	Connecticut Departme	ent of Public H	lealth D	rinking	. Water	Sect	ion	
	Water Quality M							
PWS ID	PWS Name				Population		Type Pr	imary Source
CT0720174	B.O.Q. INVESTMENT INC			NC	25	Р	. 7 0 1	GW
Local Address	(where applicable)	Service	Residential	Commerc		al Cor	mbined	Agricultura
1649 ROUTE 1	· · · · · · · · · · · · · · · · · · ·	Connections		1				0
Towns Served:								
	N	Monitoring Requ	irements	;				
Water Systen	n Facility: DISTRIBUTION SYSTEM							
Total Colifor	m (3100)					1 routir	ne (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring F	Period C	Collection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		12/1/23 - 12/	31/23			Cor	mplete
			1/1/24 - 1/3	1/24			Cor	mplete
			2/1/24 - 2/2	9/24			Cor	mplete
			3/1/24 - 3/3	1/24			Cor	mplete
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	0/24				
			7/1/24 - 7/3	1/24				
			8/1/24 - 8/3	1/24				
			9/1/24 - 9/3	0/24				
			10/1/24 - 10/	31/24				
Physical Para	ameters (PPS)				1	routin	e (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring F	Period C	Collection Per	riod	Complia	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 10/	31/23	10/1-10/33	1	Cor	mplete
Physical Para	ameters (PPS)					1 routir	ne (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring F	Period C	Collection Per	riod	Complia	ance Status
Select fro	m Inventory of Active Sampling Points		12/1/23 - 12/	31/23			Cor	mplete
			1/1/24 - 1/3	1/24			Cor	mplete
			2/1/24 - 2/2	9/24			Cor	mplete
			3/1/24 - 3/3				Cor	mplete
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	0/24				
			7/1/24 - 7/3	1/24				
			8/1/24 - 8/3	1/24				
		_	9/1/24 - 9/3	0/24				
			10/1/24 - 10/	31/24				
Water Systen	n Facility: ENTRY POINT (WSF ID:	00700)						
A1**	NIL-IL- (NOV)	-				4	/5	-\

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25	·	

Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION EXEMPTION	3/1/2024		

	Water Quality M	lonitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	Classification		Population	Owner Type	Primary Source			
СТ0720174	B.O.Q. INVESTMENT INC				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1649 ROUTE 1	2	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: LEDYARD

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21241	WELL	2	WELL	Α								
58221	PRESSURE STORAGE											

