Constant Description	-CD leli- I	T lul-	D	2.12	. 147-1	C	-1:	
Connecticut Department Water Quality Mor				_			ction	
PWS ID PWS Name			Clas	ssification	Population	Owne	er Type Pri	imary Source
CT0760014 CAMP LAURELWOOD				NC	400		Р	GW
Local Address (where applicable)	Service	Residen	itial	Commerc	ial Industri	al (Combined	Agricultural
463 SUMMER HILL ROAD	Connections			1				
Towns Served: MADISON								1
Mor	nitoring Requ	uireme	nts	;				
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Total Coliform (3100)					1	rout	ine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	Period C	Collection Per	riod	Complia	ince Status
Select from Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				
		4/1/24	- 6/3	0/24				
		7/1/24 -	- 9/3	0/24				
Physical Parameters (PPS)					1	. rout	ine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	Period C	Collection Per	riod	Complia	ince Status
Select from Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23	10/1-11/5	i	Cor	nplete
		4/1/24 -	- 6/3	0/24				
		7/1/24 -	- 9/3	0/24				
Water System Facility: ENTRY POINT (WSF ID: 007	00)							
Nitrate And Nitrite (NOX)						1 r	outine (R	T) per year
Sampling Point (Sampling Point ID)		Monitori	ing P	Period C	Collection Per	riod	Complia	ince Status

1/1/25 - 12/31/25 Other Compliance Schedules

ENTRY POINT (3)

 Compliance Schedule Activity
 Due Date
 Achieved Date

 SEASONAL START UP COMPLETION
 6/26/2024

1/1/23 - 12/31/23

1/1/24 - 12/31/24

Complete

		Water System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	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				
21322	WELL #2	2	WELL	Α				
51858	WELL #3	2	WELL #3	Α				
51860	WELL #4	2	WELL #4	Α				
51862	WELL #5	2	WELL #5	Α				
57515	ATMOSPHERIC STORAG	GE						

Contact Information										
Name			Organizatio	n			Job Title			
Mr. Louis Lasko			Camp Laure	Camp Laurelwood						
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code			
463 Summer Hill Ro	ad				Madison		СТ	06443		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	none Email Address					
203-421-3736				203-421-3736	louis@camplaurelwood.org					

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

	Connectic	ut Depa	rtmei	nt of Public	Health	Drir	ıking	Water	Section			
	Wat	ter Qua	lity M	onitoring a	nd Con	nplia	nce S	chedul	le			
PWS ID P	WS Name					Classifi	cation I	Population	Owner Type	Primary Source		
СТ0760014	AMP LAURELW	OOD				NC		400	Р	GW		
Local Address (wh	ere applicable)			Service	Resider	itial Co	mmercia	l Industri	al Combin	ed Agricultural		
463 SUMMER HILI	LROAD			Connection	ns		1					
Towns Served: MA	ADISON				,							
Contact Role(s):	Legal Contact											
Name				Organization					Job Titl	e		
Mr. Jonathan Leff	•			Camp Laurelw	ood			Operation	ns Director			
Mailing Address Li	ine One		Mailing A	Address Line Two				City	State	Zip Code		
463 Summer Hill R	Road						Madiso	n	СТ	06443		
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Phone	Email A	ddress				
203-421-3736		203-421-	3570				jonatha	jonathan@camplaurelwood.org				
Contact Role(s):	Administrative	Contact	'				*					

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification | Population | Owner Type | Primary Source PWS ID **PWS Name** CT0760024 **CIRCLE PIZZA** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural

