Cons	nocticut Dor	artment of	Dublic	Joalth D	rinle	ing V	Mator C	oction	
Com	necticut Dep							ection	
	Water Qu	ality Monit	oring an	d Comp	lianc	ce Sc.	<u>hedule</u>		
PWS ID PWS N	ame			Cla	assificat	ion Po	pulation O	wner Type P	rimary Source
CT1050024 BLACK	HALL CLUB				NC		25	Р	GW
Local Address (where ap	oplicable)		Service	Residential	Comm	nercial	Industrial	Combined	Agricultural
47-1 BUTTONBALL ROAI	D		Connections		1	1			
Towns Served: OLD LYN	1E								
		Monito	oring Requ	uirement	S				
Water System Facility	: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform (3100	0)						1 rc	outine (RT)	per quarter
Sampling Point (So	ampling Point ID)			Monitoring	Period	Colle	ection Perio	d Compli	ance Status
Select from Invento	ory of Active Sampli	ng Points		10/1/23 - 12	/31/23			Со	mplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
<b>Physical Parameters</b>	(PPS)						1 rc	outine (RT)	per quarter
Sampling Point (So	ampling Point ID)			Monitoring	Period	Colle	ection Perio	d Compli	ance Status
Select from Invento	ory of Active Sampli	ng Points		10/1/23 - 12	/31/23			Co	mplete
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	-				
				7/1/24 - 9/	30/24				
Water System Facility	: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (	•							=	RT) per year
Sampling Point (So	ampling Point ID)			Monitoring		Colle	ection Perio	d Compli	ance Status
ENTRY POINT (3)				1/1/23 - 12/				Со	mplete
				1/1/24 - 12/					
				1/1/25 - 12/					
M	onthly Water	System Facili	ity (WSF)	Level Mo	nitori	ing Re	equirem	ents	
Water System Facility	: ENTRY POINT	(WSFID: 00700)							
Analyte	<b>Monitoring Red</b>	quirement (Summa	ary Type)	Operati	ing Limi	t		Samples R	eq/Month
рН	Entry Point pH	Monitoring (PHRD	)	Minimu	ım: 7 Pl	Н		4	ļ.
<b>Start Date:</b> 10/1/20	011		Compli	ance History	;	Opera	ating Limit	Monito	ring
			Monito	ring Period		Comp	liance Statu	ıs: Complia	nce Status:
			11/1/20	)23 - 11/30/2	023				
				)23 - 12/31/2					
				24 - 1/31/202					
				24 - 2/29/202					
			3/1/202	24 - 3/31/202	4				
		Other Co	ompliance	<b>Schedul</b>	es				
Compliance Schedule A	ctivity			Due	Date		Achieve	d Date	
CROSS CONNECTION SU	JRVEY REPORT			3/1	/2025				
	Water	System Facili	ty and Sa	mpling Po	oint Ir	nvent	ory		
Water						Tota	l Lead an	d	
System Water System	m Facility	Sampling Point		int		Colifor			Stage
Facility ID		ID	Description		Status		Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTIO	N SYSTEM	4	DISTRIBUTIO		Α	Υ			
		DOWNSTREAM	WITHIN 5 SEI	RVICE CON	Α				

Α

UPSTREAM WITHIN 5 SERVICE CON

	Water Quality Monitoring and Compliance Schedule												
PWS ID		Classification   Population   Owr		Owner Type	Primary Source								
CT1050024	BLACK HALL CLUB				NC	25	Р	GW					
Local Address (\	Service	Residen	lential Commerc		al Industri	al Combine	ed Agricultural						
47-1 BUTTONBA	Connections			1									

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory												
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	-	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP					
00700	ENTRY POINT	3	ENTRY POINT	Α									
21823	WELL	2	WELL	Α									
57822	TREATMENT PLANT												

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Philip Neaton				Black Hall Clu	ıb		Superinten	dent	
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
50 Buttonball Road			P O Box 2	78		Old Lym	e	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-434-2051		860-434-3	3993						
Contact Role(s): Ac	dministrative	Contact	•		•	•			
Name				Organization	1			Job Title	
Black Hall Club Inc									
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
P. O. Box 278						Old Lym	e	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): Le	gal Contact, C	Owner							
Name				Organization	1			Job Title	
Mr. John Opeka				Black Hall Clu	ub Inc		President		
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
29 Spinnaker Drive						Niantic		СТ	06357
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s): Legal Contact, Owner

# Please note the following:

Towns Served: OLD LYME

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

End of schedule

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

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
CT1050114 FIRST CONGREGATIONAL CHURCH OF OLD LYME					NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
2 FERRY ROAD		Connections			1			

Towns Served: OLD LYME

57824 TREATMENT PLANT

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)									
Total Coliform (3100)	1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	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									
Physical Parameters (PPS)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	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: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring 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	<del></del>	
	Other Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	

RESPOND TO SANITARY SURVEY

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

3/1/2023

CROSS CONNECTION SURVEY REPORT

3/1/2024

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21830	WELL	2	WELL	Α		·							

Contact Information											
Name		Organization			Job Title						
Mr. Douglas Wilson	First Cong. Church	of Old Lyme	Chair Bd of	Trustees							
Mailing Address Line One	Mailing	Address Line Two		City	State	Zip Code					
2 Ferry Rd 124 Giants N		nts Neck Road	Niantic		СТ	06357					

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.

C	onnectic	ut Depa	rtment	of l	Public	Health	ı Dri	nking	g Water	<sup>-</sup> Se	ection	
	Wat	ter Qua	lity Mon	ito	ring a	nd Con	nplia	ance S	Schedu	le		
PWS ID P	WS Name						Classi	fication	Population	Ow	vner Type	Primary Source
CT1050114 FI	RST CONGREG	ATIONAL CH	URCH OF OLI	D LYI	ME		NC		25		Р	GW
Local Address (who	ere applicable)			9	Service	Residential Co		ommerci	al Industr	ial	Combine	d Agricultura
2 FERRY ROAD	ERRY ROAD			(	Connection	ıs		1				
Towns Served: OLI	) LYME					1						<u>'</u>
Business Phone	Extension	Fax	Mo	obile	Phone	Emergency	y Phon	e Email A	l Address			
860-434-8686		860-434-3	1135			860-739	-2837	fccol@	fccol@snet.net			
Contact Role(s):	egal Contact											
Name				Organization				Job Title				
Mr. Mark Testori				Firs	t Cong. Chu	urch of Old	Lyme					
Mailing Address Li	ne One		Mailing Addr	ress l	Line Two				City		State	Zip Code
2 Ferry Road								Old Lyr	Old Lyme		СТ	06371
Business Phone	Extension	Fax	Mo	obile	Phone	Emergency	y Phon	e Email A	ail Address			
			20	3-21	.3-5892			fccol@	ccol@snet.net			
Contact Role(s):	dministrative	Contact	'		<u>'</u>							

