	Connecticut Dep	artment o	f Public H	ealth	D	rinki	ng W	Vater S	lecti	on	
	Water Qua						_				
PWS ID	PWS Name	<u>J</u>	0						wner T	ype Pr	imary Source
CT1020483	STONINGTON INSTITUTE -	KNOLLWOOD				NC		77	Р		GW
Local Address	(where applicable)		Service	Residen	ntial	Comme	ercial	Industrial	Con	bined	Agricultural
75 SWANTOW	'N HILL ROAD		Connections	1							
Towns Served:	NORTH STONINGTON										
		Monit	toring Requ	ireme	nts	;					
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)								
Total Colifor	rm (3100)							1 r	outine	e (RT) j	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Perio	d (Complie	ance Status
Select fro	om Inventory of Active Samplir	ng Points		10/1/23 -	- 12/	31/23				Со	mplete
				1/1/24 -	- 3/3	1/24				Со	mplete
				4/1/24 -	- 6/3	0/24					
				7/1/24 -	- 9/3	0/24					
Physical Para	ameters (PPS)							1 r	outine	(RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Perio	d (Complie	ance Status
Select fro	om Inventory of Active Samplin	ng Points		10/1/23 -	- 12/	31/23				Со	mplete
				1/1/24 -						Со	mplete
				4/1/24 -							
				7/1/24 -	- 9/3	0/24					
Water Syster	m Facility: ENTRY POINT	WSF ID: 00700									
	Nitrite (NOX)									-	T) per year
	Point (Sampling Point ID)			Monitori	_		Colle	ction Perio	d (ance Status
ENTRY PC	DINT (3)			1/1/23 -		-				Со	mplete
				1/1/24 -							
				1/1/25 -	12/3	31/25					
		Other O	Compliance	Sched	dule	es					
Compliance So	chedule Activity				Due	Date		Achieve	d Date		
CROSS CONNE	CTION SURVEY REPORT				3/1/	2020					
CROSS CONNE	CTION SURVEY REPORT				3/1/	2021					
CROSS CONNE	CTION SURVEY REPORT				3/1/	2022					
CROSS CONNE	CTION SURVEY REPORT				3/1/	2023					
CROSS CONNE	CTION SURVEY REPORT				3/1/	2024					
	Water	System Faci	lity and Sar	npling	; Po	int In	vento	ory			
Water							Total				
	iter System Facility		t Sampling Poi	nt		(Coliforn				Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Kule Ti	er Ask	oestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEN	1	A	Y				
		4-1	Room 5 Bath			A	Y				
		4-2	Room 8 Bath			A	Y				
		4-3	Lounge Bath			A	Y				
		4-4	Exam Room B	ath		A	Y				

DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT А 10919 WELL #1 2 WELL А

А

Y

Well Entry

4-5

С	onnectic	ut Depa	rtment o	of Public	Health	<mark>Dr</mark> i	inking	g W	ater S	Sec	tion	
	Wat	ter Qual	lity Moni	toring a	nd Con	npli	ance S	Sch	edule)		
PWS ID PV	WS Name	<u> </u>		0							r Type 🛛	Primary Source
CT1020483 ST	ONINGTON IN	STITUTE - KM	NOLLWOOD				NC		77	F	C	GW
Local Address (whe	ere applicable)			Service	Resider	ntial (Commerci	al I	ndustrial	Co	ombined	Agricultural
75 SWANTOWN HI	LL ROAD			Connectio	ns 1							
Towns Served: NO	RTH STONINGT	ON										
		Water Sy	/stem Faci	lity and S	ampling	; Poi	nt Inve	nto	ry			
Water System Water S	System Facility		Sampling Poin					otal iform	Lead a			Stage
Facility ID			ID	Description	า	S	tatus ^R	lule	Rule T	ier A	Asbestos	WQP 2 DBPR
	ONNECTION - 053 - INFIRMA	RY										
			Со	ntact Info	ormatior	า						
Name			(Organization						J	ob Title	
Mr. William A. Ani	skovich		ç	Stonington In:	stitute			Ce	0			
Mailing Address Lir	ne One		Mailing Addre	ss Line Two				C	City		State	Zip Code
75 Swantown Hill F	Road						North	Stoni	ngton		СТ	06359-0216
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Phon	ne Email A	Addre	ess			
860-535-1010					800-832	-1022						
Contact Role(s):	egal Contact											
Name			(Organization						J	ob Title	
Mr. Mitchel L. Will	sie		5	Stonington Ins	stitute			Dir	r Facilitie	s Mgr	mt	
Mailing Address Lir	ne One		Mailing Addre	ss Line Two				C	City		State	Zip Code
75 Swantown Hill F	Road						North		-		СТ	06359
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Phon	ne Email A	Addre	ess			
860-535-1010	233	860-535-4	1820		860-535	-1010						
Contact Role(s): L	egal Contact											
Name			(Organization						J	ob Title	
Mr. Howard Wors	t		5	Stonington Ins	stitute			Fa	cilities M	anag	er	
Mailing Address Lir			Mailing Addre	ss Line Two				C	City		State	Zip Code
75 Swantown Hill F	₹d.						North				СТ	06359
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	-						
860-235-6132					860-535	-1010	Howar	d.wo	rst@uhsi	nc.co	m	
Contact Role(s): A		Contact										
Please note the fo 1. The residual disin 2. If a Collection Re	nfectant concent							orm s	ample.			

ollection 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

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. Schedule Generation Date: 4/3/2024

	Со		-	rtment of ity Monit				<u> </u>				ction	
PWS ID	PV	/S Name	ter quui		toring u	.						er Type P	rimary Source
CT1020014		TLE MAN'S BA	AKERY				N			25		P	GW
Local Addr	ess (whe	re applicable)			Service	Residentia	l Co	mmerci	al Ir	ndustria	al (Combined	Agricultura
224 NORW					Connection	s		1					
Towns Serv	ved: NOR	TH STONINGT	ON										
				Monit	oring Rec	juirement	s						
Water Sys	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF									
Total Col	iform (3	3100)								1	rout	tine (RT)	per quarter
	-	t (Sampling P	oint ID)			Monitoring	Perio	od C	ollect	ion Per			ance Status
		ventory of Act		Points		10/1/23 - 12							mplete
						1/1/24 - 3/	31/2	4					
						4/1/24 - 6/	30/2	4					
						7/1/24 - 9/	-						
Physical	Paramet	ers (PPS)								1	rout	tine (RT)	per quarter
-		t (Sampling P	oint ID)			Monitoring	Perio	od C	ollect	ion Per			ance Status
		ventory of Act		Points		10/1/23 - 12							mplete
						1/1/24 - 3/							1
						4/1/24 - 6/							
						7/1/24 - 9/							
Nater Sve	stem Fac		POINT (W	SF ID: 00700)		,,_,_,		·					
		te (NOX)		0. 12. 00,00							1 -	outino (E	T) per year
		te (NOA) t (Sampling P	oint ID)			Monitoring	Dorid	od C	ollect	ion Per		-	ance Status
	Y POINT (1/1/23 - 12			Unect	IONFEN	100		mplete
LINIK	FOINT	3)				1/1/23 - 12,							inpiete
											-		
						1/1/25 - 12,							
			water Sy	stem Facil	ity and Sa	ampling P	oini	t inve	ητο	ry			
Water									otal	Lead a			_
	-	stem Facility	5	Sampling Point ID	Description	oint			iform			Achostos	Stage
Facility ID					-		Sta	lus	ule	Rule	iier	Aspestos	WQP 2 DBP
00600	DISTRIBL	JTION SYSTEM		4	DISTRIBUTI		A		Y				
				DOWNSTREAM			A		Y				
				UPSTREAM		ONNECTION	A		Y				
	ENTRY P	OINT		3	ENTRY POIN	IT	A	4					
21780	WELL			2	WELL		A	4					
62371	WATER S	OFTENER											
				Cor	ntact Info	rmation							
Name				0	rganization							Job Title	
Mr. Rob Fe	eliciano			Т	d Realty								
Mailing Ad	ldress Lin	e One		Mailing Addres	s Line Two				С	ity		State	Zip Code
224 Norwi	ch-Weste	erly Rd						North S	Stonir	ngton		СТ	06359
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency Ph	none	Email A	Addre	SS			
860-912	2-5440												
Contact Ro	ole(s): Le	gal Contact			I								

						r ·			-	
PWS ID	PWS Name					Class	fication	Population	Owner Type	Primary Source
СТ1020014	LITTLE MAN'S BA	KERY					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultura
224 NORWICH-W	/ESTERLY RD			Connection	S		1			
Towns Served: N	ORTH STONINGT	ON		I		I		1	I	1
Name				Organization					Job Titl	e
Mr. Kyle Gadwa	/			Little Mans Bal	kery			Admin		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
224 Norwich-We	sterly Rd						North	Stonington	СТ	06359
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phon	e Email A	Address		
860-908-8180							gadwa	ykyle@yaho	o.com	
Contact Role(s):	Administrative	Contact								
Please note the	following:									

the following:

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

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

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

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

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

	Connecticut	Department of	Public H	ealth D	rinkir	ng W	ater Se	ction	
	Water	Quality Monit	oring and	d Compl	liance	e Scho	edule		
PWS ID	PWS Name		0					ner Type Pr	imary Source
СТ1020024	CAMP WIGHTMAN	CAMPBELL WELL			NC	2	25	Р	GW
Local Addr	ess (where applicable)		Service	Residential	Comme	rcial Ir	ndustrial	Combined	Agricultural
207 COAL	PIT HILL ROAD		Connections		1				
Towns Serv	ved: NORTH STONINGTON								
		Monito	oring Requ	irements	5				
Water Sys	stem Facility: DISTRIBU	ITION SYSTEM (WSF II	D: 00600)						
Total Col	iform (3100)						1 rou	itine (RT) p	er quarter
	ling Point (Sampling Point	ID)		Monitoring F	Period	Collect	ion Period		nce Status
Select	t from Inventory of Active S	Sampling Points		10/1/23 - 12/	/31/23			Cor	nplete
				1/1/24 - 3/3	31/24				nplete
				4/1/24 - 6/3					
				7/1/24 - 9/3					
Physical	Parameters (PPS)						1 rou	itine (RT) p	er quarter
Samp	ling Point (Sampling Point	ID)		Monitoring F	Period	Collect	ion Period	Complia	ince Status
Select	t from Inventory of Active S	Sampling Points	-	10/1/23 - 12/	/31/23			Cor	nplete
				1/1/24 - 3/3	31/24			Cor	nplete
				4/1/24 - 6/3	30/24				
				7/1/24 - 9/3	30/24				
Water Sys	stem Facility: ENTRY PO	DINT (WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)						1	routine (R	T) per year
Samp	ling Point (Sampling Point	: ID)		Monitoring F	Period	Collect	ion Period	Complia	ince Status
ENTR	Y POINT (3)			1/1/23 - 12/3	31/23			Cor	nplete
				1/1/24 - 12/3	31/24				
				1/1/25 - 12/3	31/25	_			
	W	ater System Facili	ty and San	npling Po	oint Inv	vento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Poir	nt	C	Coliform	Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	А	Y			
		4-1	Front Right Ki	tchen	А	Y			
		4-2	Back Center K	itchen	А	Υ			
		4-3	First Back Res	troom	А	Υ			
		4-4	Second Back F		А	Y			
		4-5	Front Left Kito		А	Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А				
		UPSTREAM	WITHIN 5 SER	VICE CON	А				
	ENTRY POINT	3	ENTRY POINT		А				
21781	WELL 1	2	WELL1		Α				

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Reverend Michael	Wu			Abcconn			Legal Counse		
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code
90A North Main Str	eet					West Ha	rtford	СТ	06107
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-693-4803						mwu@a	bcconn.org		

	-	.	-) -	(5 -		I -			-		
PWS ID P	WS Name						Classi	fication	Population	Owr	ner Type	Primary Source
СТ1020024 С	AMP WIGHTM	AN - CAMPE	ELL WELL				1	١C	25		Р	GW
Local Address (wh	ere applicable)			Service	ē	Residen	tial C	ommercia	l Industri	al	Combine	d Agricultural
207 COAL PIT HILL	ROAD			Conne	ctions			1				
Towns Served: NC	RTH STONINGT	ON							,			
Contact Role(s):	egal Contact									0		
Name	0			Organizat	ion						Job Title	5
Ms. Holly Blacker				American		t Churche	es Ofct		Interim D	irecto	or	
Mailing Address Li	ne One		Mailing Addr	ess Line Tv	vo				City		State	Zip Code
207 Coal Pit Hill Ro	bad							Griswol	d		СТ	06351
Business Phone	Extension	Fax	Mo	obile Phone	e Ei	mergency	Phone	e Email A	ddress			
860-376-2179		860-376-	7059			518-312-	3835	CampW	ightman@	outlo	ok.com	
Contact Role(s):	Administrative	Contact										
Name				Organizat	ion						Job Title	5
Mr. Todd Garmer				Camp Wig	ghtmar	ı			Executive	Dire	ctor	
Mailing Address Li	ne One		Mailing Addr	ess Line Tv	vo				City		State	Zip Code
207 Coal Pit Hill Ro	t i							Griswol	d		СТ	06351
Business Phone	Extension	Fax	Mo	obile Phon	e Ei	mergency	Phone	e Email A	ddress			
860-376-2179								Executiv	/eDirector@	@can	npwightm	nan.org
Contact Role(s):	egal Contact											
Please note the fo	ollowing:											

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

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

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

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	Connecticut D	Jonartma	nt of	Dublic	Hoalth I	rin	king I	Vator S	oction	
	Connecticut D	•					0		ection	
	Water	Quality M	lonit	oring a		<u> </u>				
PWS ID	PWS Name				C	Classifi	cation Po	pulation O	wner Type	Primary Source
CT1020034	4 CAMP WIGHTMAN - C	CATHCART WEL	L			N	c	25	Р	GW
Local Addr	ess (where applicable)			Service	Residentia	al Co	mmercial	Industrial	Combined	d Agricultural
207 COAL	PIT HILL ROAD			Connectio	ons		1			
Towns Ser	ved: NORTH STONINGTON									
		IV	lonite	oring Re	quiremen	ts				
Water Sys	stem Facility: DISTRIBUT	ION SYSTEM	(WSF I	D: 00600)						
	iform (3100) Iling Point (Sampling Point II	וח			Monitoring	n Peric	od Colle	1 ro ection Perio		per quarter liance Status
	t from Inventory of Active Sa				10/1/23 - 1	-				omplete
Sciee					1/1/24 - 3					omplete
					4/1/24 - 6				C	ompiete
					7/1/24 - 9					
Physical	Parameters (PPS)				,, <u>+</u> ,2-, J	, 50/2		1 r	outine (RT)	per quarter
-	ling Point (Sampling Point II	D)			Monitoring	a Perio	od Colle	ction Perio	• •	liance Status
-	t from Inventory of Active Sa				10/1/23 - 1	-				omplete
					1/1/24 - 3	/31/2	4			omplete
					4/1/24 - 6					•
					7/1/24 - 9	/30/2	4			
Water Sys	stem Facility: ENTRY POI	NT (WSF ID: 0	0700)							
Nitrate A	And Nitrite (NOX)								1 routine (RT) per year
	ling Point (Sampling Point II	D)			Monitoring	g Perio	od Colle	ection Perio	-	liance Status
ENTR	Y POINT (3)				1/1/23 - 12	2/31/2	23		C	omplete
					1/1/24 - 12	2/31/2	24			
					1/1/25 - 12	2/31/2	25			
	Wat	ter System	Facili	ity and S	Sampling P	oint	: Invent	ory		
Water System	Water System Facility	Sampling	n Point	Sampling	Point		Tota Colifor	Lead an Coppei		Stage
Facility ID		ID		Descriptio		Sta	D			WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUT	ION SYSTEM	А	A Y			
		4-3	1	Kitchen Sir	nk	А	Υ Y			
		4-2	2	Left Men s	Restroom	А	Y Y			
		4-3	3	Women s	Restroom Lef	А	Y Y			
		4-4	4		Restroom Rig	А	Y Y			
		4-		-	s Restroom	А	Y Y			
					SERVICE CON	А	N			
		UPSTR			SERVICE CON	А				
	ENTRY POINT	3		ENTRY PO	INT	А	١			
21782	WELL 1	2		WELL		Δ	۱ ۱			
			Con	tact Info	ormation					
Name			О	rganization					Job Title	
Reverend	Michael Wu		At	occonn			l	egal Counse	el	
Mailing Ad	ldress Line One	Mailing	Address	s Line Two				City	State	Zip Code
90A North	Main Street						West Har		СТ	06107
Business	Phone Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Add	ress		
860-693	3-4803						mwu@ab	cconn.org		
NOTE: This is		1			and the second second				and the second second	

				0						
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT1020034	CAMP WIGHTM	AN - CATHCA	ART WELL				NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	tial (Commerci	ial Industri	al Combin	ed Agricultural
207 COAL PIT HIL	L ROAD			Connection	S		1			
Towns Served: N	ORTH STONINGT	ON		÷		·		·	·	
Contact Role(s):	Legal Contact									
Name			Оі	rganization					Job Titl	e
Ms. Holly Blacke	r		Ar	merican Bapt	ist Churche	es Ofc	t	Interim D	irector	
Mailing Address I	Line One		Mailing Address	s Line Two				City	State	Zip Code
207 Coal Pit Hill F	Road						Griswo	old	СТ	06351
Business Phone	e Extension	Fax	Mobi	le Phone	Emergency	/ Phor	e Email /	Address		
860-376-2179		860-376-	7059		518-312	-3835	Camp\	Wightman@	outlook.com	
Contact Role(s):	Administrative	Contact								
Please note the f	ollowing:									

