	Connecticut D	anautmant of	Dublia II	[ool+h	Dwi	inlri	na V	Vatan	Co	ation		
	Connecticut Do	epartment of Juality Monit								CUOII		
PWS ID	PWS Name	dancy Monic	oring and	u Com					_	er Type F	rimary Sourc	
CT0861442	LAUREL LOCK CAMPGRO	OLIND - STORE WELL				NC	OII PO	50	OWI	P P	GW	
	s (where applicable)	OOND - STORE WELL	Service	Residen			ercial	Industri	al	Combined		
15 COTTAGE			Connections	34	ciai c	COMMI	Crciai	maastri	ai -	Combined	Agriculture	
	d: MONTVILLE			34								
TOWNS DELVE		Monite	oring Requ	ireme	nts							
Water Syste	em Facility: DISTRIBUTIO	ON SYSTEM (WSF I	<u> </u>									
Total Colifo	orm (3100)							1	rou	tine (RT)	per quarter	
	g Point (Sampling Point ID))	Monitoring Period Colle					ollection Period Compliance				
Select fr	om Inventory of Active Sam	pling Points	10/1/23 - 12/31/23						Co	mplete		
				4/1/24 -	6/30,	/24						
				7/1/24 -	9/30,	/24						
Physical Pa	rameters (PPS)							1	rou	tine (RT)	per quarter	
•	g Point (Sampling Point ID)		Monitoring Period					ction Pe		Compliance Status		
Select fr	om Inventory of Active Sam	pling Points	:	10/1/23 -	12/3	1/23				Co	mplete	
				4/1/24 -	6/30,	/24						
				7/1/24 -	9/30,	/24						
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate And	d Nitrite (NOX)								1 1	outine (RT) per year	
Samplin	g Point (Sampling Point ID))		Monitori	ng Pe	riod	Colle	ction Pe	riod	Compl	iance Status	
ENTRY F	POINT (3)			1/1/23 -	12/31	1/23				Co	omplete	
				1/1/24 -	12/31	1/24						
				1/1/25 -	12/31	1/25						
		Other C	ompliance	Sched	lules	S						
Compliance S	Schedule Activity			L	Due D	ate		Achie	ved L	Date		
SEASONAL ST	TART UP COMPLETION			ī	5/1/20	024						
	Wate	er System Facili	ity and Sar	npling	Poi	nt In	vent	ory				
Water		-	-				Total		and			
System W	ater System Facility	Sampling Point	Sampling Poi	nt			Colifor	т Сор	per		Stage	
Facility ID		ID	Description		S	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBP	
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	J	Α						
00700 EN	ITRY POINT	3	ENTRY POINT			Α						
20046 ST	ORE WELL	2	STORE WELL			Α						
		Con	tact Inforr	nation								
Name		Oı	rganization							Job Title		
Ms. Valerie E	3. Hornat	La	urel Lock Cam	oground			P	artner				
Mailing Addr	ess Line One	Mailing Address	s Line Two				,	City		State	Zip Code	
15 Cottage R	oad		Oakdale CT			06370						
				-								

Emergency Phone Email Address

valhornat@gmail.com

860-213-1159

Mobile Phone

Business Phone

860-859-1424

Extension

Contact Role(s): Administrative Contact, Owner

Fax

860-859-1424

(Connectic							_	,				
	Wa	ter Qua	lity Mo	onito	ring ai	nd Con	nplia	ance S	Sched	ule	е		
PWS ID F	WS Name						Classi	fication	Populati	on (Owner Type	Prim	nary Source
CT0861442 L	AUREL LOCK CA	MPGROUNI	O - STORE	WELL			I	NC	50		Р		GW
Local Address (wh	ere applicable)			S	Service Residential		tial C	ommerci	mmercial Indus		Combine	ed A	Agricultural
5 COTTAGE ROAD					Connection	34							
Towns Served: Mo	ONTVILLE					,	'		'		'	,	
Name				Orga	anization						Job Title	е	
Mr. William And	Mary Breda			Laur	el Lock Ca	mpgound			Owner	S			
Mailing Address L	ine One		Mailing A	ddress L	ine Two				City		State	Z	ip Code
15 Cottage Road								Oakda	le		СТ		06370
Business Phone	Extension	Fax		Mobile	Phone	Emergency	/ Phone	e Email /	Address		1		
860-859-1424		860-859-	1424			860-859	-2803						
Contact Role(s):	Legal Contact, C	Owner						'					

Please note the following:

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- 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 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 Do	epartment of	Public H	lealth D	rink	ing V	Vater S	ection	
	Water Q	uality Monit	oring an	d Comp	liand	ce Scl	nedule		
PWS ID	PWS Name	-		Cl	assificat	ion Po	oulation Ov	vner Type Pi	imary Source
CT0868041	ST. THOMAS MORE SCH	OOL-FIELDHOUSE			NC		260	Р	GW
Local Address	(where applicable)		Service	Residential	Comm	nercial	Industrial	Combined	Agricultural
45 COTTAGE I	ROAD		Connections	1					
Towns Served	: MONTVILLE			1	'	'			
		Monito	oring Requ	iirement	S				
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100)						1 ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	d Compli	ance Status
Select fro	om Inventory of Active Sam	pling Points		10/1/23 - 12	/31/23			Со	mplete
				1/1/24 - 3/	31/24			Co	mplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Physical Par	rameters (PPS)						1 ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	d Compli	ance Status
Select fro	om Inventory of Active Sam	pling Points		10/1/23 - 12	/31/23			Co	mplete
				1/1/24 - 3/	31/24			Со	mplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						:	L routine (R	T) per year
Sampling	g Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	d Compli	ance Status
ENTRY P	OINT (3)			1/1/23 - 12,	/31/23			Со	mplete
				1/1/24 - 12/	/31/24			Co	mplete
				1/1/25 - 12,	/31/25				_
		Other Co	ompliance	Schedul	es				
Compliance S	chedule Activity			Due	Date		Achieved	d Date	
CROSS CONNI	ECTION SURVEY REPORT			3/1	/2025				
	Wate	er System Facili	ty and Sar	mpling Po	oint Ir	nvent	ory		
Water						Total		d	
-	ater System Facility	Sampling Point ID	Sampling Poil Description	nt		Colifor			Stage WQP 2 DBPR
Facility ID	STRIBLITION CVCTENA			L CVCTENA	<u>Status</u>		Kule He	ASDESIOS	VVQP 2 DBPK
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
00700 511	TDV DOINT	UPSTREAM	WITHIN 5 SER		A				
	TRY POINT	3	ENTRY POINT		Α .				
1904 WI	ELL #6	2	WELL #6		A				_
			Operator	Informat	ion				
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)						
Facility Classi	fication: DISTRIBUTION SYS	STEM							Certification

Certification(s)

WATER TREATMENT PLANT OPERATOR - CLASS I

Expiration

3/31/2025

Operator Type

ASSIGNED OPERATOR

Operator Name

NIGRO, DAVID

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

CT0868041	ST. THOMAS MORE SCHOOL-FIELDHOUSE		NC	260		Р	GW		
Local Address (w	Service	Residen	itial	Commercia	al Industri	ial	Combine	d Agricultura	
45 COTTAGE RO	AD	Connections	1						

PWS ID

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Sean Hanrahan	1			St Thomas M	lore School					
Mailing Address Line One Mailing Addr				Address Line Two			City	State	Zip Code	
45 Cottage Road						Oakdale		СТ	06370	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-367-4799		860-859-2	2989		860-367-4799	abarber@stmct.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Connecticut Depa	rtment o	f Public H	lealth D	rin	iking V	Wat	er Se	ection	
Water Qua	lity Monit	toring an	d Comp	olia	nce Sc	hed	lule		
PWS ID PWS Name			C	lassifi	cation Po	pulati	ion Ow	ner Type P	rimary Source
CT0860024 CAMP OAKDALE SMALL PAV	ILLION			N	С	50		L	GW
Local Address (where applicable)		Service	Residentia	I Co	mmercial	Indu	strial	Combined	Agricultural
OXOBOXO DAM ROAD		Connections	1						
Towns Served: MONTVILLE				·					
	Monit	oring Requ	iirement	ts					
Water System Facility: DISTRIBUTION S	YSTEM (WSF	ID: 00600)							
Total Coliform (3100)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	od Coll	ection	Period	Compli	iance Status
Select from Inventory of Active Sampling	Points		10/1/23 - 12	2/31/	23			Co	mplete
			4/1/24 - 6/	/30/2	4				
			7/1/24 - 9/	/30/2	4				
Physical Parameters (PPS)							1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring			ection	Period	Compli	ance Status
Select from Inventory of Active Sampling	Points		10/1/23 - 12					Co	mplete
			4/1/24 - 6/	-					
			7/1/24 - 9/	/30/2	4				
Water System Facility: ENTRY POINT (V	VSF ID: 00700)								
Nitrate And Nitrite (NOX)								=	RT) per year
Sampling Point (Sampling Point ID)			Monitoring			ection	Period		ance Status
ENTRY POINT (3)			1/1/23 - 12					Co	mplete
			1/1/24 - 12						
			1/1/25 - 12		25				
	Other C	Compliance	Schedu	les					
Compliance Schedule Activity				e Dat		A	chieved	Date	
SEASONAL START UP COMPLETION			4/2	1/202	24				
Water S ₁	ystem Facil	ity and Sar	mpling P	oint	t Inven	tory			
Water					Tota	ıl Le	ad and		
	Sampling Point		nt		Colifo		Copper		Stage
Facility ID	ID	Description		Sta		e R	ule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		A					
00700 ENTRY POINT	3	ENTRY POINT		P					
21497 WELL	2	WELL		P	١				
	Cor	ntact Infori	mation						
Name	0	rganization						Job Title	
Mr. Donald Bourdeau	N	Iontville Public	Works			Direct	or		
Mailing Address Line One	Mailing Addres	ss Line Two				City		State	Zip Code
310 New London Turnpike					Uncasvill	e		СТ	06382

Emergency Phone Email Address

campoakdale@montville-ct.org

860-848-3974

Mobile Phone

860-625-3409

Business Phone

860-848-7473

Extension

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

Fax

860-848-7393

	Connecticut Department of Public Health Drinking Water Section											
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
СТ0860024	CAMP OAKDALE S	MALL PAV	ILLION			N	IC	50	L	GW		
ocal Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
OXOBOXO DAM	ROAD	Connectio	ns 1									
Towns Served: N	ONTVILLE			·		·		·	·			
Name				Organization				Job Title	9			
Montville												
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		·		
Contact Role(s)	Owner							·		·		

Please note the following:

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

End of schedule

	Connecticut Dan	artment	of Dublic I	Joolth F)rin	lzina	Matan	Soction	n
	Connecticut Dep								
PWS ID	Water Qua	anty Mon	noring an						e Primary Source
CT0860034	THE CHESTERFIELD FIRE CO	MDANY INC		C	iassiiii No		26	L L	GW
		IVIPANT, INC.	Service	Residentia		mmercial			
1606 ROUTE	s (where applicable)		Connections		II COI	1	mustriai	Combi	neu Agriculturai
	d: MONTVILLE		connections			1			
TOWNS Served	u. MONTVILLE	Mon	itoring Requ	uirement	tc				
Water Syste	em Facility: DISTRIBUTION :			an emem	LS				
Total Colifo	,	31312101 (113	1 15. 00000,				1 r	outine (RT) per quarter
	ng Point (Sampling Point ID)			Monitoring	. Perio	nd Col	lection Perio	-	mpliance Status
-	rom Inventory of Active Samplin	g Points		10/1/23 - 1			icetion i circ	ou coi	Complete
Sciectii	on inventory of Active Sumpin	ig i oliits		1/1/24 - 3,					complete
				4/1/24 - 6					
				7/1/24 - 9/	-				
Dhysical Da	rameters (PPS)			771724-37	750/2	<u> </u>	1 r	outine (RT) per quarter
-	ng Point (Sampling Point ID)			Monitoring	. Perio	nd Col	lection Perio	· - ·	mpliance Status
-	rom Inventory of Active Samplin	g Points		10/1/23 - 1			icotion i circ	ou coi	Complete
Sciect II	om miventory of Active Sampin	18 1 0111113		1/1/24 - 3					complete
				4/1/24 - 6,					
				7/1/24 - 9/					
Water Syste	em Facility: ENTRY POINT (WSF ID: 0070	0)	,, _, _ ,	30,2	•			
	d Nitrite (NOX)		•					1 routin	e (RT) per year
	ng Point (Sampling Point ID)			Monitoring	Perio	od Col	lection Perio		mpliance Status
_	POINT (3)			1/1/23 - 12					Complete
	(0)			1/1/24 - 12					
				1/1/25 - 12				<u> </u>	-
		Public N	otification F						
		T GBIIC II	Compliance	Notice	_	ublic Not	ification	DN	<u>Certification</u>
Violation/Sit	ruation		Period	Tier		quired	Performed		
	n M&R Violation	10	/1/10 - 10/31/10			7/2011	renjonneu	5/7/20	
			cility and Sa		-		torv		
Water		,		ı o		Total	•	nd	
	ater System Facility	Sampling Poi	nt Sampling Po	int		Colife			Stage
Facility ID		ID	Description		Stat	ρ			tos WQP 2 DBPF
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А				
		DOWNSTREA	M WITHIN 5 SEI	RVICE CON	А				
		UPSTREAM	WITHIN 5 SEI	RVICE CON	А				
00700 EN	NTRY POINT	3	ENTRY POINT	-	А	L			
21498 W	'ELL	2	WELL		А	L			
		Co	ontact Infor	mation					
Name			Organization					Job Ti	tle
Mr. Steve Ste	ewart		<u> </u>				Chief		
Mailing Addr		Mailing Addr	ess Line Two				City	State	e Zip Code
1606 Route 8						Oakdale	· ·	СТ	06370
									+