#### Please note the following:

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT1050124	FLORENCE GRISWOLD MUSEUM				NC	25	Р	GW				
Local Address (where applicable)  Service Residential Commercial Industrial Combined							ed Agricultural					

Connections

5

Towns Served: OLD LYME

CROSS CONNECTION SURVEY REPORT

96 LYME STREET

Requirements		
00)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		
	1 r	outine (RT) per year
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
1/1/23 - 12/31/23		Complete
1/1/24 - 12/31/24		
1/1/25 - 12/31/25		
iance Schedules		
Due Date	Achieved D	ate
	Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  Monitoring Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  Monitoring Period  1/1/23 - 12/31/23  1/1/24 - 12/31/23  1/1/24 - 12/31/24  1/1/25 - 12/31/25  iance Schedules	1 rout  Monitoring Period Collection Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Monitoring Period Collection Period  10/1/23 - 12/31/23  1/1/24 - 3/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Collection Period  1/1/23 - 12/31/23  1/1/24 - 12/31/23  1/1/25 - 12/31/25  iance Schedules

	Wate	r System Facili	ity and Sampling P	oint Ir	ventor	у			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21831	WELL	2	WELL	Α					
59195	TREATMENT PLANT								
62204	KRIEBLE GALLERY SOFTENER								
62216	ATMOSPHERIC STORAGE								

3/1/2025

			(	Contact Info	ormation				
Name				Organization				Job Title	
Mr. Theodore J. Ga	ffney			Florence Gris	wold Museum		Facil. Mngr		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
96 Lyme Street						Old Lym	е	СТ	06571
Business Phone	Extension	Fax	ı	Mobile Phone	Emergency Phone	Email Ad	ddress		

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

(	Connectic	ut Departme	ent of Public	Health l	Drin	king	Water	Section	
	Wa	ter Quality N	Monitoring a	nd Com	pliar	nce S	chedul	le	
PWS ID F	WS Name			(	Classific	cation F	opulation	Owner Type	Primary Source
CT1050124 F	LORENCE GRIS	WOLD MUSEUM			NC	2	25	Р	GW
Local Address (wh	ere applicable)		Service	Residenti	al Cor	nmercia	Industri	al Combine	ed Agricultural
96 LYME STREET			Connection	ns		5			
Towns Served: OL	D LYME		<u>"</u>		'			-	
860-434-5542	107	860-434-6259		860-287-3	830	TED@FL	OGRIS.OR	G .	
Contact Role(s):	Administrative	Contact							
Name			Organization					Job Titl	e
Ms. Rebekah Bea	ulieu		Florence Grisw	vold Museum	1		Director		
Mailing Address L	ine One	Mailing	g Address Line Two				City	State	Zip Code
Director of The Flo	orence Griswold	l Museum 96 Lym	e Street			Old Lym	e	СТ	06571
Business Phone	Extension	Fax	Mobile Phone	Emergency F	Phone	Email Ad	ddress	,	
860-434-5542	108					becky@	flogris.org		
Contact Role(s):	Legal Contact								

# Please note the following:

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

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

End of schedule

			'n 11	, , , ,		. 1.	**-		0		
	Connecticut Dep	partment of	Public H	lealth	Dr	inking	g W	ater	Secti	ion	
	Water Qu	ality Monit	oring an	d Con	npli	ance	Sch	edule	9		
PWS ID	PWS Name				Class	sification	Popu	ulation	Owner <sup>-</sup>	Type Pr	imary Source
CT1050144	HAINS PARK					NC	2	25	Р		GW
Local Address (v	vhere applicable)		Service	Residen	tial (	Commerc	ial Ir	ndustria	l Cor	nbined	Agricultural
166 BOSTON PC	OST ROAD		Connections			1					
Towns Served: 0	OLD LYME										
		Monito	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
<b>Total Coliform</b>	n (3100)							1	routir	ne (RT)	per month
Sampling F	Point (Sampling Point ID)			Monitori	ing Pe	eriod (	Collect	tion Peri	od	Complia	ance Status
Select from	n Inventory of Active Sampli	ng Points		4/1/24 -	- 4/30	/24					
				5/1/24 -	- 5/31	/24					
				6/1/24 -	- 6/30	/24					
				7/1/24 -	- 7/31	/24					
				8/1/24 -	- 8/31	/24					
				9/1/24 -	- 9/30	/24					
<b>Physical Para</b>	meters (PPS)							1	routir	ne (RT)	per month
Sampling F	Point (Sampling Point ID)			Monitori	ing Pe	eriod (	Collect	tion Peri	od	Complic	ance Status
Select from	n Inventory of Active Sampli	ng Points		4/1/24 -	- 4/30	/24					
				5/1/24 -	- 5/31	/24					
				6/1/24 -	- 6/30	/24					
				7/1/24 -	- 7/31	/24					
				8/1/24 -							
				9/1/24 -	- 9/30	/24					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And N	litrite (NOX)								1 rou	tine (R	T) per year
Sampling F	Point (Sampling Point ID)			Monitori	ing Pe	eriod (	Collect	tion Peri	iod	Complic	ance Status
ENTRY POI	NT (3)			1/1/23 -						Cor	mplete
				1/1/24 -	12/31	1/24					
				1/1/25 -	12/31	1/25					
		Other Co	ompliance	Sched	lule	S					
Compliance Sch	edule Activity				Due D	Date		Achiev	ed Dat	е	
L2 ASSESSMENT	(MULTIPLE TC+, 2ND IN 12	M)		1	0/23/	2023					
SEASONAL STAR	RT UP COMPLETION				4/1/2	024					
	Water	System Facili	ty and Sar	npling	Poi	nt Inve	ento	ry			
Water							otal	Lead a			
•	er System Facility	Sampling Point		nt			liform				Stage
Facility ID		ID	Description		S	tatus <sup>I</sup>	Rule	Rule 1	ier As	bestos	WQP 2 DBPR

**DISTRIBUTION SYSTEM** 

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

**ENTRY POINT** 

**UPSTREAM** 

3

2

Α

Α

Α

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Υ

00600 DISTRIBUTION SYSTEM

62059 ATMOSPHERIC STORAGE

00700 ENTRY POINT

21833 WELL

	Water Quality Mo	nitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1050144	HAINS PARK				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
166 BOSTON PC	OST ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

			C	Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Timothy Grisw	old			Town of Old	Lyme		First Select	man	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
Town of Old Lyme			52 Lyme Str	reet		Old Lym	e	СТ	06371
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	ldress		
860-434-1605	211					tgriswol	d@oldlyme-	ct.gov	
Contact Role(s): Le	egal Contact		,						
Name				Organization	1			Job Title	
Mr. Thomas Meyer	•			Town of Old	Lyme		Facilities Di	rector	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
52 Lyme Street						Old Lym	e	СТ	06371
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	ldress		
860-434-1605	245					tmeyer@	oldlyme-ct	.gov	
Contact Polo(s): A	dministrativa C	ontact							