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

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

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

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

CT1020044 Local Address (w 207 COAL PIT HIL	PWS Name CAMP WIGHTMAN - PEC	uality Monit			-P						
CT1020044 Local Address (w 207 COAL PIT HIL	CAMP WIGHTMAN - PEC				Class	ification				er Type P	rimary Source
207 COAL PIT HIL	here applicable)	K WELLS 1 & 2				NC	2			P	GW
207 COAL PIT HIL			Service	Residen	tial C	ommerc	ial In	dustria	al (Combined	Agricultura
Towns Served: N	LL ROAD		Connections			1					
	IORTH STONINGTON										
		Monit	oring Req	uireme	nts						
Water System	Facility: DISTRIBUTIO				_						
Total Coliform	(3100)							1	rout	tine (RT)	per quarter
	oint (Sampling Point ID)			Monitori	ng Pe	riod (Collecti				iance Status
Select from	Inventory of Active Samp	ling Points		10/1/23 -	12/32	L/23				Co	omplete
	· · ·			1/1/24 -	3/31/	24				Co	mplete
				4/1/24 -	6/30/	24					
				7/1/24 -	9/30/	24					
Physical Paran	neters (PPS)							1	rout	tine (RT)	per quarter
-	oint (Sampling Point ID)			Monitori	ng Pe	riod (Collecti				iance Status
Select from	Inventory of Active Samp	ling Points		10/1/23 -	12/32	L/23				Co	omplete
	· · · ·			1/1/24 -	3/31/	24				Co	mplete
				4/1/24 -	6/30/	24					
				7/1/24 -							
Water System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And Ni	itrite (NOX)								1 r	outine (F	RT) per year
Sampling P	oint (Sampling Point ID)			Monitori	ng Pe	riod (Collecti	on Per	iod	Compl	iance Status
ENTRY POIN	NT (3)			1/1/23 -	12/31	/23				Co	omplete
				1/1/24 -	12/31	/24					
				1/1/25 -	12/31	/25					
	Wate	r System Facil	ity and Sa	mpling	Poir	nt Inve	entor	y			
Water		•	•				otal	- Lead o	and		
	r System Facility	Sampling Point	Sampling Po	int			liform	Сорр			Stage
Facility ID		ID	Description		St	atus ^I	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		А	Y				
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	I	А					
		UPSTREAM	WITHIN 5 SE	RVICE CON	I	А					
00700 ENTR	Y POINT	3	ENTRY POIN	Г		А					
47876 PECK	WELL 2	2	PECK WELL 2	2		А					
58459 HYDR	OPNEUMATIC TANK										
		Cor	ntact Infor	mation							
Name			rganization							Job Title	
Reverend Micha	el Wu		bcconn				Lega	al Cour	nsel		
Mailing Address	Line One	Mailing Addres	s Line Two				Cit	y		State	Zip Code
90A North Main	Street					West	Hartfor	d		СТ	06107
Business Phone	e Extension	Fax Mob	ile Phone E	Emergency	Phon	e Email	Addres	S		- · I	
860-693-4803	3					mwu@	pabcco	nn.org	5		
Contact Role(s):	Legal Contact		L								

		201 200	<u></u>	· · · · ·			P				
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Sour
СТ1020044	CAMP WIGHTM	AN - PECK W	/ELLS 1 &	2				NC	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	ial Industri	al Combin	ed Agricultur
207 COAL PIT HIL	L ROAD				Connection	IS		1			
Towns Served: N	ORTH STONING	ſON									1
Name				С)rganization					Job Titl	е
Ms. Holly Blacke	r			A	merican Bapt	ist Church	es Ofct		Interim D	irector	
Mailing Address	Line One		Mailing A	Addres	ss Line Two				City	State	Zip Code
207 Coal Pit Hill I	Road							Griswo	old	СТ	06351
Business Phone	e Extension	Fax		Mob	oile Phone	Emergenc	y Phon	e Email /	Address		
860-376-2179		860-376-	7059			518-312	-3835	Camp\	Nightman@	outlook.com	
Contact Role(s):	Administrative	Contact									

Please note the following:

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

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

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

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	Connecticut Dep	partment of	^F Public H	lealth	Dri	inkiı	ng W	ater	Sect	tion	
	•	ality Monit					Ŭ				
PWS ID	PWS Name		0							r Type Pr	imary Source
CT1020054	CEDAR PARK INN					NC		25	F	>	GW
Local Address (where applicable)		Service	Residen	tial C	Comme	rcial I	ndustria	l Co	ombined	Agricultura
35 NORWICH-V	VESTERLY RD (RTE 184 &AM	P; RT	Connections			1					
Towns Served:	NORTH STONINGTON			1							1
		Monit	oring Requ	ireme	nts						
Nater System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliforn	m (3100)							1	rout	ine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Peri	iod	Complie	nce Status
Select fror	m Inventory of Active Sampli	ng Points		11/1/23 -	11/3	0/23				Со	nplete
				12/1/23 -	12/3	1/23				Со	nplete
				1/1/24 -	1/31,	/24				Со	nplete
				2/1/24 -	2/29,	/24				Со	nplete
				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 -	10/3	1/24					
Physical Para	meters (PPS)							1	rout	ine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Peri	iod	Complie	ince Status
Select fror	m Inventory of Active Sampli	ng Points		11/1/23 -	11/3	0/23				Со	nplete
				12/1/23 -	12/3	1/23				Со	nplete
				1/1/24 -	1/31,	/24				Со	nplete
				2/1/24 -	2/29,	/24				Со	nplete
				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 -	10/3	1/24					
Nater System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And N	Nitrite (NOX)								1 ro	utine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Peri	iod	Complie	nce Status
ENTRY PO	INT (3)			1/1/23 -	12/31	L/23				Со	nplete
				1/1/24 -	12/31	L/24				Co	nplete
				1/1/25 -	12/31	L/25					
	Water	System Facili	ity and Sar	npling	Poi	nt Inv	vento	ry			
Water							Total	Lead a	Ind		
	ter System Facility	Sampling Point		nt		C	Coliform				Stage
Facility ID		ID	Description		S	tatus	Rule	Rule 1	Tier A	sbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	l	А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	А					

Co	onnecticu	ut Depa	rtment o	of Public	: Health	Drir	ıking V	Nater	Section	on	
	Wat	er Qual	lity Moni	toring a	and Con	nplia	nce Sc	hedul	le		
PWS ID PW	/S Name					Classifi	cation Po	pulation	Owner Ty	/pe Pr	rimary Source
CT1020054 CEI	DAR PARK INN	I				N	с	25	Р		GW
Local Address (wher	e applicable)			Service	Residen	tial Co	mmercial	Industri	al Com	bined	Agricultural
85 NORWICH-WEST	ERLY RD (RTE	184 & I	RT	Connectio	ons		1				
Towns Served: NOR	TH STONINGT	ON					1				
		Water Sy	/stem Faci	lity and S	Sampling	Point	t Invent	ory			
Water							Tota	l Lead	and		
System Water Sy	stem Facility		Sampling Poin				Colifo	rm Cop	per		Stage
Facility ID			ID	Descriptio	n	Sta	tus Rule	e Rule	Tier Asb	estos	WQP 2 DBPR
			UPSTREAM	WITHIN 5	SERVICE CON	N A	A Contraction of the second se				
00700 ENTRY P0	DINT		3	ENTRY PO	INT	A	۱				
21784 ORIGINA	L WELL 1		2	WELL		A	4				
49895 WELL #2			2	NEW WEL	L 3	ļ	A				
59546 ATMOSP	HERIC STORAG	GE TANK									
61487 TREATM	ENT PLANT										
			Со	ntact Info	ormation	I					
Name			(Organization					Job	Title	
Mr. Harry Patel			(Cedar Park H	otel, LLC			Owner			
Mailing Address Line	e One		Mailing Addre	ss Line Two				City	Sta	ate	Zip Code
85 Norwich Westerl	y Rd						North Sto	nington	C	Т	06359
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ado	lress			
203-676-5075							happy_ha	irrys@yal	hoo.com		
Contact Role(s): Le	gal Contact, C	wner									
Name			(Organization					Job	Title	
Mr. Shawn Sawyer			(Cedar Park H	otel LLC		I	Manager			
Mailing Address Line	e One		Mailing Addre	ss Line Two				City	Sta	ate	Zip Code
85 Norwich Westerl	y Rd						North Sto	nington	C	Т	06359
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ado	lress			
860-535-7829			860	-908-4427			shawnsaw	vyer0523	@sbcglob	al.net	
Contact Role(s): Ac	Iministrative (Contact									
Please note the foll	owing:										
1. The residual disinf			a second a second state of the								
Please note the foll	owing:										

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

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

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	Connecticut De	^				0			ction	
PWS ID	PWS Name	uality Monit	or mg allu U							imary Source
CT1020064				Cla	NC	on Po	25	n Ow	P	GW
	(where applicable)		Service Res	idential		ercial	Indust	rial	Combined	Agricultural
	WESTERLY ROAD (ROUTE 2)		Connections	iuciiui	1		maasi	inan	combined	Agriculturu
	NORTH STONINGTON				-	-				
		Monit	oring Require	mont	c					
Water Syster	m Facility: DISTRIBUTIO		<u> </u>	menta	5					
Total Colifor	m (3100) Point (Sampling Point ID)		Mor	itoring	Period	Colle	ection F			per quarter ance Status
	om Inventory of Active Samp	ling Points		/23 - 12						mplete
		0		/24 - 3/3						mplete
				/24 - 6/3						•
				/24 - 9/3						
Physical Par	ameters (PPS)							1 rou	itine (RT)	per quarter
-	Point (Sampling Point ID)		Mor	itoring	Period	Colle	ection F			ance Status
Select fro	om Inventory of Active Samp	ling Points	10/1	/23 - 12,	/31/23				Со	mplete
			1/1	/24 - 3/3	31/24				Со	mplete
			4/1	/24 - 6/3	30/24					
			7/1	/24 - 9/3	30/24					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
	Point (Sampling Point ID)			itoring		Colle	ection F	Period	Compli	ance Status
ENTRY PC	DINT (3)			23 - 12/					Со	mplete
				24 - 12/	-					
			1/1/	25 - 12/	31/25					
	m Facility: WELL (WSF I	D: 21785)								
E. Coli (3014	•									per quarter
	Point (Sampling Point ID)			itoring		Colle	ection F	Period		ance Status
WELL (2)				/23 - 12,						mplete
				/24 - 3/3					Co	mplete
				/24 - 6/3						
				/24 - 9/3	-					
		Other Co	ompliance Sc							
	chedule Activity				Date		Ach	ieved	Date	
ADDRESS CON					3/2018					
CROSS CONNE	CTION SURVEY REPORT	_			/2025					
	Wate	r System Facili	ty and Sampl	ing Po	oint Ir	vent	ory			
	ter System Facility	Sampling Point				Tota Colifor	m Co	d and pper	a	Stage
Facility ID			Description		Status	Rule	e Ru	e Her	Aspestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	3-LDRM	LADIES ROOM		A	Y				
		4	DISTRIBUTION SYS		A	Y				
			WITHIN 5 SERVICE		A					
00700 515		UPSTREAM	WITHIN 5 SERVICE	CON	A					
		3	ENTRY POINT		A					
21785 WE	LL	2	WELL		A					

	Сс			rtment of				<u> </u>	-			ction	
		Wat	ter Qual	lity Monit	oring ar	nd Con	npl	iance S	Sche	edul	e		
PWS ID	PW	'S Name					Clas	ssification	Popu	lation	Own	er Type Pr	imary Source
CT1020064	CIR	CLE PARK II						NC	2	25		Р	GW
Local Addres	ss (wher	e applicable)			Service	Residen	ntial	Commerci	ial In	ndustria	al (Combined	Agricultural
85 NORWICH	H WESTI	ERLY ROAD (R	OUTE 2)		Connection	S		1					
Towns Serve	d: NOR	TH STONINGT	ON			·			·		·		
			Water Sy	/stem Facili	ty and Sa	mpling	Po	int Inve	nto	r y			
Facility ID		estem Facility		Sampling Point ID	Sampling Po Description	oint	,	Col	otal iform Rule	Lead Copp Rule	per	Asbestos	Stage WQP 2 DBPR
				Con	tact Info	rmatior	ו						
Name				Or	ganization							Job Title	
Dr. Jerzy Sto	ocki			Cir	rcle Park li				Pre	sident	Cond	o Ascn	
Mailing Add	ress Line	e One		Mailing Address	s Line Two				Ci	ty		State	Zip Code
82 Norwich-	Westerl	y Road						North	Stonin	ngton		СТ	06359
Business P	hone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email /	Addres	SS			
860-599-2	2469												
Contact Role	e(s): Ad	Iministrative	Contact, Leg	al Contact	1								
	ual disinf	fectant concent		e measured at the lity samples must					form sa	imple.			
		iou is specifieu,	an water qua	inty samples must	be concelled u	uning the sp	Cune						

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

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	Connectic	ut Departm	ent o	f Public	Health	DI	rink	king W	/ater S	ection	
		ter Quality I						0			
PWS ID	PWS Name					Cla	ssifica	tion Pop	oulation O	wner Type	Primary Source
СТ1020074	NORTH STONIN	GTON HENNY PENN	IY				NC		25	Р	GW
Local Address (\	where applicable)			Service	Resider	ntial	Com	mercial	Industrial	Combine	d Agricultural
324 CLARKS FAI	LS RD (I-95 & ROU	UTE 216)		Connectio	ns			1			
Towns Served:	NORTH STONING	ΓΟΝ									
			Monit	oring Re	quireme	ents	;				
Water System	Facility: DISTR	RIBUTION SYSTEM	(WSF	ID: 00600)							
Total Coliforn	n (3100) Point (Sampling P	Point ID)			Monitor	ina P	Period	Colleg	1 ro <i>ction Perio</i>		per quarter <i>liance Status</i>
		ive Sampling Points			10/1/23	-					omplete
					1/1/24			<u> </u>			omplete
					4/1/24	-	-			C	piece
					7/1/24	-	-				
Physical Para	meters (PPS)				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	5,5	J		1 r	outine (RT)	per quarter
-	Point (Sampling P	Point ID)			Monitor	ina P	Period	Colleg	ction Perio		liance Status
		ive Sampling Points			10/1/23	-					omplete
	,				1/1/24						omplete
					4/1/24						•
					7/1/24						
Water System	Facility: ENTR	Y POINT (WSF ID	: 00700)				-				
Nitrate And N		•				_	_			1 routine (RT) per year
	Point (Sampling P	Point ID)			Monitor	ing P	Period	Collec	ction Perio		liance Status
ENTRY POI					1/1/23 -	-					omplete
					1/1/24 -	12/3	31/24			C	omplete
					1/1/25 -	12/3	31/25				
		0	ther C	omplian	ce Scheo	dule	es				
Compliance Sch	edule Activity					Due	Date		Achieve	d Date	
CROSS CONNEC	TION SURVEY REF	PORT				3/1/	2023				
CROSS CONNEC	TION SURVEY REF	PORT				3/1/	2024				
		Water System	n Facil	ity and S	ampling	; Po	int I	nvento	ory		
Water								Total	Lead an	d	
	er System Facility		-	Sampling I				Coliforn			Stage
Facility ID			ID	Description			<u>Statu</u>	s Rule	Rule Tie	er Asbesto	s WQP 2 DBPI
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEN		A	Y			
				WITHIN 5 S			Α				
		UPS	REAM		SERVICE CO	N	A				
	RY POINT		3	ENTRY POI	NT		A				
21786 WEL	L		2	WELL			A				
			Cor	ntact Info	ormation	า					
Name			0	rganization						Job Title	
Mr. Ahmed Cho	budhry		N	orth Stoning	gton Henny	Penr	ıy				
Mailing Address	s Line One	Mailin	g Addres	s Line Two					City	State	Zip Code
324 Clarks Falls	Rd				ſ			orth Ston	-	СТ	06359
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergenc	y Pho		mail Addr			
860-608-963	6						6	414@pm	gnetwork.c	com	
Contact Role(s)	Administrative	Contact, Legal Cont	act, Ow	ner							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1020074	NORTH STONINGTON HENNY PENNY			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
324 CLARKS FAL	LS RD (I-95 & ROUTE 216)	Connections		1			
Towns Served:	NORTH STONINGTON	1		1			<u> </u>

Please note the following:

