	ut Departm				0			
Wa	ter Quality I	Monitoring	and Com	plian	ice Sc	hedule	<u>)</u>	
PWS ID PWS Name		U		Classific	ation Pc	pulation C	Owner Type F	rimary Source
CT0781172 1ST BAPTIST CH	URCH			NC	:	25	Р	GW
Local Address (where applicable)		Service	Resident	tial Com	nmercial	Industrial	Combined	Agricultural
945 STORRS ROAD		Connecti	ons 1					
Towns Served: MANSFIELD			i					
		Monitoring Ro	•	nts				
Water System Facility: DISTI	RIBUTION SYSTEM	(WSF ID: 00600)						
Total Coliform (3100) Sampling Point (Sampling P	Point ID)		Monitoriı	ng Period	d Colle	1 r ection Perio		per quarter iance Status
Select from Inventory of Act			10/1/23 -	-				omplete
			1/1/24 -					omplete
			4/1/24 -					- IL.2.2
			7/1/24 -	• •				
Physical Parameters (PPS)			.,_,	-, -, -, -, -,		1 r	outine (RT)	per quarter
Sampling Point (Sampling I	Point ID)		Monitoriı	ng Period	d Coll	ection Perio	• •	iance Status
Select from Inventory of Ac			10/1/23 -	-				omplete
	1 0		1/1/24 -					omplete
			4/1/24 -					· ·
			7/1/24 -					
Water System Facility: ENTR	Y POINT (WSF ID:	: 00700)						
Nitrate And Nitrite (NOX)							1 routine (	RT) per year
Sampling Point (Sampling I	Point ID)		Monitoriı	ng Period	d Colle	ection Perio		iance Status
ENTRY POINT (3)			1/1/23 - 2	12/31/23	3		Co	omplete
			1/1/24 - 1	12/31/24	4		Co	omplete
			1/1/25 - 1	12/31/25	5			_
	Water System	n Facility and	Sampling	Point	Invent	ory		
Water					Tota			
System Water System Facility		ng Point Sampling			Colifo			Stage
		ID Description		State		e Rule I	ier Aspestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM			TION SYSTEM	A	Y			
		STREAM WITHIN 5						
	UPSI		SERVICE CON					
00700 ENTRY POINT		3 ENTRY PC		A				
20048 WELL		2 WELL		A				
		Contact Inf	ormation					
Name		Organizatior	I				Job Title	
Mr. John Riesen		1St Baptist C	hurch		(	Chairman o	f Trustees	
Mailing Address Line One	Mailin	g Address Line Two				City	State	Zip Code
945 Srorrs Rd		1		c.	Stors/ Ma	insfield	СТ	06268
Business Phone Extension	Fax	Mobile Phone	Emergency	Phone E	Email Ado	lress		
860-429-6043				C	office@fb	cmansfield	lct.com	
Contact Role(s): Administrative	Contact, Legal Cont	act						

					0			1							
PWS ID	PWS Name							Classi	fication	Рори	ulation	Owne	er Type	Prin	nary Source
СТ0781172	1ST BAPTIST CH	JRCH						I	NC		25		Р		GW
Local Address (w	here applicable)			9	Service	Resid	dent	tial C	ommerci	ial I	ndustria	al C	Combine	ed A	Agricultural
945 STORRS ROA	D			C	Connection	าร	1								
Towns Served: N	IANSFIELD														
Name				Org	anization								Job Title	е	
Spring Hill Baptis	t Church														
Mailing Address	Line One		Mailing Add	ress L	ine Two					C	City		State	Z	ip Code
945 Storrs Rd									Mansf	ield			СТ		06268
Business Phone	e Extension	Fax	M	obile	Phone	Emerge	ncy	Phone	e Email A	Addre	ess		1 1		
Contact Role(s):	Owner														
Name				Org	anization								Job Title	е	
The First Babtist	Church of Mans	field													
Mailing Address	Line One		Mailing Add	ress L	Line Two					C	City		State	Z	ip Code
945 Storrs Rd									Mansf	ield			СТ		06268
Business Phone	e Extension	Fax	M	obile	Phone	Emerge	ncy	Phone	e Email A	Addre	ess				
Contact Role(s):	Owner														
Please note the f	following:														
1. The residual di	sinfectant concent	ration must b	pe measured at	the s	ame locatio	on and tim	ne a	s each	total colif	orm s	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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	Connectic	<b>^</b>							-			ction	
	1	ter Qual	III V	iomt	oring a	ind Com			1				Deleter C
PWS ID	PWS Name	.1				(					Uwn		Primary Sourc
CT0780014	SPRING HILL INN	N			Service	Residenti	N al Co	iC ommerc	1	97 Doductrir		P	GW
957 STORRS RO	where applicable)				Connectio		ai CO	ommerc 1		ndustria	al	Combine	d Agricultur
Towns Served:								T					
Towns Serveu.			N	lonit	oring Po	quiromon	te						
Water System	Facility: DISTR					quiremen	its –				_		
Total Coliforn	n (3100)									1	rou	tine (RT)	per quarte
Sampling I	Point (Sampling P	oint ID)				Monitoring	g Peri	od C	Collect	ion Per	riod	Сотр	liance Status
Select from	n Inventory of Act	ive Sampling	Points			10/1/23 - 1	.2/31/	/23				C	omplete
						1/1/24 - 3						C	omplete
						4/1/24 - 6							
						7/1/24 - 9	9/30/2	24					
-	meters (PPS)												per quarte
	Point (Sampling P	oint ID)				Monitorin	-		Collect	ion Per	riod		liance Status
DISTRIBUT	ION SYSTEM (4)					10/1/23 - 1							omplete
						1/1/24 - 3	<u> </u>					C	omplete
						4/1/24 - 6							
Motor System				00700)		7/1/24 - 9	9/30/2	24					
-	Facility: ENTR	POINT (M	/SF ID: (	JU7UU)									<b>DT</b> )
Nitrate And N	Nitrite (NOX) Point (Sampling P	oint (D)				Monitorin	a Dori	ind (	Collact	ion Pei			RT) per yea <i>liance Status</i>
ENTRY POI						Monitoring 1/1/23 - 1	-		.onect	ion Per	100		omplete
ENTRIPOL	INT (5)					1/1/23 - 1							omplete
						1/1/24 - 1							ompiete
			Ot	her C	omplian	ce Schedu		2.5					
Compliance Sch	nedule Activity				•		ue Da	te		Achie	ved L	Date	
	TION EXEMPTION	1					/1/202						
		Water Sy	ystem	Facili	ity and S	Sampling F			ento	ry			
Water					•			т	otal	Lead	and		
System Wat	er System Facility		Sampling	g Point	Sampling			Col	liform				Stage
Facility ID			IE	)	Descriptio	n	Sta	ntus <sup>I</sup>	Rule	Rule	Tier	Asbesto	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	A	A	Y				
			DOWNS	TREAM		SERVICE CON	ŀ	A					
			UPSTR			SERVICE CON		A					
	RY POINT		3		ENTRY PO	INT		A					
21335 WEL			2		WELL			A					
48718 WEL	L #2		2		WELL #2		4	A					
				Con	tact Info	ormation							
Name				0	rganization							Job Title	
Mr. Bharat B N	eupane				athmandu R	ealty LLC							
Mailing Address			Mailing	Addres	s Line Two					ity		State	Zip Code
957 Storrs Road								Storrs				СТ	06268
Business Phoi 860-771-842		Fax		Mobi	le Phone	Emergency F	hone			ss narat@ <sup>-</sup>	yaho	o.com	
Contact Role(s)	Administrative	Contact, Leg	al Conta	ct, Owr	ner								

PWS ID	PWS Name			Classification	Populati	on C	wner Type	Prin	nary Source
СТ0780014	SPRING HILL INN			NC	97		Р		GW
Local Address (v	vhere applicable)	Service	Residen	tial Commer	cial Indu	strial	Combine	ed A	Agricultural
957 STORRS RO	AD	Connections		1					
Towns Served:	MANSFIELD			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.

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

Connect	cut Departme	ent of F	Public	Health I	Drink	king V	Vater	Section	l
	ater Quality N					<u> </u>			
PWS ID PWS Name									Primary Source
CT0780034 HOLIDAY MAI	L				NC		45	Р	GW
Local Address (where applicabl	e)	S	ervice	Residentia	al Com	mercial	Industria	l Combin	ed Agricultura
1733 STORRS ROAD		C	Connectio	ns		3			
Towns Served: MANSFIELD									
	I	Monitor	ing Re	quiremen	ts				
Water System Facility: DIS	TRIBUTION SYSTEM	(WSF ID:	00600)						
Total Coliform (3100)							1	routine (R	T) per quarter
Sampling Point (Sampling	Point ID)			Monitoring	, Period	Colle	ection Per	iod Com	pliance Status
Select from Inventory of A	ctive Sampling Points			10/1/23 - 1	2/31/23	3		0	ut of Service
				1/1/24 - 3	/31/24			0	ut of Service
				4/1/24 - 6	/30/24				
				7/1/24 - 9,	/30/24				
Physical Parameters (PPS)								•	T) per quarter
Sampling Point (Sampling				Monitoring			ection Per		pliance Status
Select from Inventory of A	ctive Sampling Points			10/1/23 - 1		3			ut of Service
				1/1/24 - 3	/31/24			0	ut of Service
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Water System Facility: EN	RY POINT (WSF ID:	00700)							
Nitrate And Nitrite (NOX)	1								(RT) per year
Sampling Point (Sampling	Point ID)			Monitoring			ection Per		pliance Status
ENTRY POINT (3)				1/1/23 - 12				0	ut of Service
				1/1/24 - 12					
				1/1/25 - 12	2/31/25				
	0.	ther Cor	mplian	ce Schedu	les				
Compliance Schedule Activity				Du	ie Date	_	Achiev	ved Date	
CROSS CONNECTION EXEMPTIC	ON			3/	1/2018				
	Water System	Facility	y and S	ampling P	oint l	Invent	ory		
Water						Tota			
System Water System Facil		ng Point S				Colifor			Stage
Facility ID			escriptio		Statu		e Kule	lier Asbest	os WQP 2 DBPI
00600 DISTRIBUTION SYST				ION SYSTEM	A	Y			
	DOWN	STREAM V	VITHIN 5 S	SERVICE CON	A				
	UPST	REAM V	VITHIN 5 S	SERVICE CON	Α				
00700 ENTRY POINT		3 E	NTRY POI	NT	Α				
21337 WELL		2 V	VELL		Α				
54219 TREATMENT PLANT									
		Conta	act Info	ormation					
Name		Orga	anization					Job Tit	e
Mr. Robert Moskowitz			Associate	s, LLC					-
Mailing Address Line One	Mailin	g Address L					City	State	Zip Code
117 Stonemill Road		,			St	torrs	,	СТ	06268
Business Phone Extension	n Fax	Mobile	Phone	Emergency P			ress		
860-429-6109	860-429-8758								
Contact Role(s): Administrativ		act							
NOTE: This information has been prov			blic water s	ystems maintain (	compliand	ce with dri	nking water	quality monit	oring requirements.