Contact Role(s): Administrative Contact

#### Please note the following:

Towns Served: OLD LYME

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

End of schedule

Co	nnecticut Departmen	t of Public H	ealth I	Drinki	ng V	Nater S	Section	
	Water Quality Mo	onitoring and	d Com	olianc	e Sc	hedule		
PWS ID PWS	Name		C	lassificati	on Po	pulation C	wner Type F	Primary Source
CT1050174 LAYS	SVILLE CENTER STORES			NC		25	Р	GW
Local Address (where	applicable)	Service	Residentia	al Comm	ercial	Industrial	Combined	Agricultural
167 BOSTON POST RO	DAD	Connections		1				
Towns Served: OLD L	YME							
		onitoring Requ	iremen	ts				
Water System Facil	ity: DISTRIBUTION SYSTEM (\	WSF ID: 00600)						
Total Coliform (31	-							per quarter
	(Sampling Point ID)		Monitoring		Coll	ection Perio	•	iance Status
Select from Inve	ntory of Active Sampling Points	1	.0/1/23 - 1					omplete
			1/1/24 - 3	•			Co	omplete
			4/1/24 - 6	-				
Dharata I Da	(DDC)		7/1/24 - 9	/30/24				
Physical Paramete			Manterd	. Dowler d	C=!!			per quarter
	(Sampling Point ID)		Monitoring		COII	ection Perio		iance Status
Select from filve	ntory of Active Sampling Points		.0/1/23 - 1 1/1/24 - 3					omplete omplete
			4/1/24 - 6				C	ompiete
			7/1/24 - 9					
Water System Facil	ity: ENTRY POINT (WSF ID: 00	1700)	7/1/24 3	730724				
Nitrate And Nitrite	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1 routing (	RT) per year
	(Sampling Point ID)		Monitoring	n Period	Coll	ection Perio	<del>-</del>	iance Status
ENTRY POINT (3			1/1/23 - 12		COII			omplete
			-, -,					omplete
			. , 1/1/25 - 12					
	Monthly Water System I	acility (WSF) L	evel Mo	onitori	ng R	equirem	ents	
Water System Facil	ity: ENTRY POINT (WSFID: 007	700)						
Analyte	Monitoring Requirement (S	ummary Type)	Opera	ting Limit	:		Samples R	eq/Month
рН	Entry Point pH Monitoring	(PHRD)	Minim	um: 7.0 l	PH		Da	aily
Start Date: 4/1/2	2008	Complia	nce Histor	y:	Oper	ating Limit	Monito	ring
		Monitori	ng Period			oliance Stat	us: Compli	ance Status:
		11/1/202	23 - 11/30/	2023				
			23 - 12/31/					
			l - 1/31/20					
			l - 2/29/20					
		3/1/2024	- 3/31/20	24				
	Oth	er Compliance	Schedu	les				
Compliance Schedule				ie Date		Achieve	ed Date	
RESPOND TO SANITA	RY SURVEY		6/	4/2022				
	Public	<b>Notification R</b>	equiren	nents				
		Compliance	Notice	Publ	ic Noti	<u>fication</u>	PN Cer	<u>tification</u>
Violation/Situation		Period	Tier	Requir	red	Performed	Due to DPH	Received
pH M&R Violation		10/1/13 - 10/31/13	3	12/19/2	2014		12/29/2014	L.

11/1/13 - 11/30/13

pH M&R Violation

3

1/21/2015

1/31/2015

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050174	LAYSVILLE CENTER STORES			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
167 BOSTON PO	OST ROAD	Connections		1			

Towns Served: OLD LYME

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21835	WELL	2	WELL	Α					
54255	ΤΡΕΔΤΜΕΝΤ ΡΙΔΝΤ								

		Co	ontact Inf	ormation				
			Organization	1			Job Title	
•			Coffees Cour	ntry Market		Owner		
e One		Mailing Addr	ress Line Two			City	State	Zip Code
ad					Old Lym	e	СТ	06371
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
					ken@co	ffeescountry	market.com	
(	e One ad	e One ad	e One Mailing Addı	Organization Coffees Coul e One Mailing Address Line Two ad	e One Mailing Address Line Two ad Extension Fax Mobile Phone Emergency Phone	Organization Coffees Country Market e One Mailing Address Line Two ad Old Lym Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Coffees Country Market Owner e One Mailing Address Line Two Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Coffees Country Market Owner  e One Mailing Address Line Two City State ad Old Lyme CT

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

#### Please note the following:

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

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

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

End of schedule

	Connecticut D	epartment of	f Public H	Health	Drink	ing W	ater	Se	ction	
	Water (	Quality Monit	coring an	d Com	plian	ce Sch	edul	e		
PWS ID	PWS Name	<u> </u>	0		Classificat				er Type P	Primary Source
CT1050184	4 LYME ART ASSOCIATIO	N			NC		25		Р	GW
Local Addr	ess (where applicable)		Service	Resident	tial Comr	nercial	Industria	al	Combined	l Agricultural
90 LYME S	TREET		Connections			1				
Towns Ser	ved: OLD LYME							,		
		Monit	oring Requ	uireme	nts					
Water Sys	stem Facility: DISTRIBUTION	ON SYSTEM (WSF	D: 00600)							
<b>Total Col</b>	iform (3100)						1	rou	tine (RT)	per quarter
Samp	ling Point (Sampling Point ID	)		Monitorii	ng Period	Collec	tion Per	riod	Compl	iance Status
Select	t from Inventory of Active San	npling Points		10/1/23 -	12/31/23				Co	omplete
				1/1/24 -	3/31/24				Co	omplete
				4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
	Parameters (PPS)						1	rou	tine (RT)	per quarter
	ling Point (Sampling Point ID			Monitorii			tion Per	riod		iance Status
Select	t from Inventory of Active San	npling Points		10/1/23 -						omplete
				1/1/24 -					Co	omplete
				4/1/24 -						
				7/1/24 -	9/30/24					
•	stem Facility: ENTRY POIN	IT (WSF ID: 00700)								
	and Nitrite (NOX)									RT) per year
	ling Point (Sampling Point ID	)		Monitorii		Collec	tion Per	riod		iance Status
ENTR	Y POINT (3)			1/1/23 - :						omplete
				1/1/24 - 1					Cc	omplete
			1. 10	1/1/25 - :						
	Wat	er System Facil	ity and Sa	mpling	Point I	nvento	ry			
Water						Total	Lead			
System Facility ID	Water System Facility	Sampling Point ID	Sampling Po	int		Coliforn Rule			Achastas	Stage WQP 2 DBPF
-		4	-	NI CVCTENA	Status	Y	Kule	Her	ASDESIOS	WQP Z DBPF
00600	DISTRIBUTION SYSTEM	DOWNSTREAM	DISTRIBUTIO		A I A	Y				
		UPSTREAM	WITHIN 5 SEI							
00700	ENTRY POINT	3	ENTRY POINT		I A A					
	WELL	2	WELL	1	A					
	IRON FILTRATION	۷	VVLLL		Α					
	WATER SOFTENER									
02192	WATER SUFFERER		to at lasta							
			ntact Infor	mation						
Name		0	rganization						Job Title	