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

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

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

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	Connecticut Depa Water Qua					U		ection	
PWS ID	PWS Name		oring al		<u> </u>				Primary Source
CT1020154	240 NORWICH WESTERLY RO	DAD (ROUTE 2)			NC		25	P	GW
	where applicable)		Service	Residentia		nmercial	Industrial	Combined	
	WESTERLY ROAD (ROUTE 2)		Connection			1			
Towns Served:	NORTH STONINGTON					I			
		Monit	oring Req	Juiremen	ts				
Water System	Facility: DISTRIBUTION S		<u> </u>	<u> </u>					
Total Coliforn Sampling	m (3100) Point (Sampling Point ID)			Monitoring	g Perio	d Coll	1 ro ection Period		per quarter <i>liance Status</i>
Select from	m Inventory of Active Sampling	g Points		10/1/23 - 1	2/31/2	23		C	omplete
				1/1/24 - 3	/31/24	ļ			
				4/1/24 - 6	/30/24	ŀ			
				7/1/24 - 9	/30/24	•			
-	imeters (PPS)								per quarter
	Point (Sampling Point ID)			Monitoring			ection Perioa		iance Status
Select from	m Inventory of Active Sampling	; Points		10/1/23 - 1				C	omplete
				1/1/24 - 3					
				4/1/24 - 6 7/1/24 - 9					
Water System	Facility: ENTRY POINT (V	VSE ID: 00700)		771724-5	750724	r			
-	Nitrite (NOX)	101 12:007007					1	routine (RT) per year
	Point (Sampling Point ID)			Monitoring	a Perio	d Coll	ection Period	-	iance Status
ENTRY PO				1/1/23 - 12	-				omplete
				1/1/24 - 12	2/31/2	4			
				1/1/25 - 12	2/31/2	5			
		Other C	omplianc	e Schedu	les				
Compliance Scl	hedule Activity			Du	ue Date	e	Achieved	Date	
RESPOND TO SA	ANITARY SURVEY			9/	3/2021	1			
	Water S	ystem Facili	ity and Sa	ampling F	Point	Invent	tory		
Water System Wat Facility ID	ter System Facility	Sampling Point ID	Sampling Po Description		Stat	Tota Colifo us Rule	rm Copper		Stage WQP 2 DBPI
	RIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	A	us			
		DOWNSTREAM			А				
		UPSTREAM	WITHIN 5 SE	ERVICE CON	А				
00700 ENT	RY POINT	3	ENTRY POIN	IT	А				
21791 WEL	L	2	WELL		Α				
		Con	tact Info	rmation					
Name		0	rganization					Job Title	
Mr. George Eft	himious	Gi	reen Onions I	li			Manager		
Mailing Addres	s Line One	Mailing Addres	s Line Two				City	State	Zip Code
240 Norwich W						North Sto		СТ	06359
Business Pho				Emergency P					
860-535-175			912-5025	860-912-50	025	georgeef	thimiou@msi	n.com	
Contact Role(s)	: Administrative Contact, Leg	gal Contact							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1020154	240 NORWICH WESTERLY ROAD (ROUTE 2)			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
240 NORWICH V	VESTERLY ROAD (ROUTE 2)	Connections		1			
Towns Served: I	NORTH STONINGTON	-					<u> </u>

Please note the following:

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

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

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

			0						
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ1020164	MYSTIC KOA					NC	33	Р	GW
Local Address	(where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
118 PENDLETC	ON HILL RD, RTE 49		Connections			275			
Towns Convod									

Towns Served: NORTH STONINGTON

Monitoring 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	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)	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		

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		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules						
Compliance Schedule Activity	Due Date	Achieved Date				
CROSS CONNECTION SURVEY REPORT	3/1/2029					
Water System Facil	ity and Sampling Point Invent	ory				
Water	Tota	l Lead and				

Total

Stage

PWS Nar MYSTIC I s (where app FON HILL RD, d: NORTH ST FM STORAGE	K OA licable) RTE 49						ication IC	Population 33	Owner Typ	e P	rimary Source GW
s (where app TON HILL RD, d: NORTH ST	licable) RTE 49					N	IC	33	Р		GW/
TON HILL RD, d: NORTH ST	RTE 49						-				_
d: NORTH ST				Service	Residen	itial Co	mmercia	al Industri	ial Combi	ned	Agricultural
-	ONINGT			Connectio	ns		275				
TM STORAGE		ON							,		
TM STORAGE			ID	Description	n	Sto	itus Ri	ule Rule	Tier Asbes	tos	WQP 2 DBPF
	TANK #	1									
TM STORAGE	TANK #2	2									
RANSFER PUR	ЛРS - 2										
STRIBUTION	SYSTEM		4	DISTRIBUT	ION SYSTEM	1 /	۹ ۲	Y			
			DOWNSTR	EAM WITHIN 5	SERVICE COI	N A	4				
			UPSTRE/	AM WITHIN 5 S	SERVICE CO	N A	4				
NTRY POINT			3	ENTRY POI	NT		4				
'ELL #1 (DRIL	LED)		2	WELL			4				
'ELL #2 (DRIL	LED)		2	WELL 2 (DI	RILLED)		4				
'ELL #3 (DRIL	LED)		2	DRILLED W	/ELL #3		4				
'ELL #4 (DRIL	LED)		2	WELL #4 ([ORILLED)		4				
'ELL #5 (DRIL	LED)		2	WELL #5 ([ORILLED)		4				
ELL #6 (DRIL	LED)		2	WELL #6 ([DRILLED)		۹.				
REATMENT P	LANT			· · ·							
TM STORAGE	TANK #3	3									
YDRO TANK											
				Contact Info	ormation						
									loh Ti	tle	
Oostdyk								General N		lie	
-			Mailing Ad						_	0	Zip Code
			intraining Ac				North S			-	06359
	nsion	Fax		Mohile Phone	Emergency	/ Phone		-			00555
		Tux		Woblie Phone							
	trative (Contact			400 400	7502	reayione	e Kou.net			
(5).		Jontaet		Organization					loh Ti	tle	
d					of America	. Inc.		Regional			
			Mailing Ad			,		-		e	Zip Code
							Billings	City			59102
	ension	Fax		Mobile Phone	Emergency	/ Phone	-	ddress			
				Organization					Job Ti	tle	
11					of America	, Inc.		Avp Risk I		_	
			Mailing Ad			-		City		e	Zip Code
stech Way							Billings	,	MT		59102
-	ension	Fax	-	Mobile Phone	Emergency	/ Phone	-	ddress		_	
419					5 -7			l@koa.net			
419					1		- I	-			
	ELL #1 (DRILI ELL #2 (DRILI ELL #3 (DRILI ELL #4 (DRILI ELL #5 (DRILI ELL #6 (DRILI EATMENT PI M STORAGE (DRO TANK Oostdyk ess Line One none Exter 101 (s): Adminis d ess Line One tech Way none Exter 653 (s): Owner II ess Line One tech Way	ELL #1 (DRILLED) ELL #2 (DRILLED) ELL #3 (DRILLED) ELL #4 (DRILLED) ELL #5 (DRILLED) ELL #6 (DRILLED) ELL #6 (DRILLED) ELT #6 (DRIL	ELL #1 (DRILLED) ELL #2 (DRILLED) ELL #3 (DRILLED) ELL #4 (DRILLED) ELL #5 (DRILLED) ELL #6 (DRILLED) ELTMENT PLANT TM STORAGE TANK #3 /DRO TANK Oostdyk ess Line One In Hill Rd none Extension Fax 101 (s): Administrative Contact d ess Line One tech Way none Extension fax (s): Owner II ess Line One tech Way	JTRY POINT 3 ELL #1 (DRILLED) 2 ELL #2 (DRILLED) 2 ELL #3 (DRILLED) 2 ELL #4 (DRILLED) 2 ELL #5 (DRILLED) 2 ELL #6 (DRILLED) 2 EEL #6 (DRILLED) 2 EEL #6 (DRILLED) 2 EEL #6 (DRILLED) 2 EEL #6 (DRILLED) 2 Storage Mailing Action none Extension Fax 101	UPSTREAM WITHIN 5 S ITRY POINT 3 ENTRY POI ELL #1 (DRILLED) 2 WELL ELL #2 (DRILLED) 2 WELL 2 (DRILLED) ELL #3 (DRILLED) 2 WELL #4 (DRILLED) ELL #4 (DRILLED) 2 WELL #5 (DRILLED) ELL #6 (DRILLED) 2 WELL #5 (DRILLED) ELL #6 (DRILLED) 2 WELL #6 (DRILLED) ELL #6 (DRILLED) 2 WELL #6 (DRILLED) COTGAGE TANK #3 Organization MODRO TANK Mystic Koa ess Line One Mailing Address Line Two none Extension Fax Mobile Phone 101 (s): Administrative Contact Organization (s): Maling Address Line Two none Extension Fax Mobile Phone 653 (s): Owner (s): Owner (s): Owner	UPSTREAM WITHIN 5 SERVICE COINT ITRY POINT 3 ENTRY POINT ELL #1 (DRILLED) 2 WELL ELL #2 (DRILLED) 2 WELL 2 (DRILLED) ELL #3 (DRILLED) 2 WELL 4 (DRILLED) ELL #3 (DRILLED) 2 WELL #4 (DRILLED) ELL #4 (DRILLED) 2 WELL #5 (DRILLED) ELL #5 (DRILLED) 2 WELL #6 (DRILLED) ELL #6 (DRILLED) 2 WELL #6 (DRILLED) ELT #6 (DRILLED) 4 Mobile #6 (DRILLED) Mobile One Emergency 406-498- (s): Administrative Contact	UPSTREAM WITHIN 5 SERVICE CON ATRY POINT 3 ENTRY POINT 4 ELL #1 (DRILLED) 2 WELL 2 ELL #2 (DRILLED) 2 WELL 2 (DRILLED) 4 ELL #3 (DRILLED) 2 WELL 4 (DRILLED) 4 ELL #4 (DRILLED) 2 WELL #4 (DRILLED) 4 ELL #5 (DRILLED) 2 WELL #6 (DRILLED) 4 ELL #6 (DRILLED) 2 WELL #6 (DRILLED) 4 ELT #6 (DRILLED) 2 WELL #6 (DRILLED) 4 YEATMENT PLANT 2 WELL #6 (DRILLED) 7 YEATMENT PLANT 3 7 7 YORO TANK Organization 7 7 Oostdyk Mailing Address Line Two 406-498-7362 7 No bile Phone Emergency Phone 1 406-498-7362 Yoro Tank Year Strate Contact 7 7 Mailing Address Line Two 406-498-7362 7 Year Strate Year Str	UPSTREAM WITHIN 5 SERVICE CON A ATRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL #3 A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #4 (DRILLED) 2 WELL #5 (DRILLED) A ELL #5 (DRILLED) 2 WELL #6 (DRILLED) A ELL #6 (DRILLED) 2 WELL #6 (DRILLED) A EATMENT PLANT 2 WELL #6 (DRILLED) A MSTORAGE TANK #3 //DRO TANK //DRO TANK //DRO TANK Organization Organization Organization Organization Organization Mobile Phone Emergency Phone Emergency Phone Email A Organization des Line One Mailing Address Line Two Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email A Adovene Mailing Address Line Two	ITRY POINT 3 ENTRY POINT A ITRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A ELL #6 (DRILLED) 2 WELL #5 (DRILLED) A YORAGE TANK #3 Corganization A General N YORAGE TANK #3 Mystic Koa General N YORON Mailing Address Line Two City North Stonington Fax Mystic Koa General N General N Milling Address Line Two City North Stonington None Extension Fax Mobile Phone Emergency Phone Email Address 101 Yorganization Regional '' Kampgrounds of America, Inc. Regional '' Gs: Mailing Address Line Two </td <td>UPSTREAM WITHIN 5 SERVICE CON A ITRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A EXTMENT PLANT </td> <td>UPSTREAM WITHIN 5 SERVICE CON A ITRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL 2 (DRILLED) A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL 4 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A WITHIN 5 XERVICE X Y X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y<!--</td--></td>	UPSTREAM WITHIN 5 SERVICE CON A ITRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A EXTMENT PLANT	UPSTREAM WITHIN 5 SERVICE CON A ITRY POINT 3 ENTRY POINT A ELL #1 (DRILLED) 2 WELL 2 (DRILLED) A ELL #2 (DRILLED) 2 WELL 2 (DRILLED) A ELL #3 (DRILLED) 2 WELL 4 (DRILLED) A ELL #3 (DRILLED) 2 WELL #4 (DRILLED) A ELL #5 (DRILLED) 2 WELL #5 (DRILLED) A WITHIN 5 XERVICE X Y X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y </td

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1020164	ΜΥΣΤΙϹ ΚΟΑ				NC	33	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultural
118 PENDLETO	N HILL RD, RTE 49	Connections			275			
Towns Served:	NORTH STONINGTON	L.						

Please note the following:

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

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

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

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

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

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary CT1020224 207 PROV-N LONDON TNPK - N STONINGTON NC 41 P GV Local Address (where applicable) Service Residential Commercial Industrial Combined Agric ROUTE 184 AND ROUTE 2 Connections 1 Agric ROUTE 184 AND ROUTE 2 Connections 1 <t< th=""></t<>
CT1020224 207 PROV-N LONDON TNPK - N STONINGTON NC 41 P GV Local Address (where applicable) Service Residential Commercial Industrial Combined Agrice ROUTE 184 AND ROUTE 2 Connections 1 I
Local Address (where applicable) Service Residential Commercial Industrial Combined Agric ROUTE 184 AND ROUTE 2 Connections 1 </th
ROUTE 184 AND ROUTE 2 Connections 1 0 Towns Served: NORTH STONINGTON Monitoring Requirements Vater System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quirements Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per que sampling Point (Sampling Point ID) Monitoring Period Collection Period
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per que sampling Point (Sampling Point ID) Monitoring Period Collection Period
Total Coliform (3100)1 routine (RT) per que Sampling Point (Sampling Point ID)Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance S
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
10/4/22 12/24/22
Select from Inventory of Active Sampling Points10/1/23 - 12/31/23Complete
1/1/24 - 3/31/24 Complete
4/1/24 - 6/30/24
7/1/24 - 9/30/24
Physical Parameters (PPS) 1 routine (RT) per qu
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/21 - 2/21/21 0 1 1
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: 00700)
Nitrate And Nitrite (NOX) 1 routine (RT) per
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
ENTRY POINT (3) 1/1/23 - 12/31/23 Complete
1/1/24 - 12/31/24 Complete
Water System Facility: WELL 1 (WSF ID: 21798)
E. Coli (3014) 1 routine (RT) per qu
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
WELL 1 (2) 10/1/23 - 12/31/23 Complete
1/1/24 - 3/31/24 Complete
4/1/24 - 6/30/24
7/1/24 - 9/30/24
Water System Facility: WELL 2 (WSF ID: 57329)
E. Coli (3014) 1 routine (RT) per qu
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
WELL 2 (2) 10/1/23 - 12/31/23 Complete
1/1/24 - 3/31/24 Complete
4/1/24 - 6/30/24
7/1/24 - 9/30/24
Other Compliance Schedules
Compliance Schedule ActivityDue DateAchieved Date
CROSS CONNECTION SURVEY REPORT 3/1/2021
CROSS CONNECTION SURVEY REPORT 3/1/2022
CROSS CONNECTION SURVEY REPORT 3/1/2023
CROSS CONNECTION SURVEY REPORT3/1/2024

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source 207 PROV-N LONDON TNPK - N STONINGTON Ρ CT1020224 NC 41 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections ROUTE 184 AND ROUTE 2 1 Towns Served: NORTH STONINGTON Water System Facility and Sampling Point Inventory Lead and **Total** Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM γ Δ DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT A 2 WELL 1 А 21798 WELL 1 46398 TWIN TANK WATER SOFTENER 46400 UV LIGHT DISINFECTION 53725 ATMOSPHERIC STORAGE TANKS 53727 PUMP STATION 57329 WFII 2 2 WFII 2 Α **Contact Information** Organization Job Title Name Mr. John Zelepos Zelepos Property Mgmt Co. President - Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 56 West Main Street Mystic CT 06355 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-536-7469 860-536-5463 860-885-9077 jzelepos@aol.com Contact Role(s): Legal Contact, Owner Organization Job Title Name Mr. Harry Spanos Mystic Pizza li Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 209 Providence New London Turnpike 06385 North Stonington CT **Business Phone Mobile Phone** Extension Fax Emergency Phone Email Address 860-599-3111 Harry Spanos@yahoo.com Contact Role(s): Administrative Contact Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

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

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

End of schedule

	Connecticut Depa					<u> </u>			ection	
	Water Qua	lity Monit	oring ai	nd Con	*					
PWS ID CT1020234	PWS Name NORTH STONINGTON BIBLE					Ication	2		P	rimary Source GW
	where applicable)	СПОКСП	Service	Residen		ommerci		o dustrial	Combined	-
JEREMY HILL RC			Connection			1		uustilai	Combined	Agricultural
	NORTH STONINGTON					Ŧ				
Towns Served.		Manita	aring Dee		-					
Water System	Facility: DISTRIBUTION S		o <mark>ring Rec</mark> D: 00600)	quireme	nts					
Total Coliforr	m (3100)							1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	i <mark>ng Per</mark> i	iod C	ollecti	on Period	d Compl	iance Status
Select from	m Inventory of Active Sampling	Points		10/1/23 -	· 12/31/	/23			Co	omplete
				1/1/24 -	3/31/2	24				
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
-	imeters (PPS)								• •	per quarter
	Point (Sampling Point ID)			Monitori	-		ollecti	on Period		iance Status
Select from	m Inventory of Active Sampling	Points		10/1/23 -					Co	omplete
				1/1/24 -						
				4/1/24 -						
				7/1/24 -	9/30/2	24				
	n Facility: ENTRY POINT (V	VSF ID: 00700)								
Nitrate And N	• •									per quarter
	Point (Sampling Point ID)			Monitori	-		ollecti	on Period		iance Status
ENTRY PO	INT (3)			10/1/23 -					L	omplete
				1/1/24 -						
				4/1/24 -						
				7/1/24 -						
	Water S	ystem Facili	ity and Sa	ampling	Poin	t Inve	ntor	У		
Water		<i>. </i>	c // p					Lead and		
System Wat Facility ID	ter System Facility	Sampling Point ID	Description				iform ule	Copper Bula Tia		Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTIO			atus ^K A	Y	Rule He	T ASDESIUS	WQF 2 DDFN
00000 DIST		4 DOWNSTREAM				A	T			
		UPSTREAM	WITHIN 5 SI							
00700 ENT	RY POINT	3	ENTRY POIN			A				
						A				
21799 WEL	-L	2	WELL			A				
			tact Info	rmation						
Name			rganization						Job Title	
Pastor Larry Ch			orth Stoningt	ton Bible Cl	nurch		Past			
Mailing Address		Mailing Address	s Line Two				Cit		State	Zip Code
100 D Jeremy H						North S		-	СТ	06359
Business Pho		Mobi	le Phone	Emergency	Phone					
860-535-343						lchapp	ell5@d	comcast.r	net	
Contact Role(s)	: Legal Contact									