Connections

1

Monito STEM (WSF I	oring Requiremen D: 00600)	ts			
		ts			
STEM (WSF I	D: 00600)				
				1 rou	tine (RT) per quarte
	Monitorin	g Period	Collecti	on Period	Compliance Status
Points	10/1/23 - 1	.2/31/23			Complete
	1/1/24 - 3	3/31/24			Complete
	4/1/24 - 6	5/30/24			
	7/1/24 - 9	/30/24			
				1 rou	tine (RT) per quarte
	Monitorin	g Period	Collecti	on Period	Compliance Status
Points	10/1/23 - 1	.2/31/23			Complete
	1/1/24 - 3	3/31/24			Complete
	4/1/24 - 6	5/30/24			
	7/1/24 - 9	/30/24			
/SF ID: 00700)					
				1	routine (RT) per yea
	Monitorin	Monitoring Period Collection			Compliance Status
	1/1/23 - 1	2/31/23			Complete
	1/1/24 - 1	2/31/24			Complete
	1/1/25 - 1	2/31/25			
1323)					
				1 rou	tine (RT) per quarte
	Monitorin	g Period	Collecti	on Period	Compliance Status
	10/1/23 - 1	.2/31/23			Complete
	1/1/24 - 3	3/31/24			Complete
	4/1/24 - 6	5/30/24			
	7/1/24 - 9	/30/24			
stem Facili	ity and Sampling I	oint Ir	ventor	У	
			Total	Lead and	
			Coliform	Copper	Stag
ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DB
4	DISTRIBUTION SYSTEM	Α	Υ		
	1323) /stem Facili	Points 10/1/23 - 1 1/1/24 - 3 4/1/24 - 6 7/1/24 - 9 Monitoring 10/1/23 - 1 1/1/24 - 3 4/1/24 - 6 7/1/24 - 9 /SF ID: 00700) Monitoring 1/1/23 - 1 1/1/24 - 1 1/1/25 - 1 1/1/25 - 1 1/1/24 - 3 4/1/24 - 6 7/1/24 - 9 /stem Facility and Sampling Foint ID Description	1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period Points 10/1/23 - 12/31/23 1/1/24 - 6/30/24 7/1/24 - 9/30/24 /SF ID: 00700) Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1323) Monitoring Period 10/1/23 - 12/31/25 1323) Monitoring Period 10/1/23 - 12/31/25 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 /stem Facility and Sampling Point In Sampling Point Sampling Point ID Description Status	Points 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period Collecti 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 /SF ID: 00700) Monitoring Period Collecti 1/1/23 - 12/31/23 1/1/24 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1323) Monitoring Period Collecti 10/1/23 - 12/31/25 1323) Monitoring Period Collecti 10/1/23 - 12/31/24 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 /stem Facility and Sampling Point Inventor Sampling Point Sampling Point Coliform ID Description Status Rule	Monitoring Period Collection Period

Jystein	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				conjoinn	coppe.			Junge
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	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					
21323	WELL	2	WELL	Α					
60670	TREATMENT PLANT								

1278 DURHAM ROAD

	Contact Information	on		
Name	Organization		Job Title	
Mr. Robert P. Sassi	Circle Pizza	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
234 N Parker Hill Rd		Killingworth	СТ	06419

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

	Connecticu	ıt Depa	rtment of	Public F	Iealth	Drin	ıking	g Water	Section	
	Wat	er Qual	lity Monit	oring an	d Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0760024	CIRCLE PIZZA					N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
1278 DURHAM R	OAD			Connections			1			
Towns Served: M	IADISON					·		·	·	·
Business Phone	e Extension	Fax	Mobi	le Phone E	mergency	/ Phone	Email A		Ci	00413
							RMsas	si@gmail.co	m	
Contact Bolo/c):	Administrative C	ontact Log	al Contact Own	or						

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

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0760034 KLEINS GOLF RANGE NC 31 P GW

Service

Residential Commercial

Industrial

Agricultural

Combined

Local Address (where applicable)

21324 DUG WELL

TREATMENT PLANT

48155

391 DURHAM ROAD		Connections	1				
Towns Served: MADISON		· '					·
	Monito	oring Requirement	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Complic	ance Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 12	2/31/23			Cor	mplete
		1/1/24 - 3/	/31/24			Cor	mplete
		4/1/24 - 6/	/30/24				
		7/1/24 - 9/	/30/24				
Physical Parameters (PPS)					1 rou	ıtine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Complic	ance Status
Select from Inventory of Active Sam	pling Points	10/1/23 - 12	2/31/23			Cor	mplete
		1/1/24 - 3/	/31/24			Cor	mplete
		4/1/24 - 6/	/30/24				
		7/1/24 - 9/	/30/24				
Water System Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Complia	ance Status
ENTRY POINT (3)		1/1/23 - 12	/31/23			Cor	mplete
		1/1/24 - 12	/31/24			Cor	mplete
		1/1/25 - 12	/31/25				
Water System Facility: DUG WELL (WSF ID: 21324)						
E. Coli (3014)					1 rou	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Complia	ance Status
WELL (2)		10/1/23 - 12	2/31/23			Cor	mplete
		1/1/24 - 3/	/31/24			Cor	mplete
		4/1/24 - 6/	/30/24				
		7/1/24 - 9/	/30/24				
Wate	er System Facili	ity and Sampling P	oint Ir	ventor	у		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform			Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 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				
21224 DUC WELL	2	\A/ELI					

	Contact Information				
Name	Organization		Job Title		
Mr. David Klein	Klein Family Lp	Memb	Member		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
391 Durham Road		Madison	CT	06443	