			Co	ontact Inf	ormation						
Name		Organization	1	Job Title							
Ms. Laurie Pavlos		Lyme Art Ass	sociation		Business Manager						
Mailing Address Line One Mailing Add				ess Line Two		City		State	Zip Code		
90 Lyme St						Old Lym	e	СТ	06371		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	Email Address				
860-434-7802						laurie@	laurie@lymeartassociation.org				
Contact Role(s): A	dministrative C	ontact Ow	mer		1	1					

(	Connecticut	t Depa	irtment of	Public	Health	Drir	ıking	, Water	Section	
	Wate	r Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT1050184 I	YME ART ASSOCIA	NOITA				N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Residential C		ommercial Industri		al Combine	ed Agricultur
90 LYME STREET		Connection	S		1					
Towns Served: Ol	.D LYME					'		1	'	<u> </u>
Name			Or	ganization					Job Titl	e
Ms. Katherine Sir	nmons		Ly	Lyme Art Association				President		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
90 Lyme Street							Old Lyr	ne	СТ	06371
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Address		
860-434-7802					860-652	-8854	kmsart	wrk@cox.ne	et	
Contact Role(s):	Legal Contact									

## Please note the following:

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

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

End of schedule

	Connecticut De	partment of	Public H	lealth Г	rink	ing Wa	ater Se	ction	
		iality Monit				_			
PWS ID	PWS Name		will					ner Type Pi	rimary Source
CT105021	14 GRAYBILL PROPERTIES, LL	.c			NC	3	30	Р	GW
Local Add	lress (where applicable)		Service	Residentia	I Comm	nercial In	dustrial	Combined	Agricultural
149-151 B	BOSTON POST RD		Connections		1	L			
Towns Sei	rved: OLD LYME								
		Monito	oring Requ	irement	ts				
Water Sy	stem Facility: <b>DISTRIBUTION</b>	I SYSTEM (WSF I	D: 00600)						
	oliform (3100)								per quarter
-	pling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
Selec	ct from Inventory of Active Sampl	ing Points		10/1/23 - 12					mplete
				1/1/24 - 3,				Со	mplete
				4/1/24 - 6,	-				
_				7/1/24 - 9,	/30/24				
-	Parameters (PPS)								per quarter
-	pling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
Selec	ct from Inventory of Active Sampl	ing Points		10/1/23 - 12					mplete
				1/1/24 - 3,				Со	mplete
				4/1/24 - 6,	•				
				7/1/24 - 9,	30/24				
	ystem Facility: ENTRY POINT	- WELL 1 (WSF II	D: 00700)						
	And Nitrite (NOX)							<del>-</del>	T) per year
-	pling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
ENTE	RY POINT - WELL 1 (3)			1/1/23 - 12					mplete
				1/1/24 - 12				Co	mplete
_				1/1/25 - 12	/31/25		_		_,
_	Chemicals (VOCS)			0.0 16 10	Dout and	C-114		=	T) per year
	pling Point (Sampling Point ID)			Monitoring		Collecti	ion Period	•	ance Status
ENIF	RY POINT - WELL 1 (3)			1/1/23 - 12				Co	mplete
				1/1/24 - 12					
	5 110 Maria na financia	- ID (2002)		1/1/25 - 12	/31/25				
	ystem Facility: WELL #1 (WSI	F ID: 60883)							
E. Coli (	•					- " .			per quarter
_	pling Point (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
WEL	L #1 (2)			10/1/23 - 12		<u></u>		_	mplete
				1/1/24 - 3,	•			Co	mplete
				4/1/24 - 6/					
	•••			7/1/24 - 9/					
	Water	System Facili	ty and Sar	mpling P	oint Ir	nventoi	ry		
Water System	Water System Facility	Sampling Point		nt		Total Coliform	Lead and Copper	A - lo	Stage
Facility IE		ID	Description	L CVCTT-	Status		kule Her	ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α .	Υ			
00700	ENTRY POINT - WELL 1	3	ENTRY POINT	- WELL 1	Α				
60883	WELL #1	2	WELL #1		Α				

60886

60888

TREATMENT PLANT
ATMOSPHERIC STORAGE

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Com	ipliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Pri	imary Source
CT1050214	GRAYBILL PROPERTIES, LLC				NC	30	Р		GW
Local Address (where applicable)		Service Residen		ntial	Commerci	al Industri	al Combin	ed	Agricultural
149-151 BOSTO	N POST RD	Connections			1				

Towns Served: OLD LYME

				Contact Inf	ormation				
Name				Organization	l				
Mr. James L. Grayb	ill	Graybill Prop	erites		Owner				
Mailing Address Line One Mailing Addr				Address Line Two			City	State	Zip Code
P.O. Box 781						Old Lyme	<u>;</u>	СТ	06371
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
		860-434-8	3823	860-304-2535		aptolct@aol.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.
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End of schedule

Co	nnecticut Department of l	Public He	alth Drinki	ng Water S	Section
	Water Quality Monito	ring and	Compliance	e Schedule	
PWS ID PWS	S Name		Classification	on Population O	Owner Type Primary Source
CT1050224 OLD	LYME COUNTRY CLUB HOUSE		NC	25	P GW
Local Address (where	e applicable)	Service R	esidential Comme	ercial Industrial	Combined Agricultural
40 MCCURDY ROAD	(	Connections	1		
Towns Served: OLD L	YME				
	Monito	ring Requir	ements		
Water System Facil	ity: DISTRIBUTION SYSTEM (WSF ID:	: 00600)			
Total Coliform (31	100)			1 r	outine (RT) per quarter
Sampling Point	(Sampling Point ID)	Mo	onitoring Period	Collection Perio	od Compliance Status
Select from Inve	ntory of Active Sampling Points	10/	/1/23 - 12/31/23		Complete
			/1/24 - 3/31/24		Complete
		4/	/1/24 - 6/30/24		
		7,	/1/24 - 9/30/24		
Physical Paramete					outine (RT) per quarter
Sampling Point	(Sampling Point ID)		onitoring Period	Collection Perio	od Compliance Status
Select from Inve	entory of Active Sampling Points		/1/23 - 12/31/23		Complete
			/1/24 - 3/31/24		Complete
			/1/24 - 6/30/24		
		7,	/1/24 - 9/30/24		
Water System Facil	ity: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite	•				1 routine (RT) per year
Sampling Point	(Sampling Point ID)	Mo	onitoring Period	Collection Perio	od Compliance Status
ENTRY POINT (3	)		1/23 - 12/31/23		Complete
			1/24 - 12/31/24	_	Complete
			1/25 - 12/31/25		
	Monthly Water System Facilit	y (WSF) Le	vel Monitorii	ng Requirem	ents
Water System Facil	ity: ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summar	y Type)	Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7 PH		4
Start Date: 1/1/2	2010	Complianc		<b>Operating Limit</b>	Monitoring
		Monitoring		<b>Compliance Stat</b>	us: Compliance Status:
			- 11/30/2023		
			- 12/31/2023		
		1/1/2024 -	· · ·		
		2/1/2024 -			
		3/1/2024 -		_	
		mpliance S			
Compliance Schedule			Due Date	Achieve	ed Date
CROSS CONNECTION			3/1/2016		
CROSS CONNECTION			3/1/2017		
CROSS CONNECTION			3/1/2018		
CROSS CONNECTION			3/1/2019		
CROSS CONNECTION			3/1/2020		
CROSS CONNECTION			3/1/2021		
CROSS CONNECTION	SURVEY REPORT		3/1/2022		