Emergency Phone Email Address

Mobile Phone

Business Phone

203-433-0015

Extension

Contact Role(s): Administrative Contact

Fax

(Jonnecticu	rpepa	ii tiiieiit (or r abire	licalti	ווועו	IKIIIg	vvaler	Sectio	11	
	Wate	er Qua	lity Moni	itoring a	and Cor	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classit	ication	Population	Owner Typ	e Pr	imary Source
CT0860034 1	THE CHESTERFIELD	FIRE CON	ΛΡΑΝΥ, INC.			ı	IC	26	L		GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	mmerci	al Industri	al Combi	ned	Agricultural
1606 ROUTE 85				Connection	ons		1				
Towns Served: M	ONTVILLE				,	,					
Name				Organization			Job Title				
Chesterfield Fire	Company Inc										
Mailing Address Line One Mailing Ad				ess Line Two				City	Stat	e	Zip Code
1606 Rte 85							Oakdal	e	СТ		06370
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress			
Contact Role(s):	Owner										
Name				Organization					Job T	tle	
Mr. Timothy S. Sh	nanahan			Chesterfield	Fire Co			President			
Mailing Address L	ine One		Mailing Addre	ess Line Two			City		Stat	е	Zip Code
1606 Rt. 85	25						Oakdale		СТ		06370
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress			
Contact Role(s):	Legal Contact										

Connecticut Department of Dublic Health Drinking Water Section

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End of schedule

Co	onnectic	ut Depa	rtment of	f Public	Health D	rink	ing Wa	ater Se	ction	
	Wat	ter Qual	ity Monit	oring a	nd Comp	liano	ce Sche	edule		
PWS ID PW	/S Name								ner Type F	Primary Source
CT0860084 UN	ICASVILLE DIN	IER				NC	2	5	Р	GW
Local Address (whe	re applicable)			Service	Residentia	Comn	nercial In	dustrial	Combined	l Agricultural
882 ROUTE 32				Connection	ns		1			
Towns Served: MON	NTVILLE									
			Monit	oring Red	quirement	S				
Water System Fac	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)						
Total Coliform (3	3100)							1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Period	Collecti	on Period	Comp	iance Status
Select from Inv	entory of Acti	ve Sampling	Points		10/1/23 - 12	/31/23			C	omplete
	<u> </u>				1/1/24 - 3/	31/24			C	omplete
					4/1/24 - 6/	30/24				
					7/1/24 - 9/	30/24				
Physical Paramet	ers (PPS)					•		1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Period	Collecti	on Period	Comp	iance Status
Select from Inv	entory of Acti	ve Sampling	Points		10/1/23 - 12	/31/23			C	omplete
					1/1/24 - 3/	31/24			C	omplete
					4/1/24 - 6/	30/24				
					7/1/24 - 9/	30/24				
		Water Sv	stem Facil	ity and S	ampling Po	oint lı	nventor	V		
Water					· I 0		Total	Lead and		
	stem Facility	S	ampling Point	Sampling P	Point		Coliform	Copper		Stage
Facility ID			ID	Description	1	Status	D. J.		Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	Α	Υ			
		I	OOWNSTREAM	WITHIN 5 S	SERVICE CON	Α				
			UPSTREAM	WITHIN 5 S	FRVICE CON	Α				
00700 ENTRY P	_									
UU/UU LINIKI P	OINT		3	ENTRY POII		A				
21502 WELL	OINT		3 2	ENTRY POII						
	OINT		2	WELL	NT	Α				
21502 WELL	OINT		2 Con	WELL Itact Info	NT	Α			Job Title	
			2 Con	WELL tact Info	NT	Α	Pres	sident	Job Title	
21502 WELL Name Mr. Edward Jr. Lush	ner		2 Con O	WELL Itact Info Irganization Usher LLC	NT	Α		sident		Zip Code
21502 WELL Name Mr. Edward Jr. Lush Mailing Address Lin	ner e One		2 Con	WELL Itact Info Irganization Usher LLC	NT	A	Cit		State	Zip Code 06382
21502 WELL Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I	ner e One London Turnp		2 Con O Lu Mailing Addres	WELL Itact Info Irganization Isher LLC Is Line Two	ormation	A A	Cit	ty		Zip Code 06382
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone	ner e One	ike	2 Con O Lu Mailing Addres	WELL Itact Info Irganization Usher LLC	NT	A A Urnone En	Cincasville nail Addres	s	State CT	<u> </u>
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone 860-460-1674	ner e One London Turnp Extension	ike Fax	2 Con O Lu Mailing Addres	WELL Itact Info Irganization Isher LLC Is Line Two	ormation	A A Urnone En	Cincasville nail Addres	ty	State CT	<u> </u>
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone	ner e One London Turnp Extension	ike Fax	Con O Lu Mailing Addres	WELL Itact Info Irganization IIISHER LLC IS Line Two IIIE Phone	ormation	A A Urnone En	Cincasville nail Addres	s	State CT	<u> </u>
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone 860-460-1674 Contact Role(s): Le	ner e One London Turnp Extension	ike Fax	Con O Lu Mailing Addres	WELL Itact Info Irganization Isher LLC Is Line Two	ormation	A A Urnone En	Cincasville nail Addres	s	State CT	<u> </u>
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone 860-460-1674 Contact Role(s): Le	ner e One ondon Turnp Extension egal Contact, C	Fax Dwner	Con O Lu Mailing Addres	WELL Itact Info Irganization IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ormation	A A Urnone En	Cincasville nail Addres	s stems.com	State CT	06382
Name Mr. Edward Jr. Lush Mailing Address Lin 884 Norwich- New I Business Phone 860-460-1674 Contact Role(s): Le Name Mr. Kerim Ayvaci	ner e One _ondon Turnp Extension egal Contact, C	Fax Dwner	Con O Lu Mailing Addres Mobi	WELL Itact Info Irganization IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ormation	A A Urnone En	Cincasville nail Addres @lushersy	s stems.com	State CT Job Title	<u> </u>

203-506-8439

860-848-4339

860-848-7932

Contact Role(s): Administrative Contact

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

				0						
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0860084	UNCASVILLE DINER						NC	25	Р	GW
Local Address (v	Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
882 ROUTE 32				Connections			1			

Please note the following:

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

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0860164	MONTVILLE AMERICAN LITTLE LEAGUE				NC	25	Р	GW			
Local Address (v	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural			
570 OLD COLCH	ESTER ROAD	Connections			1						
Towns Served: MONTVILLE											
Monitoring Requirements											

Towns Served: MONTVILLE			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	11/3/2019		
SEASONAL START UP COMPLETION	4/1/2023		
SEASONAL START UP COMPLETION	4/1/2024		

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		age 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								
21509	WELL	2	WELL	Α								

•	Johneene	ut Depa	i tillelit	of I ublic	Health	ווועו	311171	s water i	Section	I	
	Wat	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedule	9		
PWS ID F	PWS Name					Classif	ication	Population (Owner Type	Pri	mary Source
CT0860164	MONTVILLE AM	ERICAN LITTI	LE LEAGUE			N	С	25	Р		GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industria	Combin	ed	Agricultural
570 OLD COLCHES	STER ROAD			Connectio	ns		1				
Towns Served: M	ONTVILLE					,		,	,		
			C	ontact Info	rmation	1					
Name				Organization					Job Tit	le	
American Little Lo	eague Inc										
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State		Zip Code
P. O. Box 199							Oakda	Oakdale CT 06370			
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	Address	·		
Contact Role(s):	Owner										
Name				Organization					Job Tit	le	
Mr. Tom Nowak			I	Montville Am	erican Little	Leag		President			
Mailing Address L			Mailing Add	ress Line Two				City	State	!	Zip Code
100 Cottage Road	l				I		Oakda	le	СТ		06370
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	Address			
860-889-9835							preside	entmontvillell	@gmail.co	m	
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization					Job Tit	le	
Jay Lesniewski				Montville Am	erican Little	Leag		Field Maint	tenance		
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	!	Zip Code
570 Old Colcheste	er Road						Colche	ster	СТ		06382

Connecticut Department of Public Health Drinking Water Section

Please note the following:

Extension

Contact Role(s): Administrative Contact

Business Phone

860-334-2939

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

Mobile Phone

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

Fax

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.

Emergency Phone Email Address

jay@fennadesign.com

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0860214	OUR LADY OF THE LAKES CHURCH				NC	25	Р	GW			
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
752 ROUTE 82 Connections 1											
Towns Served: MONTVILLE											

752 ROUTE 82	Connections	1	
Towns Served: MONTVILLE			
Mon	itoring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)		
Total Coliform (3100)		1 ro	outine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	d Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/2	3	Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 ro	outine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	d Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/2	3	Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 0070	0)		
Nitrate And Nitrite (NOX)		1	1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	d Collection Period	d Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	}	Complete
	1/1/24 - 12/31/24	ļ	Complete
	1/1/25 - 12/31/25	<u></u>	
Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved	d Date
SANITARY DEFECT CORRECTIVE ACTION	10/31/202	1	

	Other Compliance Schedules		
Compliance Schedule Activity	Due D	ate Achieved Do	ite

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21514	WELL	2	WELL	Α								
56849	TREATMENT PLANT											

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Our Lady of The Lal	ke Church Cor)								
Mailing Address Lin	e One		Mailing Add	dress Line Two		City	State	Zip Code		
752 Route 82						Oakdale	СТ	06370		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
860-859-1575		860-859-	3273		860-326-9714	parish.office@ctmetrocast.net				
Contact Role(s): O	wner		"		1	1				

	Connectic	ut Depa	rtment	of Public	c Hea	alth D	rinl	king	Water	Section	1	
	Wat	ter Qua	lity Mo	nitoring a	and (Comp	lian	ice S	chedul	e		
PWS ID F	WS Name					Cla	assifica	ation	Population	Owner Type	Pri	imary Source
СТ0860214	OUR LADY OF TH	IE LAKES CH	URCH				NC		25	Р		GW
Local Address (wh	ere applicable)			Service	Re	esidential	Com	mercia	l Industri	al Combir	ed	Agricultural
752 ROUTE 82				Connection	ons			1				
Towns Served: Mo	ONTVILLE						'			1		
Name				Organization						Job Tit	le	
Reverend Robert	F. Buongirno			Our Lady of T	The Lak	e Church			Reverand			
Mailing Address L	ine One		Mailing Add	dress Line Two					City	State		Zip Code
752 Norwich-Sale	m Tpke						C	Dakdale	9	СТ		06370
Business Phone	Extension	Fax	N	Nobile Phone	Emer	gency Ph	one E	Email A	ddress			
860-859-1575		860-859-	3273		860	0-326-971	14 C	DLL.Oal	kdale@gma	il.com		
Contact Role(s):	Administrative	Contact, Leg	al Contact									

Please note the following:

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

End of schedule

	Сс		*	rtment of lity Monit				•	_			on	
PWS ID	PW	'S Name	Jor Quar	1101110			Classific		_			vpe F	Primary Source
CT0860364		LVARY CHAPE	L OF SE CT (C	CHURCH)			N		2		P	, , , , ,	GW
Local Addr		e applicable)			Service	Resident	ial Cor	mmerc		dustrial	Com	bined	
126 SHARF					Connectio			1					- Breeze and
Towns Serv													
				Monit	oring Re	quiremer	its						
Water Sys	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Col	iform (3	100)								1 r	outine	(RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitorin	g Perio	od (Collecti	on Perio	od (ompl	iance Status
Select	t from Inv	entory of Act	ive Sampling	Points		10/1/23 - 3	12/31/2	23				Co	omplete
						1/1/24 - 3	3/31/24	4				Co	omplete
						4/1/24 - 6	5/30/24	4					
						7/1/24 - 9	9/30/24	4					
Physical	Paramet	ers (PPS)								1 r	outine	(RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitorin	g Perio	od (Collecti	on Perio	od (Compl	iance Status
Select	t from Inv	entory of Act	ive Sampling	Points		10/1/23 - 1	12/31/2	23				Co	omplete
						1/1/24 - 3	3/31/24	4				Co	omplete
						4/1/24 - 6	5/30/24	4					
						7/1/24 - 9	9/30/24	4					
Water Sys	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate A	nd Nitrit	te (NOX)									1 rout	ine (RT) per year
Samp	ling Point	t (Sampling P	oint ID)			Monitorin	g Perio	od (Collecti	on Perio	od (ompl	liance Status
ENTR	Y POINT (3)				1/1/23 - 1	2/31/2	23				Co	omplete
						1/1/24 - 1	2/31/2	24				Co	omplete
						1/1/25 - 1	2/31/2	25					
			Water Sy	stem Facil	ity and S	ampling I	Point	Inve	entor	У			
Water									Total	Lead a			
-	_	stem Facility		Sampling Point ID					liform	Coppe			Stage
Facility ID		TION (W)			Description		Stat	tus	Rule	Kule I	ier Asb	estos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4		ION SYSTEM	A		Υ				
				DOWNSTREAM			A						
00700	ENITEN/ DO	NAT.		UPSTREAM		SERVICE CON	A						
	ENTRY PO	ו אווע		3	ENTRY POI	IN I	A						
21526	WELL			2	WELL		A	١					
						ormation							
Name					rganization							Title	
Mr. Joe Pa					alvary Chape	el of Sect				d Pastor			
Mailing Ad		e One		Mailing Addres	s Line Two				Cit	ty		ate	Zip Code
126 Sharp								Uncas			(T	06382
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addres	SS			

chapelstaff@gmail.com

860-848-2899

Contact Role(s): Administrative Contact, Legal Contact

860-848-7400

DIAIC Name	Cl:f:+:	- 1							
Water Quality Monitoring and Compliance Schedule									
Connecticut Department of Public Health Drinking Water Section									

