Facility: ENTRY POI	NT (WSFIL	): 00700)	1						
	Nitrite (NOX)								-	RT) per year
	Point (Sampling Point ID	)			Monitorin	-		ection Period		liance Status
ENTRY PO	INT (3)				1/1/23 - 1				C	omplete
					1/1/24 - 1					
					1/1/25 - 1		)			
		C	Other C	ompliar	nce Schedu	les				
	hedule Activity					ue Date		Achieved	Date	
RESPOND TO S	ANITARY SURVEY				12,	/14/202	3			
	Wat	er Syste	m Facil	ity and S	Sampling I	Point	Invent	ory		
Water		_					Tota		I	
	ter System Facility	Samp	-	Sampling			Colifo			Stage
Facility ID			ID	Descriptio		Statu	<sub>is</sub> Rule	e Ruie Hei	r Aspestos	WQP 2 DBP
00600 DIST	TRIBUTION SYSTEM	5014	4	DISTRIBUT	-	A				
					SERVICE CON	A				
		UPS	TREAM		SERVICE CON	A				
	RY POINT		3	ENTRY PO	IN I	A				
55625 WEI	LL 1		2	WELL 1		A				
			Con	tact Inf	ormation					
Name			0	rganization					Job Title	
Lebanon										
Mailing Addres	ss Line One	Maili	ng Addres	s Line Two				City	State	Zip Code
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergency F	Phone E	Email Add	lress		
Contact Role(s)	) <sup>.</sup> Owner									
contact noie(3)										

		<b>~</b>		0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0719114	EBANON SENIC	R CENTER					NC	51	L	GW
Local Address (wh	nere applicable)			Service	Reside	ntial (	Commerc	ial Industr	ial Combin	ed Agricultural
WEST TOWN STR	EET			Connecti	ons		1			
Towns Served: LE	BANON									I
Name				Organizatior	า				Job Titl	e
Mr. Kevin Cwikla				Town of Leb	anon			First Sele	ctman	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
579 Exeter Road							Leban	on	СТ	06249
Business Phone	Extension	Fax	Mo	obile Phone	Emergend	y Phon	e Email	Address		I
860-642-6100	1				860-334	1-1009	firstse	lectman@le	banonct.gov	
Contact Role(s):	Administrative	Contact, Leg	gal Contact							
Please note the f	ollowing:									

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

Connecticut Departm		<u> </u>		ction	
Water Quality	Monitoring and Cor	npliance S	Schedule		
PWS ID PWS Name		Classification	Population Own	ner Type Primary Se	ource
CT0719124 REDEEMER EVANGELICAL LUTHERA	N CHURCH	NC	25	P GW	
Local Address (where applicable)	Service Resider	ntial Commerci	al Industrial	Combined Agricu	ultural
321 VILLAGE HILL ROAD	Connections	1			
Towns Served: LEBANON		I		- <u> </u>	
	Monitoring Requireme	ents			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)				
Total Coliform (3100)			1 rou	itine (RT) per qua	arter
Sampling Point (Sampling Point ID)	Monitor	ring Period C	ollection Period	Compliance Sta	
Select from Inventory of Active Sampling Points	10/1/23	- 12/31/23		Complete	
		- 3/31/24		· · ·	
		- 6/30/24			
		- 9/30/24			
Physical Parameters (PPS)	., _, _,	0,00,21	1 rou	itine (RT) per qua	arter
Sampling Point (Sampling Point ID)	Monitor	ring Period C	ollection Period	Compliance Sta	
Select from Inventory of Active Sampling Points		- 12/31/23	oncetton r eriou	Complete	1005
		- 3/31/24		complete	
		- 6/30/24			
		- 9/30/24			
Water System Facility: ENTRY POINT (WSF ID		- 5/ 50/ 24			
Nitrate And Nitrite (NOX)	•		1	routine (RT) per y	vear
Sampling Point (Sampling Point ID)	Monitor	ring Period C	ollection Period	Compliance Sta	-
ENTRY POINT (3)		- 12/31/23		Complete	
		- 12/31/24			
		- 12/31/25			
Water Syster	n Facility and Sampling		ntory		
Water	/ / /	-	otal Lead and		
	ng Point Sampling Point		iform Copper	S	Stage
Facility ID	ID Description	Status R	Rule Rule Tier	Asbestos WQP 2	DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION SYSTEM		Y		
DOW	STREAM WITHIN 5 SERVICE CO				
UPS	REAM WITHIN 5 SERVICE CO	N A			
00700 ENTRY POINT	3 ENTRY POINT	А			
55806 WELL 1	2 WELL 1	A			
	Contact Information				
Name	Organization			Job Title	
Reverend Scott Schuett	Redeemer Lutheran Chu	rch	Pastor		
	g Address Line Two		City	State Zip Coo	de
IVIAIIII	Dradicos Ellic TWO		,		
321 Village Hill Rd		Lohand	n	() () () () () () () () () () () () () (	
321 Village Hill Rd	Mobile Phone Emergence	Leband		CT 06249	9
Business Phone Extension Fax		y Phone Email A	Address		.9
	Mobile Phone Emergence 860-208	y Phone Email A			.9 