WELL

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

	Connectic	ut Depa	irtment of	f Public	Health	Dri	nking	, Water	Se	ction	
	Wa	ter Qua	lity Monit	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Own	ner Type	Primary Source
CT0760034	KLEINS GOLF RA	NGE				N	IC	31		Р	GW
Local Address (w	nere applicable)			Service	Residential Con		mmerci	al Industri	ial	Combine	ed Agricultural
391 DURHAM RC	AD			Connectio	ons		1				
Towns Served: M				,	'		IVIGGISC	211		CI	00773
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Address			
203-245-1139			860-	908-3176	860-572	-9744	@kleinsgolf.	com			
Contact Role(s):	Administrative	Contact, Leg	gal Contact, Ow	ner							
Name			0	rganization						Job Title	9
Kleins Golf Range	LLC / Klein Fan	nily Lp									
Mailing Address I	ine One		Mailing Addres	s Line Two				City		State	Zip Code
391 Durham Roa	t						Madiso	on		СТ	06443
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Address			
203-245-1139											
Contact Role(s):	Owner						•				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public F	lealth	Dri	nki	ng W	⁷ ater	Se	ection	l	
		Quality Monit					_					
PWS ID	PWS Name	Quality 1101110	011118 0111	0. 0011	Classi					ner Type Primary Source		
CT0769153	CHRIST CHAPEL					NC	1	30		P		GW
Local Address	(where applicable)		Service	Resider	ntial C	omm	ercial	Industri	al	Combin	ed	Agricultura
1185 DURHAN	1 ROAD		Connections	1								
Towns Served:	MADISON								,		,	
		Monite	oring Requ	uireme	nts							
Water Systen	n Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)							1	ιοι	utine (R	T) pe	r quartei
Sampling	Point (Sampling Point ID)		Monitor	ing Per	riod	Collec	tion Pe	riod	Com	pliar	ce Status
Select fro	m Inventory of Active San	npling Points		10/1/23	- 12/31	L/23					Com	plete
				1/1/24	- 3/31/	′24					Com	plete
				4/1/24	- 6/30/	24						
				7/1/24	- 9/30/	24						
Physical Para	ameters (PPS)							1	rοι	utine (R	T) pe	r quartei
Sampling	Point (Sampling Point ID)		Monitor			Collec	tion Pe	riod	Com	pliar	ce Status
Select fro	m Inventory of Active San	npling Points		10/1/23								plete
				1/1/24							Com	plete
				4/1/24								
				7/1/24	- 9/30/	′24						
Water Systen	n Facility: ENTRY POIN	NT (WSF ID: 00700)										
	Nitrite (NOX)											per year
	Point (Sampling Point ID)		Monitor			Collec	tion Pe	riod	Com		ce Status
ENTRY PC	DINT (3)			1/1/23 -								plete
				1/1/24 -							Com	plete
				1/1/25 -								
		Other C	ompliance	Sched	dules	}						
Compliance Sc	hedule Activity				Due D	ate		Achie	ved	Date		
CROSS CONNE	CTION EXEMPTION				3/1/20	016						
RESPOND TO S	SANITARY SURVEY			1	.0/31/2	2021						
	Wat	er System Facili	ity and Sai	mpling	Poir	nt In	vento	ory				
Water							Total	Lead	and			
	ter System Facility	Sampling Point		nt			Coliforn					Stage
Facility ID		ID	Description		St	atus	Rule			Asbest	os N	/QP 2 DBF
00600 DIS	TRIBUTION SYSTEM	001	NEW LADIES	ROOM		Α		2	<u> </u>			

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
00600	DISTRIBUTION SYSTEM	001	NEW LADIES ROOM	Α		2		
		002	NEW MENS ROOM	Α		2		
		003	UP STAIRS KIT. SINK	Α	Υ	2		
		004	DOWNSTAIRS KITCHEN	Α		2		
		005	JANITOR CLOSET	Α		2		
		4	GENERIC DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10758	WELL	2	WELL	Α				
46413	TREATMENT PLANT							

Water Quality Monitoring and Compliance Schedule										
PWS ID		Clas	ssification	Population	Owner Type	Primary Source				
СТ0769153	CHRIST CHAPEL			NC	30	Р	GW			
Local Address (\	Service	Residential C		Commerci	al Industri	al Combine	ed Agricultural			
1185 DURHAM	Connections	1								