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0860364	CALVARY CHAPEL OF	SE CT (CHURCH)		NC	25	Р	GW
Local Address (w	Service	Resident	tial Commerc	ial Industri	al Combine	ed Agricultural		
126 SHARPS HIL	Connections		1					
Towns Served: N								

Please note the following:

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

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

End of schedule

	Connectio		artment o lity Moni							
		itei Qua	IILY MOIII	toring a	iiu Coii	<u> </u>				T
PWS ID	PWS Name							-		Primary Source
СТ0860394	MONTVILLE PO	LISH AMERIC	AN CITIZENS CI	.UB		N	C	25	Р	GW
Local Address	(where applicable)			Service	Residen	tial Co	mmercial	Industria	l Combin	ed Agricultural
85 MAPLE AV	ENUE			Connectio	ns		1			
Towns Served	: MONTVILLE									
			Monit	oring Re	quireme	nts				
-	m Facility: DISTI	RIBUTION S	YSTEM (WSF	ID: 00600)						
Total Colifo	rm (3100)							1	routine (R	Γ) per quarter
Samplin	g Point (Sampling I	Point ID)			Monitori	ng Perio	od Col	lection Peri	od Com	pliance Status
Select fr	om Inventory of Ac	tive Sampling	g Points		10/1/23 -	12/31/	'23			Complete
					1/1/24 -	3/31/2	4			Complete
					4/1/24 -	6/30/2	4			
					7/1/24 -	9/30/2	4			
Physical Pa	rameters (PPS)							1	routine (R	Γ) per quarter
-	g Point (Sampling I	Point ID)			Monitori	na Peri	od Col	lection Peri	-	pliance Status
-	om Inventory of Ac		Points		10/1/23 -					Complete
			,		1/1/24 -					Complete
					4/1/24 -					complete
					7/1/24 -					
Mator Systo	m Facility: ENTR	V DOINT /\	WSE ID: 00700	١	7/1/27	3/30/2				
-	•	AT POINT (V	V3F ID: 00700)					4	(07)
	Nitrite (NOX)									(RT) per year
	g Point (Sampling I	Point ID)			Monitori			lection Peri		pliance Status
ENTRY P	OINT (3)				1/1/23 -					Complete
					1/1/24 -					Complete
					1/1/25 -	12/31/2	25			
			Other 0	Complian	ce Sched	ules				
Compliance S	Schedule Activity					Due Da	te	Achiev	ed Date	
RESPOND TO	SANITARY SURVEY				1	/15/20	21			
		Water S	ystem Faci	lity and S	ampling	Point	t Inven	tory		
Water							Tot	al Lead a	ınd	
System W	ater System Facility	/	Sampling Point				Colife	orm Copp	er	Stage
Facility ID			ID	Description	n	Sta	itus Ru	le Rule 1	ier Asbest	os WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	Л	4	DISTRIBUT	ION SYSTEM	A	Y A			
			DOWNSTREAM	1 WITHIN 5	SERVICE CON	I /	4			
			UPSTREAM	WITHIN 5	SERVICE CON	I A	4			
00700 EN	ITRY POINT		3	ENTRY POI	NT	P	4			
21529 W	ELL		2	WELL		A	4			
			Coi	ntact Info	rmation					
Name			C	Organization					Job Titl	e
	lish Citizens Club									
Mailing Addre			Mailing Addre	ss Line Two				City	State	Zip Code
P. O. Box 104							Uncasvil		CT	06382-0104
Business Ph		Fax	Moh	ile Phone	Emergency	Phone			0.	30302 0104
Dusiness FI	LATERISION	Idx	IVIOL	c i none	Lineigency	. Hone	Lindii Au			
		1					1			

Contact Role(s): Owner

	Connecticut Department of Public Health Drinking Water Section											
	Wat	er Quality	Monitoring an	nd Com	plia	nce S	chedul	le				
PWS ID P	WS Name			(Classifi	cation	Population	Owner Type	Primary Source			
CT0860394 N	ONTVILLE POLI	SH AMERICAN CIT	TIZENS CLUB		N	С	25	Р	GW			
Local Address (wh	ere applicable)		Service	Residenti	ial Co	mmercia	al Industri	al Combine	ed Agricultural			
85 MAPLE AVENU	E		Connections	5		1						
Towns Served: MC	ONTVILLE		,				1	1	,			
Name			Organization	Organization				Job Titl	е			
Mr. Bill Radgowsk	i		Polish Club	Polish Club				dent				
Mailing Address Li	ne One	Maili	ng Address Line Two			City		State	Zip Code			
PO Box 104		85 M	aple Ave			Uncasville		СТ	06382			
Business Phone	Extension	Fax	Mobile Phone E	Emergency I	Phone	Email A	ddress	,				
860-848-7287			860-608-8583			bradgo	@att.net					
Contact Role(s):	Administrative (Contact										

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Cor	nectic	ut Depar	tment of	Public	Health I	Orin	king '	Wate	er Se	ection	1	
		Wat	ter Quali	ty Monit	oring a	nd Comp	oliar	nce So	ched	ule			
PWS ID	PWS	Name				C	lassific	ation P	opulati	on Ow	ner Type	Pri	mary Source
СТ0860404	CHES	TERFIELD LO	ODGE				NC	3	26		Р		GW
Local Addre	ess (where	applicable)			Service	Residentia	al Con	nmercial	Indu	strial	Combin	ed	Agricultural
1596 ROUT	E 85				Connection	IS		1					
Towns Serv	ed: MONT	VILLE					·			·			
				Monito	oring Req	uiremen	ts						
Water Sys	tem Facili	ty: DISTR	IBUTION SYS	TEM (WSF II	D: 00600)								
Total Coli	iform (31	00)								1 ro	utine (R	T) p	er quarter
Sampl	ling Point (Sampling P	oint ID)			Monitoring	, Perio	d Col	lection	Period	Com	plia	nce Status
Select	from Inver	ntory of Acti	ive Sampling P	oints		10/1/23 - 1	2/31/2	23				Cor	nplete
						1/1/24 - 3	/31/24	ļ				Cor	nplete
						4/1/24 - 6	/30/24						
						7/1/24 - 9	/30/24	ļ					
Physical F	Parametei	s (PPS)								1 ro	utine (R	T) p	er quarter
Sampl	ling Point (Sampling P	oint ID)			Monitoring	, Perio	d Col	lection	Period	Com	plia	nce Status
Select	Select from Inventory of Active Sampling Points					10/1/23 - 1	23				Cor	nplete	
						1/1/24 - 3	/31/24	ļ.				Cor	nplete
						4/1/24 - 6	/30/24	ļ					
						7/1/24 - 9	/30/24	ļ.					
Water Sys	tem Facili	ty: ENTRY	Y POINT (WS	F ID: 00700)									
Nitrate A	nd Nitrite	(NOX)								1	routine	(R	Γ) per year
Sampl	ling Point (Sampling P	oint ID)			Monitoring	, Perio	d Col	lection	Period	Com	plia	nce Status
ENTRY	Y POINT (3)					1/1/23 - 12	2/31/2	3				Cor	nplete
						1/1/24 - 12/31/24					Complete		
						1/1/25 - 12	2/31/2	5					
			Water Sys	tem Facili	ity and Sa	ampling P	oint	Inven	tory				
Water								Tot	al Le	ad and	1		
	Water Syst	em Facility	Sa	mpling Point				Colife		opper			Stage
Facility ID				ID	Description		Stat	us Ru	le Ri	ule Tiei	r Asbest	os I	NQP 2 DBPR
00600	DISTRIBUTI	ON SYSTEM		4	DISTRIBUTION		Α	Y					
				OWNSTREAM			Α						
				UPSTREAM	WITHIN 5 SI	ERVICE CON	Α						
00700	ENTRY POI	NT		3	ENTRY POIN	JT	Α						
				2	WELL		Α						
21530	WELL												
21530	WELL			Con	tact Info	rmation							
Name				Oı	rganization						Job Tit	le	
				Or Ch	rganization nesterfield Lo						Job Tit	le	
Name Mr. Shashi l Mailing Add	kant Patel dress Line (One	M	Oı	rganization nesterfield Lo				City		Job Tit		Zip Code
Name Mr. Shashil	kant Patel dress Line (e 85	One Extension	M	Or Ch	rganization nesterfield Lo s Line Two			Oakdale					Zip Code 06370

shashikantpatel1360@gmail.com

860-857-9146

860-442-0039

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

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	

PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0860404	CHESTERFIELD LODGE					NC	26	Р	GW
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1596 ROUTE 85		Connections			1				

Please note the following:

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

End of schedule

	Connectic	•					_			ection		
	Wa	ter Qual	lity Monit	oring a	nd Com	plia	nce S	sche	edule			
PWS ID	PWS Name				(Classifi	cation	Popu	lation Ov	wner Type	Pri	mary Source
CT0860414	CORNERSTONE	BAPTIST CHU	RCH			N	С	2	.5	Р		GW
Local Address	(where applicable)			Service	Residenti	al Co	mmerci	al In	dustrial	Combine	ed	Agricultural
900 ROUTE 1	63			Connection	ns		1					
Towns Served	: MONTVILLE							·				
			Monit	oring Red	quiremen	ts						
Water Syste	m Facility: DISTE	RIBUTION SY	STEM (WSF I	D: 00600)								
Total Colifo	rm (3100)								1 rc	outine (R1	Г) р	er quarter
	g Point (Sampling F	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio	· -		nce Status
Select fr	om Inventory of Act	tive Sampling	Points		10/1/23 - 1	L2/31/	23				Con	nplete
					1/1/24 - 3	3/31/2	4				Con	nplete
					4/1/24 - 6	5/30/2	4					
					7/1/24 - 9	9/30/2	4					
Physical Pa	rameters (PPS)								1 rc	outine (R1	Г) р	er quarter
Samplin	g Point (Sampling F	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio	d Com	plia	nce Status
Select fr	Select from Inventory of Active Sampli				10/1/23 - 1	12/31/	23				Con	nplete
					1/1/24 - 3	3/31/2	4				Con	nplete
					4/1/24 - 6	5/30/2	4					
					7/1/24 - 9	9/30/2	4					
Water Syste	m Facility: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate And	Nitrite (NOX)									1 routine	(RT) per year
	g Point (Sampling F	Point ID)			Monitorin	g Perio	od C	ollecti	ion Perio		-	nce Status
ENTRY P	OINT (3)				1/1/23 - 1	2/31/2	23				Con	nplete
					1/1/24 - 1	2/31/2	24				Con	nplete
					1/1/25 - 1	2/31/2	25					_
		Water Sy	stem Facil	ity and Sa	ampling I	Point	t Inve	ntor	у			
Water							To	otal	Lead an	d		
System W	ater System Facility	, ,	Sampling Point	Sampling P	oint		Coli	form	Copper			Stage
Facility ID			ID	Description)	Sta	tus R	ule	Rule Tie	er Asbesto	os V	VQP 2 DBPR
00600 DI	STRIBUTION SYSTEN	Л	4	DISTRIBUTI	ON SYSTEM	P	A	Υ				
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	P	A					
			UPSTREAM	WITHIN 5 S	ERVICE CON	P	4					
00700 EN	ITRY POINT		3	ENTRY POIN	NT	P	A					
21531 W	ELL		2	WELL		A	4					
			Con	tact Info	rmation							
Name			0	rganization						Job Titl	e	
Mr. Mike Jon	es		Co	ornerstone B	aptist Church	1		Pas	tor			
Mailing Addre	ess Line One		Mailing Addres	s Line Two				Ci	ty	State		Zip Code
900 Route 16	3						Oakdal	е		СТ		06370
Business Ph	none Extension	Fax	Mobi	le Phone	Emergency F	Phone	Email A	Addres	SS			
000 040 0	400	1			060 040 4		1					