				0							1
PWS ID	PWS Name					Class	ification	Population	Owner Typ	e Pr	imary Source
СТ0780034	HOLIDAY MALL						NC	45	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerc	ial Industri	al Combi	ned	Agricultural
1733 STORRS RO	AD			Connectio	ns		3				
Towns Served: N	ANSFIELD				÷	÷			·		
Name				Organization					Job Ti	tle	
E & I Associates	LC										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	5	Zip Code
117 Stonemill Rd							Stores		СТ		06268
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phon	e Email	Address			
Contact Role(s):	Legal Contact, Ov	wner									

#### 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 guality 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.

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	Connecticut De	•				U		ction	
PWS ID	PWS Name	ality Monit	or ing and						imary Source
CT0780064	CAMP HOLIDAY HILL				NC		32	P	GW
	ss (where applicable)		Service	Residential			ndustrial	Combined	Agricultural
41 CHAFFEE			Connections	Residential	3		luustilai	combined	Agricultural
	ed: MANSFIELD								
		Monite	oring Requ	irement	ç				
Water Syst	em Facility: DISTRIBUTION		<u> </u>		<u> </u>	_	_	_	
<b>Total Colif</b>	orm (3100)						1 rou	itine (RT) p	er quarter
Sampli	ng Point (Sampling Point ID)			Monitoring		Collect	ion Period	Complia	ince Status
Select f	from Inventory of Active Samp	ling Points	:	10/1/23 - 12					nplete
				1/1/24 - 3/3				Cor	nplete
				4/1/24 - 6/					
				7/1/24 - 9/	30/24				
-	arameters (PPS)								er quarter
	ng Point (Sampling Point ID)			Monitoring		Collect	ion Period		ince Status
Select f	from Inventory of Active Samp	ling Points		10/1/23 - 12					nplete
				1/1/24 - 3/3				Cor	nplete
				4/1/24 - 6/3					
Motor Suct	om Facilitur - ENTRY ROINT			7/1/24 - 9/3	30/24				
-	em Facility: ENTRY POINT	WELL #5 (WSF IL	): 00700)						-)
	d Nitrite (NOX)			Monitoring	Devied	Collect			T) per year
	ng Point (Sampling Point ID) POINT (3)			Monitoring 1/1/23 - 12/		Conecti	ion Period		nce Status nplete
LININI	POINT (5)			1/1/23 - 12/ 1/1/24 - 12/					nplete
				1/1/24 - 12/ 1/1/25 - 12/					
Water Syst	em Facility: ENTRY POINT	WELL #6 (WSE IF		1/1/25 12/	51/25				
	d Nitrite (NOX)						1	routine (R <sup>.</sup>	T) per year
	ng Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	-	ince Status
-	POINT (3)			1/1/23 - 12/					nplete
	- (-)			1/1/24 - 12/					nplete
				1/1/25 - 12/	/31/25				•
		Other Co	ompliance	Schedul	es				
Compliance	Schedule Activity			Due	e Date		Achieved	Date	
CROSS CON	NECTION SURVEY REPORT			3/1	/2025				
	Water	System Facili	ity and Sar	npling Po	oint Ir	vento	ry		
Facility ID	Vater System Facility	Sampling Point ID 4	Sampling Poin Description		<u>Status</u> A	Total Coliform Rule Y	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00000 D		4 DOWNSTREAM UPSTREAM		VICE CON	A A A	T			
00700 E	NTRY POINT WELL #5	3	ENTRY POINT		А				
		-							
00701 E	NTRY POINT WELL #6	3	ENTRY POINT		A				
	NTRY POINT WELL #6	3	WELL		A				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule Towns Served: MANSFIELD **Contact Information** Organization Name Job Title Mr. Dudley Hamlin Holiday Recreation Center, Inc Director Mailing Address Line One Mailing Address Line Two State Zip Code City 41 Chaffeeville Road 06250 Mansfield CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 860-423-1375 860-456-2444 860-423-1227 DUDLEY.HAMLIN@SNET.NET Contact Role(s): Administrative Contact Name Organization Job Title Ms. Gwen Duff Holiday Recreation Center, Inc Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 41 Chaffeeville Road Mansfield CT 06250 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-423-1375 860-456-2444

### Contact Role(s): 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.

End of schedule

	Water Quality	Monitor ing an		прі		Junuar	C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0780064	CAMP HOLIDAY HILL				NC	132	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
41 CHAFFEEV	LLE ROAD	Connections			3			
Towns Served	· MANSEIELD							

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

Conne	ecticut Depa	rtment of	Public	Health	Dri	nkinį	g Wa	ater S	ection	
	Water Qual	ity Monit	oring a	nd Con	nplia	ince	Sche	edule		
PWS ID PWS Nan		<i>J</i>	0		*					Primary Source
CT0780104 FIRST CH	URCH OF CHRIST IN	MANSFIELD				٧C	2		P	GW
Local Address (where app	licable)		Service	Residen	tial Co	ommerc	ial In	dustrial	Combined	Agricultural
549 STORRS ROAD			Connection	าร		1				
Towns Served: MANSFIEL	D									I
		Monite	oring Red	quireme	nts					
Water System Facility:	DISTRIBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform (3100)								<b>1</b> r	outine (RT)	per quarter
Sampling Point (Sam	pling Point ID)			Monitori	ing Per	iod (	Collecti	on Perio	d Comp	liance Status
Select from Inventory	y of Active Sampling	Points		10/1/23 -	12/31	/23			C	omplete
				1/1/24 -	3/31/2	24			C	omplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Physical Parameters (	PPS)							<b>1</b> r	outine (RT)	per quarter
Sampling Point (Sam	pling Point ID)			Monitori	ing Per	iod (	Collecti	on Perio	d Comp	liance Status
Select from Inventor	y of Active Sampling	Points		10/1/23 -	12/31	/23			C	omplete
				1/1/24 -	3/31/2	24			C	omplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Water System Facility:	ENTRY POINT - W	ELL 1A (WSF	ID: 00701)							
Nitrate And Nitrite (N	OX)								1 routine (	RT) per year
Sampling Point (Sam	pling Point ID)			Monitori	ing Per	iod (	Collecti	on Perio	-	liance Status
EP - WELL 1A (3)				1/1/23 -	12/31/	/23			C	omplete
				1/1/24 -	12/31/	/24			C	omplete
				1/1/25 -	12/31/	/25				
	Water Sy	vstem Facili	ity and S	ampling	Poin	t Inve	entor	Ъ		
Water						T	otal	Lead an	nd	
System Water System	Facility S	Sampling Point					-	Coppe		Stage
Facility ID		ID	Description			atus <sup>I</sup>	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION		4	DISTRIBUTI			A	Y			
		DOWNSTREAM				A				
		UPSTREAM	WITHIN 5 S		N	A				
00701 ENTRY POINT -	WELL 1A	3	EP - WELL 1	A		A				
54900 WELL 1A		2	WELL 1A			A				
			tact Info	rmation						
Name			rganization						Job Title	
Mr. John D. Little			rst Church o	f Christ						
Mailing Address Line One		Mailing Address					Cit	ty	State	Zip Code
P. O. Box 36		(Attn. Business	Committee)			Mansf			СТ	06250
Business Phone Exte	ension Fax	Mobi	le Phone	Emergency		e Email	Addres	S		
860-423-9008				860-305-	2245					
	trative Contact, Lega	al Contact								

		<u> </u>						
PWS ID	PWS Name			Classifica	ation F	Population	Owner Type	Primary Source
СТ0780104	FIRST CHURCH OF CHRIST IN MANSFIELD			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Com	mercia	l Industria	al Combine	ed Agricultural
549 STORRS RO	AD	Connections			1			
Towns Served: N	//ANSFIELD			·		·		

### 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.

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	Connecticut Departme				0			
	Water Quality M	lonitoring al	nd Con	1				
PWS ID	PWS Name			Classificatio				rimary Source
СТ0780134	COYOTE FLACO			NC		25	P	GW
	where applicable)	Service Connection	Residen		ercial	ndustria	Combined	Agricultural
Towns Served:	GHWAY (ROUTE 31)	connection	15	1				
Towns Served.								
Water System	Facility: DISTRIBUTION SYSTEM	/lonitoring Rec (WSF ID: 00600)	quireme	nts	_	_		
Total Coliforn		( , - , - , - , - , - , - , -				1	routine (RT)	per quarter
	Point (Sampling Point ID)		Monitori	ng Period	Collec	tion Peri		iance Status
	n Inventory of Active Sampling Points			12/31/23			-	omplete
			1/1/24 -	3/31/24			Co	omplete
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
<b>Physical Para</b>	meters (PPS)					1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collec	tion Peri	od Compl	iance Status
Select from	n Inventory of Active Sampling Points		10/1/23 -	12/31/23			Co	omplete
			1/1/24 -	3/31/24			Co	omplete
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
Water System	Facility: ENTRY POINT (WSF ID:	00700)						
Nitrate And N	Nitrite (NOX)						1 routine (I	RT) per year
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collec	tion Peri	od Compl	iance Status
ENTRY POI	INT (3)			12/31/23			Co	omplete
				12/31/24	_		Co	omplete
	0+	her Compliand		12/31/25				
Compliance Col				Due Date		Achiev	ed Date	
	ANITARY SURVEY			3/11/2021		Acmev	eu Dule	
RESPOND TO SP		• NI - 1 <sup>1</sup> 5 <sup>1</sup> 1 <sup>1</sup>						
	ומטץ	ic Notification	-				_	
Mieletien (Citue	die e	Compliance Period	Notice		<u>c Notific</u>			<u>tification</u>
Violation/Situa Total Coliform N		4/1/04 - 6/30/04	<b>Tier</b>	<b>Requir</b> 11/6/20		erformed	Due to DPH 11/16/2004	
	eters M&R Violation	4/1/04 - 6/30/04		11/6/20			11/16/2004	
Total Coliform		7/1/04 - 9/30/04		2/10/20			2/20/2005	
	eters M&R Violation	7/1/04 - 9/30/04		1/11/20			1/21/2006	
Total Coliform N		7/1/06 - 9/30/06		10/7/20			10/17/2006	
							10/17/2000	
	water System	Facility and Sa	amping	Point in		-	,	
144					Total	Lead a		
Water System Wat	er System Facility Samplin	a Point Sampling P	oint		Coliforn	1 Conn	or	Staao
System Wat	er System Facility Samplin	g Point Sampling P D Description			Coliforn Rule			Stage WQP 2 DBPR
System Wate Facility ID	1	D Description		Status	Coliforn Rule Y			-
System Wate Facility ID	II     RIBUTION SYSTEM	D Description	ON SYSTEM	Status A	Rule			-
System Wate Facility ID	RIBUTION SYSTEM	D Description	ON SYSTEM ERVICE CON	Status I A N A	Rule			-
System Wate Facility ID 00600 DIST	RIBUTION SYSTEM	D Description DISTRIBUTION STREAM WITHIN 5 SI REAM WITHIN 5 SI	ON SYSTEM ERVICE COM ERVICE COM	Status I A N A	Rule			Stage WQP 2 DBPR