PWS ID	PWS Name					Classification		Population	Owner Type Primary So		imary Source		
СТ0719124	REDEEMER EVAN	GELICAL LI	JTHERAN CHU	IRCH			NC	25	Р		GW		
Local Address (w	here applicable)			Service	Reside	ntial C	ommerci	al Industri	ial Com	bined	Agricultura		
321 VILLAGE HIL	L ROAD			Connecti	ons		1						
Towns Served: L	EBANON				i								
Name		Organization	I	Job Title									
Mr. Charles Ben	der			Redeemer Lu	utheran Chu	rch		Head Trustee					
Mailing Address	Line One		Mailing Addr	ess Line Two		City State				Zip Code			
322 Village Hill R	oad						Leband	on	(	CT	06249		
Business Phon	e Extension	Fax	M	obile Phone	Emergenc	y Phon	e Email A	Address					
860-423-6859	)				860-423	8-9322							
Contact Role(s):	Legal Contact												
Please note the	following:												

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

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

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

Conne	cticut Departm	ent of Publi	c Health D	Drink	ing W	ater Se	ction	
	Water Quality I				U			
PWS ID PWS Name	5		CI	lassificat	ion Popu	ulation Owr	ner Type P	Primary Source
CT0719144 GRAND LA	KE SPA AND HOTEL			NC		29	Р	GW
Local Address (where applied	cable)	Service	Residentia	l Comm	nercial li	ndustrial	Combined	Agricultural
1667 EXETER ROAD		Connect	ons				3	
Towns Served: LEBANON			·		·			
		Monitoring R	equirement	ts				
Water System Facility:	DISTRIBUTION SYSTEM	I (WSF ID: 00600						
Total Coliform (3100)						1 rou		per quarter
Sampling Point (Samp			Monitoring	Period	Collect	tion Period	Compl	iance Status
Select from Inventory	of Active Sampling Points		10/1/23 - 12				Co	omplete
			1/1/24 - 3/	/31/24				
		4/1/24 - 6/	/30/24					
			7/1/24 - 9/	/30/24				
Physical Parameters (P	•							per quarter
Sampling Point (Samp			Monitoring		Collect	tion Period		iance Status
Select from Inventory	of Active Sampling Points		10/1/23 - 12				Co	omplete
			1/1/24 - 3/					
			4/1/24 - 6/					
			7/1/24 - 9/	/30/24				
Water System Facility:	•	: 00700)				-		1
Nitrate And Nitrite (NC	•			Devied	Callad		-	RT) per year
Sampling Point (Samp	ling Point ID)		Monitoring		Collect	tion Period		iance Status
ENTRY POINT (3)			1/1/23 - 12,				C	omplete
			1/1/24 - 12,					
			1/1/25 - 12,					
		ther Complia						
Compliance Schedule Activ				e Date		Achieved I	Date	
CROSS CONNECTION SURVI		. Eastlithe and		1/2024				
	Water Systen	n Facility and	Sampling P	oint ir		-		
Water System Water System F	acility Sampli	ing Point Sampling	Point		Total Coliform	Lead and		Stago
System Water System F Facility ID		ID Descripti			Dula		Achestas	Stage WQP 2 DBPR
00600 DISTRIBUTION S			TION SYSTEM	<u>Status</u> A	Y	nuic nei	A5005105	1101 2001
		ISTREAM WITHIN S		A	•			
			SERVICE CON	A				
00700 ENTRY POINT		3 ENTRY P		A				
50001 WELL 1		2 WELL 1		A				
62640 ATMOSPHERIC S				7				
62641 BOOSTER PUMP								
02041 DOUSTER POWP		Contract						
		Contact In						
Name		Organizatio					Job Title	
Ms. Avni Martinaj			Spa And Hotel					
Mailing Address Line One	Mailin	g Address Line Two				lity	State	Zip Code
12 Powder Mill Lane					orth Grant	-	СТ	06060
Business Phone Exten	ision Fax	Mobile Phone	Emergency Ph					
860-805-9633			860-656-50	)28 ma	artinajgro	upinvestme	ntsllc@gm	nail.com
NOTE: This information has been	provided to help owners and op	perators of public water	systems maintain c	compliance	e with drinki	ing water qual	ity monitorii	ng requirements.