860-848-1733

860-848-2438

Contact Role(s): Administrative Contact, Legal Contact

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

Tracer & didirey 1 10111100	· · P ·	1011100	701100101				
PWS Name					Population	Owner Type	Primary Source
CORNERSTONE BAPTIST CHURCH		NC	25	Р	GW		
vhere applicable)	Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural
900 ROUTE 163				1			
	PWS Name CORNERSTONE BAPTIST CHURCH where applicable)	PWS Name CORNERSTONE BAPTIST CHURCH where applicable) Service	PWS Name CORNERSTONE BAPTIST CHURCH where applicable) Service Resider	PWS Name Cla CORNERSTONE BAPTIST CHURCH where applicable) Service Residential	PWS Name Classification CORNERSTONE BAPTIST CHURCH where applicable) Service Residential Commercia	PWS Name Classification Population CORNERSTONE BAPTIST CHURCH where applicable) Service Residential Commercial Industri	CORNERSTONE BAPTIST CHURCH where applicable) Service Residential Commercial Industrial Combine

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

			. D			. D. J. J.	TT	ъ.	1.1	T A T			
	Co	onnectic	•						Ŭ			ection	
		Wa	ter Qual	lity M	onit	oring a	nd Com	ıplia	ınce S	che	dule		
PWS ID	PW	/S Name						Classif	fication F	opul	ation Ow	ner Type F	Primary Source
CT086042	4 DA	VIDS PLACE						N	NC	2.	5	Р	GW
Local Addr	ress (whei	e applicable)				Service	Residen	tial Co	ommercia	l In	dustrial	Combined	d Agricultural
1647 ROU	TE 85					Connection	ns		1				
Towns Ser	ved: MON	NTVILLE											
				M	lonit	oring Red	quireme	nts					
Water Sy	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Col	liform (3	3100)									1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	iod Co	llecti	on Period	Comp	liance Status
Selec	t from Inv	entory of Act	ve Sampling	Points			10/1/23 -	12/31/	/23			C	omplete
					4/1/24 - 6/30/24								
							7/1/24 -	9/30/2	24				
Physical	Paramet	ers (PPS)									1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitoring Period			llecti	on Period	Comp	liance Status
Selec	t from Inv	entory of Act	ve Sampling	Points			10/1/23 - 12/31/23			10/1	-10/31	C	omplete
							4/1/24 -	6/30/2	24				
							7/1/24 -	9/30/2	24				
Water Sy	stem Fac	ility: ENTR	POINT (W	/SF ID: 0	0700)								
Nitrate A	And Nitri	te (NOX)									1	routine (RT) per year
Samp	oling Poin	t (Sampling P	oint ID)	Monitoring Period			iod Co	llecti	on Period	Comp	liance Status		
ENTR	RY POINT (3)					1/1/23 -	12/31/	23			C	omplete
							1/1/24 -	12/31/	24				
							1/1/25 -	12/31/	25				
			Water Sy	/stem	Facili	ity and S	ampling	Poin	t Inver	ntor	у		
Water									Tot	tal	Lead and	1	
System	_	stem Facility	9			Sampling P			Colif		Copper		Stage
Facility ID)			ID		Description)	Sta	atus Ru	ıle	Rule Tie	Asbestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM		4		DISTRIBUTI	ON SYSTEM	,	A ۱	1			
						WITHIN 5 S			A				
				UPSTR	EAM	WITHIN 5 S	ERVICE CON	1 /	A				
00700	ENTRY P	TNIC		3		ENTRY POI	VT	- 1	A				
21532	WELL			2		WELL		,	A				
61270	TREATM	ENT PLANT											
					Con	tact Info	rmation						
Name					Oı	rganization						Job Title	
Mr. Blend	i Hoxha				Br	others Pizza	Palace LLC.			Owr	ner		
Mailing Ad	ddress Lin	e One		Mailing /	Addres	dress Line Two				Cit	У	State	Zip Code
1647 Rt. 8	5				Mc			Montville CT 06370				06370	
Business	Business Phone Extension Fax				Mobi	le Phone	Emergency	Phone	Email A	ddres	S		_

blendihoxha75@yahoo.com

860-235-4034

860-442-7120

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

Connecticut Department of Public Health	Drinking	g Water	Sec	tion	
Water Quality Monitoring and Com	npliance	Schedul	e		

(11 ,		2001 2001109		- P -		0 2 2 0 0 0 0 1			
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu	PWS ID	PWS Name	Clas	ssification	Population	Owner Type	Primary Sour		
, , , ,	CT0860424	DAVIDS PLACE				NC	25	Р	GW
	Local Address (w	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultur
1647 ROUTE 85 Connections 1	1647 ROUTE 85		Connections			1			

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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			Clas	ssification	Population	Owner Type	Primary Source				
СТ0860464	RENALDIS GETTY			NC	25	Р	GW					
Local Address (where applicable) Service Reside					Commerci	al Industria	al Combine	ed Agricultural				

Connections

1

612 ROUTE 82

Towns Served: MONTVILLE		,	
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	-		Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		_
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Easility an	nd Campling Daint In	vontory	

	Water System Facility and Sampling Point Inventory											
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ							

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

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source			
CT0860464	CT0860464 RENALDIS GETTY					25	Р	GW			
Local Address (where applicable) Service Resid					Commerci	al Industri	al Combine	ed Agricultural			
612 ROUTE 82	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

		Water Sy	ystem l	Facil	ity and S	ampling Po	oint	t In	vento	ry		
Water System Water S Facility ID	ystem Facility		Sampling ID		Sampling I Description		Sta		Total Coliform Rule		Asbestos	Stage S WQP 2 DBPI
			UPSTRE	EAM	WITHIN 5	SERVICE CON	Δ	١.				
00700 ENTRY P	OINT		3		ENTRY POI	NT	Δ	١.				
21535 WELL			2		WELL		Δ	١				
				Con	itact Info	ormation						
Name				0	rganization						Job Title	
Mr. Lauren Renaldi				G	etty				Ow	ner		
Mailing Address Lin	e One		Mailing A	Addres	s Line Two				С	ity	State	Zip Code
612 Route 82								Oak	dale		СТ	06370
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Ph	one	Ema	il Addre	SS		
		860-589-3	2613	860-2	287-0270	860-859-081	l1	rena	aldisgett	y@sbcgloba	al.net	
Contact Role(s): A	dministrative	Contact										
Name				0	rganization						Job Title	
Leemilt's Petroleur	n, Inc.											
Mailing Address Lin	e One		Mailing A	Addres	s Line Two				C	ity	State	Zip Code
292 Madison Ave			9Th Flooi	r				Nev	v York		NY	10017-6376
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Ph	one	Ema	il Addre	SS		
Contact Role(s): O	wner											
Name				0	rganization						Job Title	
Mr. Leo Liebowitz				Le	eemilt's Petr	oleum Inc			Dir	ector		
Mailing Address Lin	e One		Mailing A	Addres	s Line Two				C	ity	State	Zip Code
125 Jericho Turnpik	e		Suite 103	3				Jerio	cho		NY	11753
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Ph	one	Ema	il Addre	ss		

Contact Role(s): Legal Contact

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

End of schedule

				CD 11:	** 11-						
	Connectic	•								ction	
	Wa	ter Qual	lity Monit	oring a	nd Com	plia	nce Sc	che	dule		
PWS ID	PWS Name				C	Classifi	cation Po	opula	ation Own	er Type P	rimary Source
СТ0860474	VFW POST 1006	60				N	С	25	5	Р	GW
Local Address	(where applicable)			Service	Residentia	al Cor	mmercial	Inc	dustrial	Combined	Agricultural
91 RAYMOND	HILL ROAD			Connectio	ns		1				
Towns Served:	MONTVILLE										
			Monit	oring Re	quiremen	ts					
Water Syster	n Facility: DISTF	RIBUTION SY	STEM (WSF I	D: 00600)							
Total Colifor	m (3100)								1 rou	tine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitoring	g Perio	od Coll	lectio	on Period	Compl	iance Status
Select fro	m Inventory of Act	ive Sampling	Points		10/1/23 - 1	2/31/2	23			Co	mplete
					1/1/24 - 3	3/31/2	4			Co	mplete
					4/1/24 - 6	5/30/2	4				
					7/1/24 - 9	9/30/2	4				
Physical Par	ameters (PPS)								1 rou	tine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitoring			lectio	on Period	Compl	iance Status
Select fro	m Inventory of Act	ive Sampling	Points		10/1/23 - 1	2/31/2	23			Co	mplete
					1/1/24 - 3					Co	mplete
					4/1/24 - 6						
					7/1/24 - 9	9/30/24	4				
Water Syster	n Facility: ENTR	Y POINT (W	/SF ID: 00700)								
	Nitrite (NOX)								1 ו	=	RT) per year
	Point (Sampling P	Point ID)			Monitoring			lectio	on Period	Compl	iance Status
ENTRY PO	DINT (3)				1/1/23 - 12						mplete
					1/1/24 - 12					Cc	omplete
					1/1/25 - 12	2/31/2	.5				
			Other C	omplian	ce Schedu	ıles					
Compliance So	chedule Activity				Di	ue Dat	e		Achieved L	Date	
RESPOND TO S	SANITARY SURVEY				7/:	18/201	L9				
		Water Sy	stem Facil	ity and S	ampling F	Point	Invent	tor	y		
Water							Tota		Lead and		
-	iter System Facility	,	Sampling Point				Colifo		Copper		Stage
Facility ID			ID	Description		Sta		е	Kule Her	Aspestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEN		4		ION SYSTEM	A					
			DOWNSTREAM			A					
00700 511	TDV DOINIT		UPSTREAM		SERVICE CON	A					
	TRY POINT		3	ENTRY POI	NI	Α					
21536 WE	.LL		2	WELL		Α	<u>.</u>				
					ormation						
Name			0	rganization						Job Title	
Montville Mei	morial Post 10060	VFW of Us		–							
							I .	Cit	\/	Ctata	Zip Code
Mailing Addre	ss Line One		Mailing Addres	s Line Two					У	State	
		Fax	-	ile Phone	Emergency P		Uncasvill	е		CT	06382

Contact Role(s): Owner

	Connecticu	it Departmer	it of Public	Health	Drir	ıking	Water	Section	
	Wat	er Quality Mo	onitoring a	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name				Classif	ication	Population	Owner Type	Primary Source
CT0860474 V	FW POST 10060				N	С	25	Р	GW
Local Address (wh	ere applicable)		Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
91 RAYMOND HIL	L ROAD		Connections						
Towns Served: MO	ONTVILLE						,		
Name			Organization					Job Titl	e
Mr. Gary B Blacks	tone		VFW Post 100	060			Quarter N	/laster	
Mailing Address Li	ne One	Mailing A	ddress Line Two			City		State	Zip Code
VFW Post 10060 C	Quarter Master	P.O. Box	67			Uncasvi	lle	СТ	06382
Business Phone	Extension	Fax	Mobile Phone	Emergency	y Phone	Email A	ddress	,	
860-848-3750						vfw100	60@outloo	k.com	
Contact Role(s):	Administrative (Contact, Legal Contac	t	•		,			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	_										
	Connecticut De	•					_			ction	
	Water Q	uality Monit	oring an	d Con	ıpli	ance	Sch	edul	e		
PWS ID	PWS Name				Class	ification	Popu	ulation	Own	er Type I	Primary Sour
СТ0860484	712 ROUTE 163					NC		25		Р	GW
Local Address (where applicable)		Service	Residen	tial (Commer	cial I	ndustri	al	Combine	d Agricultui
712 ROUTE 163	}		Connections			1					
Towns Served:	MONTVILLE						'				
		Monit	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)							1	rou	tine (RT)	per quarte
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Pei	riod	Comp	liance Status
Select from	n Inventory of Active Sam	pling Points		10/1/23 -	12/3	1/23				С	omplete
				1/1/24 -	3/31,	/24					
				4/1/24 -	6/30,	/24					
				7/1/24 -	9/30,	/24					
Physical Para	meters (PPS)							1	rou	tine (RT)	per quarte
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Pei	riod	Comp	liance Status
Select from	n Inventory of Active Sam	pling Points		10/1/23 -	12/3	1/23				С	omplete
				1/1/24 -	3/31,	/24					
				4/1/24 -	6/30,	/24					
				7/1/24 -	9/30,	/24					
Water System	Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And I	Nitrite (NOX)								1 ı	routine (RT) per yea
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Pei	riod	Comp	liance Status
ENTRY PO	INT (3)			1/1/23 -	12/31	L/23				С	omplete
				1/1/24 -	12/31	L/24					
				1/1/25 -	12/31	L/25					
	Wate	er System Facil	ity and Sar	npling	Poi	nt Inv	ento	ry			
Water							Total	Lead	and		
	er System Facility	Sampling Point		nt			liform				Stag
Facility ID		ID	Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DB
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700 ENT	RY POINT	3	ENTRY POINT			Α					
21537 WEL	L	2	WELL			Α					
		Con	tact Inform	mation							
Name		0	rganization							Job Title	
Mr. David C. Yo	oselevsky	M	ay Realty, LLC				Ma	anager			
Mailing Addres	s Line One	Mailing Addres	s Line Two				C	City		State	Zip Code
188 Glenwood	Ave					New I	Londo	n		СТ	06320
				-							-