#### **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 СТ0780134 COYOTE FLACO NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 50 HIGGINS HIGHWAY (ROUTE 31) 1 Towns Served: MANSFIELD **Contact Information** Organization Job Title Name Mr. William Cabrera Covote Flaco Mailing Address Line One Mailing Address Line Two City State Zip Code 06250 50 Higgins Highway Mansfield CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 860-423-4414 Contact Role(s): Administrative Contact, Legal Contact, Owner 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 Department of Public Health Drinkin	g Water	Section	
Water Quality Monitoring and Compliance	Schedule	5	
PWS ID PWS Name Classification	n Population (	Owner Type	Primary Source
CT0780154452 STAFFORD ROAD - GRANDMA COMFORT FOODNC	38	Р	GW
Local Address (where applicable)ServiceResidentialCommer	cial Industria	I Combine	d Agricultural
452 STAFFORD ROAD Connections 1			
Towns Served: MANSFIELD			
Monitoring Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period	1 Collection Peri		) per quarter <i>liance Status</i>
Select from Inventory of Active Sampling Points10/1/23 - 12/31/23	conection ren	-	Complete
1/1/24 - 3/31/24			Complete
4/1/24 - 6/30/24			
7/1/24 - 9/30/24			
Physical Parameters (PPS)	1	routine (RT	) per quarter
Sampling Point (Sampling Point ID) Monitoring Period	<b>Collection Peri</b>	-	liance Status
Select from Inventory of Active Sampling Points10/1/23 - 12/31/23		C	Complete
1/1/24 - 3/31/24		C	Complete
4/1/24 - 6/30/24			
7/1/24 - 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	<b>Collection Peri</b>		liance 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	Achiev	ed Date	
Compliance Schedule ActivityDue DateRESPOND TO SANITARY SURVEY10/27/2018	Achiev	ea Dale	
RESPOND TO SANITARY SURVEY 10/27/2018			
Water System Facility and Sampling Point Inv	entory		
	Total Lead a	and	
	oliform Copp		Stage
Facility ID ID Description Status			s WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A	Y		
DOWNSTREAM WITHIN 5 SERVICE CON A			
UPSTREAM WITHIN 5 SERVICE CON A			
00700 ENTRY POINT 3 ENTRY POINT A			
21348 WELL 2 WELL A			
Contact Information			
Name Organization		Job Title	
Mr. Kon Burkamn			
Mr. Ken Burkamp	City	State	Zip Code
Mailing Address Line One Mailing Address Line Two	City		
Mailing Address Line One Mailing Address Line Two	chester	СТ	06045-1021
Mailing Address Line One     Mailing Address Line Two       811 Main Street     P O Box 1021     Mana       Business Phone     Extension     Fax     Mobile Phone     Emergency Phone     Email	chester I Address		06045-1021
Mailing Address Line One     Mailing Address Line Two       811 Main Street     P O Box 1021     Mana       Business Phone     Extension     Fax     Mobile Phone     Emergency Phone     Email	chester		06045-1021

		· · · · · · · · · · · · · · · · · · ·	<b>V</b>	0						
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0780154	452 STAFFORD RC	DAD - GRAN		ORT FOOD			NC	38	Р	GW
Local Address (w	here applicable)			Service Resid		ntial Commer		ial Industri	al Combin	ed Agricultural
452 STAFFORD R	DAD			Connectio	ons		1			
Towns Served: N	ANSFIELD									
Name				Organization	1				Job Titl	e
The Five Ks Reali	ty Trust LLC									
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
452 Stafford Rd							Mansf	ield	СТ	06250
Business Phone	e Extension	Fax	Mo	obile Phone	Emergenc	y Pho	ne Email	Address		
Contact Role(s):	Owner									
Please note the f										

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.

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

	Connecticut Departme	nt of Public H	ealth	Drinki	ng V	Nater S	Section	
	Water Quality M				0			
PWS ID	PWS Name			Classificatio			wner Type P	rimary Source
СТ0780164	CUMBERLAND FARMS			NC		33	P	GW
Local Address	(where applicable)	Service	Resident	ial Comme	ercial	Industrial	Combined	Agricultura
	ROAD(OR 643 MIDDLE TURNPIKE)	Connections		1				
Towns Served:								
	Ν	Aonitoring Requ	iremer	nts				
Water Syster	n Facility: DISTRIBUTION SYSTEM	• •						
<b>Total Colifor</b>	m (3100)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)	1	Monitorin	g Period	Colle	ection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points	1	LO/1/23 -	12/31/23			Со	mplete
			1/1/24 -	3/31/24			Со	mplete
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
-	ameters (PPS)					1 r	outine (RT)	• •
	Point (Sampling Point ID)		Monitorin	-	Colle	ection Perio	-	ance Status
Select fro	m Inventory of Active Sampling Points	1	LO/1/23 -					mplete
			1/1/24 - 3				Со	mplete
			4/1/24 -					
			7/1/24 -	9/30/24				
-	n Facility: ENTRY POINT (WSF ID:	00700)						
	Nitrite (NOX)						1 routine (F	
	Point (Sampling Point ID)		Monitorin	-	Colle	ection Perio		ance Status
ENTRY PC	DINT (3)		1/1/23 - 1					mplete
			1/1/24 - 1		_		Co	mplete
			1/1/25 - 1					
	Ot	her Compliance	Sched	ules				
Compliance So	hedule Activity		D	ue Date		Achieve	ed Date	
RESPOND TO S	SANITARY SURVEY		6/	/27/2014				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2015				
RESPOND TO S	SANITARY SURVEY		10	/27/2018				
RESPOND TO S	SANITARY SURVEY		10	/27/2018				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2019				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2020				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2021				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2022				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2023				
RESPOND TO S	SANITARY SURVEY		7/	/30/2023				
CROSS CONNE	CTION SURVEY REPORT		3	/1/2024				
	Publi	ic Notification R	equire	ments				
		Compliance	Notice	Public	c Noti	fication	PN Cert	tification
Violation/Situ		Period	Tier	Require		Performed	Due to DPH	Received
	M&R Violation	1/1/13 - 3/31/13	2	7/24/20			8/3/2013	
	neters M&R Violation	1/1/13 - 3/31/13	3	6/24/20			7/4/2014	
Tatal Califerna	MRDVieletien	11/1/17 11/20/17	2	2/10/20	10		2/20/2010	

3

3/19/2019

11/1/17 - 11/30/17

Total Coliform M&R Violation

3/29/2019

C		it Denartme	ont of	Public	Health D	)rin	king '	Wat	ter Se	oction		
	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
		er Quality N	lonit	oring ar	<b>A</b>							
_	WS Name				Cla				tion Ow		Primary Source	
	UMBERLAND FA	ARMS				NC		33		Р	GW	
Local Address (wh				Service Connection	Residential	l Cor		Ind	ustrial	Combine	d Agricultur	
1660 STORRS ROA	•	LE TURNPIKE)		Connection	5		1					
Towns Served: MA												
		Water System	n Facili	ity and Sa	mpling Po	oint	Inven	tory	1			
Water System Water Facility ID	System Facility		ng Point D	Sampling Po Description	oint	Stat	Toto Colife us Rui	orm	ead and Copper Rule Tie		Stage s WQP 2 DBF	
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM	A						
		DOWN	STREAM	WITHIN 5 SE	RVICE CON	А						
		UPST	REAM	WITHIN 5 SE	RVICE CON	А						
00700 ENTRY	POINT		3	ENTRY POIN	Т	А						
21349 WELL			2	WELL		А						
			Con	tact Info	rmation							
Name			Or	rganization						Job Title	;	
Mr. Alfred Ronda	no		Ha	arwinton Dril	ing & Eng Co.			Owne	er			
Mailing Address Li	ine One	Mailing	g Address	s Line Two				City		State	Zip Code	
376 Birge Park Ro	ad	P.O. Bo	ox 152				Harwinto	on		СТ	06791	
<b>Business Phone</b>	Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Ad	dress				
800-724-1584		860-485-9142	860-3	309-4924	860-309-492	24	FREDHA	RDRIL	_@SBCG	LOBAL.NE	Т	
Contact Role(s):	Administrative (	Contact										
Name			O	rganization						Job Title	2	
Ms. Elise J. Farring	gton		Cι	umberland Fa	rms/Eg Ameri	ica		Envir	onment	al P.M.		
Mailing Address Li		Mailing	g Address	s Line Two				City		State	Zip Code	
165 Flanders Road	k		1				Westbor	-		MA	01581	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph							
508-270-3113							elise.farr	ingto	n@eg-ar	nerica.cor	n	
Contact Role(s):	-	wner										
Please note the for 1. The residual dis	-	ration must be measu			n and time as ea uring the specif			m sam	ple.			

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		
		Juality Monit	oring and	d Com	*						
PWS ID	PWS Name						-	Ow	ner Type P		
СТ0780174	STIX N STONES MARKE	<b>IPLACE</b>	- ·		N		72		P	G۱	
	where applicable)		Service Connections	Resident	tial Co	mmercial	Industr	iai	Combined	Agri	cultura
1029 STORRS RO			connections			1					
Towns Served: I	WANSFIELD	••••		•							
			oring Requ	ireme	nts						
	Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Coliforn	• •								utine (RT)		
	Point (Sampling Point ID)			Monitorii	-		lection Pe	eriod			
Select from	n Inventory of Active Sam	pling Points		10/1/23 -						mplet	
				1/1/24 -					Co	mplet	e
				4/1/24 -							
				7/1/24 -	9/30/2	4		_			
Physical Para									utine (RT)	• •	
	Point (Sampling Point ID)			Monitorii	-		lection Pe	eriod			
DISTRIBUT	ION SYSTEM (4)			10/1/23 -						mplet	
				1/1/24 -					Сс	mplet	e
				4/1/24 -							
		- (		7/1/24 -	9/30/2	4					
-	Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And N	• •								routine (F		-
	Point (Sampling Point ID)			Monitorii	-		lection Pe	eriod			
ENTRY POI	NI (3)			1/1/23 - 1						mplet	
				1/1/24 - 1						mplet	e
		Other C	ompliance	1/1/25 - : Sched		.5					
Compliance Sch	edule Activity	other e	omphanee		Due Dat	· 0	Achie	ovod	Date		
	ANITARY SURVEY				/31/20:	-	Acting	eveu	Dute		
	TION SURVEY REPORT				3/1/202						
	TION SURVEY REPORT				3/1/202						
	TION SURVEY REPORT				3/1/202						
		er System Facili	ity and Sar				torv				
Water		li system i dem	ity and sai	6	1 0111	Toto	-	land	1		
	er System Facility	Sampling Point	Sampling Poil	nt		Colifo		per	1		Stage
Facility ID	, , ,	ID	Description		Sta	0.1		-	Asbestos	WQP	-
-	RIBUTION SYSTEM	01	REALTOR BAT	н	A				Y		
		02	CAFE BATH 1		A	Y Y			Y		
		03	CAFE BATH 2		A	Y Y			Y		
		04	3 BAY SINK		A	Y Y			Y		
		05	HAND SINK		A	Y Y			Y		
		06	GIFT SHOP SIM	IK	A	Y Y			Y		
		07	APARTMENT	KITCHEN	A	Y Y			Y		
		08	APARTMENT	ВАТН	A	Y Y			Y		
		4	DISTRIBUTION	I SYSTEM	A	Y Y					
		DOWNSTREAM	DISTRIBUTION	I SYSTEM	A	۱.					
		UPSTREAM	DISTRIBUTION	I SYSTEM	A	Y Y					