CROSS CONNECTION SURVEY REPORT

3/1/2023

	Co	onnectici Wat	ut Depa er Qual							_				ction	
PWS ID	PW	/S Name						-						er Type P	rimary Source
CT105022	4 OL	D LYME COUN	TRY CLUB H	OUSE					NC		25	5		Р	GW
Local Add	ress (whe	re applicable)				Service	Resider	ntial	Com	mercia	l Inc	dustria	al	Combined	Agricultural
40 MCCUI	RDY ROAD	)				Connectio	ns			1					
Towns Ser	ved: OLD	LYME					'						'		'
				Ot	her C	omplian	ce Sched	lut	es						
Complian	ce Schedu	le Activity						Due	Date			Achie	ved L	Date	
CROSS CO	NNECTIO	N SURVEY REP	ORT					3/1	/2024						
			Water Sy	stem	Facil	ity and S	ampling	Po	oint l	nven	ntor	V			
Water System Facility ID	-	ystem Facility	٤	Sampling IE		Sampling I			Statu	ο	orm	Lead Copp Rule	oer	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4 DOWNS UPSTR	TREAM	WITHIN 5 S	ION SYSTEM SERVICE COI SERVICE COI	N	A A A	Υ	(				
00700	ENTRY P	OINT		3		ENTRY POI	NT		Α						
21840	WELL A			2		WELL			Α						
56562	TREATM	ENT PLANT													
56564	WELL C			2		WELL C			Α						
					Cor	ntact Info	rmation	1							
Name					0	rganization								Job Title	
Old Lyme	Country (	Club													
Mailing Ad	ddress Lin	e One		Mailing	Addres	s Line Two					Cit	У		State	Zip Code
40 McCur	dy Road			Р О Вох	276				С	ld Lym	e			СТ	06371
Busines	s Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Ph	one E	mail Ad	ddress	S			
Contact R	ole(s): O	wner													
Name	,				0	rganization								Job Title	
Mr. Micha	ael Iwanio	ki			0	ld Lyme Cou	ntry Club				Gene	eral M	lana	ger	
Mailing Ad	ddress Lin	e One		Mailing	Addres	s Line Two					Cit	У		State	Zip Code
40 McCur	dy Road								С	ld Lym	e			СТ	06371
Busines	s Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Ph	one E	mail Ac	ddress	5			
860-43	4-1639	112	860-434-3	3326					g	m@old	llyme	cc.cor	n		
Contact R	ole(s): A	dministrative	Contact												
Name					0	rganization								Job Title	
Mr. Fran S	Sablone				0	ld Lyme Cou	ntry Club				Pres	ident			

City

fsablone@gmail.com

Old Lyme

Emergency Phone Email Address

State

CT

Zip Code 06371

Mailing Address Line Two

**Mobile Phone** 

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

112

Fax

860-434-3326

40 McCurdy Rd

**Business Phone** 

860-434-1639

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

	Water Quality From	u 0011	TP.	idii co t	oncadi	. —		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050224	OLD LYME COUNTRY CLUB HOUSE		NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial	Commercial Industr		al Combine	ed Agricultural
40 MCCURDY R	Connections			1				

Towns Served: OLD LYME

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

End of schedule

		Connecticut Dep	artment of	Public H	lealth	Dı	rinki	ng W	ater	Se	ction	
		Water Qu	ality Monit	oring an	d Con	npl	ianc	e Sch	edule	e		
PWS ID		PWS Name				_					ner Type P	rimary Source
CT105024	4	OLD LYME INN					NC		45		Р	GW
Local Addr	ress (v	vhere applicable)		Service	Residen	tial	Comm	ercial I	ndustria	I	Combined	Agricultural
85 LYME S	TREE	Γ (ROUTE 1)		Connections			2					
Towns Ser	ved: (	OLD LYME			I			'				
			Monito	oring Requ	ireme	nts	,					
		Facility: <b>DISTRIBUTION</b>										
Total Col		-										per quarter
		Point (Sampling Point ID)			Monitori			Collec	tion Per	iod		iance Status
Selec	t fron	n Inventory of Active Sampli	ng Points		10/1/23 -						Co	mplete
					1/1/24 -							
					4/1/24 -							
DI : :	<b>D</b> :	(DDC)			7/1/24 -	- 9/3	0/24					
-		meters (PPS)			0.4		ant = 1	C=!!				per quarter
_		Point (Sampling Point ID)	na Dairet-		Monitori			Collec	tion Per	iod		iance Status
Selec	t fron	n Inventory of Active Sampli	ng Points		10/1/23 -						Co	mplete
					1/1/24 -							
					4/1/24 -							
Motor Cu	at a 100	Facility FAITDY DOINT	(MCE ID: 00700)		7/1/24 -	- 9/3	0/24					
•		Facility: ENTRY POINT	(WSF ID: 00700)									
		litrite (NOX)					,	6 II			=	RT) per year
		Point (Sampling Point ID)			Monitori			Collec	tion Per	ioa		iance Status
ENIR	Y POI	NT (3)			1/1/23 -						Co	mplete
					1/1/24 -							
\A/=+== C	-4	Facility AMELL (MICE ID	. 24042\		1/1/25 -	12/3	31/25					
-		Facility: WELL (WSF ID	: 21842)									
E. Coli (3	-						,	6 II				per quarter
		Point (Sampling Point ID)			Monitori			Collec	tion Per	ioa		iance Status
WELL	. (2)				10/1/23 -						Cc	mplete
					1/1/24 -							
					4/1/24 -							
			0:1 - 0	1.	7/1/24 -							
			Other Co	ompliance								
		edule Activity					Date		Achiev	ed L	Date	
		TION SURVEY REPORT					2023					
CROSS CO	NNEC	TION SURVEY REPORT				3/1/	2024					
		Water	System Facili	ty and Sar	npling	Po	int In	vento	ry			
Water								Total	Lead o			
System		er System Facility	Sampling Point		nt			_	Сорр			Stage
Facility ID			ID .	Description			<u>Status</u>	Rule	Rule 1	ier	Asbestos	WQP 2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SER	VICE CON	N	Α					
00700		RY POINT	3	ENTRY POINT			Α					
21842	WELI	<u>L</u>	2	WELL			Α					