				<u> </u>						
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0719144	GRAND LAKE SPA A	ND HOTE	L				NC	29	Р	GW
Local Address (w	here applicable)			Service	Resider	tial	Commerci	al Industri	ial Combin	ed Agricultural
				Connections	5				3	
Towns Served: LE	BANON									·
Contact Role(s):	Administrative Co	ntact, Ow	ner							
Name	Organization Job Title									e
Mr. Ram Martina	aj									
Mailing Address I	ine One		Mailing Address	Line Two				City	State	Zip Code
12 Powder Mill L	ane						North	Granby	CT	06060
Business Phone	e Extension	Fax	Mobil	e Phone E	Emergency	/ Pho	ne Email A	Address		
860-805-9633										
Contact Role(s):	Legal Contact			;						
Please note the f	ollowing:									
1. The residual di	sinfectant concentrat	ion must b	e measured at the	same location	and time a	as eacl	n total colif	orm 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

	Con	nectic	ut Depa	rtme	nt of	Public	Healt	1 Dri	nki	ng M	/ater	Se	ction	
	GUI		ter Qual							0			CHOIT	
	DWC	VV a Name	ter Qual		ισπι	oring a								rimany Course
PWS ID CT071913		XETER RD -								on Pop	25	Owr	P	rimary Source GW
	ress (where a		LEDANON			Service	Reside			ercial	Industria	al	Combined	-
Local Audi		applicable)				Connectio			1		muusun		combined	Agricultura
Towns Ser	ved: LEBAN	ON							-					
				N	Ionite	oring Re	auirem	ents						
Water Sy	stem Facilit	y: DISTR	IBUTION SY			•	1			_	_	_	_	
Total Co	liform (310	) ))			•	•					1	rou	tine (RT)	per quarter
	oling Point (S	-	oint ID)				Monito	ring Per	iod	Collec	ction Pe			iance Status
Selec	Select from Inventory of Active Sampling Points						10/1/23	- 12/31	/23				Co	omplete
							1/1/24	- 3/31/2	24					
							4/1/24	- 6/30/2	24					
							7/1/24	- 9/30/2	24					
-	Parameter	• •												per quarter
	oling Point (S		-	<b>D</b> · · ·				ring Per		Collec	ction Pe	riod		iance Status
Selec	t from Inven	tory of Act	ive Sampling	Points				- 12/31 - 3/31/2					Co	omplete
								· - 3/31/2 · - 6/30/2						
								- 9/30/2						
Water Sv	stem Facilit		Y POINT (W	/SE ID· (	00700)		,, 1, 2,	5,50,2	<u>-</u>					
-	And Nitrite	· ·			,							1	routine (F	RT) per year
	oling Point (S		oint ID)				Monito	ring Per	iod	Collec	ction Pe		-	iance Status
	Y POINT (3)							- 12/31/						omplete
							1/1/24	- 12/31/	24					
							1/1/25	- 12/31/	25					
			Water Sy	vstem	Facili	ity and S	amplin	g Poin	t In	vento	ory			
Water										Total	Lead			
System	Water Syst	em Facility	9		-	Sampling F				Coliforn				Stage
Facility ID				IL		Description			atus .	Rule	Rule	lier	Asbestos	WQP 2 DBPF
00600			1	4					A	Y				
00700	ENTRY POIN WELL 2	NI		3		ENTRY POI WELL 2			A					
60439	VVELL Z			2					A					
						tact Info	ormatio	n						
Name						rganization							Job Title	
Mr. Vince				Mailing		llage Marke	t Place				lanager		Ctata	Zie Code
	ddress Line C	ne		waiing	Address	s Line Two			W/2		City		State	Zip Code
P.O. Box 2 Business		Extension	Fax		Mobi	le Phone	Emergeno	v Phone		tertowr ail Addr			CT	06795
860-49			860-945-8	3726	10001	ie i none	203-43	-	. [[11]					
		inistrative	Contact, Lega		ct, Owr	ner	_00 40							
	te the follow		,8		,									
		-	tration must be	e measur	ed at the	e same locatio	on and time	as each t	total o	coliform	sample.			
2. If a Col	lection Period	is specified,	all water qual	ity samp	les must	be collected	during the s	pecified	period	d.				
	den a la companya de		and the state of the second		wired (i.	a ranaat ar a	onfirmation	complex	\ ть:		الماريم مزاما			at a second second second