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0780174 STIX N STONES MARKETPLACE NC 72 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **1029 STORRS ROAD** 1 Towns Served: MANSFIELD Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 3 00700 ENTRY POINT ENTRY POINT Δ 2 WFII 21350 WELL Α **Contact Information** Name Organization Job Title Mr. Michael McDonald Spring Hill Cafe LLC Mailing Address Line One Mailing Address Line Two Zip Code City State 1029 Storrs Road 06268 Storrs CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-878-8597 stixnstonesct@yahoo.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following:

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

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

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

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

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

n
pe Primary Source
GW
oined Agricultural
(RT) per quarter
ompliance Status
Complete
Complete
(RT) per quarter
ompliance Status
Complete
Complete
ne (RT) per year
ompliance Status
Complete
<u>N Certification</u>
DPH Received
2022
Channel
Stage stos WQP 2 DBPR
DPH         Re           2022         2022

#### **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 СТ0780204 LUCKY STRIKE LANES, INC. NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **185 STAFFORD ROAD** 1 Towns Served: MANSFIELD **Contact Information** Organization Name Job Title Mr. Jessie L. Dunnack Lucky Strike Lanes Inc Sec. & Treasurer Mailing Address Line One Mailing Address Line Two State Zip Code City 127 Stafford Rd 06250 Mansfield Center CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-423-8510 Contact Role(s): Owner Name Organization Job Title Mr. Robert A. Dunnack, Sr. Lucky Strike Lanes Inc Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 127 Stafford Rd Mansfield Center CT 06250 Emergency Phone Email Address **Business Phone** Extension Fax **Mobile Phone** 203-423-8510 luckystrikelanesct@gmail.com Contact Role(s): Administrative Contact, 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.

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

	Со	onnectic	ut Depa	rtment	of Publi	c Healt	h D	rinki	i <mark>ng W</mark>	/ater	Sec	ction	
		Wa	ter Qua	lity Mon	itoring	and Co	mpl	lianc	e Sch	nedul	е		
PWS ID	PW	'S Name			0		Cla	ssificati	ion Pop	ulation	Own	er Type P	rimary Source
СТ0780234	4 MA	NSFIELD DRI	VE-IN					NC		25		Р	GW
Local Addr	ess (wher	e applicable)			Service	Reside	ential	Comm	nercial	Industria	l (	Combined	Agricultural
228 STAFF	ORD ROAI	D			Connect	ions		1	L				
Towns Serv	ved: MAN	SFIELD											
				Mon	itoring R	equirem	ents	5					
Water Sys	stem Faci	ility: DISTR	RIBUTION S	YSTEM (WS	F ID: 00600	)							
<b>Total Col</b>	-	-								1	rout		per quarter
		t (Sampling P				Monito	_		Collec	ction Per	iod		ance Status
Select	t from Inv	entory of Act	ive Sampling	Points		10/1/23	-					Co	omplete
						1/1/2		-					
						4/1/2							
Dhardard	Deve	ore (DDC)				7/1/24	4 - 9/3	80/24					
-		ers(PPS) : <i>(Sampling</i> P	oint ID)			Monito	rina l	Doriod	Coller	1 tion Peri			per quarter <i>ance Status</i>
_	-	entory of Act	-	Points		10/1/23	_		Collec	lion Pen	iou		mplete
501001		Childry Of All		, , 01113		1/1/2							mpicte
						4/1/24							
						7/1/24							
Water Svs	stem Faci	ility: ENTR	Y POINT (V	VSF ID: 0070	0)			,					
Nitrate A			•		•		_				1 r	outine (F	RT) per year
Samp	ling Point	: (Sampling P	oint ID)			Monito	oring F	Period	Collec	tion Per	iod	Compl	ance Status
ENTR	Y POINT (3	3)				1/1/23	- 12/3	31/23				Co	omplete
						1/1/24	- 12/3	31/24					
						1/1/25	- 12/3	31/25					
			Water Sy	ystem Fac	ility and	Samplin	g Po	oint Ir	nvento	ory			
Water									Total	Lead a	and		
System	-	stem Facility		Sampling Poi					Coliforn				Stage
Facility ID			•	ID	Descripti			Status	Rule	Rule	lier	Asbestos	WQP 2 DBPR
00600	אוצוע	TION SYSTEN						A	Y				
				DOWNSTREA		5 SERVICE C		A					
00700	ENTRY PC	אות		3	ENTRY P			A A					
	WELL			2	WELL			A					
		NEUMATIC TA		Z	VVELL			А					
39270	TUROPI		<u></u>	C	ontact In	formatic	n						
Name												Job Title	
Name Mr. Micha		den			Organizatio Mansfield D		tre Ind	r	Dr	esident		JOD HILE	
Mailing Ad				Mailing Addr			ue m	ι 		City		State	Zip Code
228 Staffor				Audi		,		Ma	ansfield (			CT	06250
Business		Extension	Fax	Ma	bile Phone	Emergen	cy Pho						
860-456						860-42	-				ELDD	RIVEIN.C	DM
		ministrative	Contact, Leg	al Contact, O	wner								
	-(3).			,									

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780234	MANSFIELD DRIVE-IN			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
228 STAFFORD	ROAD	Connections		1			
Towns Served:	MANSFIELD	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.

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

	Connectic Wa					Health nd Com			U			ection		
PWS ID	PWS Name	ter que	incy i	101110	.011115 4							ner Type	Primary	Source
CT0780244	466 STORRS RD						cius	NC		25		P	GV	
	/here applicable)				Service	Residenti	ial	Comme	ercial	Indust	rial	Combine		cultural
466 STORRS ROA		·			Connectio			1						
Towns Served: N														
			Γ	/onit/	oring Re	quiremen	ntc							
Water System	Facility: DIST					quiremen	113	_	-	-	-			
Total Coliform	n (3100)										1 ro	utine (RT	) per qı	uarter
Sampling P	oint (Sampling F	Point ID)				Monitorin	g P	eriod	Colle	ection F	Period	Comp	liance S	itatus
Select from	Inventory of Act	tive Samplin	g Points			10/1/23 - 1	12/3	31/23				(	Complete	e
						1/1/24 - 3	3/31	1/24				(	Complete	e
						4/1/24 - 6	6/30	0/24						
						7/1/24 - 9	9/30	0/24						
<b>Physical Parar</b>	neters (PPS)										1 ro	utine (RT	) per qı	uarter
Sampling P	oint (Sampling F	Point ID)				Monitorin	g P	eriod	Colle	ection P	Period	l Comp	liance S	itatus
Select from	Inventory of Act	tive Samplin	g Points			10/1/23 - 1	12/3	31/23				(	Complete	e
						1/1/24 - 3	3/31	1/24				(	Complete	e
						4/1/24 - 6	-							
						7/1/24 - 9	9/30	0/24						
Water System	Facility: ENTR	Y POINT (	WSF ID:	00700)										
Nitrate And N	itrite (NOX)										1	routine	(RT) pe	r year
Sampling P	oint (Sampling F	Point ID)				Monitorin	g P	eriod	Colle	ection P	Period	l Comp	liance S	itatus
ENTRY POI	NT (3)					1/1/23 - 1	.2/3	1/23				(	Complete	e
						1/1/24 - 1	.2/3	1/24	_			(	Complete	e
						1/1/25 - 1	.2/3	1/25						
			Ot	her C	omplian	ce Schedu	ule	s						
Compliance Sch	edule Activity					D	ue	Date		Ach	ieved	Date		
RESPOND TO SA	NITARY SURVEY					9/	/17/	/2017						
RESPOND TO SA	NITARY SURVEY					7,	/2/2	2022						
		Water S	ystem	Facil	ity and S	ampling I	Poi	int In	vent	ory				
Water									Tota		d and	1		
	er System Facility	/	Samplin	-	Sampling I Description				Colifor		pper	. Achasta		Stage
Facility ID		4						<u>Status</u>	Rule	, KU	le Hel	r Asbesto	s wyp	Z DBPR
00600 DISTF	RIBUTION SYSTEM	/1				ION SYSTEM		A	Y					
						SERVICE CON		A						
00700 ENTR	Y POINT		0PS11	REAM	ENTRY POI	SERVICE CON		A A						
21356 WELL				<u>2</u>	WELL			A						
	-		4			ormation								
Namo												Job Title		
Name Mr. Papiit S. Bla	agon				rganization	ian Restauran	<b>.</b> +		r	Jwpor		Job Title		
Mr. Ranjit S. Bla Mailing Address			Mailing		s Line Two		ιι		Ľ	Owner City		State	Zip C	`ode
48 Cedar Swamp			iviailiig	Auures	S LINE I WU			Stor	rrs	City		CT	2ip C 062	
Business Phon		Fax	, 1	Mobi	ile Phone	Emergency I	Dha			ross			002	.00
	e i cxiension	rdX		ומטועו	ne FIIOIIE	I Emergency I	r 110		an Aud	1622				
860-429-7383								ranj	itsblag	ggen@g	gmail.	com		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780244	466 STORRS RD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
466 STORRS ROAD Connections				1			
Towns Served:	MANSFIELD	·					