		· · · · ·		0							
PWS ID F	WS Name					Cla	ssification	Population) Owne	er Type	Primary Source
CT1020234	NORTH STONINGT	ON BIBLE	CHURCH				NC	25		Р	GW
Local Address (wh	ere applicable)			Service	Reside	ential	Commerc	ial Industi	rial C	Combine	ed Agricultural
JEREMY HILL ROA	D			Connecti	ons		1				
Towns Served: NC	ORTH STONINGTO	N			÷		·	÷			
Name				Organization	I					Job Title	e
Mr. Nelson S. Hol	t			North Stonir	ngton Bible	Churc	h	Represer	ntative		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
60 Ann Avenue							Mystic	2		СТ	06355
Business Phone	Extension	Fax	M	obile Phone	Emergen	cy Pho	one Email	Address			
860-536-0506											
Contact Role(s):	Administrative Co	ontact									
Please note the f	ollowing:										
1. The residual dis	infectant concentra	tion must b	e measured at	the same loca	tion and time	e as ea	ch total coli	form 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

	Connectic		artment of lity Monit					0			ction	
PWS ID	PWS Name	iter Qua		or mg al		A						rimary Source
CT1020354	ST THOMAS MC	RE CATHOU					NC		25		P	GW
	(where applicable)		ic choken	Service	Residenti		Comme	ercial	Industr	ial	Combined	-
87 MYSTIC RO				Connection			1		muusu	iai	combined	Agricultura
	NORTH STONING	τον										
Towns Served			Monit	oring Req	wiremen	ts						
Water Syster	m Facility: DISTR				lancinci		_	_	_			
Total Colifor						_				1 rou	itine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitorin	g Pe	riod	Colle	ction Pe	eriod	Compl	iance Status
Select fro	om Inventory of Act	tive Sampling	g Points		10/1/23 - 1	12/3	1/23				Co	omplete
					1/1/24 - 3	3/31,	/24					
					4/1/24 - 6	5/30,	/24					
					7/1/24 - 9	9/30,	/24					
-	ameters (PPS)											per quarter
	Point (Sampling P	-			Monitorin	-		Colle	ction Pe	eriod		iance Status
Select fro	om Inventory of Act	tive Sampling	g Points		10/1/23 - 1						Co	omplete
					1/1/24 - 3		-					
					4/1/24 - 6		-					
					7/1/24 - 9	9/30,	/24					
	m Facility: ENTR	Y POINT (\	NSF ID: 00700)							_		
Nitrate (104	•	Deint (D)			Manitaria	~ Do	wind	Calla	ction Pe			per quarter
	Point (Sampling P				Monitoring	-		Colle	CLIOII PE	eriou		iance Status
ENTRY PC					10/1/23 - 1						C	omplete
					1/1/24 - 3 4/1/24 - 6			_				
					7/1/24 - 9							
Nitrite (104	1)				//1/24-3	<i>5</i> /30/	/24			1	routino (I	RT) per year
-	۲) Point (Sampling P	Doint ID)			Monitorin	a Do	riod	Colle	ction Pe		-	iance Status
ENTRY PC					1/1/23 - 12			cone		linou		omplete
Livintiti	5111 (5)				1/1/24 - 12							mpiete
					1/1/25 - 1	-	-					
		Wator S	vetom Eacili	ity and Sa			-	vont	onu			
Mater		water 5	ystem Facili	ity and Se	amping r	-01	mu m			d ava d		
Water System Wa	iter System Facility	,	Sampling Point	Samplina P	oint			Total Coliforr		l and oper		Stage
Facility ID			ID	Description		c	tatus	Rule			Asbestos	WQP 2 DBP
	TRIBUTION SYSTEM	Λ	4	DISTRIBUTIO		3	A	Ŷ				
			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SI			A					
00700 EN	TRY POINT		3	ENTRY POIN			A					
21805 WE			2	WELL			A					
			Con	tact Info	rmation							
Name				rganization	mation						Job Title	
Diocese of No	rwich			δαιπτατίοπ							100 1116	
Mailing Addre			Mailing Address	s Line Two					City		State	Zip Code
203 Broadway				S LINE I WU			Nor	wich	City		CT	06360
							1001	WICII			CI	00200
Business Pho	one Extension	Fax	Mahi	le Phone	Emergency F	Dhan		ail Add-	rocc			

			<u> </u>								
PWS Name						Class	sification	Population	Owner Type	Pr	imary Source
ST THOMAS MC	RE CATHOLI	C CHURCH					NC	25	Р		GW
here applicable)			Service	Res	siden	tial	Commerci	al Industr	ial Combir	ned	Agricultural
)			Connectio	ons			1				
ORTH STONING	ſON										1
Owner											
			Organization	1					Job Tit	le	
s Perkins			St. Michael T	he Archa	angel			Pastor			
Line One		Mailing Add	ress Line Two					City	State		Zip Code
							Pawca	tuck	СТ		06379
e Extension	Fax	M	obile Phone	Emerg	gency	Phor	ne Email A	Address	i		
	860-599-	8079					frperki	ns@stmicha	aelpawcatucl	c.cor	m
Administrative	Contact, Leg	gal Contact		1							
following:											
sinfectant concen	tration must b	be measured at	the same locat	tion and t	time a	s eacl	n total colif	orm sample.			
	here applicable) ORTH STONING Owner s Perkins Line One Extension Administrative following:	ST THOMAS MORE CATHOLI here applicable) ORTH STONINGTON Owner s Perkins Line One E Extension Fax 860-599- Administrative Contact, Leg following:	ST THOMAS MORE CATHOLIC CHURCH here applicable) ORTH STONINGTON Owner S Perkins Line One Mailing Addr E Extension Fax M 860-599-8079 Administrative Contact, Legal Contact following:	ST THOMAS MORE CATHOLIC CHURCH here applicable) Service ORTH STONINGTON Owner Organization s Perkins St. Michael T Line One Mailing Address Line Two e Extension Fax Mobile Phone addministrative Contact, Legal Contact following: Kontact	ST THOMAS MORE CATHOLIC CHURCH here applicable) Service Reg ORTH STONINGTON Owner Organization St. Michael The Arch Line One Mailing Address Line Two St. Michael The Arch E Extension Fax Mobile Phone Emerge Administrative Contact, Legal Contact following: St. Service St. Service St. Service	ST THOMAS MORE CATHOLIC CHURCH here applicable) Service Residen ORTH STONINGTON Connections Owner Organization St. Michael The Archangel Line One Mailing Address Line Two Emergency e Extension Fax Mobile Phone Emergency 9 860-599-8079 Administrative Contact, Legal Contact Following:	ST THOMAS MORE CATHOLIC CHURCH here applicable) here applicable) Service Connections ORTH STONINGTON Owner Organization s Perkins Line One Mailing Address Line Two e Extension Fax Mobile Phone Extension Fax Mobile Phone Emergency Phore Administrative Contact, Legal Contact	ST THOMAS MORE CATHOLIC CHURCH NC here applicable) Service Residential Commerci CONTH STONINGTON 1 1 1 Owner Organization 1 S Perkins St. Michael The Archangel 1 Line One Mailing Address Line Two Pawcai e Extension Fax Mobile Phone Emergency Phone Email A o 860-599-8079 frperki	NC 25 Industr OPTION Organization 1 1 Organization St. Michael The Archangel Pastor City Pawcatuck NC 25	ST THOMAS MORE CATHOLIC CHURCH NC 25 P here applicable) Service Connections Residential Commercial Industrial Combin ORTH STONINGTON 1 <td< td=""><td>ST THOMAS MORE CATHOLIC CHURCH NC 25 P here applicable) Service Residential Commercial Industrial Combined ORTH STONINGTON 1 1 Industrial Combined Owner Organization Job Title Job Title S Perkins St. Michael The Archangel Pastor Line One Mailing Address Line Two City State Pawcatuck CT Pawcatuck CT e Extension Fax Mobile Phone Emergency Phone Email Address Administrative Contact, Legal Contact frperkins@stmichaelpawcatuck.com following: State State</td></td<>	ST THOMAS MORE CATHOLIC CHURCH NC 25 P here applicable) Service Residential Commercial Industrial Combined ORTH STONINGTON 1 1 Industrial Combined Owner Organization Job Title Job Title S Perkins St. Michael The Archangel Pastor Line One Mailing Address Line Two City State Pawcatuck CT Pawcatuck CT e Extension Fax Mobile Phone Emergency Phone Email Address Administrative Contact, Legal Contact frperkins@stmichaelpawcatuck.com following: State State

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

	Connecticut Dep	partment of	Public Health	Drink	ing Wa	ater Se	ction
	Water Ou	ality Monit	oring and Com	plianc	e Sche	edule	
PWS ID	PWS Name		0	1			ner Type Primary Source
CT1020364				NC		25	P GW
	ess (where applicable)		Service Resident				Combined Agricultural
	DENCE NEW LONDON TURNPIKE		Connections	1			
	ved: NORTH STONINGTON	·		-			
TOWING SET		N / a va i t					
Water Svs	tem Facility: DISTRIBUTION		oring Requireme D: 00600)	าธร			
-	iform (3100)	•	,			1 ro	utine (RT) per month
	ling Point (Sampling Point ID)		Monitorii	na Period	Collect	ion Period	Compliance Status
	from Inventory of Active Sampl	ing Points	12/1/23 -	_			Complete
501000			1/1/24 -				Complete
			2/1/24 -				Complete
			3/1/24 -				complete
			4/1/24 -				
			5/1/24 -				
			6/1/24 -				
			7/1/24 -				
			8/1/24 -				
			9/1/24 -				
			10/1/24 -				
Dhusical			10/1/24 -	10/51/24		1	
-	Parameters (PPS)		Monitori	n Doviad	Collect		utine (RT) per month
	ling Point (Sampling Point ID)	ina Dainta	Monitorii	_	Collect	ion Period	Compliance Status
Select	from Inventory of Active Sampl	ing Points	12/1/23 -				Complete
			1/1/24 -				Complete
			2/1/24 -				Complete
			3/1/24 -				
			4/1/24 -				
			5/1/24 -				
			6/1/24 -				
			7/1/24 -				
			8/1/24 -				
			9/1/24 -	9/30/24			
			10/1/24 -	10/31/24			
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate A	nd Nitrite (NOX)					1	routine (RT) per year
Samp	ling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	Compliance Status
ENTRY	POINT (3)		1/1/23 - 1	12/31/23			Complete
			1/1/24 - 1	12/31/24			Complete
			1/1/25 - 1	12/31/25			
	Water	System Facil	ity and Sampling	Point In	vento	Y	
Water			,		Total	Lead and	
	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility ID	-	ID	Description	Status	Rule		Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	А			
		UPSTREAM	WITHIN 5 SERVICE CON	А			
00700	ENTRY POINT	3	ENTRY POINT	А			
		-	-				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1020364 STARDUST MOTEL NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 544 PROVIDENCE NEW LONDON TURNPIKE 1 Towns Served: NORTH STONINGTON Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facilitv ID Rule Rule Tier Asbestos WQP 2 DBPR Status 2 21806 WELL 1 WELL A 2 58633 WELL 2 WELL 2 A TREATMENT PLANT 58636 61495 **BOOSTER PUMP Contact Information** Organization Name Job Title Vyasheshwar LLC Indravadan Patel Mailing Address Line One Mailing Address Line Two Zip Code City State 06359 544 Providence-New London Turnpike North Stonington СТ Extension Emergency Phone Email Address **Business Phone** Fax Mobile Phone 860-599-2261 248-843-5466 stardustmotelct@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

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

						D		T	0	
Conn	ecticu	it Depa	rtment o	of Public	: Health	Drink	king W	/ater	Section	
	Wat	er Qual	lity Moni	toring a	ind Com	plian	ce Sch	nedul	e	
PWS ID PWS Na			5	0		Classifica				Primary Source
CT1020404 STONIN	GTON INS	STITUTE - M	AIN BUILDING			NC		77	P	GW
Local Address (where app	plicable)			Service	Resident	tial Com	mercial	Industria	Combine	d Agricultural
75 SWANTOWN HILL ROA	AD			Connectio	ons		1			
Towns Served: NORTH ST	FONINGTO	ON								
			Moni	toring Re	quireme	nts				
Water System Facility:	DISTRI	BUTION S			4					
Total Coliform (3100)			•	•				1	routine (R1) per quarter
Sampling Point (Sar	mpling Po	int ID)			Monitorii	ng Period	Colle	ction Per	-	oliance Status
Select from Invento	ry of Activ	e Sampling	Points		10/1/23 -	12/31/23	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	routine (R1) per quarter
Sampling Point (Sar	mpling Po	int ID)			Monitorii	ng Period	Colle	ction Per	iod Com	oliance Status
Select from Invento	ry of Activ	e Sampling	Points		10/1/23 -	12/31/23	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 (W	VSF ID: 00700)						
Nitrate And Nitrite (N	NOX)								1 routine	(RT) per year
Sampling Point (Sar	mpling Po	int ID)			Monitorii	ng Period	Colle	ction Per	iod Com	oliance Status
ENTRY POINT (3)					1/1/23 - 1	12/31/23				Complete
					1/1/24 - 1	12/31/24				
					1/1/25 - 1	12/31/25				
	١	Water Sy	ystem Faci	lity and S	Sampling	Point I	Invento	ory		
Water							Total	Lead a	and	
System Water System	n Facility		Sampling Poin				Coliforn	n Copp	er	Stage
Facility ID			ID	Descriptio	n	Statu	s Rule	Rule	Tier Asbesto	os WQP 2 DBPF
00600 DISTRIBUTION	SYSTEM		4	DISTRIBUT	ION SYSTEM	А	Y			
			4-1	Mens Roo	m-First Floo	А	Y			
			4-2	House Kee	eping-First	А	Y			
			4-3	Second Flo	oor Staff B	А	Y			
			4-4	Presidents		А	Y			
			4-5	Well Entry	1	А	Y			
			DOWNSTREAM							
			UPSTREAM		SERVICE CON					
00700 ENTRY POINT			3	ENTRY PO	INT	Α				
10918 WELL #1			2	WELL		A				
			Со	ntact Info	ormation					
Name			(Organization					Job Title	9
Mr. Jeffrey Phillips			\$	Stonington Ir	stitute		Fa	acilities D	irector	
Mailing Address Line One	5		Mailing Addre	ss Line Two				City	State	Zip Code
75 Swantown Hill Road						N	lorth Ston	ington	СТ	06359
Business Phone Ext	ension	Fax	Mol	oile Phone	Emergency	Phone E	mail Addr	ess		
860-445-3014		860-535-3	3401			je	eff.phillips	@uhsinc	.com	
									auglitu monito	

			<i>v</i>	0						1	
PWS ID	PWS Name					Classi	fication	Population	Owner T	ype F	Primary Source
CT1020404	STONINGTON IN	STITUTE - N	AIN BUILDIN	G		1	NC	77	Р		GW
Local Address (w	here applicable)			Service	Reside	ntial C	ommerci	al Industri	ial Com	bined	d Agricultural
75 SWANTOWN I	HILL ROAD			Connectio	ons		1				
Towns Served: N	ORTH STONINGT	ON		i	i						
Contact Role(s):	Administrative (Contact									
Name				Organization	1				Job	Title	
Mr. William A. A	niskovich			Stonington Ir	nstitute			Ceo			
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	St	ate	Zip Code
75 Swantown Hil	l Road						North S	Stonington	0	T	06359-0216
Business Phone	e Extension	Fax	Mc	bile Phone	Emergenc	y Phone	e Email A	ddress			
860-535-1010					800-832	-1022					
Contact Role(s):	Legal Contact				,						
Please note the f	ollowing:										
1 The residual di	cinfoctant concont	ration must h	o moscured at	the came locat	tion and time	ac aach	total colif	orm complo			

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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	Connecticut De Water O	partment o uality Moni				0		ection	
PWS ID	PWS Name	uality wom	toring and						imary Source
CT1020434	NORTH STONINGTON BA			C	NC		25	P	GW
	(where applicable)		Service	Residentia		ercial	Industrial	Combined	Agricultural
ROCKY HOLLON			Connections	Restaction	1		maastriar	combined	/ Griculturul
	NORTH STONINGTON					-			
		Monit	toring Requ	irement	ts				
Water System	n Facility: DISTRIBUTIO					_	_		
Total Colifor	m (3100)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio	d Compli	ance Status
Select from	m Inventory of Active Samp	ling Points	-	LO/1/23 - 12	2/31/23			Со	mplete
				1/1/24 - 3/	/31/24				
				4/1/24 - 6/					
				7/1/24 - 9/	/30/24				
-	ameters (PPS)							ן (RT) outine	•
	Point (Sampling Point ID)			Monitoring		Collec	ction Perio		ance Status
Select from	m Inventory of Active Samp	ling Points	-	10/1/23 - 12				Со	mplete
				1/1/24 - 3/					
				4/1/24 - 6/					
			00700)	7/1/24 - 9/	/30/24				
	n Facility: TREATMENT	PLANT (WSFID:	00700)						
Nitrate (104	•				Dented	C -11-		ן (RT) outine (RT)	-
	Point (Sampling Point ID)			Monitoring		Collec	ction Perio		ance Status
ENTRY PO	/INT (3)			1/1/23 - 12				0	mplete
				1/1/24 - 3/ 4/1/24 - 6/					
				7/1/24 - 9/					
Nitrate And I	Nitrite (NOX)			7/1/24-5/	50/24			1 routine (R	T) ner vear
	Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio	-	ance Status
ENTRY PO				1/1/23 - 12					mplete
				_, _, 1/1/24 - 12					
				1/1/25 - 12					
		Other (Compliance	Schedu	les				
Compliance Sc	hedule Activity			Du	e Date		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY			11/	/6/2019				
		Public No	tification R	equirem	nents				
			Compliance	Notice	Publ	ic Notifi	cation	PN Cert	i <u>fication</u>
Violation/Situe			Period	Tier	Requir		erformed	Due to DPH	Received
Nitrate M&R V	iolation	4/2	1/13 - 6/30/13	2	10/17/2	2013		10/27/2013	
	Wate	r System Faci	lity and San	npling P	oint Ir	vento	ory		
Water						Total	Lead an		
	ter System Facility		t Sampling Poir	nt		Coliforn			Stage
Facility ID		ID	Description	0.0777	Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4			A	Y			
			1 WITHIN 5 SER		A				
		UPSTREAM 3	WITHIN 5 SER	VICE CON	A				
00700 TRE	ATMENT PLANT	3	ENTRY POINT		A				