				Contact I	Info	rmation			
Name				Organizat	tion			Job Title	
Boq Investments, I	nc.								
Mailing Address Lin	e One		Mailing A	ddress Line T	wo		City	State	Zip Code
1649 Route 12							Gales Ferry		06335
Business Phone	Extension	Fax		Mobile Phon	ne	Emergency Phone	Email Address		
860-464-2030									
Contact Role(s): O	wner				·				
Name				Organizat	tion			Job Title	
Mr. Spiros A. Vitou	laditis			B.O.Q. Inv	vestm	nents			
Mailing Address Lin	e One		Mailing A	ddress Line T	wo		City	State	Zip Code
151 Ocean Avenue							New London	СТ	06320
Business Phone	Extension	Fax		Mobile Phon	ne	Emergency Phone	Email Address		
860-464-2030		860-464-	7223			860-303-0650			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Co		•	rtment o								ction	
		Wa	ter Qua	lity Moni	toring a	nd Com	ıplia	anc	e Sch	edul	e		
PWS ID	PW	'S Name					Classi	ficatio	on Popu	ılation	Owr	ner Type P	rimary Sour
CT072019		CHOR BAPTIS	ST CHURCH					NC		25		Р	GW
Local Addr	ess (wher	e applicable)			Service	Resident	tial C	omme	ercial li	ndustria	al	Combined	Agricultur
52 FANNIN	NG RD.				Connection	าร		1					
Towns Ser	ved: LEDY	ARD											
Water Sv	stem Fac	ility: DISTR	IRLITION S	Monit YSTEM (WSF	toring Red	quireme	nts						
Total Col		•		1312101 (0031	15. 00000					1	rou	tino (PT)	per quarte
	-	t (Sampling P	oint ID)			Monitorii	na Per	riod	Collect	ion Per			iance Status
		entory of Act		Points		10/1/23 -	_		Coneci	ion rei	iou		mplete
Jeiec	t ii Oiii iiiv	entory of Act	ive Jamping	FOIITES		1/1/24 -							mplete
						4/1/24 -						CC	mpiete
						7/1/24 -							
Physical	Paramet	ers (PPS)								1	rou	tine (RT)	per quarte
Samp	oling Poin	t (Sampling P	oint ID)			Monitorii	ng Per	riod	Collect	ion Per	iod	Compl	ance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31	./23				Co	mplete
						1/1/24 -	3/31/	24				Co	mplete
						4/1/24 -	6/30/	24					
						7/1/24 -	9/30/	24					
Water Sy:	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate A	And Nitri	te (NOX)									1	routine (I	RT) per yea
Samp	oling Poin	t (Sampling P	oint ID)			Monitorii	ng Per	riod	Collect	ion Per	iod	Compl	ance Status
ENTR	Y POINT (3)				1/1/23 - :	12/31,	/23				Co	mplete
						1/1/24 - :	12/31,	/24				Co	mplete
						1/1/25 - :	12/31,	/25					
			Water S	ystem Faci	lity and Sa	ampling	Poin	nt In	vento	ry			
-		stem Facility		Sampling Poin	t Sampling P Description				Total Coliform		er	Achastas	Stag
Facility ID		TIONI CYCTEN	<u> </u>		-		St	<u>atus</u>	Rule	Kule	Her	ASDESIOS	WQP 2 DBI
00600	DISTRIBU	TION SYSTEM	1	4		ON SYSTEM		A	Y				
				4-1		room Upsta		A	Y				
				4-2		room Down		A	Y				
				4-3		athroom Up		A	Y				
				4-4		athroom Do		A	Υ				
				DOWNSTREAM				A					
00700	ENTRY D	DINIT		UPSTREAM		ERVICE CON		Α					
00700	ENTRY PO	ואונ		3	ENTRY POIN	N I		A					
21243	WELL			2	WELL			Α					
				Co	ntact Info	rmation							
Name					Organization							Job Title	
Mr. Lawre	nce Richr	nond		A	Anchor Baptist	t Church			Pas	stor			
Mailing Ac	ddress Line	e One		Mailing Addre	ss Line Two				C	ity		State	Zip Code
52 Fanning	g Road							_	yard			СТ	06339
Business	s Phone	Extension	Fax	Mok	oile Phone	Emergency	Phone	e Ema	ail Addre	SS			

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

860-464-2646

860-886-9892

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

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

	Tracor Quality 1101110	0. 001	P.	1011100	701100101			
PWS ID PWS Name						Population	Owner Type	Primary Source
СТ0720194	ANCHOR BAPTIST CHURCH		NC	25	Р	GW		
Local Address (v	Local Address (where applicable)				Commerci	al Industri	al Combine	ed Agricultural
52 FANNING RD).	Connections			1			