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Mobile Phone

Business Phone

860-235-7776

Extension

Contact Role(s): Administrative Contact

Fax

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

Page 29

Emergency Phone | Email Address

860-437-0188

mayrealtyllc@gmail.com

	Connecticut	т Бера	rtment o	of Public	Health	Drin	iking	Water	Section	
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	nce So	chedule		
PWS ID	PWS Name					Classifi	cation P	opulation C	Owner Type F	Primary Source
CT0860484	712 ROUTE 163					N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	d Agricultural
712 ROUTE 163				Connection	ns		1			
Towns Served: N	10NTVILLE				·				·	
Name				Organization					Job Title	
May Realty LLC										
Mailing Address	Line One	Mailing Addre	ess Line Two				City	State	Zip Code	
188 Glenwood A	88 Glenwood Ave						СТ	06320		
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ldress		
Contact Role(s):	Owner									
Name				Organization					Job Title	
Ms. Iris M Yosele	evsky			May Realty LL	С			Vice Preside	ent	
Mailing Address	Line One	Mailing Addre	ess Line Two				City	State	Zip Code	
188 Glenwood A	ve						New Lon	idon	СТ	06320
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ldress		
		·	·		·		·		·	·

Contact Role(s): Legal Contact, Owner

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

End of schedule

	-	-11	,	'n 11. **	1.1	D :	1.				
	C		epartment of Quality Monit							ection	
PWS ID	P\/	VS Name	Zuditcy Monite	oring and						ner Tyne	Primary Source
CT086049			OUND-COTTAGE/LAK	(F WFII			IC	25	LIOII OW	P	GW
		re applicable)		Service	Resident		mmercial	_	ıstrial	Combine	
	AGE ROAD			Connections	86						- Greenen
	rved: MO										
			Monito	oring Requ	ireme	nts					
Water Sy	ystem Fa	cility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)							1 ro	utine (RT)	per quarter
Sam	pling Poir	nt (Sampling Point ID)		Monitorii	ng Peri	od Col	lectio	n Period	Comp	liance Status
Selec	ct from In	ventory of Active San	npling Points	-	10/1/23 -	12/31/	/23			C	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical	l Parame	ters (PPS)							1 ro	utine (RT)	per quarter
		nt (Sampling Point ID			Monitorii			lectio	n Period	Comp	liance Status
Seled	ct from In	ventory of Active San	npling Points	-	10/1/23 -					C	omplete
					4/1/24 -						
					7/1/24 -	9/30/2	24				
	•	•	IT (WSF ID: 00700)								
		ite (NOX)									RT) per year
		nt (Sampling Point ID)		Monitorii			lectio	n Period		liance Status
ENT	RY POINT	(3)			1/1/23 - :					C	omplete
					1/1/24 - :						
					1/1/25 - :		25				
			Other C	ompliance	Sched	ules					
Complian	ice Schedi	ıle Activity			L	Due Da	te	Α	chieved	Date	
SEASONA	L START L	IP COMPLETION			5	5/1/202	24				
		Wat	er System Facili	ity and Sar	npling	Poin	t Inven	tory			
Water							Tot	al L	ead and	1	
System		ystem Facility	Sampling Point		nt		Colife		Copper		Stage
Facility II			ID	Description			itus Ru		Rule Tiei	Asbesto:	WQP 2 DBPR
00600	DISTRIB	JTION SYSTEM	4	DISTRIBUTION			A Y				
			DOWNSTREAM				A				
			UPSTREAM	WITHIN 5 SER	VICE CON		А				
00700	ENTRY P	OINT	3	ENTRY POINT		,	Ą				
22790	WELL		2	WELL		,	A				
TP01	TREATM	ENT PLANT									
			Con	tact Inforr	mation						
Name			0	rganization						Job Title	
Ms. Valer	rie B. Horı	nat	La	urel Lock Cam	oground			Partn	er		
Mailing A	ddress Lir	ie One	Mailing Address	s Line Two				City		State	Zip Code
456	-						0			СТ	06070

Mobile Phone

Fax

860-859-1424

Extension

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

15 Cottage Road

Business Phone

860-859-1424

Oakdale

valhornat@gmail.com

Emergency Phone Email Address

860-213-1159

CT

06370

Connecticut Department of Public Health	Dr	inl	king	g W	ater	· Se	ection	1
Water Quality Monitoring and Com	pli	ian	ice S	Sch	edu	le		
				_		_		

		<u> </u>		1			
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source	
СТ0860494	LAUREL LOCK CAMPGROUND-COTTAGE/LAKE	NC	25	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
15 COTTAGE ROAD		Connections	86				

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 D	•								ction	
	Water Q	Quality Monit	oring and	d Con	ıpl	ianc	ce Sc	hedu	le		
PWS ID	PWS Name				Clas	ssificat	ion Po	pulation	Owr	ner Type P	rimary Sour
CT0860594	CAMP OAKDALE LARGE	PAVILLION				NC		25		Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial	Comm	nercial	Industr	ial	Combined	Agricultur
ОХОВОХО	DAM ROAD		Connections	1							
Towns Serv	ved: MONTVILLE										
		Monite	oring Requ	ireme	nts						
Water Sys	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Coli	iform (3100)								1 rou	itine (RT)	per quarte
Samp	ling Point (Sampling Point ID))	1	Monitori	ng P	eriod	Colle	ection Pe	eriod	Compl	iance Status
Select	from Inventory of Active Sam	pling Points	1	.0/1/23 -	12/	31/23				Co	mplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Physical I	Parameters (PPS)								1 rou	itine (RT)	per quarte
Samp	ling Point (Sampling Point ID))	1	Monitori	ng P	eriod	Colle	Collection Period Compliance Status			
Select	from Inventory of Active Sam	pling Points	10/1/23 - 12/31/23						Co	mplete	
			4/1/24 - 6/30/24								
				7/1/24 -	9/3	0/24					
Water Sys	tem Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)								1	routine (I	RT) per yea
Samp	ling Point (Sampling Point ID))	1	Monitori	ng P	eriod	Colle	ection Pe	eriod	Compl	iance Status
ENTR	POINT (3)		:	1/1/23 -	12/3	31/23	4	4/1-12/31 Complete			mplete
				1/1/24 -	12/3	31/24	4	/1-12/3	1		
			1/1/25 - 12/31/25 4/1-12/31				1				
		Other C	ompliance	Sched	lule	es					
Compliance	e Schedule Activity				Due	Date		Achi	eved	Date	
SEASONAL	START UP COMPLETION			4	4/1/	2024					
	Wate	er System Facili	ity and San	npling	Ро	int Ir	nvent	ory			
Water							Tota		and		
	Water System Facility	Sampling Point		t			Colifor		per		Stag
Facility ID		ID	Description			<u>Status</u>		Rule	Tier	Asbestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SERV	VICE CON	١	Α					
	ENTRY POINT	3	ENTRY POINT			Α					
22848	WELL #1	2	WELL #1			Α					
		Con	tact Inforn	nation							
Name			rganization							Job Title	
John Carlso			ontville Public \	Norks			F	Public W	orks [Direct	
Mailing Ad	dress Line One	Mailing Address	s Line Two					City		State	Zip Code

Mobile Phone

Uncasville

Jcarlson@montville-ct.org

Emergency Phone Email Address

06382

CT

225 Maple Ave

Business Phone

860-848-7473

Extension

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

Fax

860-848-7393

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

		0 -		I			
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source	
CT0860594	CAMP OAKDALE LARGE PAVILLION			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
OXOBOXO DAM ROAD		Connections	1				

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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			Cl	assificati	on Popu	ulation Ow	ner Type P	rimary Source
СТ0860604	CAMP OAKDALE T	ENNIS COURTS			NC		25	Р	GW
Local Address	(where applicable)		Service	Residentia	I Comm	ercial I	ndustrial	Combined	Agricultural
SIMPSON LAN	E		Connections					1	
Towns Served	: MONTVILLE								
			oring Requ	irement	:S				
Water Syster	m Facility: DISTRIB	SUTION SYSTEM (WSF II	D: 00600)						
Total Colifo	rm (3100)						1 rou	utine (RT)	per quarter
Sampling	g Point (Sampling Poi	nt ID)	ı	Monitoring	Period	Collect	tion Period	Compli	ance Status
Select fro	om Inventory of Active	e Sampling Points		4/1/24 - 6/	′30/24				
				7/1/24 - 9/	'30/24				
Physical Par	ameters (PPS)						1 rou	utine (RT)	per quarter
Sampling	g Point (Sampling Poi	nt ID)	ı	Monitoring	Period	Collect	tion Period	Compli	ance Status
Select fro	om Inventory of Active	Sampling Points		4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Water Syste	m Facility: ENTRY I	POINT (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	g Point (Sampling Poi	nt ID)	1	Monitoring	Period	Collect	tion Period	Compli	ance Status
ENTRY P	OINT (3)			1/1/24 - 12	/31/24	4/1	L-10/30		
				1/1/25 - 12	/31/25	4/1	L-10/30		
		Other Co	ompliance	Schedul	les				
Compliance S	chedule Activity			Du	e Date		Achieved	Date	
SEASONAL ST	ART UP COMPLETION			4/1	L/2024				
	V	Vater System Facili	ity and San	npling P	oint In	vento	ry		
Water						Total	Lead and		
*	iter System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α	Υ			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α	Υ			
00700 EN	TRY POINT	3	ENTRY POINT		Α				
22849 WE	LL #1	2	WELL #1		Α				
	Contact Information								
Name		Oı	ganization					Job Title	
John Carlson		М	ontville Public	Works		Pu	blic Works	Direct	
Mailing Addre	ss Line One	Mailing Address	s Line Two			C	City	State	Zip Code
225 Maple Av	e				Un	casville		СТ	06382
Business Ph	one Extension	Fax Mobi	le Phone En	nergency Ph	none Em	ail Addre	ess	,	

Jcarlson@montville-ct.org

860-848-7393

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

860-848-7473

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0860604	CAMP OAKDALE TENNIS COURTS			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
SIMPSON LANE		Connections				1	

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

End of schedule

	Connecticut De	•				_		ction	
		iality Monit	oring a						
PWS ID	PWS Name			(Classifica				Primary Source
CT0860614	CAMP OAKDALE BALLFIEL	.DS			NC		25	Р	GW
-	where applicable)		Service	Residenti	al Com	mercial Ir	ndustrial	Combine	d Agricultural
SIMPSON LANE			Connection	ns				1	
Towns Served:	MONTVILLE								
				quiremen	ts				
Water System	Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)						
Total Coliforn	m (3100)						1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	d Collect	ion Period	Comp	liance Status
Select fror	m Inventory of Active Samp	ing Points		4/1/24 - 6	30/24				
				7/1/24 - 9	/30/24				
Physical Para	meters (PPS)						1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	d Collect	ion Period	Comp	liance Status
Select fror	m Inventory of Active Samp	ing Points		4/1/24 - 6	30/24				
				7/1/24 - 9	/30/24				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)						1	routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	g Period	d Collect	ion Period	Comp	liance Status
ENTRY PO	INT (3)			1/1/23 - 1	2/31/23	}		С	omplete
				1/1/24 - 1	2/31/24				
				1/1/25 - 1	2/31/25	i			
		Other C	omplian	ce Schedu	ıles				
Compliance Scl	hedule Activity			Di	ue Date		Achieved	Date	
SEASONAL STA	RT UP COMPLETION			4/	/1/2024				
	Water	System Facili	ity and S	ampling F	Point	Invento	ry		
Water						Total	Lead and		
- /	er System Facility	Sampling Point				Coliform			Stage
Facility ID		ID	Description		Statu	_{IS} Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTI	ION SYSTEM	Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 S	SERVICE CON	Α				
00700 ENT	RY POINT	3	ENTRY POI	NT	Α				
22850 WEL	L #1	2	WELL #1		Α				
		Con	tact Info	rmation					
Name		Oı	rganization					Job Title	
Mr. Donald Bo	urdeau	M	ontville Pub	lic Works		Dire	ector		
Mailing Addres	s Line One	Mailing Address	s Line Two			Ci	ity	State	Zip Code
310 New Londo	on Turnpike				L	Jncasville		СТ	06382
Business Pho	ne Extension F	ax Mobi	le Phone	Emergency F	hone E	mail Addre	SS	1	
000 040 747	22 050 0	10 7202 000 0	25 2400	000 040 3	074		- 0:1		

860-848-3974

campoakdale@montville-ct.org

860-625-3409

860-848-7393

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

860-848-7473

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0860614	CAMP OAKDALE BALLFIELDS	NC	25	Р	GW		
Local Address (w	Local Address (where applicable)			tial Commerci	al Industri	al Combine	ed Agricultural
SIMPSON LANE	Connections				1		