	(Connectic	ut Depa	rtme	nt o	f Public	Health	n Dri	nking	g W	ater	Se	ction	
						toring a			<u> </u>	-				
PWS ID	F	WS Name						Class	ification	Рори	ulation	Own	er Type	Primary Sourc
CT102043	4 N	IORTH STONING	GTON BAPTI	ST CHUR	СН				NC	2	25		Р	GW
Local Add	ress (wh	ere applicable)				Service	Resider	ntial (ommerci	al II	ndustria	al	Combine	d Agricultura
ROCKY HC	DLLOW F	ROAD				Connectio	ns		1					
Towns Ser	ved: NC	ORTH STONINGT	ON											
			Water Sy	ystem	Facil	lity and S	ampling	; Poi	nt Inve	nto	ry			
Water System Facility ID		System Facility		Samplin IL		Sampling I Description		S	Col	otal iform Rule		per	Asbesto	Stage s WQP 2 DBF
21810	WELL			2		WELL			А					
					Cor	ntact Info	ormation	٦						
Name					С	rganization							Job Title	2
Mr. Geral	d H. Sim	imons			N	lorth Stoning	ton Baptist	Churc		Tru	istee			
Mailing Ad	ddress L	ine One		Mailing	Addres	ss Line Two				С	ity		State	Zip Code
5 Rocky H	ollow Ro	bad							North	Stoniı	ngton		СТ	06359
Busines	s Phone	Extension	Fax		Mob	ile Phone	Emergency	y Phon	e Email /	Addre	SS			
860-53	5-0208								pastor	@nor	thstoni	ngto	nbaptist	com
Contact R	ole(s):	Administrative	Contact, Leg	al Conta	ct				!					
Please no	te the fo	ollowing:												
1. The res	sidual dis	infectant concent	ration must b	e measur	ed at th	e same locatio	on and time	as each	total colif	orm s	ample.			
2. If a Col	lection P	eriod is specified,	all water qua	lity samp	les mus	t be collected	during the sp	pecified	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

	Connecticut De	epartment of	[•] Public H	ealth	Drink	ing W	later S	Section				
		*				<u> </u>						
PWS ID	Water Quality Monitoring and Complian PWS Name Classifi											
CT1020414		E - NORTH BUILDING			NC		77	P	GW			
Local Addre	ss (where applicable)		Service	Resident	ial Comm	nercial	Industrial	Combined	Agricultural			
75 SWANTOWN HILL ROAD Connections					1				0			
Towns Served: NORTH STONINGTON				<u> </u>		I						
		Monite	oring Requ	ireme	nts							
Water Syst	tem Facility: DISTRIBUTIO		• •									
Total Coli	form (3100)						1 r	outine (RT)	per quarter			
Sampl	ing Point (Sampling Point ID)			Monitoring Period Collection Period Compliand								
Select	from Inventory of Active Sam	oling Points		10/1/23 -	10/31/23	Complete						
				1/1/24 - 3/31/24 Complete								
				4/1/24 -								
				7/1/24 -	9/30/24							
	form (3100)			Monitorir				•) per period			
	Sampling Point (Sampling Point ID)					Collection Period Compliance St						
	from Inventory of Active Sam	oling Points		10/28/23	- 11/2/23				omplete			
	form (3100)) per month					
	ing Point (Sampling Point ID)			Monitorir	_	Collec	ction Perio	-	iance Status			
	from Inventory of Active Sam	oling Points		11/1/23 -	11/30/23				omplete			
-	arameters (PPS)							• •	per quarter			
	ing Point (Sampling Point ID)			Monitorir	-	Collec	ction Perio	-	iance Status			
Select	from Inventory of Active Sam	oling Points		10/1/23 -					omplete			
				1/1/24 -					omplete			
				4/1/24 -								
Water Syst	tem Facility: ENTRY POIN			7/1/24 -	9/30/24							
	nd Nitrite (NOX)							1 routino (I	RT) per year			
	ing Point (Sampling Point ID)			Monitorir	na Period	Colleg	tion Perio	-	iance Status			
ENTRY POINT (3)				1/1/23 - 1	-	conce		-	omplete			
2				1/1/24 - 12/31/24								
				1/1/25 - 2								
Water Syst	tem Facility: WELL (WSF I	D: 22714)		, , -	1- 1 -							
E. Coli (30	· · ·	,					1 tri	ggered (TG) per period			
	ing Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Perio		iance Status			
WELL (2)									omplete			
		r System Facili				nvento	ory					
Water				. 3		Total	Lead ar	nd				
	Nater System Facility	Sampling Point ID	Sampling Poin Description	nt	Status	Coliforn	n Coppe	r	Stage WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А							
		UPSTREAM	WITHIN 5 SER		А							
00700 E	ENTRY POINT	3	ENTRY POINT		А							
22714 \	WELL	2	WELL		А							

			0						
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source	
СТ1020414	STONINGTON INSTITU	UTE - NORTH BUILDIN	G			NC	77	Р	GW
Local Address (where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	d Agricultural
75 SWANTOWN	HILL ROAD		Connections			1			
Towns Served: N	IORTH STONINGTON								

Contact Information Organization Name Job Title Mr. William A. Aniskovich Stonington Institute Ceo Mailing Address Line One Mailing Address Line Two State Zip Code City 75 Swantown Hill Road North Stonington CT 06359-0216 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-535-1010 800-832-1022 Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				C			-	vner Type P	rimary Source		
	STITUTE - LODGE				NC	I	77	Р	GW		
Local Address (where applicable)			Service	Residentia	al Cor	nmercial	Industrial	Combined	Agricultural		
75 SWANTON HILL ROAD			Connectio	ns				1			
Towns Served: NORTH STONINGT											
Monitoring Requirements											
Water System Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform (3100)									per quarter		
Sampling Point (Sampling Po				Monitoring			ection Period		iance Status		
Select from Inventory of Acti	ve Sampling Points			10/1/23 - 12					omplete		
				1/1/24 - 3/	Co	Complete					
				4/1/24 - 6/							
				7/1/24 - 9/	/30/24	1					
Physical Parameters (PPS)					• •	itine (RT) per quarter					
Sampling Point (Sampling Po	-			Monitoring			ection Period		Compliance Status		
Select from Inventory of Acti	ve Sampling Points			10/1/23 - 12					omplete		
				1/1/24 - 3/ 4/1/24 - 6/				C	omplete		
				4/1/24 - 6/ 7/1/24 - 9/							
Water System Facility: ENTRY		00700\		//1/24-9/	130/24	+					
		00700)						routino /I			
Nitrate And Nitrite (NOX) Sampling Point (Sampling Po	oint ID)			Monitoring	Dorio	d Coll	ection Period	-	RT) per year <i>iance Status</i>		
ENTRY POINT (3)				1/1/23 - 12					omplete		
				1/1/24 - 12					mpiete		
				1/1/25 - 12					<u> </u>		
	Water System	Facil	ity and S				-				
Water System Water System Facility	Samplin II	-	Sampling Description			Tota Colifor	rm Copper		Stage		
Facility ID			Descriptio		Stat		e Ruie Lie	r Aspestos	WQP 2 DBPR		
00600 DISTRIBUTION SYSTEM		1		ION SYSTEM	A						
	4-		Kitchen W		A						
	4-	·2	Mop Roon		A						
		-3 -4	Dining Roo Staff Bath	om Bath	A A						
	4-		Well Entry		A						
			,	SERVICE CON	A						
		REAM		SERVICE CON	A						
00700 ENTRY POINT		3	ENTRY PO		A						
10917 WELL #1		, <u>)</u>	LODGE WE		A						
				ormation							
Namo								Job Title			
Name Mr. Jeffrey Phillips	rganization conington Institute				acilities Dire						
Mailing Address Line One	s Line Two			[City	State	Zip Code				
75 Swantown Hill Road		, 1001 03				North Sto		CT	06359		
Business Phone Extension	Fax	Mohi	ile Phone	Emergency Pl							
860-445-3014	860-535-3401						s@uhsinc.co	om			
						n h					

		(- P		-					
PWS ID	PWS Name						Cla	ssification	P	opulation	Owr	ner Type	Prir	mary Source
CT1021043	STONINGTON IN	ISTITUTE - LO	DDGE					NC		77		Р		GW
Local Address (wh	here applicable)			S	Service	Resider	ntial	Commerc	cial	Industri	al	Combine	ed	Agricultural
75 SWANTON HIL	L ROAD			C	Connection	าร						1		
Towns Served: No	ORTH STONINGT	ON								1				
Contact Role(s):	Administrative	Contact												
Name	1			Orga	anization							Job Title	е	
Stonington Beha	vioral Health Ind	3												
Mailing Address L	Line One		Mailing A	ddress L	ine Two					City		State		Zip Code
75 Swantown Hl			C/O Graig	g Hoffner	r			Philac	delp	ohia		PA		19103
Business Phone	e Extension	Fax		Mobile	Phone	Emergency	y Ph	one Email	Ad	dress				
Contact Role(s):	Legal Contact, (Owner	ŀ											
Name				Orga	anization							Job Title	е	
Mr. Steve Filton				Ston	nington Be	havioral He	ealth	1		President				
Mailing Address L	Line One		Mailing A	ddress L	ine Two					City		State		Zip Code
367 South Gulph	Rd							King c	of P	russia		PA		19406
Business Phone	e Extension	Fax		Mobile	Phone	Emergency	y Ph	one Email	Ad	dress				
Contact Role(s):	Legal Contact	1	I		I			I						
Please note the f	ollowing:													
1. The residual dis	sinfectant concen	tration must b	e measure	d at the sa	ame locatio	on and time a	as ea	ch total col	ifor	m 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

		cticut Department of P					0			ction	
		Water Quality Monitor	ing an	d Con							
PWS ID	PWS Name				Clas		on Po		Owr		rimary Source
CT1020444	BUDGET II					NC		29		P	GW
Local Address		,	rvice	Resider	ntial	Comme	ercial	Industri	al	Combined	Agricultural
593 PROVIDEN		BOILLINE	nnections			1					
Towns Served:	: NORTH STO	NINGTON									
		Monitori		iireme	ents						
Water Syster	m Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	0600)								
Total Colifor	• •							1	. rou	tine (RT)	per quarter
Sampling	y Point (Samp	ling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
Select fro	om Inventory	of Active Sampling Points		10/1/23	- 12/	31/23				Co	omplete
				1/1/24						Co	omplete
				4/1/24	- 6/3	0/24					
				7/1/24	- 9/3	0/24					
Physical Par	ameters (P	PS)						1	rou	tine (RT)	per quarter
Sampling	y Point (Samp	ling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
Select fro	om Inventory	of Active Sampling Points		10/1/23	- 12/	31/23				Co	omplete
				1/1/24	- 3/3	1/24				Co	omplete
				4/1/24	- 6/3	0/24					
				7/1/24	- 9/3	0/24					
Water Syster	m Facility:	ENTRY POINT (WSF ID: 00700)									
Nitrate And	-	X) Ning Point ID)		Monitor	ina P	Deriod	Coll	ection Pe		-	RT) per year <i>iance Status</i>
ENTRY PC				1/1/23 -	_		com		iou		mplete
	5111 (5)			1/1/23 -							mplete
				1/1/25 -			_				
	Mor	thly Water System Facility	(WSF) I				ng Ro	equire	mer	nts	
Water Syster		ENTRY POINT (WSFID: 00700)	<u> </u>				0				
Analyte		Monitoring Requirement (Summary	Туре)	Оре	eratir	ng Limit				Samples R	eq/Month
рН		Entry Point pH Monitoring (PHRD)		Min	imur	n: 6.4 P	н			- 2	-
Start Date:	: 12/1/2020		Complia	nce Hist	ory:		Oper	ating Limi	it	Monito	ring
			Monitor	ing Perio	bd			oliance Sta			ince Status:
			11/1/20	23 - 11/3	0/20						
			12/1/20	23 - 12/3	1/20	23					
			1/1/202	4 - 1/31/	2024						
			2/1/202	4 - 2/29/	2024	ļ					
			3/1/202	4 - 3/31/	2024	ļ					
Analyte		Monitoring Requirement (Summary	Type)	Оре	eratir	ng Limit			:	Samples R	eq/Month
рН		Entry Point pH Monitoring (PHRD)		Max	kimui	m: 10.0	РН			2	1
Start Date:	: 12/1/2020		-	ince Hist	-		-	ating Limi pliance Sta		Monito	ring Ince Status:
				23 - 11/3			comp	mance St	acusi	Compile	
				23 - 12/3							
				4 - 1/31/							
				4 - 2/29/							
				4 - 2/29/ 4 - 3/31/							
<u> </u>			5/ 1/ 202	т - J/J1/	2024	r					

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ1020444	BUDGET INN				NC	29	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial (Commerci	al Industri	al Combine	ed Agricultural
593 PROVIDENO	CE NEW LONDON TPKE	Connections			1			
Towns Served:	NORTH STONINGTON						1	·

		Wat	ter Sy	ystem Facil	ity and S	Sampling Po	int l	nvento	ry		
Water System	Water Sy	stem Facility		Sampling Point	Sampling	Point		Total Coliform	Lead and Copper		Stag
Facility ID		2		ID	Descriptio		Status	Dute		Asbestos	WQP 2 DB
00600	DISTRIBU	ITION SYSTEM		4	DISTRIBUT	TION SYSTEM	А	Y			
				DOWNSTREAM	WITHIN 5	SERVICE CON	А				
				UPSTREAM	WITHIN 5	SERVICE CON	А				
00700	ENTRY PO	DINT		3	ENTRY PO	INT	А				
22994	WELL #1			2	WELL #1		А				
57425	TREATM	ENT PLANT									
				Con	tact Inf	ormation					
Name				0	rganization					Job Title	
Mr. Yoges	h N. Pate	l		Ra	adha And K	asna, LLC		M	anager		
Mailing Ad	ldress Line	e One		Mailing Addres	s Line Two			(City	State	Zip Code
593 Provid	ence-Nev	v London Turnpike					N	orth Stoni	ngton	СТ	06359
Business	Phone	Extension	Fax	Mobi	ile Phone	Emergency Pho	one Er	mail Addro	ess		
860-599	9-0835			860-5	514-6206		ус	ogirenu@	/ahoo.com		
Contact Ro	ole(s): Ac	iministrative Conta	ct, Leg	al Contact, Owi	ner	·	·				
Please not	e the foll	owing:									

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

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

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

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1020454 **563 PROVIDENCE-NEW LONDON TNPK** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 563 PROVIDENCE-NEW LONDON TNPK (RTE 184) 1 Towns Served: NORTH STONINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina 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 Complete 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 Total Coliform (3100) 3 repeat (RP) per period Sampling Point (Sampling Point ID) **Collection Period Compliance Status** Monitoring Period Select from Inventory of Active Sampling Points 1/9/24 - 1/14/24 Complete **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 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 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/23 - 12/31/23 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25

Water System Facility: WELL #1 (WSF ID: 23083)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