Towns Served: LEDYARD

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

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

End of schedule

	Cor	nnectic	ut Depa	artme	ent of	Public	Health D)rin	king	Wa	ter S	Sec	ction	
		Wat	ter Qua	lity N	I onit	oring a	nd Comp	lia	nce S	che	dule	9		
PWS ID	PWS	Name					C	lassifi	cation	Popula	ation	Owne	er Type P	rimary Source
CT0720244	NEW	LIFE CHURC	CH					N	С	25	5		Р	GW
Local Addre	ess (where	applicable)				Service	Residentia	I Coi	mmercia	al Inc	dustrial	I	Combined	Agricultural
1729 CENTE	ER GROTO	N ROAD				Connection	ıs		1					
Towns Serve	ed: LEDYA	RD												
				Γ	Monit	oring Rec	quirement	ts						
Water Syst	tem Facili	ty: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)								
Total Colif	form (31	00)									1 ו	rout	ine (RT)	per quarter
Sampli	ing Point (Sampling Po	oint ID)				Monitoring	Perio	od Co	llectio	on Perio	od	Compl	iance Status
Select	from Inver	ntory of Acti	ve Samplin	g Points			10/1/23 - 12	2/31/	23				Co	mplete
							1/1/24 - 3/	/31/2	4					
							4/1/24 - 6/	/30/2	4					
							7/1/24 - 9/	/30/2	4					
Physical P	aramete	rs (PPS)									1 ו	rout	ine (RT)	per quarter
-		Sampling Po	oint ID)				Monitoring	Perio	od Co	llectio	on Perio			iance Status
Select	from Inver	ntory of Acti	ve Samplin	g Points			10/1/23 - 12	2/31/	23				Co	mplete
		·		<u>-</u>			1/1/24 - 3/							•
							4/1/24 - 6/							
							7/1/24 - 9/							
Water Syst	tem Facili	ty: ENTRY	POINT (WSF ID:	00700)									
Nitrate Ar			•		<u> </u>							1 r	outine (I	RT) per year
		Sampling Po	oint ID)				Monitoring	Perio	od Co	llectio	on Perio		=	iance Status
ENTRY	POINT (3)						1/1/23 - 12	/31/2	:3				Co	mplete
							1/1/24 - 12							
							1/1/25 - 12					_		-
			Water S	ystem	Facili	ity and Sa	ampling P	<u> </u>		ntor	У			
Water									То	tal	Lead a	nd		
System V	Nater Syst	em Facility		Samplin	ng Point	Sampling P	oint		Colif	form	Сорре	er		Stage
Facility ID				ı	D	Description		Sta	tus Ri	ule	Rule T	ier .	Asbestos	WQP 2 DBPR
00600	DISTRIBUTI	ON SYSTEM			4	DISTRIBUTION	ON SYSTEM	Δ	`	Y				
				DOWN	STREAM	WITHIN 5 S	ERVICE CON	Δ						
				UPST	REAM	WITHIN 5 S	ERVICE CON	Δ	١					
00700 E	ENTRY POII	NT			3	ENTRY POIN	NT	Δ						
21248 V	WELL				2	WELL		Д	1					
					Con	tact Info	rmation							
Name					0	rganization							Job Title	
Mr. Johnny	Burns				N	ew Life Churc	ch			Past	or			
Mailing Add	dress Line (One		Mailing	Addres	s Line Two				Cit	У		State	Zip Code
1729 Center	r Groton R	oad							Ledyard	ł			СТ	06339
Business F	Phone	Extension	Fax	(Mobi	le Phone	Emergency Pl	none	-		S		+ + + + + + + + + + + + + + + + + + + +	
							<u> </u>		t					

nlchurch@snet.net

860-464-2407

Contact Role(s): Administrative Contact, Legal Contact

860-464-9098

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

	Tracer Quarre	y monneoning and	u 0011	прп	idii cc c	onedi		
PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
СТ0720244	NEW LIFE CHURCH			NC	25	Р	GW	
Local Address	Local Address (where applicable)			ntial	Commercia	al Industri	al Combine	ed Agricultural
1729 CENTER (GROTON ROAD	Connections			1			
Tarrina Camradi	LEDVADD						•	

Towns Served: LEDYARD Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of Quality Monit							l	
PWS ID	PWS Name	quality Monit	oring and						Dri	mary Source
CT072710		VARDSIIC		Cia	NC	IOII POL	32	P P	FIII	GW
	ress (where applicable)	TARDS LLC	Service	Residential	Comm	orcial	Industrial	-	od	Agricultural
	ONEL LEDYARD HIGHWAY		Connections	Residential	COIIIII	ierciai	iiiuustiiai	2	eu	Agricultural
	rved: LEDYARD		comiccions							
Towns Sei	rved: LEDYARD									
			oring Requ	iirements	3					
•	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)						1 1	outine (R	T) p	er quarter
Sam	pling Point (Sampling Point IL	<i>)</i>		Monitoring F	Period	Colle	ction Perio	od Com	plia	nce Status
Selec	ct from Inventory of Active Sar	mpling Points		10/1/23 - 12/					Con	nplete
				1/1/24 - 3/3	1/24					
				4/1/24 - 6/3	0/24					
				7/1/24 - 9/3	0/24					
Physical	Parameters (PPS)						1 ו	outine (R	T) p	er quarter
Sam	pling Point (Sampling Point IL	<i>)</i>		Monitoring F	Period	Colle	ction Perio	od Com	plia	nce Status
Selec	ct from Inventory of Active Sar	mpling Points	:	10/1/23 - 12/	31/23				Con	nplete
				1/1/24 - 3/3	1/24					
				4/1/24 - 6/3	0/24					
				7/1/24 - 9/3	0/24					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate /	And Nitrite (NOX)							1 routine	(RT) per year
Sam	pling Point (Sampling Point IE	<i>)</i>		Monitoring F	Period	Colle	ction Perio	od Com	plia	nce Status
ENTF	RY POINT (3)			1/1/23 - 12/3	31/23				Con	nplete
				1/1/24 - 12/3	31/24					
				1/1/25 - 12/3	31/25					_
	Wat	er System Facili	ty and Sar	npling Po	int Ir	nvento	ory			
Water		•	-	, ,		Total		nd		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn	n Coppe	er		Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbest	os V	VQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
60693	WELL 1	2	WELL 1		Α					
		Con	tact Inforr	mation						
Name			ganization					Job Tit	le	
Mr. Paul I	Maugle		augle Sierra Vi	nevards LLC		O	wner/Wir		_	
	ddress Line One	Mailing Address		-,		-	City	State		Zip Code
	nel Ledyard Highway	The state of			l e	dyard		CT		06339
	- Leayara riigiiway				_	.,		<u> </u>	1	30333