58230

TREATMENT PLANT

		<b>C</b> 3-3-3				P					
PWS ID	PWS Name					Classif	ication	Population	Owner T	ype Pi	rimary Source
CT1050244	OLD LYME INN					N	IC	45	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Com	bined	Agricultura
85 LYME STREET	(ROUTE 1)			Connection	ns		2				
Towns Served: O	LD LYME								'		
			Co	ntact Info	rmation	ı					
Name				Organization					Job	Title	
For A Song LLC											
Mailing Address	Line One		Mailing Addr	ess Line Two		Cit			St	ate	Zip Code
85 Lyme St						Old Lyme CT				T	06371
Business Phone	e Extension	Fax	Mo	bile Phone	Emergence	y Phone	ne Email Address				
Contact Role(s):	Legal Contact,	Owner									
Name				Organization					Job	Title	
Ms. Christine A I	(itchings			For A Song LLC	ng LLC Member/Manager						
Mailing Address	Line One		Mailing Addr	ess Line Two				City	St	ate	Zip Code
85 Lyme St							Old Lyn	ne	(	T	06371
Business Phone	e Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email A	ddress			
860-434-2600							office@	oldlymeinn	n.com		
Contact Role(s):	Legal Contact,	Owner									
Name				Organization					Job	Title	
Ms. Lesley Moore				Old Lyme Inn				Assist. Ge	n. Manag	er	
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City			ate	Zip Code
85 Lyme Street							Old Lyme CT 0			06371	
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress			
860-434-2600							events(	@oldlymein	n.com		

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

## Please note the following:

Contact Role(s): Administrative Contact

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

End of schedule

		Connection	anantm cat -	Dublic U		D	sin l-:	na IA	Johan	C	oti e s		
		Connecticut D Water (	epartment of Quality Monit								ction		
PWS ID		PWS Name	<u> </u>			_			n Population Owr		ner Type Primar		Source
CT105025	54	OLD LYME LIBRARY					NC		25		L	G۷	
Local Add	dress (	where applicable)		Service	Resident	tial	Comm	ercial	Industri	al	Combine	d Agric	cultural
2 LIBRAR				Connections			1						
		OLD LYME											
			Monito	oring Requ	ireme	nts							
Water Sy	ystem	Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)									
Total Co	olifori	m (3100)							1	l rou	itine (RT	) per au	ıarter
		Point (Sampling Point ID	)		Monitorii	ng P	eriod	Colle	ction Pe		<del>-</del>	oliance S	
		n Inventory of Active San	-		10/1/23 -							Complete	
		•			1/1/24 -		-					Complete	
					4/1/24 -							•	
					7/1/24 -								
Physica	l Para	meters (PPS)					<u>,                                      </u>		1	l rou	itine (RT	) per au	ıarter
-		Point (Sampling Point ID	)		Monitorii	ng P	eriod	Colle	ction Pe		=	oliance S	
		n Inventory of Active San			10/1/23 -							Complete	
, 1 3					1/1/24 - 3/31/24						Complete		
					4/1/24 -		-					· · · · · · · · · · · · · · · · · · ·	
					7/1/24 -								
Water Sy	ystem	Facility: ENTRY POIN	NT (WSF ID: 00700)										
	•	Nitrite (NOX)	,							1	routine	(RT) pei	r vear
		Point (Sampling Point ID	))		Monitorii	na P	eriod	Colle	ction Pe			oliance S	-
		INT (3)	,		1/1/23 - :							Complete	
					1/1/24 - :							Complete	
					1/1/25 - :							, , , , , , , , , , , , , , , , , , ,	_
			Other C	ompliance									
Complian	ice Sci	hedule Activity		•	_		Date		Achie	ved	Date		
RESPOND	TO S	ANITARY SURVEY			8	3/8/2	2021						
CROSS CO	ONNE	CTION SURVEY REPORT					2025						
		Wat	er System Facili	ity and Sar				vent	ory				
Water			•	-				Total	Lead	and			
System	Wat	er System Facility	Sampling Point	Sampling Poi	nt			Colifor	п Сор	per			Stage
Facility II	D		ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQP	2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	l	Α						
			UPSTREAM	WITHIN 5 SER	VICE CON	l	Α						
00700	ENT	RY POINT	3	ENTRY POINT			Α						
21843	WEL	L	2	WELL			Α						
			Con	tact Inforr	mation								
Name			0	rganization							Job Title	<u> </u>	
Katie Huf	fman			ld Lyme Library	Associati	on		D	irector				
Mailing A	ddroc	s Line One	Mailing Address						City		State	7in C	

Mailing Address Line One Mailing Address Line Two City Zip Code State 2 Library Lane Old Lyme 06371 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-434-1684 110 978-505-3362 khuffman@oldlymelibrary.org

Contact Role(s): Administrative Contact, Legal Contact

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

Connecticut Department of Public Hea	alth Drinking Water Section								
Water Quality Monitoring and Compliance Schedule									
PWS Name	Classification Population Owner Type Pri								

PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT1050254	OLD LYME LIBRARY						NC	25	L	GW
Local Address (where applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural	
2 LIBRARY LANE				Connections			1			

Towns Served: OLD LYME

#### 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

Сс		t Department er Quality Mo						ction	
DIA/C ID	/S Name	I Quality MO	intorning a		Classificati			or Type	Primary Source
_	D LYME PIZZA P	ALACE INC			NC	on Popula			
		ALACE INC.	Comico	Desidenti				P	GW
Local Address (when	e applicable)		Service Connection	Residenti			dustrial	Combine	d Agricultural
264 SHORE ROAD	13/8 45		Connectio	1113	1				
Towns Served: OLD	LYME								
Water System Fac	ility: DISTRIE	Mo SUTION SYSTEM (W	nitoring Re	quiremen	ts				
Total Coliform (3	•	0110110110111111 (11	<u> </u>				1 rou	tine (RT	) per quarter
=	t (Sampling Poi	nt ID)		Monitoring	a Period	Collectio	on Period	= '	liance Status
		Sampling Points		10/1/23 - 1		Concert	on r criou		Complete
Select Holli lilv	entory of Active	2 Jamping 1 Onits		1/1/24 - 3					ompiete
				4/1/24 - 6					
				7/1/24 - 9					
Dhysical Davage et	one (DDC)			7/1/24 - 3	730/24		1	tina /DT	\
Physical Paramet		n+ ID)		Monitorin	a Dariad	Collectio		- '	) per quarter
	t (Sampling Poi			Monitoring		Conecui	on Period		liance Status
Select from inv	entory of Active	e Sampling Points		10/1/23 - 1 1/1/24 - 3					Complete
					· ·				
				4/1/24 - 6 7/1/24 - 9					
Matau Contant Fac	His FAITON	DOINT (MISSID 00		7/1/24 - 9	7/30/24				
•	•	POINT (WSF ID: 007	700)						/\
Nitrate And Nitri						6 II .:			(RT) per year
	t (Sampling Poi	nt ID)		Monitoring		Collectio	on Period		liance Status
ENTRY POINT (	3)			1/1/23 - 1				(	Complete
				1/1/24 - 12					
				1/1/25 - 12					
	V	Vater System Fa	acility and S	Sampling F	Point In		-		
Water System Water St	stem Facility	Samplina D	oint Sampling	Doint			Lead and		Ctara
System Water Sy Facility ID	stem rucinty	Jumping F	Descriptio		<i>.</i>	Coliform Rule	Copper Rule Tier	Ashesto	Stage s WQP 2 DBPR
_	ITION SYSTEM	4		ION SYSTEM	Status A	Y	naic rici	ASDESTO	3 WQI Z DDI K
00000 DISTRIBU	TION SISILIVI		AM WITHIN 5		A	'			
		UPSTREA		SERVICE CON					
00700 ENTRY PO	OINT	3	ENTRY PO		Α				
	JINI			IIN I	Α				
21844 WELL	ENT DIANT	2	WELL		Α				
58238 TREATMI	ENT PLANT								
			Contact Info	ormation					
Name			Organization					Job Title	
Mr. Theodore Anas	tasiou					Cool	k		
Mailing Address Line	e One	Mailing Ad	dress Line Two			Cit	y	State	Zip Code
264 Shore Road					Old	l Lyme		СТ	06371
Business Phone	Extension	Fax N	Mobile Phone	Emergency P	hone Em	ail Address	S		