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

	Carrow		- 1 - 1	יוו מ	11. 11	D	1 .	TA			
		ut Departme						0		ection	
	Wa	ter Quality M	onit	oring a	nd Com	pl	ianc	e Sch	nedule		
PWS ID	PWS Name	<b>v v</b>		0		Clas	sificati	ion Pop	oulation Ow	ner Type F	rimary Source
СТ0780274	MANSFIELD LIBP	ARY BUCHANAN CEN	ITER				NC		217	L	GW
Local Address (w	here applicable)			Service	Resident	ial	Comm	nercial	Industrial	Combined	Agricultura
54 WARRENVILL	E ROAD			Connectio	ns		1	L			
Towns Served: N	/ANSFIELD										
		N	lonit	oring Re	quiremer	nts					
Water System	Facility: DISTR				•	_					
Total Coliform	• •										per quarter
	oint (Sampling P				Monitorin	-		Collec	ction Perioa		iance Status
Select from	Inventory of Act	ve Sampling Points			10/1/23 -						omplete
					1/1/24 - 1	-	-			Co	omplete
					4/1/24 -	-	-				
	<i>i</i> <b>i</b>				7/1/24 -	9/30	0/24				
Physical Parar	• •										per quarter
	oint (Sampling P				Monitorin	-		Collec	ction Period		iance Status
Select from	Inventory of Act	ive Sampling Points			10/1/23 -						omplete
					1/1/24 - 3	-				C	omplete
					4/1/24 -						
Mator Suctors			0700		7/1/24 - 1	9/30	5/24				
-		Y POINT (WSF ID: 0	0700)								
Nitrate And N	oint (Sampling P	oint (D)			Monitorin		oriod	Collor	د ction Period	-	RT) per year <i>iance Status</i>
ENTRY POIN					Monitorin 1/1/23 - 1	-		Collec	cuon Period		omplete
LINIKI POI	VI (5)				1/1/23 - 1						omplete
					1/1/25 - 1		-				mpiete
		0+1	oor C	omnlian	ce Sched						
Complianco Sch	odulo Activity	01		unpilan			:s Date		Achieved	Data	
Compliance Sche	TION SURVEY REP	ODT					2025		Achieved	Date	
CROSS CONNECT	IION SORVET REP			••							
		Water System	Facil	ity and S	ampling	PO	int Ir		-		
Water	er System Facility	Sampling	Doint	Sampling l	Doint			Total	Lead and	1	Steere
System Wate Facility ID	a system rucinty	Sumpning ID		Description			<b>C 1 1 1 1 1 1 1 1 1 1</b>	Coliforn Rule		r Ashestos	Stage WQP 2 DBP
	RIBUTION SYSTEM	4			ION SYSTEM		<u>Status</u> A	Y		, 15, 2000	
			FRFAM		SERVICE CON	I	A	•			
				BREAK RO			A	Y			
				MENS ROC			A	Ŷ			
					ROOM SINK		A	Ŷ			
		UPSTR			SERVICE CON	l	A	•			
00700 ENTR	Y POINT	3		ENTRY POI			A				
21358 WELL		2		WELL			A				
		_			ormation						
Name				rganization						Job Title	
Mr. Bill J. Trietcl	h			own of Man	sfield			D	eputy Dir. F		
Mailing Address		Mailing		s Line Two					City	State	Zip Code
4 South Eaglevill							Ma	ansfield	,	СТ	06268
Business Phon		Fax	Mobi	ile Phone	Emergency	Pho			ess		
000 400 0000	<b>`</b>	d to help owners and oper			000 004 4				<b>~</b> ~ ~ ~ ~	ality monitori	a reauirements

		2					P-						
PWS ID PV	VS Name				Cla	ssifi	cation	Population	Owner Type	Primary	Sourc		
СТ0780274 М	ANSFIELD LIBRAR	Y BUCHA	NAN CE	NTER				Ν	С	217	L	G۷	N
Local Address (whe	re applicable)				Service	Resid	ential	Со	mmercia	al Industri	ial Combin	ed Agric	cultura
54 WARRENVILLE R	4 WARRENVILLE ROAD Connections 1												
Towns Served: MAN	NSFIELD												
860-429-3322	3	860-487-4	1443			860-23	34-185	4	Irletch	wj@manst	lelact.org		
Contact Role(s): A	dministrative Con	tact			·				·				
Name				Or	ganization						Job Tit	е	
Ms. Maria Capriola				То	wn of Mans	field				Interim To	own Manage	r	
Mailing Address Lin	e One		Mailing	g Address	Line Two					City	State	Zip C	ode
Audrey P. Beck Mu	nicipal Building		4 Soutl	n Eaglevill	e Road				Mansfie	eld	СТ	062	68
<b>Business Phone</b>	Extension	Fax		Mobil	e Phone	Emergen	ncy Pho	one	Email A	ddress	·		
860-429-3336									TownM	ngr@mans	fieldct.org		
Contact Role(s): Le	egal Contact			1									

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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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	Connectic Wa	ut Depa ter Qual							-		ection	
PWS ID	PWS Name	ter quar		UIII	or mg t						vner Type	Primary Source
CT0780334	POUR HOUSE						Clas	NC		25	P	GW
	where applicable)				Service	Residen	tial	Comm		Industrial	Combine	
847 STAFFORD					Connectio		tiai	1		maastriar	combine	Agriculturu
Towns Served: I								1				
Towns Served.			N/	lonita	oring Re	quireme	nts					
Water System	Facility: DISTR	IBUTION SY				-	1103		_			
<b>Total Coliforn</b>	• •											per quarter
	Point (Sampling P					Monitori	_		Collec	tion Period		liance Status
Select fron	n Inventory of Act	ive Sampling	Points			10/1/23 -						omplete
						1/1/24 -		•			C	omplete
						4/1/24 -						
						7/1/24 -	9/30	0/24				
<b>Physical Para</b>										1 ro		per quarter
	Point (Sampling P					Monitori	-		Collec	tion Period	d Comp	liance Status
Select fron	n Inventory of Act	ive Sampling	Points			10/1/23 -						omplete
						1/1/24 -		-			C	omplete
						4/1/24 -		-				
						7/1/24 -	9/30	)/24				
Water System	Facility: ENTR	y point (w	/SF ID: C	0700)								
Nitrate And N										:		RT) per year
Sampling I	Point (Sampling P	oint ID)				Monitori	-		Collec	tion Period	d Comp	liance Status
ENTRY POI	NT (3)					1/1/23 -	12/3	1/23			C	omplete
						1/1/24 -					C	omplete
						1/1/25 -	12/3	1/25				
			Otl	her C	ompliar	nce Sched	lule	S				
Compliance Sch	nedule Activity						Due l	Date		Achieved	d Date	
SAMPLING SITE	PLAN					S	9/25/	2021				
RESPOND TO SA	ANITARY SURVEY					2	2/10/	2022				
		Water Sy	stem	Facili	ity and S	Sampling	Poi	int In	vento	ory		
Water									Total	Lead an	d	
	er System Facility	9	Sampling	y Point	Sampling				Coliform			Stage
Facility ID			ID	)	Descriptio	on	5	Status	Rule	Rule Tie	r Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBU	TION SYSTEM	I	А	Y			
		I				SERVICE CON		А				
			UPSTR	EAM	WITHIN 5	SERVICE CON	N	А				
00700 ENTF	RY POINT		3		ENTRY PO	INT		А				
21364 WEL	L		2		WELL			Α				
				Con	tact Inf	ormation						
Name				01	rganization						Job Title	
Ms. Kerry John				Lu	icile John T	rust			Co	o-Trustee		
Mailing Address	s Line One		Mailing	Address	s Line Two				(	City	State	Zip Code
855 Stafford Rd								Sto	rrs		СТ	06268
Business Phor	ne Extension	Fax		Mobi	le Phone	Emergency	Pho	ne Em	ail Addre	ess		
860-429-262	2			860-9	33-2821			ker	ryjohn@	charter.ne	et	
Contact Role(s):	Administrative	Contact, Lega	al Conta	ct, Own	ner							

PWS ID	PWS Name				Classificatio	n P	opulation	Owner Type	Prir	mary Source
СТ0780334	POUR HOUSE				NC		25	Р		GW
Local Address (v	vhere applicable)	Si	ervice	Residen	tial Comme	rcial	l Industri	al Combin	ed	Agricultural
847 STAFFORD I	ROAD	C	onnections	1	1					
Towns Served:	MANSFIELD	·			·			·		

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

C	onnecticut Dep	artmen	t of Pub	lic F	lealth	Drin	nking	Water	r Se	ction	
	Water Qua						0			ction	
PWS ID PV	Vater Qua VS Name	anty M		5 an		A				er Type P	rimary Source
	IOMPSONS GENERAL STO	DRE				N		25		P	GW
Local Address (whe			Service	e	Resident		mmercial		rial	Combined	
54 MIDDLE TURNPI			Conne				1				
Towns Served: MA											
		Mo	onitoring	Requ	uiremer	nts					
Water System Fac	cility: DISTRIBUTION	SYSTEM (V	VSF ID: 0060	00)							
Total Coliform (	3100)								1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling Point ID)				Monitorin	g Perio	od Col	llection Pe			iance Status
Select from Inv	ventory of Active Samplin	ng Points			10/1/23 - 2	12/31/	23			Cc	omplete
					1/1/24 - 3	3/31/2	4			Cc	omplete
					4/1/24 - 6	6/30/2	4				
					7/1/24 - 9	9/30/2	4				
<b>Physical Parame</b>	ters (PPS)								1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling Point ID)				Monitorin	g Perio	od Col	llection Pe	eriod	Compl	iance Status
Select from Inv	ventory of Active Samplin	ig Points			10/1/23 - 2						omplete
					1/1/24 - 3					Cc	omplete
					4/1/24 - 6						
					7/1/24 - 9	9/30/2	4				
	cility: ENTRY POINT (	WSF ID: 00	700)								
Nitrate And Nitri	• •									-	RT) per year
	t (Sampling Point ID)				Monitorin	-		llection Pe	eriod		iance Status
ENTRY POINT	(3)				1/1/23 - 1						omplete
					1/1/24 - 1					Cc	omplete
	Mator (	System E	acility an	4 6 2	1/1/25 - 1			tory			
144.4	vvalers	бузтеш г	acility an	u Sal	mpiing	POIN		-			
Water System Water S	ystem Facility	Samplina I	Point Sampli	ina Poi	int		Tot Colife	al Lead orm Cop	d and		Stage
Facility ID	ystern ruenity	ID	Descrip			Sta				Asbestos	WQP 2 DBPR
	JTION SYSTEM	4	DISTRI	Βυτιοι	N SYSTEM	A					
		DOWNSTR	EAM WITHI			A	4				
		UPSTRE/	AM WITHI	N 5 SEF	RVICE CON	A	4				
00700 ENTRY P	OINT	3	ENTRY	POINT	-	A	4				
60711 WELL 1		2	WELL 1	L		A	4				
			Contact I	nfor	mation						
Name			Organizat	ion						Job Title	
Mr. George M. Tho	mpson III		G. Merritt	t Thom	pson & So	ns		Presiden	t		
Mailing Address Lin	e One	Mailing Ac	dress Line T	NO				City		State	Zip Code
54 Middle Turnpike							Mansfie	ld Depot		СТ	06251
Business Phone	Extension Fa:	x	Mobile Phon	e E	mergency	Phone	Email Ad	ldress		·	
860-429-9377	860-429	9-9378			860-208-7	'116	custome	rservice@	gmth	ompsonar	ndsons.com
Contact Role(s): A	dministrative Contact, Le	egal Contact	, Owner								

	· · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780354	THOMPSONS GENERAL STORE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerci	al Industria	al Combine	ed Agricultural
54 MIDDLE TUR	NPIKE	Connections		1			
Towns Served:	MANSFIELD	·		·			