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

Mobile Phone

Business Phone

860-464-2987

Extension

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

Fax

Emergency Phone Email Address

pmbm20@comcast.net

860-334-5613

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Con	npliance S	Schedul	e							
	-1 .6									

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0727104	MAUGLE SIERRA VINEYARDS LLC			NC	32	Р	GW
Local Address (Service	Resider	itial Commerc	cial Industri	al Combine	ed Agricultural	
825 COLONEL L	EDYARD HIGHWAY	Connections				2	
_							

Towns Served: LEDYARD

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End of schedule

Co	onnectic	ut Departmer	nt of	Public 1	Health D	rin	king V	Water S	Section	n	
	Wa	ter Quality M	onito	oring ar	nd Comp	lia	nce Sc	hedule	9		
PWS ID PV	VS Name				Cla	assifi	cation Po	opulation (Owner Typ	e Pr	imary Source
CT0727114 VI	TALE AQUATION	C & TENNIS				N	С	40	Р		GW
Local Address (whe	re applicable)			Service	Residential	Coi	mmercial	Industrial	Combi	ned	Agricultural
14 IRON ST				Connection	S				1		
Towns Served: LED	YARD										
		M	onito	ring Req	uirement	S					
Water System Fac	cility: DISTR	IBUTION SYSTEM (WSF ID	: 00600)							
Total Coliform (3	3100)							1	routine (I	RT) į	er quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Coll	ection Peri	od Coi	mpli	ance Status
Select from Inv	ventory of Act	ive Sampling Points			10/1/23 - 12	/31/	23			Со	mplete
					1/1/24 - 3/	31/2	4			Со	mplete
					4/1/24 - 6/	30/2	4				
					7/1/24 - 9/	30/2	4				
Physical Paramet	ters (PPS)							1	routine (I	RT) į	er quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Coll	ection Peri	od Coi	mpli	ance Status
Select from Inv	ventory of Act	ive Sampling Points			10/1/23 - 12						mplete
					1/1/24 - 3/					Со	mplete
					4/1/24 - 6/						
					7/1/24 - 9/	30/2	4				
Water System Fac	cility: ENTR	Y POINT (WSF ID: 0	0700)								
Nitrate And Nitri	• •							1	-		er quarter
Sampling Poin		oint ID)			Monitoring			ection Peri	od Coi		ance Status
ENTRY POINT ((3)				10/1/23 - 12						mplete
					1/1/24 - 3/					Со	mplete
					4/1/24 - 6/						
					7/1/24 - 9/						
		Water System I	Facilit	y and Sa	impling Po	oint	Inven	tory			
Water							Tota				
System Water S	ystem Facility	Sampling ID		Sampling Po	oint		Colifo				Stage
Facility ID	ITION CYCTEN			Description	ON CVCTENA	Sta		e kule i	ier Asbes	ios	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM			DISTRIBUTIO		Δ					
				WITHIN 5 SE		Δ					
00700 FNTDV D	OINT	UPSTRE		WITHIN 5 SE		Δ					
00700 ENTRY P	OINT	3		ENTRY POIN	<u> </u>	Δ					
61705 WELL		2		WELL		Α	\				
			Cont	act Info	rmation						
Name			Org	anization					Job Ti	tle	
Ms. Anne Vitale		T							T		
Mailing Address Lin	e One	Mailing A	Address	Line Two				City	Stat	е	Zip Code
405 Pine Hill Rd				Т			Moosup		СТ		06354
Business Phone	Extension	Fax	Mobile	Phone	Emergency Ph	one	Email Ad				
860-230-1473							avitale@	thevat.org			

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

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

			/			1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0727114	VITALE AQUATIC & TENNIS	5				NC	40	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
14 IRON ST				Connections				1	

Towns Served: LEDYARD

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End of schedule