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

End of schedule

	Connecticut De	partment of	Public H	ealth	Drinki	ng Wa	ater Se	ection			
	Water Qu	uality Monit	oring and	d Com	plianc	e Sche	edule				
PWS ID	PWS Name	<u>J</u>			1			ner Type I	Primary Source		
CT0860624	CALVARY CHAPEL (ANNEX	X) SOUTHEASTERN	СТ		NC	2		Р	GW		
Local Addres	s (where applicable)		Service	Resident	ial Comm	ercial In	dustrial	Combined	d Agricultural		
126 SHARPS	ROAD		Connections					1			
Towns Serve	d: MONTVILLE						-				
		Monito	oring Requ	iremer	nts						
Water Syste	em Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)								
	orm (3100)							utine (RT)	per quarter		
Samplir	ng Point (Sampling Point ID)		1	Monitorin	ng Period	Collecti	on Period	Comp	liance Status		
Select f	rom Inventory of Active Samp	ling Points	1		12/31/23			С	omplete		
				1/1/24 -	3/31/24			С	omplete		
				4/1/24 -							
7/1/24 - 9/30/24											
-	arameters (PPS)						1 ro		per quarter		
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Sta											
Select f	rom Inventory of Active Samp	ling Points	1		12/31/23			С	Complete		
				1/1/24 -				С	omplete		
				4/1/24 -							
				7/1/24 -	9/30/24						
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (10	•								per quarter		
	ng Point (Sampling Point ID)			Monitorin	_	Collecti	on Period		liance Status		
ENTRY F	POINT (3)		1		12/31/23				omplete		
				1/1/24 -	3/31/24			C	omplete		
				4/1/24 - 6/30/24							
				7/1/24 -	9/30/24						
Nitrite (10	•							•	RT) per year		
	ng Point (Sampling Point ID)			Monitorin	_	Collecti	on Period		liance Status		
ENTRY I	POINT (3)			1/1/23 - 1	12/31/23			С	omplete		
				1/1/24 - 1				С	omplete		
				1/1/25 - 1	12/31/25						
	Water	System Facili	ty and San	npling	Point In						
Water	Inter Contain English	Consulting Delect	Communities on Desir			Total	Lead and				
System W Facility ID	/ater System Facility	Sampling Point ID	Description	it		Coliform	Copper Bula Tiar	Achasta	Stage S WQP 2 DBPR		
	ISTRIBUTION SYSTEM	4	DISTRIBUTION	LCVCTENA	<u>Status</u>	Rule Y	Kule Hei	Asbestos	WQF 2 DBFK		
00600 D	INIBICIC NOLLOGIVICI	-			Α	ĭ					
		DOWNSTREAM									
00700 5	NTDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON							
	NTRY POINT	3	ENTRY POINT		Α						
	/ELL #2	2	WELL #2		Α						
61118 C	ALVARY TREATMENT PLANT								_		
		Con	tact Inforn	nation							

Organization Job Title Mr. Joe Paskewich Calvary Chapel of Sect Lead Pastor Mailing Address Line One Mailing Address Line Two City Zip Code State 126 Sharp Hill Road Uncasville CT06382 Business Phone Extension Mobile Phone Emergency Phone Email Address Fax

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

	Connecticut Department of Public Health Drinking Water Section									
	Wa	ter Quality N	Monit	oring an	d Con	npli	ance S	Schedul	e	
PWS ID	PWS Name					Classification		Population	Owner Type	Primary Source
CT0860624	CALVARY CHAPE	L (ANNEX) SOUTHE			NC	25	Р	GW		
Local Address (v	Local Address (where applicable)				Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
126 SHARPS RO	AD			Connections					1	
Towns Served: I	MONTVILLE					,				
860-848-740	860-848-7400 860-848-2899 chapelstaff@gmail.com									
Contact Role(s):	Administrative	Contact, Legal Cont	act		·		·			

Connecticut Department of Dublic Health Drinking Water Section

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

	Co	nnectic	•				Health I		_				on		
			ter Qua	IILY I	vioiiit	orning a									_
PWS ID		/S Name					C						ype		y Source
CT086063		NALDIS ONE S	ТОР					N		2		Р			iW
		e applicable)				Service	Residentia	al Cor	mmerci	al In	dustrial	Con	bine	d Agr	icultural
1588 ROU						Connection	ns		1						
Towns Ser	ved: MON	ITVILLE													
							quiremen	ts							
Water Sy	stem Fac	ility: DISTR	IBUTION S'	YSTEM	(WSF I	D: 00600)									
Total Co	liform (3	3100)									1 r	outine	(RT)	per c	quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection								ion Perio	od (Comp	liance	Status			
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23								23				C	omple	te	
							1/1/24 - 3	/31/2	4				C	omple	te
							4/1/24 - 6	/30/2	4						
							7/1/24 - 9	/30/2	4						
Physical	Paramet	ers (PPS)									1 r	outine	(RT)	per c	uarter
Samp	oling Poin	t (Sampling Po	oint ID)				Monitoring	g Perio	od C	ollecti	ion Perio	od (Comp	liance	Status
Selec	t from Inv	entory of Acti	ve Sampling	Points			10/1/23 - 1	2/31/2	23				С	omple	te
							1/1/24 - 3	/31/2	4				С	omple	te
							4/1/24 - 6	/30/2	4						
							7/1/24 - 9	/30/2	4						
Water Sy	stem Fac	ility: ENTRY	POINT (V	VSF ID:	00700)										
Nitrate A	And Nitri	te (NOX)										1 rout	ine (RT) po	er year
		t (Sampling P	oint ID)				Monitoring	g Perio	od C	ollecti	ion Perio				Status
	XY POINT (•				1/1/23 - 12							omple	
	`	,					1/1/24 - 12							omple	
							1/1/25 - 12							- 1	_
			Water S	vstem	r Facili	ity and S	ampling F			ntor	ν				
Water						•				otal	Lead a	nd			
System	Water Sy	stem Facility		Samplir	ng Point	Sampling P	Point			iform	Coppe				Stage
Facility ID)			I	D	Description	1	Sta	tus R	Rule			estos	WQF	2 DBPR
00600	DISTRIBU	ITION SYSTEM			4	DISTRIBUTI	ON SYSTEM	А		Υ					
				DOWN:	STREAM	WITHIN 5 S	ERVICE CON	А	١						
				UPST	REAM	WITHIN 5 S	ERVICE CON	А	١						
00700	ENTRY P	TNIC			3	ENTRY POI	NT	А	١						
22927	WELL #1				2	WELL		А	١						
					Con	tact Info	rmation								
Name						rganization						Joh	Title		
Mr. Laure	n Renaldi					etty				Ow	ner	300			
Mailing Address Line One Mailing Address Line Two								Ci		St	ate	7in	Code		
612 Route					,				Oakdal		-1		CT		370
Business		Extension	Fax		Mohi	le Phone	Emergency P	hone			SS				
Dasines			TUX		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										

860-859-0811

renaldisgetty@sbcglobal.net

860-287-0270

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

Fax 860-589-2613

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

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0860634	RENALDIS ONE STOP					NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1588 ROUTE 85			Connections			1			

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

End of schedule

	Ca		ut Donostos or	• • • • •	f Dulalia	Haalth	Dair	ماداد د	1172424	· Co	aki a sa	
	C		ut Departmer								ction	
			ter Quality M	onit	coring a	na Con				_		
PWS ID		/S Name								Owi		rimary Source
CT086065			D & GUN CLUB					IC	25		Р	GW
Local Add	lress (wher	e applicable)			Service	Residen	tial Co	mmercial	Industri	ial	Combined	Agricultural
261 OXOE	BOXO DAN	I ROAD			Connection	ns		1			1	
Towns Se	rved: MON	ITVILLE										
					oring Red	quireme	nts					
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3	3100)							1	1 rou	itine (RT)	per quarter
Sam	pling Poin	t (Sampling Po	oint ID)			Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/1/23 -	12/31,	/23			Co	omplete
						1/1/24 -	3/31/2	24				
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Physical	l Paramet	ers (PPS)							1	1 rou	itine (RT)	per quarter
Sam	pling Poin	t (Sampling P			Monitori	ng Peri	od Col	llection Period Compliance Statu				
Selec	ct from Inv	entory of Acti			10/1/23 -	12/31,	/23			Co	omplete	
						1/1/24 -	3/31/2	24				
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sy	stem Fac	ility: ENTRY	POINT (WSF ID: 0	0700)								
	And Nitri	• •								1	-	RT) per year
		t (Sampling P	oint ID)			Monitori			lection Pe	riod		iance Status
ENTF	RY POINT (3)				1/1/23 -					Co	omplete
						1/1/24 -						
						1/1/25 -						
			Water System I	Facil	ity and S	ampling	Poin	t Inven	tory			
Water								Tot				
System	_	stem Facility		Point	Sampling P			Colife	-	•		Stage
Facility II			ID		Description			atus Ru		Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM				ON SYSTEM		A Y				
					WITHIN 5 S			A				
			UPSTRE	AM		SERVICE CON		A				
00700	ENTRY PO	TNIC	3		ENTRY POII	NT	ı	A				
23046	WELL #1		2		WELL #1			Α				
				Con	itact Info	rmation)					
Name				0	rganization						Job Title	
Mr. Jack S	Santo			Q	uaker Hill Ro	od & Gun Clu	np		President	t		
Mailing A	ddress Lin	e One	Mailing A	ddres	s Line Two				City		State	Zip Code
261 Oxob	oxo Dam F	Rd	PO Box 8	0				Oakdale			СТ	06370
Busines	s Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ad	dress			

Contact Role(s): Legal Contact, Owner

860-848-8048

	Connecticu	it Depa	irtment o	f Public	Health	Dri	nking	Water	Section	
	Wat	er Qua	lity Moni	toring ar	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0860654	QUAKER HILL RO	D & GUN C	LUB			N	IC	25	Р	GW
Local Address (wi	Local Address (where applicable)					ntial Co	mmercia	al Industri	al Combine	ed Agricultural
261 OXOBOXO DAM ROAD				Connections			1		1	
Towns Served: M	ONTVILLE				·					
Name			С	rganization					Job Title	9
Mr. Jeff Urgitis			C	uaker Hill Ro	d & Gun Cl	ub		President		
Mailing Address I	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
261 Oxoboxo Dar	n Rd		PO Box 80				Oakdal	е	СТ	06370
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	ddress		
860-705-1807							info@q	uakerhillro	dandgunclub.	org
Contact Role(s):	Administrative C	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 De	partment o	f Public H	lealth	Drii	nking	g Wa	ater	Se	ction		
		uality Moni				`	_					
PWS ID	PWS Name	adirey 1910111	toring and	u dom						ner Type	Primary Source	
CT086066						IC		25	· · · ·	P	GW	
	ress (where applicable)		Service	Residen		mmerc		dustria	al	Combine	_	
	TFORD NEW LONDON TURNPIKE	F (RT 85	Connections	residen	ciai oc	2				Combine	7,81,64,64,4	
	ved: MONTVILLE	- (
TOWNS SCI	Ved. INGIVIVILLE	Monit	oring Requ	iireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)									
	liform (3100)							1	rou	ıtine (RT)	per quarter	
	oling Point (Sampling Point ID)			Monitori	ng Peri	iod (Collecti	ion Per			liance Status	
	ct from Inventory of Active Samp	oling Points		10/1/23 -	_						omplete	
	,			1/1/24 -							·	
				4/1/24 -								
				7/1/24 -								
Physical	Parameters (PPS)							1	rou	ıtine (RT)	per quarter	
-	pling Point (Sampling Point ID)			Monitori	na Peri	iod (Collecti	ion Per			liance Status	
	ct from Inventory of Active Samp	oling Points		10/1/23 -						Complete		
	,			1/1/24 -							·	
				4/1/24 -								
				7/1/24 -								
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)									
-	And Nitrite (NOX)	•	,						1	routine (RT) per year	
	pling Point (Sampling Point ID)			Monitori	na Peri	iod (Collecti	ion Per		-	liance Status	
_	RY POINT (3)			1/1/23 -	_						omplete	
	- (-)			1/1/24 -							<u> </u>	
				1/1/25 -								
	Wate	r System Faci					entor	۲V				
Water	11446	,		9			otal	Lead (and			
	Water System Facility	Sampling Poin	t Sampling Poi	nt				Copp			Stage	
Facility ID		ID	Description		Sto		Rule			Asbestos	WQP 2 DBPI	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ					
		DOWNSTREAM	1 WITHIN 5 SER	VICE CON	I .	A						
		UPSTREAM	WITHIN 5 SER	VICE CON	I .	Α						
00700	ENTRY POINT	3	ENTRY POINT			A						
23094	WELL #1	2	WELL #1			A						
54643	TREATMENT PLANT											
		Col	ntact Inforr	mation								
Name				nation						Job Title		
Name Mr. Pogor	. I. Dhilling		Organization				Dro	cidont		Job Little		
	r L. Phillips	Mailing Addra	ss Lino Two					sident		Stata	7in Codo	
	ddress Line One	Mailing Addre	SS LINE I WO			Oakda	Ci	ιy		State	Zip Code	
1650 Rout	le 03					Oakda	iie			CT	06370	