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Connecticut D	epartment of	f Public Health	Drinki	ing Wa	ater Se	ction	
Water (	Juality Monit	oring and Com	plianc	e Sche	edule		
PWS ID PWS Name							rimary Sourc
CT0780384 2103 STORRS ROAD			NC		25	P	GW
Local Address (where applicable)		Service Resident Connections			dustrial	Combined	Agricultura
2103 STORRS ROAD		connections	1				
Towns Served: MANSFIELD	Monit		•				
Water System Facility: DISTRIBUTI		oring Requireme	115				
Water System Facility: DISTRIBUTIC Total Coliform (3100)		D. 00000)			1 roi	itine (RT)	per quarter
Sampling Point (Sampling Point ID)	)	Monitorii	na Period	Collect	ion Period		iance Status
Select from Inventory of Active Sam		10/1/23 -	-	concert		compi	
		1/1/24 -				Cc	mplete
		4/1/24 -					mpiete
		7/1/24 -					
Physical Parameters (PPS)			-,,		1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID	)	Monitorii	ng Period	Collect	ion Period		iance Status
Select from Inventory of Active Sam	npling Points	10/1/23 -	12/31/23				
		1/1/24 -	3/31/24			Co	omplete
		4/1/24 -	6/30/24				
		7/1/24 -	9/30/24				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (F	RT) per yeai
Sampling Point (Sampling Point ID,	)	Monitorii	ng Period	Collect	ion Period	Compl	iance Status
ENTRY POINT (3)		1/1/23 - 1	12/31/23			Co	omplete
		1/1/24 - 2	12/31/24			Co	omplete
		1/1/25 - 2	12/31/25				
Water System Facility: WELL (WSF	ID: 21368)						
E. Coli (3014)							per quarter
Sampling Point (Sampling Point ID)	)	Monitorii	-	Collect	ion Period	Compl	iance Status
WELL (2)		10/1/23 -					
		1/1/24 -				Сс	omplete
		4/1/24 -					
14/54	or Custom Facili	- 7/1/24					
	er system racii	ity and Sampling	Point II		-		
Water System Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID	ID	Description	Status	Rule		Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		WITHIN 5 SERVICE CON					
	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	А				
21368 WELL	2	WELL	A				
57200 TREATMENT PLANT							
	Con	tact Information					
Name		rganization				Job Title	
Mr. Jeff McCullough		lobal Partners, Lp		Env	. Project N		
Mailing Address Line One	Mailing Addres				ty	State	Zip Code
P O Rox 549290 NOTE: This information has been provided to help Any inaccuracies contained herein will not relieve	800 South Stree	et_Suite 500 public water systems maintai	n compliance			-	02453

Schedule Generation Date: 4/3/2024

			<u></u>			P				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0780384	2103 STORRS RC	DAD					NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial C	ommerci	al Industr	ial Combin	ed Agricultural
2103 STORRS RO	AD			Connectio	ons		1			
Towns Served: N	1ANSFIELD							,		·
1.0.000345250	1		000 30011 31	icet, suite so	0		warene		19173	02-55
Business Phone	e Extension	Fax	Mo	bile Phone	Emergend	y Phon	e Email A	Address		
781-250-7369							jeff.mc	cullough@g	globalp.com	
Contact Role(s):	Legal Contact									
Name				Organization					Job Titl	e
Mr. Jack Cerra				Atlas Technic	al Consulta	nts		Sr Enviro	nmental Tec	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
290 Roberts Stre	et		Suite 301				East Ha	artford	СТ	06108
Business Phone	e Extension	Fax	Mo	obile Phone	Emergend	y Phon	e Email A	Address	i	
860-614-1983							jack.ce	rra@gmail.	com	
Contact Role(s):	Administrative	Contact	I							

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Connecticut Depa	rtment of	f Public	Health	Dri	nkin	g Wa	ater	Secti	on	
Water Qua						0				
PWS ID PWS Name		.ormg u		*	ification				vpe P	rimary Source
CT0780434 MANSFIELD MARKETPLACE					NC		25	Р	71	GW
Local Address (where applicable)		Service	Resident	ial Co	ommer	cial In	ndustria	l Com	bined	Agricultural
228 STAFFORD ROAD		Connectio			1					
Towns Served: MANSFIELD										
	Monit	oring Re	quireme	nts						
Water System Facility: DISTRIBUTION S			•						_	
Total Coliform (3100)							1	routine	(RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorir	ng Per	riod	Collect	ion Peri	iod (	Compli	ance Status
Select from Inventory of Active Sampling	Points		10/1/23 -	12/31	L/23				Сс	mplete
			1/1/24 -	3/31/	24					
			4/1/24 -	6/30/	24					
			7/1/24 -	9/30/	24					
Physical Parameters (PPS)							1	routine	(RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorir	ng Per	riod	Collect	ion Peri	iod (	Compli	ance Status
Select from Inventory of Active Sampling	Points		10/1/23 -	12/31	L/23				Co	mplete
			1/1/24 -	3/31/	24					
			4/1/24 -	6/30/	24					
			7/1/24 -	9/30/	24					
Water System Facility: ENTRY POINT (V	/SF ID: 00700)									
Nitrate And Nitrite (NOX)								1 rout	ine (F	T) per year
Sampling Point (Sampling Point ID)			Monitorir	ng Per	riod	Collect	ion Peri		-	ance Status
ENTRY POINT (3)			1/1/23 - 1	12/31/	/23				Co	mplete
			1/1/24 - 1	12/31/	/24					
			1/1/25 - 2	12/31/	/25					
Water S	stem Facil	ity and S	ampling	Poin	nt Inv	ento	ry			
Water						Total	Lead a	Ind		
	Sampling Point	Sampling F	Point		Сс	oliform				Stage
Facility ID	ID	Description	า	St	atus	Rule	Rule T	Tier Asb	estos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM		А	Y				
	DOWNSTREAM	WITHIN 5 S	SERVICE CON		А					
	UPSTREAM	WITHIN 5 S	SERVICE CON		А					
00700 ENTRY POINT	3	ENTRY POI	NT		А					
22951 WELL #1	2	WELL			А					
	Cor	ntact Info	ormation							
Name	0	rganization						Job	Title	
Mr. Michael R. Jungden	N	lansfield Driv	ve In Theatre	Inc		Pre	sident			
Mailing Address Line One	Mailing Addres	s Line Two				Ci	ity	St	ate	Zip Code
228 Stafford Rd					Mans	sfield Ce	enter	(	T	06250
Business Phone Extension Fax	Mob	ile Phone	Emergency	Phone	e Emai	Addres	SS			
860-456-2578			860-428-6	5346	MICH	IAEL@N	MANSFIE	ELDDRIV	EIN.CO	DM
Contact Role(s): Administrative Contact, Leg	al Contact, Ow	ner								

	· · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780434	MANSFIELD MARKETPLACE			NC	25	Р	GW
Local Address (w	/here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
228 STAFFORD F	ROAD	Connections		1			
Towns Served: N	//ANSFIELD				·		

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Connecticut Departm	nent o	f Public	Health I	Drinki	i <mark>ng W</mark>	Vater S	Section	
Water Quality	Moni	toring a	nd Comp	olianc	e Sch	edule		
PWS ID PWS Name			C	lassificati	ion Pop	ulation O	wner Type	Primary Sourc
CT0780464 603 MIDDLE TURNPIKE - MANSFIE	LD			NC		25	Р	GW
Local Address (where applicable)		Service	Residentia	al Comm	nercial	Industrial	Combined	d Agricultura
603 MIDDLE TURNPIKE (ROUTE 44)		Connectio	ns	3	8			
Towns Served: MANSFIELD								
			quirement	ts				
Water System Facility: DISTRIBUTION SYSTE	M (WSF	ID: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Collec	tion Perio		liance Status
Select from Inventory of Active Sampling Point	ts		10/1/23 - 1					omplete
			1/1/24 - 3,				C	omplete
			4/1/24 - 6,					
			7/1/24 - 9,	/30/24				_
Physical Parameters (PPS)				Deviad	Callar		• •	per quarter
Sampling Point (Sampling Point ID)	•-		Monitoring		Collec	tion Perio		liance Status
Select from Inventory of Active Sampling Point	lS		10/1/23 - 1					omplete
			1/1/24 - 3, 4/1/24 - 6,				Ľ	omplete
			7/1/24 - 9/					
Water System Facility: ENTRY POINT (WSF II	D: 00700	)	77 1/24 5/	, 30, 24				
Nitrate And Nitrite (NOX)		1					1 routine (	RT) per yea
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	-	liance Status
ENTRY POINT (3)			1/1/23 - 12					
			1/1/24 - 12				C	omplete
			1/1/25 - 12	2/31/25				
Pu	blic No	tification	Requiren	nents				
		Compliance	Notice	Publ	ic Notifi	cation	PN Ce	rtification
Violation/Situation		Period	Tier	Requi		erformed	Due to DPI	
Nitrate And Nitrite M&R Violation		/23 - 12/31/2		3/1/20			3/11/2025	
Water Syste	m Faci	lity and S	ampling P	oint Ir	vento	ory		
Water	line Doini	t Sampling I	Doint		Total	Lead ar		<b>C</b> 1
System Water System Facility Samp Facility ID	ID	Description			Coliforn Rule			Stage 5 WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	-	ION SYSTEM	<u>Status</u> A	Y			
	-		SERVICE CON	A	•			
	STREAM		SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POI		A				
23034 WELL #1	2	WELL #1		A				
57196 TREATMENT PLANT		=						
	Co	ntact Info	ormation					
Name							Job Title	
nume		Organization					300 1106	
S&P Properties LLC						City	State	Zip Code
-	ing Addre	ss Line Two						
	ing Addre	ss Line Two		An	dover	/	СТ	
	_	ss Line Two bile Phone	Emergency P		dover	-		06232
Mailing Address Line OneMailiP. O. Box 85	_		Emergency P	hone Em	dover nail Addr	-	СТ	

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

		· · · · · · · · · · · · · · · · · · ·		0						
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0780464	603 MIDDLE TUI	RNPIKE - MA	NSFIELD				NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial (	Commerci	ial Industri	al Combin	ed Agricultural
603 MIDDLE TUR	NPIKE (ROUTE 4	4)		Connecti	ons		3			
Towns Served: N	IANSFIELD			·	·	·		·	·	
Contact Role(s):	Owner									
Name				Organization	۱				Job Titl	e
Mr. Daniel J. Sau	nders			S&P Propert	ies, LLC			Manager		
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
P.O. Box 85							Andov	er	СТ	06232
Business Phone	e Extension	Fax	M	obile Phone	Emergenc	y Phor	e Email /	Address	÷	
860-377-1362							dansaı	un@sbcglob	al.net	
Contact Role(s):	Administrative	Contact, Leg	al Contact		·					
Please note the	following:									
<ol> <li>The supervisit start of</li> </ol>		and a second de			and a state of a state of a					

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.