CT1020454 563 PROVIDENCE-NEW LONDON TNPK NC Local Address (where applicable) Service Residential Com 563 PROVIDENCE-NEW LONDON TNPK (RTE 184) Connections Connections Connections Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: WELL #1 (WSF ID: 23083) E. Coli (3014) Monitoring Period Monitoring Period Public Notification Requirements Wiell #1 (2) 1/8/24 - 1/14/24 Public Notification Requirements Public Notification Requirements Violation/Situation 10/1/23 - 10/31/23 3 12/27 Physical Parameters M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3 3/1/2 Water System Facility Sampling Point Sampling Point Katu Water System Facility Sampling Point Statu 00000 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 000000 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 000700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 <th>ce Sched</th> <th>ule on Owner Type Pr P strial Combined 1 triggered (TG) Period Compli</th> <th>GW Agricultural</th>	ce Sched	ule on Owner Type Pr P strial Combined 1 triggered (TG) Period Compli	GW Agricultural	
PWS ID PWS Name Classifice CT1020454 563 PROVIDENCE-NEW LONDON TNPK NC Local Address (where applicable) Service Residential Com S63 PROVIDENCE-NEW LONDON TNPK (RTE 184) Connections Connections Connections Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: WELL #1 (WSF ID: 23083) E E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period Notice Public Violation/Situation 20/1/23 - 10/31/23 3 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 10/1/23 - 10/31/23 3 12/27 Notater System Facility Sampling Point Sampling Point ID Sampling Point ID Water System Facility Sampling Point Sampling Point A DOWNSTREAM WITHIN 5 SERVICE CON A 00600 <td>tion Populatio</td> <td>on Owner Type Pr P strial Combined 1 triggered (TG) Period Compli</td> <td>GW Agricultural</td>	tion Populatio	on Owner Type Pr P strial Combined 1 triggered (TG) Period Compli	GW Agricultural	
CT1020454 563 PROVIDENCE-NEW LONDON TNPK NC Local Address (where applicable) Service Residential Com 563 PROVIDENCE-NEW LONDON TNPK (RTE 184) Connections Residential Com Towns Served: NORTH STONINGTON Monitoring Requirements Monitoring Requirements Water System Facility: WELL #1 (WSF ID: 23083) E E E. Coli (3014) Monitoring Period Monitoring Period Public Notification Requirements Well #1 (2) 1/8/24 - 1/14/24 Public Notification Requirements Public Notification Requirements Violation/Situation 10/1/23 - 10/31/23 3 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3 3/1/2 Water System Facility Sampling Point Sampling Point Ma Violation System 4 DISTRIBUTION SYSTEM A DOWNSTREAM NITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 A 36700 TREATMENT PLANT Contact Information Name	25 nercial Indus	P strial Combined 1 triggered (TG) Period Compli	GW Agricultural	
S63 PROVIDENCE-NEW LONDON TNPK (RTE 184) Connections Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: WELL #1 (WSF ID: 23083) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period WELL #1 (2) 1/8/24 - 1/14/24 Public Notification Requirements Violation/Situation 10/1/23 - 10/31/23 12/27 Physical Parameters M&R Violation 10/1/23 - 10/31/23 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 312/27 Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3/1/2 Water System Facility Sampling Point Sampling Point System Water System Facility Sampling Point Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 WELL #1 A 56700 TREATMENT PLANT Contact Information Name Organization Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two Mailing	1 Collection	1 triggered (TG) Period Compli	per period ance Status	
S63 PROVIDENCE-NEW LONDON TNPK (RTE 184) Connections Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: WELL #1 (WSF ID: 23083) E. Coli (3014) Sampling Point (Sampling Point ID) Monitoring Period WELL #1 (2) 1/8/24 - 1/14/24 Public Notification Requirements Violation/Situation 10/1/23 - 10/31/23 12/27 Physical Parameters M&R Violation 10/1/23 - 10/31/23 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 312/27 Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3/1/2 Water System Facility Sampling Point Sampling Point System Water System Facility Sampling Point Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 WELL #1 A 56700 TREATMENT PLANT Organization Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two Mailing Address Line Two Ids Realty Holding LLC <	Collection	Period Compli	per period ance Status	
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E. Coli (3014) Sampling Point (Sampling Point ID) WELL #1 (2) 1/8/24 - 1/14/24 Public Notification Requirements Violation/Situation Physical Parameters M&R Violation 10/1/23 - 10/31/23 3 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3 3/1/2 Water System Facility and Sampling Point I Water System Facility Sampling Point Sampling Point ID Description Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM 4 DOWNSTREAM WITHIN 5 SERVICE CON 4 DOWNSTREAM WITHIN 5 SERVICE CON 4 DOWNSTREAM WITHIN 5 SERVICE CON 4 DOTOO ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT 4 S6700 TREATMENT PLANT Contact Information Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two		Period Compli	ance Status	
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Violation/Situation Compliance Period Notice Tier Pure Required Physical Parameters M&R Violation 10/1/23 - 10/31/23 3 12/27 Total Coliform M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 10/1/23 - 10/31/23 3 12/27 Nitrate And Nitrite M&R Violation 1/1/23 - 10/31/23 3 12/27 Water And Nitrite M&R Violation 1/1/23 - 12/31/23 3 3/1/3 Water System Facility Sampling Point Sampling Point 8 Water System Water System Facility Sampling Point Sampling Point Facility ID ID Description Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00600 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 WELL #1 A 56700 TREATMENT PLANT Contact Information Name Organization Organization Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line Two			mplete	
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Nitrate And Nitrite M&R Violation 1/1/23 - 12/31/23 3 3/1/2 Water System Facility and Sampling Point ID Water Sampling Point Sampling Point Sampling Point Facility ID ID Description Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 WELL #1 A Soforo TREATMENT PLANT Contact Information Name Organization Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two Mailing Address Line Two	2024	1/6/2025		
Water System Facility and Sampling Point I Water Sampling Point Sampling Point Facility ID ID Description Statu 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A 00700 ENTRY POINT 3 ENTRY POINT A 23083 WELL #1 2 WELL #1 A 56700 TREATMENT PLANT Contact Information Name Organization Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two Mailing Address Line Two	2024	1/6/2025		
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23083 WELL #1 2 WELL #1 A 56700 TREATMENT PLANT Contact Information Name Name Organization Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two				
56700 TREATMENT PLANT Contact Information Name Organization Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two				
Contact Information Name Organization Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two				
NameOrganizationMr. Bruce M. ThomasTds Realty Holding LLCMailing Address Line OneMailing Address Line Two				
Mr. Bruce M. Thomas Tds Realty Holding LLC Mailing Address Line One Mailing Address Line Two				
Mailing Address Line One Mailing Address Line Two		Job Title		
	Owner	State	Zip Code	
	City		02780	
Business Phone Extension Fax Mobile Phone Emergency Phone E	City	MA		
	City aunton mail Address	MA		
Contact Role(s): Administrative Contact, Legal Contact, Owner	City aunton mail Address			
 Please note the following: The residual disinfectant concentration must be measured at the same location and time as each tota If a Collection Period is specified, all water quality samples must be collected during the specified per Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). To correspondence sent by the DWS on or after the generation date of this schedule will have precedence 	City aunton mail Address	MA		

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

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	Connecticut	Departme	ent of Pu	blic F	lealth	Dr	inkir	ng M	/ater S	ection	
		Quality N						<u> </u>		00000	
PWS ID	PWS Name	Quality		ing all			sificatio			wner Type P	rimary Source
CT1020464	THE TIN PEDDLER					21000	NC		50	P	GW
	where applicable)		Serv	vice	Resident	ial (Comme	rcial	Industrial	Combined	Agricultural
	- WESTERLY ROAD		Con	inections			1				
Towns Served:	NORTH STONINGTON										
		[Monitorin	g Requ	uiremer	nts					
Water System	Facility: DISTRIBU			• •							
Total Colifor	• •								1 r	outine (RT)	per quarter
	Point (Sampling Point				Monitorin	ng Pe	eriod	Colle	ction Perio	d Compli	ance Status
Select from	m Inventory of Active S	Sampling Points			10/1/23 -						omplete
					1/1/24 -	-				Cc	omplete
					4/1/24 -						
					7/1/24 -	9/30	/24				
-	meters (PPS)					-				• •	per quarter
	Point (Sampling Point				Monitorin	-		Collec	ction Perio		ance Status
Select from	m Inventory of Active S	sampling Points			10/1/23 -						omplete
					1/1/24 -					Сс	omplete
					4/1/24 - 7/1/24 -						
Mator Suctor	Facility: ENTRY PO		00700\		//1/24-	<i>э</i> /30	y 24				
	•		00700							1	
	Nitrite (NOX) Point (Sampling Point				Monitorir	na Da	oriod	Collor	ction Perio	-	RT) per year
ENTRY PO					1/1/23 - 1	_		Collec	lion Perio	-	omplete
LINIKITO					1/1/24 - 1						mplete
					1/1/25 - 1						
		Ot	ther Com	pliance							
Compliance Scl	hedule Activity				Ľ)ue D	Date		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY				9,	/10/2	2021				
	W	ater System	• Facility a	and Sa	mpling	Poi	nt Inv	/ento	ory		
Water								Total	Lead an		
	ter System Facility	-	ng Point Sam		int		C	Coliforn			Stage
Facility ID				cription		S	<u>status</u>	Rule	Rule II	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM				N SYSTEM		A	Y			
			STREAM WIT REAM WIT				A				
00700 ENT	RY POINT			RY POINT	RVICE CON r		A A				
					1						
23112 WEL	#1			L #1			A				
			Contact		mation						
Name			Organiz	zation						Job Title	
Mr. Dharmend											
Mailing Addres		Mailing	g Address Line	e Two					City	State	Zip Code
64 Rocky Hollo						<u></u>			ington	СТ	06359
Business Pho		Fax	Mobile Ph	one E	mergency	Phor					
860-917-695							dcpa	tel64@	gmail.cor	n	
Contact Role(s)	Administrative Con	tact, Legal Cont	act, Owner								

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1020464	THE TIN PEDDLER				NC	50	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
230 NORWICH -	WESTERLY ROAD	Connections			1			
Towns Served: N	IORTH STONINGTON					·		

Please note the following:

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

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

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

	Connecticut Departme	ent of Public He	ealth D	rinking	g Water S	Section	
	Water Quality I	Monitoring and	Comp	liance S	Schedule	<u>}</u>	
WS ID	PWS Name		Cla	assification	Population C	wner Type P	rimary Sour
T1020474	PETROGAS GROUP US INC			NC	25	Р	GW
ocal Address	(where applicable)	Service	Residential	Commerci	al Industrial	Combined	Agricultu
60 PROVIDE	NCE NEW LONDON TURNPIKE	Connections		1			
owns Served	: NORTH STONINGTON			·			÷
		Monitoring Requi	rement	s			
Vater Syster	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Fotal Colifo	rm (3100)				1	routine (RT)	per mont
	g Point (Sampling Point ID)	٨	Aonitoring	Period C	ollection Perio		ance Status
Select fro	om Inventory of Active Sampling Points	1	1/1/23 - 11	/30/23		Co	mplete
		1	2/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 1/3	31/24		Co	mplete
			2/1/24 - 2/2	29/24		Co	mplete
			3/1/24 - 3/3	31/24		Co	mplete
			4/1/24 - 4/	30/24			
			5/1/24 - 5/	31/24			
			6/1/24 - 6/	30/24			
			7/1/24 - 7/3	31/24			
			8/1/24 - 8/3	31/24			
			9/1/24 - 9/3	30/24			
		1	0/1/24 - 10	/31/24			
•	ameters (PPS)					routine (RT)	-
	g Point (Sampling Point ID)		Nonitoring		ollection Perio		ance Statu
Select fro	om Inventory of Active Sampling Points		1/1/23 - 11				mplete
			2/1/23 - 12				mplete
			1/1/24 - 1/				mplete
			2/1/24 - 2/2				mplete
			3/1/24 - 3/			Co	mplete
			4/1/24 - 4/				
			5/1/24 - 5/	-			
			6/1/24 - 6/				
			7/1/24 - 7/				
			8/1/24 - 8/				
			9/1/24 - 9/3				
			0/1/24 - 10	/31/24			
-	m Facility: ENTRY POINT (WSF ID:	: 00700)					
	Nitrite (NOX)					1 routine (F	
	g Point (Sampling Point ID)		Aonitoring		ollection Perio	-	ance Statu
ENTRY PO	JINI (3)		/1/23 - 12/				mplete
			/1/24 - 12/			Co	mplete
		1	/1/25 - 12/	31/25			

Сс	onnectic	ut Depa	rtme	nt of	Public	He	alth	Dı	rinki	ng V	Water	c Se	ection	
	Wa	ter Qual	lity №	lonit	oring a	nd	Com	pl	iance	e Sc	hedu	le		
PWS ID PW	/S Name							Clas	ssificatio	on Po	opulation	I Ow	ner Type	rimary Source
СТ1020474 РЕ	TROGAS GRO	UP US INC							NC		25		Р	GW
Local Address (whe	re applicable)				Service	F	Resident	ial	Comme	ercial	Industr	ial	Combined	Agricultural
560 PROVIDENCE N	EW LONDON	TURNPIKE			Connectior	ns			1					
Towns Served: NOR	TH STONING	ſON												
Water System Fac	ility: ENTRY	POINT (W	SFID: 0	0700)										
Analyte	Mon	itoring Requi	irement	(Summa	ary Type)		Oper	atir	ng Limit				Samples F	Req/Month
рН	Entry	Point pH Mo	onitoring	(PHRD)		Minir	mur	m: 7.0 P	н			Da	aily
Start Date: 6/1	/2011				Comp	olian	ce Histo	ry:		Oper	ating Lin	nit	Monito	ring
					Monit	torin	g Perioc	ł			oliance S			ance Status:
					11/1/2	2023	8 - 11/30)/20)23					
					12/1/2	2023	3 - 12/31	/20)23					
					1/1/20	024 ·	- 1/31/2	024	ļ					
					2/1/20	024 ·	- 2/29/2	024	ł					
					3/1/20	024 ·	- 3/31/2	024	ļ					
		Water Sy	ystem	Facili	ity and Sa	am	pling	Ро	int In	vent	tory			
Water										Toto	ıl Lead	l and	1	
	stem Facility			-	Sampling P				0	Colifo		oper		Stage
Facility ID			11)	Description	1			Status	Rul	e Rule	e Tie	r Asbestos	WQP 2 DBPI
00600 DISTRIBL	JTION SYSTEM	1	4		DISTRIBUTI	ON S	SYSTEM		А	Y				
			DOWNS	TREAM	WITHIN 5 S	SERV	ICE CON		А					
			UPSTF	EAM	WITHIN 5 S	SERV	ICE CON		А					
00700 ENTRY P	OINT		3		ENTRY POI	NT			А					
48116 WELL 1			2		WELL 1				А					
57652 TREATM	ENT SYSTEM													
			Cert	ified	Operato	or Ir	nform	ati	ion					
Water System Fac	ility: TREA	TMENT SYS	tem (v	/SF ID:	57652)									
Facility Classificatio	n: IRON REM	IOVAL AND P	H ADJUS	Т										Certification
Operator Name			Opera	tor Typ	е	Cert	tificatio	n(s)						Expiration
STEWART, MICHAEL	_ J.		CHIEF O	PERATC)R	DIST	RIBUTIC	DN S	SYSTEM	OPER	ATOR - C	LASS	51	6/30/2025
						WA	TER TRE	ATN	/IENT PL	ANT C	OPERATO	R - C	LASS I	6/30/2025
				Con	tact Info	orm	ation							
Name				01	rganization								Job Title	
Mr. Keith Murphy				Ap	oplegreen Ne	ew E	ngland I	nc.			Director	Nort	heast	
Mailing Address Line	e One		Mailing	Address	s Line Two						City		State	Zip Code
200 Brickstone Squa	are		Suite 40	4		_			And	over			MA	01810
Business Phone	Extension	Fax		Mobi	le Phone	Eme	ergency	Pho	one Ema	ail Ado	dress			
516-813-7610									Keit	h.Mu	rphy@ap	pleg	green.ie	
Contact Role(s): Le	gal Contact					_		_						
Name				01	rganization								Job Title	
Mr. Christopher Ga	sbarro			Ap	oplegreen Ne	ew E	ngland I	nc.			Operatio	ns N	lanager	
Mailing Address Line	e One		Mailing	Address	s Line Two						City		State	Zip Code
200 Brickstone Squa	are		Suite 40	4					And	over			MA	01810
Business Phone	Extension	Fax		Mobi	le Phone	Eme	ergency	Pho	one Ema	ail Ado	dress			
401-480-3929									chri	s.gask	parro@a	ople	green.ie	
Contact Role(s): Ac	dministrative	Contact												

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1020474	PETROGAS GROUP US INC			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultura
560 PROVIDENC	E NEW LONDON TURNPIKE	Connections		1			
Towns Served: N	IORTH STONINGTON	÷		·	·	·	

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	Connecticut De	epartment of	Public H	lealth E	Drinki	ng Wa	ater Se	ction	
		uality Monit				U			
PWS ID	PWS Name			C	lassificati	on Popu	lation Owr	ner Type P	rimary Source
СТ102048	4 DUNKIN DONUTS (ROU	TE 2)	1		NC	6	53	Р	GW
Local Add	ress (where applicable)		Service	Residentia	I Comm	ercial In	dustrial	Combined	Agricultura
136 NORV	VICH WESTERLY ROAD (ROUTE	2)	Connections		1				
Towns Ser	rved: NORTH STONINGTON								
			oring Requ	uirement	ts				
	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF II	D: 00600)						
	liform (3100)								per quarter
	oling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/23 - 12				Co	mplete
				1/1/24 - 3/					
				4/1/24 - 6/					
	- ()			7/1/24 - 9/	/30/24				
-	Parameters (PPS)				Dented	C -11			per quarter
-	oling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
Selec	t from Inventory of Active Sam	ipling Points		10/1/23 - 12					mplete
				1/1/24 - 3/					
				4/1/24 - 6/ 7/1/24 - 9/					
Water Sv	stem Facility: ENTRY POIN	T (W/SE ID: 00700)		7/1/24-9/	50/24				
	And Nitrite (NOX)						1	routine (F	RT) per year
	oling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	-	ance Status
-	RY POINT (3)			1/1/23 - 12					mplete
				1/1/24 - 12					inpiece
				1/1/25 - 12	-				
Water Sv	stem Facility: WELL 1	(WS	F ID: 48142)	_,_,	,,				
E. Coli (• -	- 1				1 rou	tine (RT)	per quarter
-	oling Point (Sampling Point ID))		Monitoring	Period	Collect	ion Period		ance Status
-	L 1 (2)			10/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/					
				4/1/24 - 6/	/30/24				
				7/1/24 - 9/	/30/24				
	Wate	er System Facili	ity and Sar	npling P	oint In	vento	ſy		
Water		-	-			Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform	Copper		Stage
Facility ID)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	А				
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		А				
48142	WELL 1	2	WELL 1		Α				
56598	TREATMENT PLANT								
		Con	tact Infori	mation					
Name		01	ganization					Job Title	
Mr. John (Catalfamo		an's Managem	ent Compar	ıy	Dir	of Fac -Ope	rator	
	ddress Line One	Mailing Address	s Line Two			Ci	ty	State	Zip Code
ivialling Ad		in ann B / ta ar est				0	-1		