Emergency Phone Email Address

roger@naturesartvillage.com

860-443-4367

Mobile Phone

Business Phone

860-443-4367

Extension

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

Fax

860-443-0253

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

		0		I			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0860664	NATURES ART			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
1650 HARTFOR	Connections		2				

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	•					_			ction	
		Water (Quality Monit	oring and	d Con	npli	ianc	e Scl	hedul	e		
PWS ID		PWS Name				Class	sificatio	on Po	pulation	Owr	ner Type	Primary Sourc
СТ086910)4	1434 ROUTE 85					NC		44		Р	GW
Local Add	lress (w	here applicable)		Service Connections	Residen	itial	Comme 1	ercial	Industria	al	Combine	d Agricultura
Towns Se	rved: N	MONTVILLE		1								'
			Monit	oring Requ	ireme	nts						
Water Sy	/stem	Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
Total Co		• •									itine (RT) per quarter
Sam	pling P	oint (Sampling Point ID			Monitori	ing Pe	eriod	Colle	ction Per	riod	Comp	oliance Status
Selec	ct from	Inventory of Active Sam	pling Points		10/1/23 -							Complete
					1/1/24 -		-				(Complete
					4/1/24 -							
		. (>>>)			7/1/24 -	- 9/30)/24				/	
-		meters (PPS)	1		0.4 :4 :	D.	- u! - al	C-II-			-) per quarter
		oint (Sampling Point ID) Inventory of Active Sam			<i>Monitori</i> 10/1/23 -			Colle	ection Per	rioa		Complete
Selec	ct II OIII	inventory of Active San	ipinig Politis		1/1/24 -							Complete
					4/1/24 -							complete
					7/1/24 -							
Water Sv	/stem	Facility: ENTRY POIN	IT (WSF ID: 00700)		-,-,-	,,,,,	,					
-		itrite (NOX)	(1101 121 007 007							1	routine	(RT) per year
		oint (Sampling Point ID)		Monitori	ing Pe	eriod	Colle	ction Per			oliance Status
	RY POI				1/1/23 -							Complete
					1/1/24 -							Complete
				_	1/1/25 -	12/3	1/25					
			Other C	ompliance	Sched	lule	S					
Complian	ce Sch	edule Activity		•		Due L	Date		Achie	ved	Date	
CROSS CO	NNEC	TION EXEMPTION				3/1/2	2024					
		Wate	er System Facil	ity and Sar	npling	Poi	int In	vent	ory			
Water								Total		and		
System		r System Facility	Sampling Point		nt		(Colifor				Stage
Facility IE			ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbesto	s WQP 2 DBP
00600	DISTR	RIBUTION SYSTEM	CLF4	DISTRIBUTION		. 1	A					
			DOWNSTREAM				A					
00700	ENITO	V DOINT	UPSTREAM	WITHIN 5 SER	VICE COI	N .	Α					
51439	WELL	Y POINT	2	ENTRY POINT WELL 1			Α					
61268		TMENT PLANT	Z	AAETT T			Α					
01208	INEA	IIVILINI FLAINI		441-C								
				tact Inform	nation							
Name			0	rganization							Job Title	!
Mastelo L												
In Apilipa A	ddress	Line One	Mailing Addres	s Line Two					City		State	Zip Code

Mobile Phone

870 Vauxhall St Ext

Business Phone

Contact Role(s): Owner

Extension

Fax

Schedule Generation Date: 4/3/2024 Page 47

Quaker Hill

Emergency Phone Email Address

06375

CT

(Connectic	ut Depa	irtment (of Public.	Health	Drin	iking	Water	Section	
	Wat	ter Qua	lity Mon	itoring ar	nd Con	nplia	nce S	Schedul	e	
PWS ID F	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0869104 1	1434 ROUTE 85					N	С	44	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
				Connection	S		1			
Towns Served: M	ONTVILLE			1						
Name				Organization					Job Titl	e
Mr. Jason Pope				Ece				Owner		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
921 Vauxhall Stre	et Extension						Quaker	Hill	СТ	06375
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	Phone	e Email Address			
		888-505-	0851 860	0-625-2311			jason@thepopeteam.com			
Contact Polo(s):	Administrativo	Contact Loc	ral Contact O	woor			1			

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

Please note the following:

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

End of schedule

	Connecticut De	epartment of	Public H	lealth	Drink	ing W	ater Se	ection	
		uality Monit				_			
PWS ID	PWS Name	<u>,</u>	<u> </u>		<u> </u>			ner Type Pr	imary Source
CT086905	4 I-395 SOUTHBOUND SE	RVICE PLAZA			NC		49	S	GW
Local Addr	ress (where applicable)		Service	Resident	ial Comi	mercial	Industrial	Combined	Agricultural
I-395 SOU ⁻	THBOUND		Connections					1	
Towns Ser	ved: MONTVILLE								
		Monito	oring Requ	iremer	nts				
Water Sy:	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)						1 ro	utine (RT) բ	er quarter
Samp	oling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period		ance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/23 -	12/31/23	l		Соі	mplete
				1/1/24 - 3	3/31/24			Соі	mplete
				4/1/24 -	6/30/24				
				7/1/24 - 9	9/30/24				
Physical	Parameters (PPS)						1 ro	utine (RT) բ	er quarter
Samp	oling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	:	10/1/23 -				Соі	mplete
				1/1/24 - 3	-			Coi	mplete
				4/1/24 -	-				
				7/1/24 - 9	9/30/24				
•	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
	And Nitrite (NOX)							=	T) per year
-	pling Point (Sampling Point ID)			Monitorin	_	Collec	tion Period		ance Status
ENTR	Y POINT (3)			1/1/23 - 1					mplete
				1/1/24 - 1				Coi	mplete
				1/1/25 - 1					
	Wate	er System Facili	ity and Sar	npling	Point I	nvento	ory		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliforn Rule		Achaetae	Stage
Facility ID				LCVCTDEA	Statu	3	Kule Hei	ASDESIOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 4-4	DISTRIBUTION GENERATED E		1 A A	Y Y			
00700	ENTRY POINT		ENTRY POINT	DIBAICH		I			
57174	WELL 1	2			A A				
57174	TREATMENT PLANT		1		А				
57178	ATMOSPHERIC STORAGE								
57178	BOOSTER PUMPS								
3/190	DOUSTER PUNITS								
			tact Inforr	nation					
Name			ganization					Job Title	
Mr. Josepl	h Giulietti	De	epartment of T	ransporta	tion	Co	ommissione	r	

City

Newington

Emergency Phone Email Address

State

CT

Zip Code 06111

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

Fax

2800 Berlin Turnpike

Business Phone

860-594-3000

'	Connectict	it Depa	i tillellt of	Fublic I	Health	ווועו	ikilig	vvater	Section	L
	Wat	er Qua	lity Monit	oring ar	nd Con	nplia	nce So	chedul	e	
PWS ID	PWS Name					Classif	ication P	opulation	Owner Type	Primary Source
СТ0869054	I-395 SOUTHBOU	ND SERVICI	PLAZA			N	IC	49	S	GW
Local Address (wi	here applicable)			Service	Resider	ntial Co	mmercial	Industria	al Combin	ed Agricultura
-395 SOUTHBOU	ND			Connections	S				1	
Towns Served: M	IONTVILLE					1				
Name			Or	ganization					Job Tit	le
Ms. Jill A. Brenna	an		Sta	ate of Conne	cticut Dot			Tr. Directo	or of Conc	
Mailing Address Line One Mailing Addr				ss Line Two				City	State	Zip Code
2800 Berlin Turn	pike						Newingt	Newington CT		
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	y Phone	Email Ad	ldress	1	1
860-594-3000							Jill.Brenr	nan@ct.gov	V	
Contact Role(s):	Owner		'	,						
Name			Or	ganization					Job Tit	le
Mr. Mike Modine	е		Pro	oject Service	LLC			Director o	f Operatio	
Mailing Address I	Line One		Mailing Address	Line Two				City	State	Zip Code
195 Church St. 87	Th Floor						New Hav	/en	СТ	06131
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	y Phone	Email Ad	ldress	•	
203-877-9900	1004		203-3	14-5446			mike.mo	dine@psllo	cct.com	

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

	ry Source
CT0869124THE PASTNC25PLocal Address (where applicable)ServiceResidentialCommercialIndustrialCombinedAg1630 ROUTE 85Connections3	ry Source
Local Address (where applicable) Service Residential Commercial Industrial Combined Agreement Connections 3	
1630 ROUTE 85 Connections 3	GW
1030 NOOTE 03	gricultural
Towns Served: MONTVILLE	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100) 1 routine (RT) per	quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance	e Status
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Compl	ete
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) Monitoring Period Collection Period Compliance	e Status
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Compl	ete
1/1/24 - 3/31/24	
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)	-
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance	e Status
ENTRY POINT (3) 1/1/23 - 12/31/23 Comp	ete
1/1/24 - 12/31/24	
1/1/25 - 12/31/25	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System Facility Sampling Point Sampling Point Coliform Copper	Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WC	P 2 DBPR
566665	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 58266 WELL 1 2 WELL 1 A	
00600 DISTRIBUTION SYSTEM 4 DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 58266 WELL 1 2 WELL 1 A Contact Information Name Organization Job Title Mr. Roger L. Phillips President	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 58266 WELL 1 2 WELL 1 A Contact Information Name Organization Job Title Mr. Roger L. Phillips President	o Code
00600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT SERVICE CON A WELL 1 WELL 1 Contact Information Name Organization Organization President Mailing Address Line One Mailing Address Line Two City State Zignation A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OFFICIAL CON A UPSTREAM WITHIN 5 SERVICE CON A OFFICIAL CON A UPSTREAM WITHIN 5 SERVICE CON A OFFICIAL CON A OFF	o Code 6370

860-443-4367

roger@naturesartvillage.com

860-443-0253

Contact Role(s): Administrative Contact, Legal Contact

860-443-4367

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

PWS ID	PWS Name					Population	Owner Type	Primary Source
CT0869124	THE PAST				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industria	al Combine	ed Agricultural
1630 ROUTE 85		Connections			3			

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

End of schedule

	Connecticut Department of	Public H	leaith	Drini	King	water	Section		
	Water Quality Monit	oring and	d Com	ıplian	ice So	chedul	e		
PWS ID	VS Name Classification Population Owner Type Primary Source								
CT0869134	WIDE WORLD OF INDOOR SPORTS			NC		25	Р		GW
Local Address (w	here applicable)	Service	Resident	tial Com	nmercial	Industri	rial Combined		Agricultural
C									

Local Address (where applicable)		Service	Residentia	Comm	lerciai	muusmai	Combined	Agricultural
2 SACHATELLO INDUSTRIAL DRIVE		Connections					1	
Towns Served: MONTVILLE								
	Monit	oring Requ	iirement	ts				
Water System Facility: DISTRIBUTION								
Total Coliform (3100)						1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period		ance Status
Select from Inventory of Active Samp	ling Points		10/1/23 - 12	2/31/23			Coi	mplete
			1/1/24 - 3/	/31/24			Coi	mplete
			4/1/24 - 6/	/30/24				
			7/1/24 - 9/	/30/24				
Physical Parameters (PPS)						1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	d Complic	ance Status
Select from Inventory of Active Samp	ling Points		10/1/23 - 12	2/31/23			Coi	mplete
			1/1/24 - 3/	/31/24			Coi	mplete
			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	L routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	d Complic	ance Status
ENTRY POINT (3)			1/1/23 - 12	/31/23			Coi	mplete
			1/1/24 - 12	/31/24			Coi	mplete
			1/1/25 - 12	/31/25				
	Other C	ompliance	Schedu	les				
Compliance Schedule Activity			Du	e Date		Achieved	l Date	
CROSS CONNECTION SURVEY REPORT			3/1	1/2022				
CROSS CONNECTION SURVEY REPORT			3/1	1/2023				
CROSS CONNECTION SURVEY REPORT			3/1	1/2024				
Water	System Facil	ity and Sar	npling P	oint Ir	vent	ory		
Water	•	-			Total		 d	
System Water System Facility	Sampling Point	Sampling Poi	nt		Colifor			Stage
Facility ID	ID	Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α				
	DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
	UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
59824 WELL #2	2	WELL #2		Α				

62031 TREATM	ENT PLANT								
			C	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Dan Fawcett				Wide World	of Indoor Sports				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
621 Pound Hill Rd			Building 200)		North Sn	nithfield	RI	02896
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		

	Connecticut Departme	nt of Public H	lealth	ועו	rınkıng	g water	Section	
	Water Quality M	lonitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0869134	WIDE WORLD OF INDOOR SPORTS		NC		25	Р	GW	
Local Address (where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
2 SACHATELLO	INDUSTRIAL DRIVE	Connections					1	
Towns Served:	MONTVILLE						·	
401-465-784	18				dan@c	Irflic.net		
Contact Role(s)	Administrative Contact Legal Conta	ct Owner						

L.CD blight D.J. b. Mar. C.