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

Connecticut Depart	ment of	Public	Health D	Drin	king V	Vater S	Section	
Water Qualit	y Monit	oring a	nd Comp	oliar	nce Sc	hedule	ļ	
PWS ID PWS Name			C			-	wner Type	Primary Source
CT0780554 BICENTENNIAL PARK				NC		25	L	GW
Local Address (where applicable)		Service Connectio	Residentia	I Con	nmercial	Industrial	Combined	d Agricultural
230 CLOVER MILL ROAD		Connectio	IIS		1			
Towns Served: MANSFIELD	Monite	oring Bo	quirement	te				
Water System Facility: DISTRIBUTION SYST		•	quirement	15			_	
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	d Colle	ection Perio		liance Status
Select from Inventory of Active Sampling Po	oints		10/1/23 - 12	2/31/2	3		C	omplete
			4/1/24 - 6/	/30/24	Ļ			
			7/1/24 - 9/	/30/24	ļ			
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring			e <mark>ction Per</mark> io	od Comp	liance Status
Select from Inventory of Active Sampling Po	ints		10/1/23 - 12			0/1-10/31	C	omplete
			4/1/24 - 6/					
			7/1/24 - 9/	/30/24	•			
Water System Facility: ENTRY POINT (WSF	ID: 00700)						-	
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling Point ID)			Monitoring			ection Perio		liance Status
ENTRY POINT (3)			1/1/23 - 12			4/1-10/31	C	omplete
			1/1/24 - 12			4/1-10/31		
	Othor C	omolion	1/1/25 - 12		5 2	4/1-10/31		
Compliance Schodule Activity	Other Co	ompiian	ce Schedu	ies le Date	-	Achieve	d Data	
Compliance Schedule Activity SEASONAL START UP COMPLETION				5/202		Achieve	a Date	
CROSS CONNECTION SURVEY REPORT				1/2025				
	tom Eacili	ty and S	-			on		
Water Syst	lem racin	ty and S	amping P	υπι		-	1	
Water System Water System Facility Sar	mpling Point	Samplina k	Point		Tota Colifoi			Stage
Facility ID	ID	Description		Stat	0.1			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	<u> </u>	Y			
	BICENT001	MENS ROC		A	Ŷ			
E	BICENT002	WOMENS	ROOM	А	Y			
E	BICENT003	PUMP ROC	OM TAP	А	Y			
DC	WNSTREAM	WITHIN 5 S	SERVICE CON	А				
	JPSTREAM	WITHIN 5 S	SERVICE CON	А				
00700 ENTRY POINT	3	ENTRY POI	NT	Р				
47904 WELL #1	2	WELL #1		Р				
	Con	tact Info	ormation					
Name		ganization					Job Title	
Mr. Bill J. Trietch		wn of Mans	sfield	T	[	Deputy Dir.		
	ailing Address	s Line Two				City	State	Zip Code
4 South Eagleville Road			_		Mansfield		CT	06268
Business Phone         Extension         Fax           860-429-3322         860-487-444		le Phone	Emergency Pl 860-234-18			lress I@mansfiel	dct org	
000-407-444			000-234-10		inetenvy.		uct.01g	

	mat	<u> </u>	mey mon			npm		Jonoaa	Ŭ	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
СТ0780554	BICENTENNIAL P	ARK					NC	25	L	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultur
230 CLOVER MILI	ROAD			Connectio	ons		1			
Towns Served: M	ANSFIELD				·	·			·	
Contact Role(s):	Administrative C	Contact, Ow	/ner							
Name				Organization					Job Titl	e
Ms. Maria Caprio	ola			Town of Man	nsfield			Interim To	own Manage	r
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
Audrey P. Beck N	1unicipal Building		4 South Eagle	eville Road			Mansfi	eld	СТ	06268
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phon	e Email A	ddress	·	
860-429-3336							TownN	1ngr@mans	fieldct.org	
Contact Role(s):	Legal Contact									
Please note the f	ollowing:									
1 The residual di	sinfectant concent	ation must h	ne measured at	the same locat	ion and time	as each	total colif	orm sample		

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.

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.

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

Connecticut De	*				U		ection	
Water Q	uality Monit	oring and	Comp	olianc	e Sch	edule		
PWS ID PWS Name			C	lassificati	ion Popu	lation Ow	ner Type Pr	imary Source
CT0787024 LIONS PARK				NC	2	25	L	GW
Local Address (where applicable)		Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agricultural
PARK ROAD		Connections		1	-			
Towns Served: MANSFIELD								
	Monito	oring Requi	remen	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 ro		per quarter
Sampling Point (Sampling Point ID)		٨	<b>Aonitoring</b>	y Period	Collect	ion Period	Complie	ance Status
Select from Inventory of Active Sam	oling Points	10	0/1/23 - 1	2/31/23			Co	mplete
		:	1/1/24 - 3	/31/24				
			4/1/24 - 6					
			7/1/24 - 9	/30/24				
Physical Parameters (PPS)						1 ro	utine (RT) p	per quarter
Sampling Point (Sampling Point ID)		٨	<b>Aonitoring</b>	Period	Collect	ion Period	Complie	ance Status
Select from Inventory of Active Sam	oling Points	1	0/1/23 - 1	2/31/23			Co	mplete
		:	1/1/24 - 3	/31/24				
			4/1/24 - 6	/30/24				
			7/1/24 - 9	/30/24				
Water System Facility: ENTRY POIN	r (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							-	T) per year
Sampling Point (Sampling Point ID)			<i>Aonitoring</i>		Collect	ion Period		ance Status
ENTRY POINT (3)			./1/23 - 12				Co	mplete
			./1/24 - 12	-				
		1	./1/25 - 12	2/31/25				
	Other Co	ompliance	Schedu	les				
Compliance Schedule Activity			Du	ie Date		Achieved	Date	
CROSS CONNECTION SURVEY REPORT			3/	1/2029				
Wate	r System Facili	itv and Sam	pling P	oint Ir	vento	rv		
Water			<b>1</b>		Total	Lead and	1	
System Water System Facility	Sampling Point	Sampling Point	t		Coliform			Stage
Facility ID	ID	Description		Status	Rule		Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		А	Y			
	DOWNSTREAM	WITHIN 5 SERV	ICE CON	А				
	LION001	TRANSFER STN	BTHRM	А	Y			
	LION002	KITCHEN PAN S	SINK	А	Y			
	LION003	KITCHEN HAND	SINK	А	Y			
	LION004	CLOSET SINK		А	Y			
	LION005	BATHROOM 1	SINK	А	Y			
	LION006	BATHROOM 2	SINK	А	Y			
		WITHIN 5 SERV		А				
	UPSTREAM	WITTING 5 SERV						
00700 ENTRY POINT	3	ENTRY POINT		A				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source СТ0787024 LIONS PARK NC 25 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections PARK ROAD 1 Towns Served: MANSFIELD **Contact Information** Organization Name Job Title Deputy Dir. Facility Mr. Bill J. Trietch Town of Mansfield Mailing Address Line One Mailing Address Line Two State Zip Code City 06268 4 South Eagleville Road Mansfield CT **Business Phone** Extension **Mobile Phone Emergency Phone** Email Address Fax 860-429-3322 860-487-4443 860-234-1854 TrietchWJ@mansfieldct.org Contact Role(s): Administrative Contact Name Organization Job Title Town of Mansfield Interim Town Manager Ms. Maria Capriola Mailing Address Line One Mailing Address Line Two City State Zip Code Audrey P. Beck Municipal Building 4 South Eagleville Road Mansfield CT 06268 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-429-3336 TownMngr@mansfieldct.org Contact Role(s): Legal Contact

#### Please note the following:

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

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

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

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

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

	Connectic	<b>*</b>						0		ection	
		ter Qual	ity Mo	nitoring a	ind Com						
PWS ID	PWS Name										Primary Sourc
СТ0787084	RED BARN CREA	MERY		-		N			28	P	GW
	/here applicable)			Service Connectio	Residen	tial Co	mme	rcial Ir	ndustrial	Combined	d Agricultura
483 BROWNS RC				Connectio	115		1				
Towns Served: N	ANSFIELD				_						
Motor System				nitoring Re	quireme	nts					
	Facility: DISTR	IBUTION ST	STEIVI (VV	SF ID: 00600)						11 (DT)	
Total Coliform		aint (D)			Monitori	na Davi	ad	Colloct	1 ro ion Period		per quarter
	oint (Sampling P Inventory of Act		Doints		Monitori 10/1/23 -	-		Conect	ion Period		<i>liance Status</i> omplete
Select Irom	Inventory of Act	ive sampling	Points		10/1/23 - 1/1/24 -						omplete
					4/1/24 -					Ľ	ompiete
					7/1/24 -						
<b>Physical Parar</b>	neters (PPS)								1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monitori	ng Perio	od	Collect	ion Period	Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			C	omplete
					1/1/24 -	3/31/2	.4			C	omplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	.4				
Water System	Facility: ENTR	Y POINT (W	SF ID: 007	00)							
Nitrate And N										-	RT) per year
	oint (Sampling P	oint ID)			Monitori	-		Collect	ion Perioa		liance Status
ENTRY POI	NT (3)				1/1/23 -						omplete
					1/1/24 -					C	omplete
					1/1/25 -			_			
		Water Sy	stem Fa	cility and S	ampling	Point	t Inv	<i>iento</i>	ry		
Water	с., <u>с</u> .,							Total	Lead and	1	
System Wate Facility ID	r System Facility	5	ampling Po ID	oint Sampling Descriptio				oliform Rule		r Achasta	Stage WQP 2 DBP
	RIBUTION SYSTEM	1	4		ION SYSTEM	Sta	i <u>tus</u> A	пине	Kule He	ASDESIUS	
	Y POINT	1	3	ENTRY PO			۹ ۹				
60538 WELL			2	WELL 1			٦ ٩				
	· ·						<u> </u>				
Neme			C C	Contact Info	prmation					Lab Titl	
Name				Organization				<u> </u>	Deutueeu	Job Title	
Mr. Bryan Kielba Mailing Address			Mailing Ad	Red Barn Creaters Line Two	amery				Partner ity	State	Zip Code
408 Browns Rd	Line One		Maining Aut				Stori		ity	CT	06268
Business Phon	e Extension	Fax	Ν	1obile Phone	Emergency	Phone	_		ss		00200
860-428-9502		. un							msn.com		
	Administrative	Contact, Lega	al Contact.	Owner	1						
Please note the				-							
	lisinfectant concent	tration must be	e measured a	t the same locati	on and time a	s each to	otal co	oliform sa	ample.		
2. If a Collection	Period is specified,	all water qual	ity samples r	nust be collected	during the spo	ecified p	eriod.				
3 Depending on	results. additional	monitoring ma	w he require	d (i e repeat or c	onfirmation s	amples)	This	schedule	s is subject t	to change a	nd any related