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 De Water Q	epartment of Juality Monit				U		ection	
PWS ID	PWS Name	•		C					rimary Source
СТ071915		OF LEBANON			NC		25	Р	GW
	ress (where applicable)		Service	Residentia	al Comm	ercial I	ndustrial	Combined	Agricultura
	1BULL HIGHWAY		Connections					1	
Towns Sei	rved: LEBANON				_				
Mator Su			oring Requ	uremen	ts				
	stem Facility: DISTRIBUTIC liform (3100)		D: 00600)				1 ro	utino (PT)	per quarter
	pling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period		iance Status
	t from Inventory of Active Sam	nling Points		10/1/23 - 1		conect	lion renou	-	omplete
56160	a nom inventory of Active Sam			1/1/24 - 3					mpiete
				4/1/24 - 6					
				7/1/24 - 9					
Physical	Parameters (PPS)			.,_,_,_,	, ,		1 ro	utine (RT)	per quarter
-	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	• •	iance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/23 - 1	2/31/23			Cc	omplete
				1/1/24 - 3	/31/24				
				4/1/24 - 6,	/30/24				
				7/1/24 - 9,	/30/24				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate /	And Nitrite (NOX)						1	-	RT) per year
Sam	oling Point (Sampling Point ID)			Monitoring		Collec	tion Period	Compl	iance Status
ENTF	RY POINT (3)			1/1/23 - 12				Co	omplete
				1/1/24 - 12	-	<u> </u>			
				1/1/25 - 12	2/31/25				
	stem Facility: WELL 1 (WS	F ID: 58704)							
E. Coli (	•							• •	per quarter
-	oling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Status
WELI	L 1 (2)			10/1/23 - 1				Co	omplete
				1/1/24 - 3,					
				4/1/24 - 6,					
			_	7/1/24 - 9,					
	Wate	er System Facili	ity and Sar	npling P	oint In	ivento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform		Ashaataa	Stage
Facility ID		ID	Description		Status	Rule	Rule He	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4			A				
					A				
00700	ENTRY POINT	UPSTREAM 3	WITHIN 5 SER		A				
58704	WELL 1	2	WELL 1		A 				
	TREATMENT PLANT	۷	VVELL 1		A				
58708			to at the f						
			tact Infor	mation					
		0	rganization					Job Title	
Name			-						
Mr. Darw	in Gebbe ddress Line One		rst Baptist Chu	rch Lebanoi	n		ustee City	State	Zip Code