860-460-4330

f.anastasiou1954@gmail.com

860-434-2609

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

860-434-1517

Connecticut Department of Public Health	Drinking	g Water	Section						
Water Quality Monitoring and Compliance Schedule									
PWS Name	Classification	Population	Owner Tyne	Prim					

				_ <u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050264	OLD LYME PIZZA PALACE INC.		NC	25	Р	GW	
Local Address (	Service	ce Residential Commer		ial Industri	al Combine	ed Agricultural	
264 SHORE ROAD		Connections		1			

Towns Served: OLD LYME

## Please note the following:

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source					
CT1050364 85 HALLS ROAD NC 25 P GW													
Local Address	(where applicable)	Residen	tial	Commercia	al Industri	al Combine	d Agricultural						

1

Connections

Towns Served: OLD LYME

85 HALLS ROAD

Towns Served: OLD LYME			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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

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

					1				
PWS ID	PWS Name				Classif	fication P	opulation	Owner Type	Primary Source
CT1050364	85 HALLS ROAD				N	١C	25	Р	GW
Local Address (	where applicable)		Service	Residen	tial Co	ommercial	Industria	al Combine	ed Agricultural
85 HALLS ROAD	)		Connections			1			

Towns Served: OLD LYME

Wat	er System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stag WQP 2 DE	_
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
21852 WELL 1	2	WELL	Α					

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Scott Parker		Cpd Energy (	Corp	Env & Const. Manager						
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
536 Main Street						New Pal	tz	NY	12561	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
845-256-0162		845-255-2	2305							

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

## Please note the following:

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

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

End of schedule

Schedule Generation Date: 4/3/2024

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		45 11: -		_					
	Connecticut Departm					_			
	Water Quality	monitoring an	u Con						
PWS ID	PWS Name			Clas	ssificatio	n Po	•		rimary Source
CT1050394	163 BOSTON POST ROAD				NC		25	Р	GW
	where applicable)	Service	Residen	itial	Comme	rcial	Industrial	Combined	Agricultural
163 BOSTON PO		Connections			1				
Towns Served:	OLD LYME								
		Monitoring Requ	uireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM	1 (WSF ID: 00600)							
Total Coliforn  Sampling	n (3100) Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	1 r ection Perio	outine (RT) od Compli	per quarter ance Status
	n Inventory of Active Sampling Points	<u> </u>	10/1/23 -						mplete
	,		1/1/24 -		-				mplete
			4/1/24 -		•				'
			7/1/24 -		•				
Physical Para	meters (PPS)			-	-		1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Perio	od Compli	ance Status
Select from	n Inventory of Active Sampling Points	3	10/1/23 -	- 12/	31/23			Co	mplete
			1/1/24 -	- 3/3	1/24			Co	mplete
			4/1/24 -	- 6/3	0/24				
			7/1/24 -	- 9/3	0/24				
Water System	Facility: ENTRY POINT (WSF ID	: 00700)							
Nitrate And N	•							1 routine (F	
	Point (Sampling Point ID)		Monitori			Colle	ection Perio		ance Status
ENTRY PO	NT (3)		1/1/23 -						mplete
			1/1/24 -			-		Co	mplete
			1/1/25 -						
	Pub	lic Notification F	Require	eme	ents				
		Compliance	Notice	?	<u>Public</u>		<u>fication</u>	PN Cert	<u>tification</u>
Violation/Situa		Period	Tier		Require		Performed	Due to DPH	Received
Total Coliform I		1/1/19 - 3/31/19	3		6/9/202			6/19/2020	
	eters M&R Violation	1/1/19 - 3/31/19	3		6/9/202			6/19/2020	
Total Coliform I		4/1/19 - 6/30/19	3		9/10/20			9/20/2020	
-	eters M&R Violation	4/1/19 - 6/30/19	3		9/10/20			9/20/2020	
E. Coli M&R Vio		7/22/20 - 7/23/20			10/1/20			10/11/2021	
	Water Syster	n Facility and Sa	mpling	Po	int Inv	/ent	ory		
Water	· · · · · · · · · · · · · · · · ·					Tota			
*	er System Facility Sampl	ing Point Sampling Po	int			olifor			Stage 2 DDD
Facility ID	DIDLITION CYCTER A	ID Description	NI CVCTER		<u>Status</u>	Rule	e Kule Ti	ier Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4 DISTRIBUTIO			A	Υ			
	DOWN	ISTREAM WITHIN 5 SE	RVICE COI	N	Α				

WITHIN 5 SERVICE CON

**ENTRY POINT** 

WELL

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL

TREATMENT PLANT

21855

59548

	Water Quality	y Monitoring and			C					
PWS ID	PWS Name			Cla	ssification	Population	Ov	wner Type	Prima	ary Source
CT1050394	163 BOSTON POST ROAD				NC	25		Р		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industr	ial	Combine	d Ag	gricultural
163 BOSTON I	POST ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. Robert Schiand	•									
Mailing Address Lin	e One	One Mailing Ado					City	State	Zip Code	
163 Boston Post Rd						Old Lyme	5	СТ	06371	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-514-4840						rbschian	o@yahoo.com			