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

	С	onnecticut Dej	<b>•</b>					0			ection			
D14/2 :	1_	Ŭ	ality Monit	oring an	u com									
PWS ID		VS Name				Clas		on Po		n Ow		Primary Source		
СТ078709		NARD HALL					NC		25		L	GW		
Local Addr	ress (whe	re applicable)		Service Connections	Resident	tial	Comm	ercial	Industr	rial	Combine	d Agricultura		
Towns Ser	ved: MAI	NSEIELD		connections			1							
Towns Ser			Monite	oring Requ	ireme	nts								
Water Sv	stem Fa	cility: DISTRIBUTION		<u> </u>			<u></u>							
Total Col		•		1						1 roι	utine (RT)	per quarter		
	-	t (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe			liance Status		
Selec	t from In	ventory of Active Sampl	ing Points		10/1/23 -	12/	31/23				C	omplete		
					1/1/24 -	3/3	1/24				C	omplete		
					4/1/24 -	6/3	0/24							
					7/1/24 -	9/3	0/24							
Physical	Parame	ters (PPS)								1 roι	utine (RT)	per quarter		
Samp	oling Poin	t (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe	eriod	Comp	liance Status		
DISTR	RIBUTION	(4)			10/1/23 -	12/3	31/23				C	omplete		
					1/1/24 -	3/3	1/24				C	omplete		
					4/1/24 -	6/3	0/24							
					7/1/24 -	9/3	0/24							
Water Sy	stem Fac	cility: ENTRY POINT	(WSF ID: 00700)											
Nitrate A	And Nitri	ite (NOX)								1	routine (	RT) per year		
Samp	oling Poin	nt (Sampling Point ID)			Monitori	_		Colle	ection Pe	eriod	Сотр	liance Status		
ENTR	Y POINT	(3)			1/1/23 - 3	12/3	81/23				C	omplete		
					1/1/24 - 1						C	omplete		
					1/1/25 - :	12/3	81/25							
			Other C	ompliance	Sched	ule	es							
Compliand	ce Schedı	ıle Activity			L	Due	Date		Achi	eved	Date			
CROSS CO	NNECTIO	N SURVEY REPORT			3	3/1/2	2029							
		Water	System Facili	ity and Sar	npling	Ро	int In	vent	ory					
Water								Tota		l and	1			
System		ystem Facility	Sampling Point		nt			Colifo		oper		Stage		
Facility ID			ID	Description			<u>Status</u>	Rule	e Rule	e Tier	Asbestos	WQP 2 DBP		
00600	DISTRIB	JTION	4	DISTRIBUTION			A	Y						
			DOWNSTREAM			N	A	Y						
			LENARD01	KITCHEN SINK			A	Y						
			LENARD02	MENS ROOM	-		A	Y						
			LENARD03	WOMENS RO			A	Y						
			LENARD04	MAINT ROOM			A	Y						
			UPSTREAM	5 SERVICE CO		N	A	Y						
00700	ENTRY P	UINT	3	ENTRY POINT			A							
61625	WELL 1		2	WELL 1			A							
				tact Inform	nation									
Name				rganization							Job Title			
Mr. Curt V		2		arks And Recrea	ation			ĺ	Director					
Mailing Ac		e Une	Mailing Address						City		State	Zip Code		
Town of N	riansfield		10 South Eagles				Ma		-Storrs		СТ	06268		
NOTE This in	nformation	has been provided to help ov	where and operators of	nuhlic water syste	ms maintai	in con	nnliance	with dri	nkina wat	er aua	lity monitori	na requirements		

	i i ci	ter Zun	110y 1-1	Unit			uom,	P		Jonedaa	· ·			
PWS ID	PWS Name						(	Classification		Population	Owner Typ	e Pi	rimary Source	
СТ0787094	LENARD HALL				N		NC 25		L		GW			
Local Address (w	here applicable)				Service	Re	esidenti	al Co	ommerci	al Industri	al Combined		d Agricultura	
					Connectio			1						
Towns Served: N	IANSFIELD				4						1		1	
Business Phone Extension Fax IVIC					e Phone	Emer	gency F	none	e Email A	Email Address				
860-429-3015	860-429-3015 6109 860-429-977							VincenteCA@MAN			SFIELDCT.O			
Contact Role(s):	Legal Contact,	Owner							1					
Name	1			Or	Organization Job Title									
Mr. Jay O'keefe				Ра	rks And Re	ecreatio	n-Man	sfield						
Mailing Address	Line One		Mailing A	Address	ess Line Two				City	State	ē	Zip Code		
10 South Eaglevi	lle Road								Mansfi	eld-Storrs	СТ		06268	
Business Phon	e Extension	Fax		Mobil	Mobile Phone		gency F	Phone	e Email Address					
									okeefe	okeefejm@mansfieldct.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.

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	Connectio Wa		rtment of lity Monit				<u> </u>	·		ection	
PWS ID	PWS Name	iter Qua		or mg ar		*				wner Type P	rimary Source
СТ0787124		& WINERY					IC		32	P	GW
Local Addre	ess (where applicable)			Service	Resident	ial Co	ommerci	al Ir	dustrial	Combined	Agricultura
	IELD HOLLOW ROAD,			Connections	S		1				
	ed: MANSFIELD										
			Monite	oring Req	uiremer	nts					
Water Syst	tem Facility: DIST	RIBUTION (N	NSF ID: 00600	)							
Total Coli	form (3100)								1 rc	outine (RT)	per quarter
Sampl	ing Point (Sampling F	Point ID)			Monitorin	g Peri	iod C	ollect	ion Perio	d Compl	iance Status
Select	from Inventory of Act	tive Sampling	Points		10/1/23 - 1	12/31/	/23			Co	omplete
					1/1/24 - 3	3/31/2	24			Co	omplete
					4/1/24 - (						
					7/1/24 - 9	9/30/2	24				
-	Parameters (PPS)									• •	per quarter
	ing Point (Sampling F	-	Deinte		Monitorin	-		ollect	ion Perio		iance Status
Select	from Inventory of Act	tive Sampling	Points		10/1/23 - 1 1/1/24 - 1						omplete
					4/1/24 - 0					C	omplete
					7/1/24 - 9						
Mator Syst	tem Facility: ENTR		/SE ID: 00700)		//1/24 -	5/ 50/ 2					
	nd Nitrite (NOX)		151 12:007007							1 routine (I	RT) per year
	ing Point (Sampling F	Point ID)			Monitorin	a Peri	iod C	ollect	ion Perio	-	iance Status
	' POINT (3)	•				-					
					1/1/23 - 1	2/31/	23			Co	mplete
					1/1/23 - 1 1/1/24 - 1						omplete omplete
					1/1/23 - 1 1/1/24 - 1 1/1/25 - 1	2/31/	24				omplete omplete
		Water Sy	/stem Facili	ity and Sa	1/1/24 - 1 1/1/25 - 1	2/31/ 2/31/	24 25	nto	ſV		-
Water		Water Sy	/stem Facili	ity and Sa	1/1/24 - 1 1/1/25 - 1	2/31/ 2/31/	24 25 <b>t Inve</b>	nto otal	۲ <b>у</b> Lead an	Cc	-
Water	Water System Facility	-	<b>/stem Facili</b> Sampling Point	-	1/1/24 - 1 1/1/25 - 1 Impling	2/31/ 2/31/	24 25 t Inve		-	Cc	omplete
Water		-		-	1/1/24 - 1 1/1/25 - 1 Impling	2/31/ 2/31/ Poin	24 25 <b>t Inve</b> <i>To</i> <i>Col</i>	otal	Lead an Copper	Cc	omplete Stage
Water System L Facility ID		-	Sampling Point	Sampling Po	1/1/24 - 1 1/1/25 - 1 Impling	2/31/ 2/31/ Poin	24 25 t Inve Col	otal iform	Lead an Copper	Cc	omplete Stage
Water System L Facility ID	Water System Facility	, 5	Sampling Point ID	Sampling Po Description	1/1/24 - 1 1/1/25 - 1 Impling Dint	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i>	otal iform	Lead an Copper	Cc	omplete Stage
Water System K Facility ID	Water System Facility	, 5	Sampling Point ID 4	Sampling Po Description	1/1/24 - 1 1/1/25 - 1 1/1/25 - 1 1 1/1/25 - 1 1 1/1/25 - 1 1 1/1/24 - 1 1/1/24 - 1 1/1/24 - 1 1/1/24 - 1 1/1/24 - 1 1/1/25 - 1 1 1/1/25 - 1 1/1/25 -	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>atus</i>	otal iform Rule	Lead an Copper	Cc	omplete Stage
Water System V Facility ID 00600 I	Water System Facility	, 5	Sampling Point ID 4 DOWNSTREAM	Sampling Po Description DISTRIBUTIC 5 SERVICE C	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A	otal iform Rule Y	Lead an Copper	Cc	omplete Stage
Water System K Facility ID 00600 [ 00700 E	Water System Facility	, 5	Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A	otal iform Rule Y	Lead an Copper	Cc	-
Water System L Facility ID 00600 L 00700 E 62755 L	Water System Facility DISTRIBUTION ENTRY POINT	, 5	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	otal iform Rule Y	Lead an Copper	Cc	omplete Stage
Water System L Facility ID 00600 L 00700 E 62755 L	Water System Facility DISTRIBUTION ENTRY POINT WELL #1	, 5	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	otal iform Rule Y	Lead an Copper	Cc	omplete Stage
Water System L Facility ID 00600 L 00700 E 62755 L	Water System Facility DISTRIBUTION ENTRY POINT WELL #1	, 5	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN WELL #1	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	otal iform Rule Y	Lead an Copper	Cc	omplete Stage
Water           System         K           Facility ID         00600         E           00700         E         62755         X           62759         S         S           Name         S         S         S	Water System Facility DISTRIBUTION ENTRY POINT WELL #1	, 5	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 Con	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN WELL #1	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	otal iform Rule Y	Lead an Copper	d er Asbestos	omplete Stage
Water System I Facility ID 00600 I 00700 E 62755 V 62759 S Name Mr. Salvato	Water System Facility DISTRIBUTION ENTRY POINT WELL #1 STORAGE	,	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 Con	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN WELL #1 Natact Information rganization mnj, LLC	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	Y Y	Lead an Copper	d er Asbestos	omplete Stage
Water System K Facility ID 00600 E 62755 X 62759 S Name Mr. Salvato	Water System Facility DISTRIBUTION ENTRY POINT WELL #1 STORAGE ore (Sam) Shifrin dress Line One	,	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 Con Sr	Sampling Po Description DISTRIBUTIC 5 SERVICE CO 5 SERVICE CO ENTRY POIN WELL #1 Natact Information rganization mnj, LLC	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>To</i> <i>Col</i> <i>A</i> A A A A A A	Y Y Y C	Lead an Copper Rule Tie	d Job Title	Stage WQP 2 DBP
Water System L Facility ID 00600 E 62755 X 62759 S Name Mr. Salvato Mailing Add	Water System Facility DISTRIBUTION ENTRY POINT WELL #1 STORAGE ore (Sam) Shifrin dress Line One Road	,	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 5r Mailing Address	Sampling Pc Description DISTRIBUTIC 5 SERVICE CC 5 SERVICE CC ENTRY POIN WELL #1 Ntact Information main LLC s Line Two	1/1/24 - 1 1/1/25 - 1 Impling Dint DN SYSTEM ONNECTION ONNECTION T	2/31/ 2/31/ Poin Sta	24 25 <b>t Inve</b> <i>Col.</i> <i>A</i> A A A A A Windh	Y Y Y Ciam	Lead and Copper Rule Tie	d er Asbestos Job Title	Stage WQP 2 DBP

PWS ID	PWS Name	Classificatio	n P	opulation	Owner Type	Pri	mary Source		
СТ0787124	THE KIRBY MILL & WINERY	NC		82	Р		GW		
Local Address (where applicable)		Service	Residen	tial Commerci		Industri	al Combin	ed	Agricultural
114 MANSFIELD HOLLOW ROAD, MANSFIELD		Connections		1					
Towns Served:	MANSFIELD								

### 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