Please note the following:

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End of schedule

	Co		ut Departme					_			ection		
		Wat	ter Quality M	onit	oring a							ı	
PWS ID	PW	/S Name				C	Classific	cation P	opula	tion Ow	ner Type	Prin	nary Source
CT086914	14 OR	IENTAL BAR 8	& GRILL				N	С	37		Р		GW
Local Add	lress (whe	re applicable)			Service	Residentia	al Cor	mmercial	Indi	ustrial	Combine	ed /	Agricultural
867 NORV	WICH-NEW	/ LONDON TUI	RNPIKE		Connection	ns		1					
Towns Se	rved: MOI	NTVILLE											
			N	lonit	oring Red	quiremen	ts						
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Co	oliform (3	3100)								1 ro	utine (R1	Г) pe	r quarter
Sam	pling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Col	llectio	n Period	Com	plian	ce Status
Seled	ct from Inv	entory of Acti	ve Sampling Points			10/1/23 - 1	2/31/2	23			(Com	olete
						1/1/24 - 3	/31/24	4			(Com	olete
						4/1/24 - 6	/30/24	4					
						7/1/24 - 9	/30/24	4					
Physical	Paramet	ers (PPS)								1 ro	utine (R1	Г) pe	r quarter
Sam	pling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Col	llectio	n Period	Com	plian	ce Status
Selec	ct from Inv	entory of Acti	ve Sampling Points			10/1/23 - 1	2/31/2	23			(Com	olete
						1/1/24 - 3	/31/24	4			(Com	olete
						4/1/24 - 6	/30/24	4					
						7/1/24 - 9	/30/24	4					
Water Sy	stem Fac	ility: ENTRY	POINT (WSF ID: 0	0700)									
Nitrate A	And Nitri	te (NOX)								1	routine	(RT)	per year
Sam	pling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Col	llectio	n Period	Com	plian	ce Status
ENTF	RY POINT (3)				1/1/23 - 12	2/31/2	23			(Com	olete
						1/1/24 - 12	2/31/2	24			(Com	olete
						1/1/25 - 12	2/31/2	25					_
			Water System	Facil	ity and S	ampling F	oint	Inven	tory	,			
Water								Tot	al L	ead and	I		
System		stem Facility		•	Sampling P					Copper			Stage
Facility IE			IE)	Description		Stat	tus Ru	le I	Rule Tie	r Asbesto	os W	QP 2 DBPR
00600	DISTRIBL	JTION SYSTEM				ON SYSTEM	А						
						SERVICE CON	А						
			UPSTR			SERVICE CON	А						
00700	ENTRY P	TNIC	3		ENTRY POII	NT	А	١					
60386	WELL 1		2		WELL 1		Α	١					
				Con	tact Info	rmation							
Name				0	rganization						Job Title	е	
Mr. Jason	ı Lin			0	riental Bar &	Grill							
Mailing A	ddress Lin	e One	Mailing	Addres	s Line Two				City		State	Z	ip Code
5 Lost Acr	res Road							Norwich			СТ		06360
Busines	ss Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ac	ldress				

JasonLin869@gmail.com

860-334-3368

Contact Role(s): Administrative Contact, Legal Contact

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

		9 9		- P		0 2 2 0 0 0 0 0 1		
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0869144	ORIENTAL BAR & GRILL		NC	37	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
867 NORWICH-	Connections	IS		1				

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

End of schedule

		ut Departme					_				n	
	Wa	ter Quality M	lonit	oring a	nd Comp	oliai	nce S	che	dule			
PWS ID	PWS Name				С	lassifi	cation F	Popula	tion O	wner Typ	e Pr	imary Source
CT0869154	NASKART LLC					N	С	25		Р		GW
Local Address	(where applicable)			Service	Residentia	l Cor	mmercia	I	ustrial	Comb	ined	Agricultural
1 SACHATELLO	INDUSTRIAL DR			Connection	ns		1					
Towns Served:	MONTVILLE											
					quirement	ts						
•	•	RIBUTION SYSTEM	(WSF I	D: 00600)								
Total Colifor	• •											oer quarter
	Point (Sampling P				Monitoring			llectio	n Perio	od Co	_	ance Status
Select fro	m Inventory of Act	ive Sampling Points			10/1/23 - 1							mplete
					1/1/24 - 3,						Со	mplete
					4/1/24 - 6,							
					7/1/24 - 9,	/30/24	4					
	ameters (PPS)								1 r	outine (RT)	oer quarter
	Point (Sampling P	•			Monitoring			llectio	n Perio	od Co		ance Status
Select fro	m Inventory of Act	ive Sampling Points			10/1/23 - 1						Со	mplete
					1/1/24 - 3,						Со	mplete
					4/1/24 - 6,	-						
					7/1/24 - 9,	/30/24	4					
Water Systen	n Facility: ENTR	Y POINT (WSF ID: 0	00700)									
Nitrate And	Nitrite (NOX)									1 routir	ie (R	T) per year
Sampling	Point (Sampling P	oint ID)			Monitoring	Perio	od Co	llectio	n Perio	od Co	mpli	ance Status
ENTRY PC	DINT (3)				1/1/23 - 12	/31/2	.3				Со	mplete
					1/1/24 - 12	/31/2	.4				Со	mplete
					1/1/25 - 12	/31/2	.5					
		Water System	Facili	ity and Sa	ampling P	oint	Inver	ntory	/			
Water							Tot	tal	Lead ar	nd		
	ter System Facility	-		Sampling P			Colif		Coppe			Stage
Facility ID		IL)	Description	1	Stat	tus Ru	ıle	Rule Ti	er Asbe	stos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	1 4		DISTRIBUTION	ON SYSTEM	Α	1					
		DOWNS	TREAM	WITHIN 5 S	ERVICE CON	Α	1					
		UPSTF	EAM	WITHIN 5 S	ERVICE CON	Α	L					
00700 ENT	TRY POINT	3		ENTRY POIN	NT	Α						
60414 WE	LL 1	2		WELL 1		Α	L					
60419 TRE	ATMENT PLANT											
			Con	tact Info	rmation							
Name			Oı	rganization						Job T	itle	
Mr. Dan Fawc	ett		W	ide World of	f Indoor Sport	S						
Mailing Addres	ss Line One	Mailing	Addres	s Line Two				City	/	Stat	e	Zip Code
621 Pound Hill	Rd	Building	200				North Si	mithfi	eld	RI		02896
Business Pho	one Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ddress				
401 4CE 70	40						-l O-l-	.£II ~ .~ ~	_			

dan@drfllc.net

401-465-7848

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

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

PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
СТ0869154	NASKART LLC			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial Commerci	ial Industri	al Combine	ed Agricultural
1 SACHATELLO II	NDUSTRIAL DR	Connections		1			
		· · · · · · · · · · · · · · · · · · ·					

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End of schedule

	0 1		'D 11: **	7.7	D / I				
	Connecticut De	•						ection	
	Water Q	uality Monit	oring and	d Com	pliand	e Sch	edule		
PWS ID	PWS Name				Classificat	ion Popi	ulation Ow	ner Type P	rimary Source
CT086916	4 CAMP OAKDALE MAINT	ENANCE BUILDING			NC		25	Р	GW
Local Addr	ress (where applicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural
SIMPSON	LANE		Connections					1	
Towns Ser	ved: MONTVILLE				·				
		Monito	oring Requ	iremer	nts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Total Col	liform (3100)						1 rc	utine (RT)	per month
Samp	oling Point (Sampling Point ID)			Monitorin	ng Period	Collec	tion Period	Compli	ance Status
Selec	t from Inventory of Active Samp	oling Points	:	11/1/23 -	11/30/23			Со	mplete
				4/1/24 -	4/30/24				
				5/1/24 -	5/31/24				
				6/1/24 -	6/30/24				
				7/1/24 -	7/31/24				
				8/1/24 -	8/31/24				
				9/1/24 -	9/30/24				
				10/1/24 -	10/31/24				
Physical	Parameters (PPS)						1 rc	utine (RT)	per month
Samp	oling Point (Sampling Point ID)		ı	Monitorin	ng Period	Collec	tion Period	Compli	ance Status
Selec	t from Inventory of Active Samp	oling Points	-	11/1/23 -	11/30/23			Со	mplete
				4/1/24 -					
				5/1/24 -	5/31/24				
				6/1/24 -	6/30/24				
				7/1/24 -	7/31/24				
				8/1/24 -	8/31/24				
				9/1/24 -	9/30/24				
				10/1/24 -	10/31/24				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year
Samp	oling Point (Sampling Point ID)			Monitorin	ng Period	Collec	tion Period	Compli	ance Status
ENTR	Y POINT (3)			1/1/23 - 1				Со	mplete
				1/1/24 - 1	12/31/24				
				1/1/25 - 1	12/31/25				
		Other Co	ompliance	Sched	ules				
Compliand	ce Schedule Activity			E	Due Date		Achieved	Date	
SEASONAL	START UP COMPLETION			4	/1/2024				
	Wate	r System Facili	ty and Sar	npling	Point Ir	nvento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			

ENTRY POINT

WITHIN 5 SERVICE CON

Υ

Υ

Α

Α

Α

Α

DOWNSTREAM WITHIN 5 SERVICE CON

WELL #2

UPSTREAM

3

2

00700 ENTRY POINT

61274 WELL #2

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0869164	CAMP OAKDALE MAINTENANCE BUILDING	NC	25	Р	GW		
Local Address (where applicable)	Service	Residen	tial Commerc	cial Industri	al Combine	ed Agricultural
SIMPSON LANE	Connections				1		

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Donald Bourde	au	Montville Pu	blic Works		Director					
Mailing Address Line One Mailing Addr				Address Line Two		City		State	Zip Code	
310 New London Tu	ırnpike					Uncasvill	е	СТ	06382	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-848-7473		860-848-7	7393	860-625-3409	860-848-3974	campoakdale@montville-ct.org				

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

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End of schedule

	Connecticut D	•					_			ction	
	Water (uality Monit	oring an	d Con	ıpl	ianc	e Sch	iedul	e		
PWS ID	PWS Name				Clas	ssification	on Pop	ulation	Owr	ner Type P	rimary Sou
СТ0869174	DEER RUN STABLE, LLC	(CITGO GAS STATION	1)			NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agricultu
1499-1505 H	ARTFORD NEW LONDON TU	IRNPIKE	Connections							1	
Towns Served	I: MONTVILLE										
		Monito	oring Requ	ıireme	nts	;					
Water Syste	m Facility: DISTRIBUTION	ON (WSF ID: 00600)								
Total Colifo	rm (3100)							1	l rou	tine (RT)	per quart
Samplin	g Point (Sampling Point ID))		Monitori	ing P	Period	Collec	tion Pe	riod	Compl	iance Statu
Select fro	om Inventory of Active Sam	pling Points		10/1/23 -	12/	31/23				Co	mplete
				1/1/24 -	3/3	1/24				Co	mplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Physical Par	rameters (PPS)							1	l rou	tine (RT)	per quart
-	g Point (Sampling Point ID))		Monitori	ing P	Period	Collec	tion Pe			iance Statu
Select fro	om Inventory of Active Sam	pling Points		10/1/23 -	12/	31/23				Co	mplete
				1/1/24 -	3/3	1/24				Co	mplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (I	RT) per ye
	g Point (Sampling Point ID))		Monitori	ing P	Period	Collec	tion Pe		=	iance Statu
ENTRY P				1/1/23 -							mplete
	. ,			1/1/24 -							mplete
				1/1/25 -							
	Wate	er System Facili	ity and Sar				vento	ory			
Water		•	•					Lead	and		
	ater System Facility	Sampling Point	Sampling Poi	nt			Coliforn				Sta
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DE
00600 DIS	STRIBUTION	4	DISTRIBUTION	N		Α	Υ				
		DOWNSTREAM	5 SERVICE CO	NNECTIO	N	Α	Υ				
		UPSTREAM	5 SERVICE CO	NNECTIO	N	Α	Υ				
00700 EN	TRY POINT	3	ENTRY POINT			Α					
62767 WI	ELL 1	2	WELL 1			Α					
62771 TR	EATMENT										
		Con	tact Infori	mation							
Name			rganization							Job Title	
Mr. Asif Chou	ıdhrv		rahim Ali, LLC				М	gr / Ow	ner		
	· • · · · · · · · · · · · · · · · · · ·	,io						g. , OW			

State

CT

City

asifman500@gmail.com

Old Lyme

Emergency Phone Email Address

Zip Code

06371

Mailing Address Line Two

Mobile Phone

860-287-7181

Mailing Address Line One

Extension

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

Fax

Business Phone

860-889-2266

7 Jean Drive

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

		<u> </u>		<u> </u>		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0869174	DEER RUN STABLE, LLC (CITGO GAS STATION)					NC	25	Р	GW
Local Address (where applicable)			Service	Residential Commerci		ial Industri	ial Combine	ed Agricultural	
1499-1505 HARTFORD NEW LONDON TURNPIKE			Connections				1		

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