					<u> </u>			- P -							
PWS ID	PWS Name							Clas	sificat	ion I	Population	Owr	ner Type	Prir	mary Source
CT1020484	DUNKIN DONUT	S (ROUTE 2)							NC		63		Р		GW
Local Address (w	here applicable)				Service	F	Residen	tial	Comm	nercia	l Industri	ial	Combine	ed	Agricultural
136 NORWICH W	ESTERLY ROAD (ROUTE 2)			Connectio	ons			1	1					
Towns Served: N	ORTH STONING	ON				·					l				
251 51111 511001	1									oviac			IN I		02300
Business Phone	e Extension	Fax	M	obile	e Phone	Eme	ergency	/ Pho	ne En	nail A	ddress				
401-272-9773	207	401-331-	0931 40	1-44	40-6850	40	01-440-	-6850) Jca	atalfa	mo@dansr	nana	gement.o	com	
Contact Role(s):	Administrative	Contact													
Name				Or	ganization								Job Title	e	
Smith Hill (Stone) Property														
Mailing Address I	ine One		Mailing Addr	ress	Line Two						City		State		Zip Code
251 Smith St									Pro	ovide	nce		RI		02908
Business Phone	e Extension	Fax	M	obile	e Phone	Eme	ergency	/ Pho	ne En	nail A	ddress			-	
Contact Role(s):	Legal Contact, (Owner							·						
Diasso noto the f	ollowing:														

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	Connecticut Depa					0		ection	
	Water Qua	lity Monit	oring and	d Com	pliand	e Sch	edule		
PWS ID	PWS Name			(- Classificat	ion Popu	lation O	wner Type	Primary Source
СТ1021053	STONINGTON INSTITUTE - I	NFIRMARY			NC	3	39	Р	GW
Local Address	(where applicable)		Service	Resident	ial Comm	nercial Ir	ndustrial	Combine	d Agricultura
75 SWANTOW	'N HILL ROAD		Connections			L			
Towns Served:	NORTH STONINGTON								
			oring Requ	iremen	nts				
-	m Facility: DISTRIBUTION S	YSTEIVI (WSFII	D: 00600)				-		· ·
Total Colifor								-) per quarter
	Point (Sampling Point ID)	D · · ·		Monitorin	-	Collect	ion Perio	-	liance Status
Select fro	om Inventory of Active Samplin	g Points		10/1/23 - 1					Complete
				1/1/24 - 3				(Complete
				4/1/24 - 6	• •				
	. ()			7/1/24 - 9	9/30/24				
-	ameters (PPS)							-) per quarter
	Point (Sampling Point ID)			Monitorin	-	Collect	ion Perio		liance Status
Select fro	om Inventory of Active Samplin	g Points	-	10/1/23 - 1					Complete
				1/1/24 - 3				(Complete
				4/1/24 - 6					
				7/1/24 - 9	9/30/24				
Water Syster	m Facility: ENTRY POINT (NSF ID: 00700)							
	Nitrite (NOX)								(RT) per year
	Point (Sampling Point ID)			Monitorin	-	Collect	ion Perio	d Comp	liance Status
ENTRY PC	DINT (3)			1/1/23 - 1				(Complete
				1/1/24 - 1	.2/31/24				
				1/1/25 - 1	2/31/25				
		Other Co	ompliance	Schedu	ules				
Compliance So	chedule Activity			D	ue Date		Achieve	d Date	
CROSS CONNE	CTION SURVEY REPORT			3,	/1/2020				
CROSS CONNE	CTION SURVEY REPORT			3,	/1/2021				
CROSS CONNE	CTION SURVEY REPORT			3,	/1/2022				
CROSS CONNE	ECTION SURVEY REPORT			3,	/1/2023				
CROSS CONNE	CTION SURVEY REPORT			3,	/1/2024				
	Water S	ystem Facili	ity and San	npling l	Point In	vento	ry		
Water System Wa Facility ID	iter System Facility	Sampling Point ID	Sampling Poir Description	nt	Status	Total Coliform Rule		r	Stage s WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А				
		UPSTREAM	WITHIN 5 SER	VICE CON	А				
00700 EN	TRY POINT	3	ENTRY POINT		А				
	LL #2	2	WELL #2		А				
48299 INT	ERCONNECTION - L020483 - KNOLLWOOD								

		201 200				19110		01100101			
PWS ID	PWS Name					Classif	cation	Population	Owner 1	Гуре	Primary Source
СТ1021053	STONINGTON IN	ISTITUTE - IN	IFIRMARY			N	C	39	Р		GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmercia	Industria	al Con	nbine	d Agricultural
75 SWANTOWN	HILL ROAD			Connection	IS		1				
Towns Served: N	IORTH STONINGT	ON		I							!
			Cor	ntact Info	rmatior	1					
Name			C	Organization					Job	o Title	<u>}</u>
Mr. William A. A	niskovich		S	tonington Ins	titute			Ceo			
Mailing Address	Line One		Mailing Addres					City	St	tate	Zip Code
75 Swantown Hi	ll Road						North S	tonington		СТ	06359-0216
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	ddress			
860-535-1010)				800-832	-1022					
Contact Role(s):	Legal Contact										
Name			C	Organization					Job	o Title	<u>}</u>
Mr. Mitchel L. W	/illsie		S	tonington Ins	titute			Dir Faciliti	ies Mgmt	t	
Mailing Address	Line One		Mailing Addres	ss Line Two				City	St	tate	Zip Code
75 Swantown Hi	ll Road						North S	tonington		СТ	06359
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	ddress	·		
860-535-1010	233	860-535-4	4820		860-535	1010					
Contact Role(s):	Legal Contact										
Name			C	Organization					Job	o Title	ž
Mr. Howard Wo	rst		S	tonington Ins	titute			Facilities N	Manager		
Mailing Address	Line One		Mailing Addres	ss Line Two				City	St	tate	Zip Code
75 Swantown Hi	ll Rd.						North S	tonington		СТ	06359
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	ddress			
860-235-6132	2				860-535	-1010	Howard	l.worst@uh	sinc.com	۱	
Contact Role(s):	Administrative	Contact									
Please note the	following:										

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	it Department of				<u> </u>		ction	
Wat	er Quality Monit	coring an	d Com	oliar	ice Sc	hedule		
PWS ID PWS Name		0	C	lassific	ation Pc	opulation Ow	ner Type 🛛	Primary Source
CT1021064 NORTH STONING	TON XTRA MART			NC	,	35	Р	GW
Local Address (where applicable)		Service	Residentia	al Com	nmercial	Industrial	Combined	Agricultural
226 NORWICH WESTERLY ROAD		Connections			1			
Towns Served: NORTH STONINGT	ON				I	L		
	Monit	oring Requ	uirement	ts				
Water System Facility: DISTRI	BUTION SYSTEM (WSF	D: 00600)						
Total Coliform (3100)						1 roi	utine (RT)	per quarter
Sampling Point (Sampling Po	oint ID)		Monitoring	y Period	d Coll	ection Period	Comp	liance Status
Select from Inventory of Activ	ve Sampling Points		10/1/23 - 12	2/31/2	3		C	omplete
			1/1/24 - 3,	/31/24			C	omplete
			4/1/24 - 6,	/30/24				
			7/1/24 - 9/	/30/24				
Physical Parameters (PPS)						1 roi	utine (RT)	per quarter
Sampling Point (Sampling Po	oint ID)		Monitoring	y Perio	d Coll	ection Period	Comp	liance Status
Select from Inventory of Activ	ve Sampling Points		10/1/23 - 12	2/31/2	.3		C	omplete
			1/1/24 - 3/	/31/24			C	omplete
			4/1/24 - 6,	/30/24	,			
			7/1/24 - 9/					
Water System Facility: ENTRY	POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (RT) per year
Sampling Point (Sampling Po	oint ID)		Monitoring	y Perio	d Coll	ection Period	-	liance Status
ENTRY POINT (3)			1/1/23 - 12					omplete
			1/1/24 - 12					omplete
			1/1/25 - 12					
	Water System Facil	ity and Sa				tory		
Water					Tota	al Lead and	1	
System Water System Facility	Sampling Point		int		Colifo	rm Copper		Stage
Facility ID	ID	Description		Stati	us Rule	e Rule Tier	Asbestos	WQP 2 DBPF
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
	DOWNSTREAM	WITHIN 5 SEF	RVICE CON	А				
	UPSTREAM	WITHIN 5 SEF	RVICE CON	А				
00700 ENTRY POINT	3	ENTRY POINT	Г	А				
48885 WELL 1	2	WELL 1		А				
	Cor	ntact Infor	mation					
Name	0	rganization					Job Title	
Mr. Ibrahim Badat	2	OTh Real Estate	e Mngmnt Ir	nc Ct	(Owner		
Mailing Address Line One	Mailing Addres	s Line Two			I	City	State	Zip Code
15376 Kuykendahl Road				ŀ	Houston		ТХ	77090
Business Phone Extension	Fax Mob	ile Phone E	mergency P	hone [Email Add	dress		
832-375-0000	832-375-0167					(fuel@gmail.co	om	

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary S	Source
CT1021064	NORTH STONINGTON XTRA MART				NC	35	Р	GW	
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricu	ultural
226 NORWICH	WESTERLY ROAD	Connections			1				
Towns Served:	NORTH STONINGTON								

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT1021074 KINGDOM HALL OF JEHOVAHS WITNESSES NC 225 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 530 PROVIDENCE - NEW LONDON TPKE 1 Towns Served: NORTH STONINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina 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 Complete 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 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** 11/1/23 - 11/30/23 Select from Inventory of Active Sampling Points Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 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 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/23/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

	C	Connecticu	ut Depa	rtment of	Public	Health	Dr	inkin	g W	'ater	Sectio	on	
		Wat	er Qua	lity Monit	oring a	nd Con	npli	ance	Sch	edul	e		
PWS ID	Р	WS Name					Clas	sification	Рор	ulation	Owner T	/pe P	rimary Source
CT1021074	1 к	INGDOM HALL	of Jehovai	HS WITNESSES				NC	2	225	Р		GW
Local Addr	ess (wh	ere applicable)			Service	Resider	ntial	Commerc	ial I	ndustria	al Com	bined	Agricultural
530 PROVI	DENCE	- NEW LONDON	TPKE		Connection	าร		1					
Towns Serv	ved: NC	RTH STONINGT	ON										
			Water S	ystem Facil	ity and S	ampling	; Poi	nt Inve	ento	ry			
Water System Facility ID	Water	System Facility		Sampling Point ID	Sampling P Description			Со	otal liform Rule		per	estos	Stage WQP 2 DBPR
	DISTRIE	BUTION SYSTEM		4	DISTRIBUTI			A					
				DOWNSTREAM				A					
				UPSTREAM	WITHIN 5 S			А					
00700	ENTRY	POINT		3	ENTRY POIL	NT		А					
57604	WELL			2	WELL			А					
57669	TREAT	MENT PLANT											
				Con	tact Info	rmatior	ו						
Name				0	rganization						Job	Title	
Mr. Ronale	d Shern	nan											
Mailing Ad	dress Li	ne One		Mailing Addres	s Line Two				C	City	Sta	ate	Zip Code
Stoningtor	n CT Cor	ng of Jehovahs V	Vitnesses	135 Liberty Stre	eet			Pawca	tuck		C	T	06379
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phoi	ne Email	Addre	ess			
860-213													
Contact Ro	ole(s):	egal Contact											
Name					rganization							Title	
Mr. Bruce					ongn. of Jeho	ovahs Witne	esses		Ac	ting Mi			
Mailing Ad	dress Li	ne One		Mailing Addres	s Line Two					City	Sta	ate	Zip Code
222 Post R	oad			Unit 6B				Weste			F	RI	02891
Business		Extension	Fax	Mobi	le Phone	Emergency							
860-334	-					860-334	-2641	bruce	tiven	@yahoo	o.com		
		Administrative (Contact										
	idual dis	ollowing: infectant concent							form s	ample.			

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

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

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

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

Connecticut Depa	artmen	t of Public	Health I	Drink	ing V	Vater Se	ction	
Water Qua	lity Mo	nitoring a	ind Com	plian	ce Scł	nedule		
PWS ID PWS Name			C	Classifica	tion Po	pulation Owr	ner Type	Primary Source
CT1021084 NORTH STONINGTON BIBLE	CH - WORS	HIP HALL		NC		25	Р	GW
Local Address (where applicable)		Service	Residentia	al Comi	mercial	Industrial	Combined	Agricultural
100 JEREMY HILL ROAD		Connectio	ns		1			
Towns Served: NORTH STONINGTON								
	Mo	onitoring Re	quiremen	ts				
Water System Facility: DISTRIBUTION S	SYSTEM - W	ORSHIP HALL	(WSF ID: 000	600)				
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitoring			ction Period		iance Status
Select from Inventory of Active Sampling	g Points		10/1/23 - 1				C	omplete
			1/1/24 - 3					
			4/1/24 - 6					
			7/1/24 - 9	/30/24				
Physical Parameters (PPS)				. Dente d	C -11-			per quarter
Sampling Point (Sampling Point ID)	a Dointa		Monitoring	-		ction Period		iance Status
Select from Inventory of Active Samplin	g Points		10/1/23 - 1 1/1/24 - 3				U	omplete
			4/1/24 - 6					
			7/1/24 - 9					
Water System Facility: ENTRY POINT (700)	771/24 - 5	730724				
Nitrate And Nitrite (NOX)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	routine (RT) per year
Sampling Point (Sampling Point ID)			Monitoring	a Period	Colle	ction Period	-	iance Status
ENTRY POINT (3)			1/1/23 - 12		conc	ction i crioù		omplete
			1/1/24 - 12					Simplete
			1/1/25 - 12					
	Othe	er Complian						
Compliance Schedule Activity		-		ue Date		Achieved	Date	
RESPOND TO SANITARY SURVEY			10/	/16/2021	L			
Water S	vstem Fa	acility and S	Sampling P	Point I	nvent	orv		
Water	•	•			Total	-		
System Water System Facility	Sampling P	Point Sampling	Point		Colifor	m Copper		Stage
Facility ID	ID	Descriptio	n	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBPR
00503 WELL #3	2	WELL #3		А				
00600 DISTRIBUTION SYSTEM - WORSHIP HALL	4	DISTRIBUT	ION SYSTEM	A	Y			
	DOWNSTR	EAM WITHIN 5	SERVICE CON	А				
	UPSTREA	M WITHIN 5	SERVICE CON	А				
00700 ENTRY POINT	3	ENTRY PO	INT	Α				
		Contact Info	ormation					
Name		Organization					Job Title	
Pastor Larry Chappell		North Stoning	gton Bible Chu	rch	Р	astor		
Mailing Address Line One	Mailing Ad	ldress Line Two				City	State	Zip Code
100 D Jeremy Hill Road	<u> </u>		1	N	orth Stor	nington	СТ	06359
Business Phone Extension Fax		Mobile Phone	Emergency P					
860-535-3430				lc	happell5	@comcast.ne	et	
Contact Role(s): Legal Contact								

PWS ID	PWS Name					Clas	sification	Population	ו Owr	ner Type	Primary Source
CT1021084 I	NORTH STONING	TON BIBLE	CH - WORSHI	P HALL			NC	25		Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial	Commerc	ial Indust	rial	Combine	ed Agricultural
100 JEREMY HILL	ROAD			Connectio	ns		1				
Towns Served: NO	ORTH STONINGTO	ON				·					
Name				Organization						Job Title	5
Mr. Nelson S. Ho	lt			North Stoning	gton Bible C	hurch		Represe	ntative	e	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
60 Ann Avenue							Mystic			СТ	06355
Business Phone	Extension	Fax	Mc	bile Phone	Emergenc	y Pho	ne Email /	Address			
860-536-0506											
Contact Role(s):	Administrative C	Contact									
Please note the f	ollowing:										
1. The residual dis	sinfectant concenti	ation must b	e measured at	the same location	on and time	as eacl	n total colif	orm sample.			