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	1	Job Title				
Christ Chapel Board	d of Trustees									
Mailing Address Line One Mailing Addre				ess Line Two			City	State	Zip Code	
C/O Christ Chapel B	oard of Truste	n Road		1	СТ	06443				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ail Address			
203-421-4667						churchoffice1185@gmail.com				
Contact Role(s): Le	gal Contact									
Name				Organization	1	Job Title				
Miss Dorothy Beck	er			Christ Chape	I		Admin Con	tact		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
1185 Durham Road						Madison	1	СТ	06443	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	Email Address			
203-710-4342						churcho	ffice1185@ខ្	gmail.com		
Contact Role(s): Ac	dministrative (Contact	,		•	•				

Please note the following:

Towns Served: MADISON

- 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

	0		'D 11: *	1.1 5	. 1 .	T.4	7				
	Connecticut De	•				_		ection			
	Water Q	uality Monit	oring and	d Comp	lianc	e Sch	nedule				
PWS ID	PWS Name			Classification Population Owner Type Prima							
СТ0769204	CHURCH OF LATTER DAY	Y SAINTS, MADISON			NC		172	Р	GW		
Local Addres	ss (where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultural		
275 WARPA	S ROAD		Connections		1	•					
Towns Serve	ed: MADISON										
		Monite	oring Requ	irements	S						
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colif	orm (3100)						1 ro	utine (RT)	per quarter		
Sampli	ng Point (Sampling Point ID)			Monitoring I	Period	Colle	lection Period Compliance Stat				
Select f	from Inventory of Active Sam	pling Points	:	10/1/23 - 12,	/31/23			Co	mplete		
				1/1/24 - 3/3	31/24			Cc	omplete		
				4/1/24 - 6/3	30/24						
				7/1/24 - 9/3	30/24						
Physical Pa	arameters (PPS)						1 ro	utine (RT)	per quarter		
Sampli	ng Point (Sampling Point ID)			Monitoring I	Period	Colle	ction Period	d Compl	Compliance Status		
Select f	from Inventory of Active Sam	pling Points	<u> </u>	10/1/23 - 12,	/31/23			Co	omplete		
				1/1/24 - 3/3	31/24			Co	omplete		
				4/1/24 - 6/3	30/24						
				7/1/24 - 9/3	30/24						
Water Syst	em Facility: ENTRY POIN	T (WSF ID: 00700)									
	d Nitrite (NOX)						1	=	RT) per year		
Sampli	ng Point (Sampling Point ID)			Monitoring I	Period	Colle	ction Period	d Compl	iance Status		
ENTRY	POINT (3)			1/1/23 - 12/	31/23		Complete				
				1/1/24 - 12/				Cc	omplete		
				1/1/25 - 12/	31/25						
	Wate	er System Facili	ity and Sar	npling Po	oint In	vent	ory				
Water						Total	Lead and	d			
-	Vater System Facility	Sampling Point		nt		Coliforn			Stage		
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR		
	VELL #1	2	WELL #1		Α						
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ					
		DOWNSTREAM			Α						
		UPSTREAM	WITHIN 5 SER		Α						
	NTRY POINT	3	ENTRY POINT		Α						
61496 A	TMOSPHERIC STORAGE										
		Con	tact Inforr	mation							
Name		Oı	rganization					Job Title			
Mr. Roy B. N	McDaniel	Na	atural Resource	es-Special Pro	oj	M	lanager				
Mailing Add	ress Line One	Mailing Address	s Line Two				City	State	Zip Code		
50 East Nort	th Temple St	Mfd 12Th Floor			Sal	t Lake C	ity	UT	84150		

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.

Emergency Phone Email Address

mcdanielrb@churchofjesuschrist.org

Mobile Phone

Business Phone

801-240-4656

Extension

Contact Role(s): Legal Contact, Owner

Fax

801-240-2913

	Connectic	ut Depa	rtmen	it of	Public 1	Health	Drir	ıking	Water	Section		
	Wat	ter Qua	lity Mo	onit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
СТ0769204	HURCH OF LAT	TER DAY SAI	NTS, MAD		N	С	172	Р	GW			
Local Address (wh		Service	Resider	ntial Co	mmercial Industria		al Combine	d Agricultural				
275 WARPAS ROA		Connection	S									
Towns Served: MA	ADISON						,					
Name				Org	ganization			Job Title				
Ms. Christine Spe	ncer			Ch	urch of Jesus	s Christ of	Lds		Hartford A	Admin Asst		
Mailing Address L	ine One		Mailing A	ddress	Line Two				City State Zip C			
130 South St					Cromw	ell	СТ	06516				
Business Phone	siness Phone Extension Fax Mobile					Emergency	/ Phone	Email A	Email Address			
860-635-4035		860-835-	4036					spencerca@churchofjesuschrist.org				
Contact Role(s):	Administrative	Contact										

Please note the following:

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

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

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

End of schedule