				0								
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
СТ0719154	FIRST BAPTIST CH	IURCH OF L	EBANON				NC	25	Р	GW		
Local Address (w	54       FIRST BAPTIST CHURCH OF LEBANON         dress (where applicable)       MBULL HIGHWAY         erved: LEBANON       Extension         SS Phone       Extension         Fax       N         42-2569       Role(s):         Administrative Contact, Legal Contact				Reside	ential	Commerc	ial Industri	ial Combin	ed Agricultural		
694 TRUMBULL	HIGHWAY			Connectio	ons							
Towns Served: L	EBANON									· · · ·		
1.0.00x231							LCDUIT		C1	00245		
Business Phon	e Extension	Fax	Mo	bile Phone	Emergen	cy Ph	one Email	l Address				
860-642-2569	)						darwir	n@pd-prope	@pd-properties.com			
Contact Role(s):	Administrative C	ontact, Leg	al Contact									
Please note the	following:											
1. The residual d	lisinfectant concentr	ation must b	e measured at t	he same locat	ion and time	e as ea	ch total coli	form sample.				
2. If a Collection	Period is specified,	all water qua	lity samples mu	st be collected	during the	specifi	ed 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

Compatient D	o where and the	י - יו גו - ח		D'	later a	TAZ-1		ah! a s	
Connecticut Dep					0			ection	
Water Qu	ality Monit	coring ar	<u>ıd Com</u>	plia	nce So	ched	ule		
PWS ID PWS Name				Classifi	ication P	-	on Ow	ner Type P	rimary Sourc
CT0719164 INDEPENDENCE VINEYARD	)			N	С	25		Р	GW
Local Address (where applicable)		Service	Resident	ial Co	mmercial	Indus	strial	Combined	Agricultura
139 W. TOWN STREET, LEBANON, CT		Connection	S		1				
Towns Served: LEBANON									
		oring Req	uiremer	nts					
Water System Facility: <b>DISTRIBUTION</b>	(WSF ID: 00600	))							
Total Coliform (3100)									per quarter
Sampling Point (Sampling Point ID)			Monitorin	-		llection	Period		iance Status
Select from Inventory of Active Samplin	ng Points		10/1/23 -					Co	omplete
			1/1/24 -						
			4/1/24 -						
			7/1/24 -	9/30/2	4				
Physical Parameters (PPS)									per quarte
Sampling Point (Sampling Point ID)			Monitorin	-		llection	Period		iance Status
Select from Inventory of Active Samplin	ng Points		10/1/23 -					Co	omplete
			1/1/24 -						
			4/1/24 -						
			7/1/24 -	9/30/2	.4				
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)								-	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	-		llection	Period		iance Status
ENTRY POINT (3)							omplete		
			1/1/24 - 1						
			1/1/25 - 1						
Water	System Facil	ity and Sa	mpling	Point	t Inven	tory			
Water					Tot		ad and	1	
System Water System Facility	Sampling Point		oint		Colife		opper		Stage
Facility ID	ID	Description			tus Ru		ile Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION	4	DISTRIBUTIO			а Y				
	DOWNSTREAM								
	UPSTREAM	5 SERVICE C			А Ү -				
00700 ENTRY POINT	3	ENTRY POIN			4				
62849 WELL 1	2	WELL 1		4	4				
	Con	ntact Infor	mation						
Name	0	rganization						Job Title	
Mr. Nicholas Serignese	A	la-Bri Acres Fa	arm, LLC			Manag	ing Me	mber	
	Mailing Addres	s Line Two				City		State	Zip Code
Mailing Address Line One					Lebanon			СТ	06249
Mailing Address Line One 129 W Town Street					Lebanon			01	
	ix Mobi	ile Phone I	Emergency	Phone				CI	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0719164	INDEPENDENCE VINEYARD			NC	25	Р	GW
Local Address (w	/here applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
139 W. TOWN S	TREET, LEBANON, CT	Connections		1			
Towns Served: L	EBANON			·			

#### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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