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

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

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	Connectic	ut Dena	rtment c	f Public	Health I	rinki	ing W	ater Se	ction	
		-			ind Comp		-		ction	
PWS ID	PWS Name	iter Qua		toring a					ner Type P	Primary Source
	220 NORWICH /	WESTERIY F				NC		85	P	GW
Local Address (w	-			Service	Residentia				Combined	
220 NORWICH W				Connectio		1		laastilai	combined	Agricultural
Towns Served: N							-			
Towns Served. N	OKTH STORING		Mani	toring Do		ka l				
Water System F	Eacility: DIST				quiremen	lS				
Total Coliform				10.00000)				1 rou	tino (PT)	per quarter
	oint (Sampling P	oint ID)			Monitoring	Deriod	Collect	ion Period		iance Status
	Inventory of Act		Points		10/1/23 - 1		conect	ion r erioù		omplete
Select II OIII	Inventory of Act	ive sampling	FOILTS		1/1/24 - 3					omplete
					4/1/24 - 6					mpiere
					7/1/24 - 9					
Dhusical Davas					//1/24-9	/50/24		1	+:	
Physical Paran		oint (D)			Monitoring	Devied	Collect			per quarter
	oint (Sampling P	-	Deinte		Monitoring		Conect	ion Period		iance Status
Select from	Inventory of Act	ive sampling	Points		10/1/23 - 1					omplete
					1/1/24 - 3				C	omplete
					4/1/24 - 6					
					7/1/24 - 9	/30/24				
Water System F			/SF ID: 00/00)				-		\
Nitrate And Ni	• •					Destad	C - 11 +		-	RT) per year
	oint (Sampling P	oint ID)			Monitoring		Collect	ion Period		iance Status
	11 (3)				1/1/23 - 12				Ca	omplete
ENTRY POIN	11 (3)					1/21/2/			-	
					1/1/24 - 12	· · · ·			Co	omplete
					1/1/25 - 12	/31/25			C	
		Water Sy	ystem Faci	lity and S		/31/25		ry	C	
Water				-	1/1/25 - 12 Sampling P	/31/25	Total	Lead and	Co	omplete
Water System Water	r System Facility		Sampling Poin	t Sampling	1/1/25 - 12 Sampling P Point	2/31/25 Point In	Total Coliform	Lead and Copper		omplete Stage
Water System Water Facility ID	r System Facility		Sampling Poin ID	t Sampling Descriptio	1/1/25 - 12 Sampling P Point	2/31/25 Point In Status	Total	Lead and Copper		omplete Stage
Water System Water Facility ID 00501 WELL	r System Facility 1	, .	Sampling Poin ID 2	t Sampling Description WELL 1	1/1/25 - 12 Sampling P Point n	oint Ir Status A	Total Coliform Rule	Lead and Copper		omplete Stage
Water System Water Facility ID 00501 WELL	r System Facility	, . 1	Sampling Poin ID 2 4	t Sampling I Description WELL 1 DISTRIBUT	1/1/25 - 12 Sampling P Point n	2/31/25 Point Ir Status A A	Total Coliform	Lead and Copper		omplete Stage
Water System Water Facility ID 00501 WELL	r System Facility 1	, . 1	Sampling Poin ID 2 4 DOWNSTREAN	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON	2/31/25 Point Ir Status A A A A	Total Coliform Rule	Lead and Copper		omplete Stage
Water System Water Facility ID 00501 WELL 00600 DISTR	r System Facility 1 IBUTION SYSTEM	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM	t Sampling Description WELL 1 DISTRIBUT WITHIN 5 S WITHIN 5 S	1/1/25 - 12 Sampling P Point n NON SYSTEM SERVICE CON SERVICE CON	2/31/25 Point Ir Status A A A A A	Total Coliform Rule	Lead and Copper		omplete
Water System Water Facility ID 00501 WELL 00600 DISTR	r System Facility 1	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3	t Sampling I Descriptio WELL 1 DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON	2/31/25 Point Ir Status A A A A	Total Coliform Rule	Lead and Copper		omplete Stage
Water System Water Facility ID 00501 WELL 00600 DISTR	r System Facility 1 IBUTION SYSTEM	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI ntact Info	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON	2/31/25 Point Ir Status A A A A A	Total Coliform Rule	Lead and Copper	Asbestos	omplete Stage
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTRY	r System Facility 1 IBUTION SYSTEM Y POINT	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI ntact Info	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation	2/31/25 Point Ir Status A A A A A	Total Coliform Rule Y	Lead and Copper Rule Tier	Asbestos Job Title	omplete Stage
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTR 00700 ENTR	r System Facility 1 IBUTION SYSTEM Y POINT	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI ntact Info Organization Norwich Wes	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation	2/31/25 Point Ir Status A A A A A	Total Coliform Rule Y Y	Lead and Copper Rule Tier	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTR 00700 ENTR Name Mr. John J. Parid Mailing Address	r System Facility 1 IBUTION SYSTEM Y POINT	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI ntact Info Organization Norwich Wes	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation	2/31/25 Point Ir Status A A A A A A A	Total Coliform Rule Y Par	Lead and Copper Rule Tier	Asbestos Job Title r State	Stage WQP 2 DBPR
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTR Name Mr. John J. Parid Mailing Address 306 North Anguil	r System Facility 1 IBUTION SYSTEM Y POINT le Line One lla Road	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO Mailing Addree	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI ntact Info Organization Norwich Wes	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation terly, LLC	2/31/25 Point Ir Status A A A A A A A Pav	Total Coliform Rule Y Y Par Ci wcatuck	Lead and Copper Rule Tier tner/Owne	Asbestos Job Title	Stage WQP 2 DBPR
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTR 00700 ENTR Name Mr. John J. Parid Mailing Address 306 North Angui Business Phone	r System Facility 1 IBUTION SYSTEM Y POINT le Line One Ila Road e Extension	, . 1	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO Mailing Addree	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI ntact Info Organization Norwich Wes	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation	P/31/25 Point In Status A A A A A A A A A A A A A A A A A A A	Total Coliform Rule Y Y Par Ci wcatuck	Lead and Copper Rule Tier tner/Owne ity	Asbestos	Stage WQP 2 DBPR
Water System Water Facility ID 00501 WELL 00600 DISTR 00700 ENTR Name Mr. John J. Parid Mailing Address 306 North Anguil	r System Facility 1 IBUTION SYSTEM Y POINT le Line One IIa Road e Extension	, /	Sampling Poin ID 2 4 DOWNSTREAM UPSTREAM 3 CO Mailing Addree	t Sampling I Description WELL 1 DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI ntact Info Organization Norwich Wes	1/1/25 - 12 Sampling P Point n TON SYSTEM SERVICE CON SERVICE CON INT Drmation terly, LLC	P/31/25 Point In Status A A A A A A A A A A A A A A A A A A A	Total Coliform Rule Y Y Par Ci wcatuck	Lead and Copper Rule Tier tner/Owne	Asbestos	Stage WQP 2 DBPR

									Ŭ	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Sourc
СТ1021094	220 NORWICH	WESTERLY	ROAD				NC	35	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial (Commerci	al Industri	al Combin	ed Agricultura
220 NORWICH V	VESTERLY RD (RC	OUTE 2)		Connectio	ns		1			
Towns Served: N	IORTH STONING	TON				I				
Name				Organization					Job Titl	e
Mr. Carl Stevens	son			Stevenson Far	nily LLC			Owner/M	lember	
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code
220 Norwich-We	esterly Rd.						North S	Stonington	СТ	06359
Business Phon	e Extension	Fax	M	obile Phone	Emergency	y Phor	e Email A	Address		
860-415-9055	5				860-770	-0464	jakes.r	estaurant@ [.]	yahoo.com	
Contact Role(s):	Administrative	Contact								
Please note the	following:									

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

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

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

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Со			rtment of ity Monit					0			ection	
PWS ID PW	/S Name	tor quar					ssificat				ner Type F	Primary Source
CT1021114 DC	LLAR GENER	AL - NORTH S	TONINGTON				NC		25		P	GW
Local Address (whe	re applicable)			Service	Residen	tial	Comn	nercial	Indu	strial	Combined	Agricultur
330 CLARKS FALLS F	RD			Connectio	ns			1				
Towns Served: NOR	TH STONINGT	ON										
			Monit	oring Re	quireme	nts	;					
Water System Fac	cility: DISTR	IBUTION SY		•								
Total Coliform (3	-									1 rou	utine (RT)	per quarte
Sampling Poin					Monitori			Colle	ection	Period	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		10/1/23 -							omplete
					1/1/24 -		-				C	omplete
					4/1/24 -							
					7/1/24 -	9/3	0/24					
Physical Paramet												per quarte
Sampling Poin		-			Monitori	-		Colle	ection	Period		iance Status
Select from Inv	entory of Act	ive Sampling	Points		10/1/23 -							omplete
					1/1/24 -						C	omplete
					4/1/24 -		-					
					7/1/24 -	9/3	0/24					
Water System Fac		Y POINT (W	/SF ID: 00700)									1
Nitrate And Nitri		1.00									-	RT) per yea
Sampling Poin		oint IDJ			Monitori	_		Colle	ection	Period		iance Status
ENTRY POINT (3)				1/1/23 -							omplete
					1/1/24 - 1/1/25 -							omplete
		Water Sy	stem Facil	ity and S				nvent	ory			
Water				-				Tota	-	ad and	'	
	ystem Facility	9	Sampling Point					Colifor		Copper		Stage
Facility ID		_	ID	Description			Status		? К	ule lier	Asbestos	WQP 2 DBF
00600 DISTRIBL	JTION SYSTEM				ION SYSTEM		A	Y				
							A	Y				
			UPSTREAM	ENTRY POI	SERVICE CON	N	A	Y				
00700 ENTRY P	UINT		3		NI		A					
61143 WELL#1			2	WELL#1			A					
61146 TREATM	ENT PLANT		6									
Name					ormation						Job Title	
Name Ms. Sheila Scull				rganization ollar Genera	l Corp				ny Co	omp Spe		
Mailing Address Lin	e One		ى Mailing Addres					E	City	mh she	State	Zip Code
100 Mission Ridge	e one		mannig Auures	S LINE I WU			60	odletts			TN	37072
Business Phone	Extension	Fax	Moh	ile Phone	Emergency	Pho					114	57072
615-855-4459					-mer Series					@Dolla	rGeneral.co	om
Contact Role(s): A	dministrative	Contact										

							r						
PWS ID	PWS Nai	PWS Name					Classification		Population	Owner Type	Primary Source		
СТ1021114	DOLLAR	OOLLAR GENERAL - NORTH STONINGTON					NC		25	Р	GW		
Local Address (v	where app	licable)			Service	Resider	ntial	Commerci	ial Industri	al Combin	ed Agricultura		
330 CLARKS FAL	LS RD				Connectior	ns		1	1				
Towns Served: N	NORTH ST	ONINGT	NC							1			
Name					Organization				Job Title				
Mr. Mark Sweeney					3 Squawking Geese, LLC Owner								
Mailing Address	Line One	2		Mailing Addr	ess Line Two					State	Zip Code		
125 Derby Road	l							Berlin		СТ	01503		
Business Phor	ne Exte	ension	Fax	Mc	bile Phone	Emergency	y Phor	ne Email /	Address	÷			
978-580-933	9							marks	007@charte	r.net			
Contact Role(s):	Legal Co	ontact, O	wner	·									
Please note the	following	g:											

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

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

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

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	Сс	onnectic	ut Depa	irtment of	f Public	Health D)rin	king	Wat	er Se	ection	
		Wa	ter Oua	lity Monit	oring a	nd Comr	olia	nce Se	chec	lule		
PWS ID	PW	/S Name		- - - -	0						vner Type P	rimary Source
CT102112			& FUEL - NO	ORTH STONINGT	ON		N		. 44		P	GW
Local Add		re applicable)			Service	Residentia	I Cor	nmercial	Indu	ustrial	Combined	Agricultural
		ERLY RD, NO		GTON	Connection			1				0
		TH STONING										
				Monit	oring Rec	uirement	tc					
Water Sy	stem Fac	ility: DISTR	RIBUTION (WSF ID: 00600	•	unemen						
Total Co	liform (3	3100)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Peric	d Col	llectior	n Period	l Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	; Points		10/1/23 - 12	2/31/2	23			Co	omplete
						1/1/24 - 3/	/31/24	1			Co	omplete
						4/1/24 - 6/	/30/24	1				
						7/1/24 - 9/	/30/24	1				
Physical	Paramet	ers (PPS)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	llectior	n Period	l Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	g Points		10/1/23 - 12	2/31/2	23			Сс	omplete
						1/1/24 - 3/	/31/24	1			Co	omplete
						4/1/24 - 6/	/30/24	1				
						7/1/24 - 9/	/30/24	1				
Water Sy	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate A	And Nitri	te (NOX)								1	l routine (RT) per year
		t (Sampling P	oint ID)			Monitoring	Perio	d Col	llectior	n Period	-	iance Status
	RY POINT (-			1/1/23 - 12	/31/2	3			Co	omplete
						1/1/24 - 12						omplete
						1/1/25 - 12						
			Water S	ystem Facil	ity and Sa				tory			
Water								Tot	al L	ead and	d	
System	-	stem Facility	,	Sampling Point				Colife		Copper		Stage
Facility ID)			ID	Description		Sta	tus Ru	le F	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION		4	DISTRIBUTI		А	. Y	,			
				DOWNSTREAM	5 SERVICE C	CONNECTION	А	. Y	,			
				UPSTREAM	5 SERVICE C	ONNECTION	A	. Y	'			
00700	ENTRY P	DINT		3	ENTRY POIN	IT	A					
62703	WELL 1			2	WELL 1		A					
62707	CALCITE	FILTER										
62711	BLADDEF	R TANK										
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Mr. Ahme	ed Choudh	nry		Be	estway Food	Store, Inc.			Owne	r		
Mailing Ac	ddress Lin	e One		Mailing Addres	s Line Two				City		State	Zip Code
PO Box 12	26							Norwich			СТ	06360
Business	s Phone	Extension	Fax	Mobi	ile Phone	Emergency Pl	hone	Email Ac	dress		I	
860-60	8-9636							bestway	411@\	/ahoo.c	om	
Contact Ro	ole(s): Ac	dministrative	Contact, Leg	gal Contact, Owr	ner			· ·				
L				· ·								

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prin	nary Source
CT1021124	BESTWAY FOOD & FUEL - NORTH STONING	TON			NC	44	Р		GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed /	Agricultural
76 NORWICH-W	VESTERLY RD, NORTH STONINGTON	Connections			1				
Towns Served:	NORTH STONINGTON					1	1		

Please note the following:

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

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

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

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

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

Сс	onnecticut Depa						0		ection	
	Water Qua	lity Monit	oring an	<u>d Com</u>	pl	ianc	<u>e Sch</u>	edule		
PWS ID PW	/S Name				Clas	ssificatio	on Popu	ulation Ov	wner Type P	rimary Source
CT1021134 KIN	IGDOM OF THE HAWK					NC	2	205	Р	GW
Local Address (wher	e applicable)		Service	Resident	tial	Comme	ercial I	ndustrial	Combined	Agricultural
113 PENDLETON HIL	L RD, NORTH STONINGTO	NC	Connections						1	
Towns Served: NOR	TH STONINGTON									
		Monito	oring Requ	uiremen	nts					
Water System Fac	ility: DISTRIBUTION	(WSF ID: 00600)							
Total Coliform (3	3100)							1 rc	outine (RT)	per quarter
Sampling Point	t (Sampling Point ID)			Monitorir	ng P	eriod	Collect	tion Perio	d Compl	ance Status
Select from Inv	entory of Active Sampling	g Points		10/1/23 -	12/	31/23			Co	omplete
				1/1/24 -	3/3	1/24				
				4/1/24 -	6/3	0/24				
				7/1/24 -	9/3	0/24				
Physical Paramet								1 ro		per quarter
	t (Sampling Point ID)			Monitorir	-		Collect	tion Perio		ance Status
Select from Inv	entory of Active Samplin	g Points		10/1/23 -					Co	mplete
				1/1/24 -		-				
				4/1/24 -		-				
				7/1/24 -	9/3	0/24				
Water System Fac	ility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrit									-	RT) per year
	t (Sampling Point ID)			Monitorir	-		Collect	tion Perio		ance Status
ENTRY POINT (3	3)			1/1/23 - 2					Сс	omplete
				1/1/24 - 1			_			
				1/1/25 - 2	-	-				
		Other Co	ompliance	Sched	ule	es				
Compliance Schedu				Ľ	Due	Date		Achieve	d Date	
CROSS CONNECTION	N SURVEY REPORT			3	3/1/	2025				
	Water S	ystem Facili	ity and Sa	mpling	Ро	int In	vento	ry		
Water							Total	Lead an	d	
	stem Facility	Sampling Point		nt			Coliform			Stage
Facility ID		ID	Description			Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBU	ITION	4	DISTRIBUTIO			A	Y			
		DOWNSTREAM				A	Y			
00700 5175115		UPSTREAM	5 SERVICE CC		N	A	Y			
00700 ENTRY PC	ואור	3	ENTRY POINT			A				
62800 WELL 1		2	WELL 1			A				
			Operator	Inform	ati	on				
Water System Fac		(WSF ID: 00600								
Facility Classificatio	n:	_								Certification
Operator Name		Operator Typ		ertificatio						Expiration
COSSETTE, EVAN J		CHIEF OPERATC		ATER TRE						6/30/2024
				STRIBUTIC						6/30/2024
			D	STRIBUTIC)n s	SYSTEM	OPERAT	OR - CLAS	S II	9/30/2024

				0		_					
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	e Pri	mary Source
CT1021134	KINGDOM OF THE HA	WK					NC	205	Р		GW
Local Address (where applicable)			Service	Residen	tial	Commerci	al Industri	ial Combir	ned	Agricultural
113 PENDLETO	N HILL RD, NORTH STON	NINGTON	J	Connections					1		
Towns Served	NORTH STONINGTON								·		

		C	ontact Inf	ormation					
			Organization	1	Job Title				
nery	Stonington S	eahawk LLC		Principal - Owner					
Mailing Address Line One Mailing Add					City		State	Zip Code	
					Stoningt	gton CT 063			
Extension	Fax	N	lobile Phone	Emergency Phone	Email Address				
	860-415-9	9072		347-675-3566	mconnery@saltwaterfarmvineyard.com				
	One Extension	One Extension Fax 860-415-5	Nery One Mailing Add Extension Fax M 860-415-9072	Organization Stonington S One Mailing Address Line Two Extension Fax Mobile Phone	Organization nery Stonington Seahawk LLC One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone 860-415-9072 347-675-3566	Organization nery Stonington Seahawk LLC One Mailing Address Line Two Stonington Extension Fax Mobile Phone Emergency Phone Email Address 860-415-9072 Jatrona Stone Methods Methods Methods Methods	Organization Principal - C nery Stonington Seahawk LLC Principal - C One Mailing Address Line Two City Extension Fax Mobile Phone Emergency Phone Email Address 860-415-9072 Image: Colspan="2">	$\begin{tabular}{ c c c c c } \hline \begin{tabular}{ c c c c } \hline \begin{tabular}{ c c c c c } \hline \begin{tabular}{ c c c c c } \hline \begin{tabular}{ c c c c c c c c } \hline \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	

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

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