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

## Please note the following:

Towns Served: OLD LYME

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

End of schedule

	Connecticut De	partment of	Public H	lealth I	Orinki	ng Wa	ater Se	ction	
	Water Qı	iality Monit	oring an						
PWS ID CT1059113	PWS Name SAINT ANNS CHURCH			С	lassificati NC		lation Own	ner Type Pri P	mary Source GW
Local Address (v	where applicable)		Service	Residentia	al Comm	ercial In	dustrial	Combined	Agricultural
82 SHORE ROAL	)		Connections					1	
Towns Served:	OLD LYME								
		Monito	oring Requ	uiremen	ts				
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)						
Total Coliforn	•							tine (RT) p	-
	Point (Sampling Point ID)			Monitoring		Collect	ion Period		nce Status
Select fron	n Inventory of Active Samp	ling Points		10/1/23 - 1					nplete
				1/1/24 - 3				Con	nplete
				4/1/24 - 6	-				
				7/1/24 - 9	/30/24				
Physical Para								tine (RT) p	-
	Point (Sampling Point ID)			Monitoring		Collect	ion Period		nce Status
Select fron	n Inventory of Active Samp	ling Points		10/1/23 - 1					nplete
				1/1/24 - 3				Con	nplete
				4/1/24 - 6					
				7/1/24 - 9	/30/24				
*	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And N	•						1 :	routine (R1	
	Point (Sampling Point ID)			Monitoring		Collect	ion Period		nce Status
ENTRY POI	NT (3)			1/1/23 - 12					nplete
				1/1/24 - 12	<del></del>			Con	nplete
				1/1/25 - 12	2/31/25				
	Monthly Water	<u> </u>	ity (WSF)	Level Mo	onitori	ng Req	uiremer	nts	
Water System	Facility: ENTRY POINT	•							
Analyte		equirement (Summa		Opera	ting Limit	t	:	Samples Re	q/Month
рН	·	Monitoring (PHRD	•		um: 7.0	PH		4	
Start Date:	3/1/2005		-	ance History	<b>/</b> :	Operatir	ng Limit	Monitori	
				ring Period		Complia	nce Status:	Complian	ce Status:
				23 - 11/30/					
				23 - 12/31/					
				4 - 1/31/20					
				4 - 2/29/20					
				4 - 3/31/20					
		Other Co	ompliance						
Compliance Sch					e Date		Achieved L	Date	
CROSS CONNEC	CTION EXEMPTION			3/	1/2012				
	Water	System Facili	ty and Sai	mpling P	oint Ir				
Water	or Sustam Easility	Campling Daint	Campling De	int		Total	Lead and		C4
•	er System Facility	Sampling Point ID	Sampling Pol Description	nt		Coliform Rule	Copper Pule Tier	Achestes !	Stage NQP 2 DBPR
Facility ID	DIDITION SVSTERA		•	N CVCTENA	<u>Status</u>	Y	nuie Her	א פטונטונט ו	VQF Z DDPK
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α	ī			
		DOWNSTREAM SA001			A	V	1		
		SA001	MAIN KITCHE	AVIIC VI.	Р	Υ	1		

	Water Quality	Monitoring and			C	•						
PWS ID	PWS Name			Cla	ssification	Populat	on C	Owner Type	Primary	Source		
CT1059113	SAINT ANNS CHURCH				NC	25		Р	G۱	N		
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Indu	strial	Combine	ed Agri	cultural		
82 SHORE RO	AD	Connections					1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

Water	System Facil	ity and Sampling P	oint Ir	nvento	Water System Facility and Sampling Point Inventory												
Water				Total	Lead and												
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag	ge									
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DE	3PR									
	SA002	PRESCHOOL SINK	Р	Υ	1												
	SA003	UPSTAIRS MENSROOM	Р	Υ	1												
	SA004	DOWNSTAIRS	Р	Υ	1												
		MENSROOM															
	SA005	DOWNSTAIRS	Р	Υ	1												
		WOMANSROO															
	UPSTREAM	WITHIN 5 SERVICE CON	Α														
00700 ENTRY POINT	3	ENTRY POINT	Α														
11018 WELL #1	2	WELL #1	Α														
49580 CALCITE TREATMENT PLANT																	

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title		
Todd Lefurge			Saint Ann's Church				Bldg/Grounds Liason			
Mailing Address Lin	e One		Mailing Address Line Two				City State Zip C			
82 Shore Road						Old Lym	e	СТ	06371	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			
860-514-2792		860-434-2	2368		860-434-1621	toddlefu	efurge@gmail.com			
Contact Role(s): A	dministrative (	Contact	,							

Contact Ro	le(s):	Administrative Contact
------------	--------	------------------------

Contact Role(s): A	aministrative	Contact									
Name				Organization	1			Job Title			
Ms. Anita L. Schell				Saint Ann's Church			Rector	Rector			
Mailing Address Lin	e One		Mailing A	ddress Line Two			City State Zip Cod				
82 Shore Road						Old Lyme	2	СТ	06371		
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		dress			
860-434-1621		860-434-	2368		401-688-0423	priest@s	aintannsold	lyme.org			
			•								

Contact Role(s): Legal Contact

# Please note the following:

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

End of schedule

	Connec	cticut Depa	rtment o	f Public H	lealth I	Orinki	ing W	Vater	Sec	ction	
	1	Water Qua	lity Moni	toring an	d Comp	oliano	e Sch	nedul	e		
PWS ID	PWS Name				C	lassificati	ion Pop	oulation	Own	er Type P	rimary Source
CT1059203	CHURCH OI	F CHRIST THE KIN	G			NC		305		Р	GW
Local Address	(where applica	able)		Service	Residentia	al Comm	nercial	Industria	al (	Combined	Agricultural
1 MCCURDY RO	OAD			Connections		1	L				
Towns Served:	OLD LYME					·			·		
			Monit	oring Requ	uiremen <sup>.</sup>	ts					
Water Systen	m Facility: D	ISTRIBUTION S	YSTEM (WSF	ID: 00600)							
<b>Total Colifor</b>	m (3100)							1	rout	tine (RT)	per quarter
Sampling	Point (Sampl	ing Point ID)			Monitoring	Period	Colle	ction Per	iod	Compl	ance Status
Select fro	m Inventory o	of Active Sampling	Points		10/1/23 - 1	2/31/23				Cc	mplete
					1/1/24 - 3	/31/24				Cc	mplete
					4/1/24 - 6	/30/24					
					7/1/24 - 9	/30/24					
<b>Physical Para</b>	ameters (PP	'S)						1	rout	tine (RT)	per quarter
Sampling	Point (Sampl	ing Point ID)			Monitoring	Period 1	Colle	ction Per	iod	Compl	ance Status
Select fro	m Inventory o	of Active Sampling	Points		10/1/23 - 1	2/31/23				Co	mplete
					1/1/24 - 3	/31/24				Cc	mplete
					4/1/24 - 6	/30/24					
					7/1/24 - 9	/30/24					
Water Systen	m Facility: <b>E</b>	NTRY POINT (V	VSF ID: 00700	)							
<b>Nitrate And</b>	Nitrite (NO)	<b>(</b> )							1 r	outine (F	RT) per year
Sampling	Point (Sampl	ing Point ID)			Monitoring	Period	Colle	ction Per	iod	Compl	iance Status
ENTRY PC	DINT (3)				1/1/23 - 12	2/31/23				Cc	mplete
					1/1/24 - 12	2/31/24					
				_	1/1/25 - 12	2/31/25			_		_
	Mont	thly Water S	ystem Faci	lity (WSF) I	Level Mo	onitori	ng Re	quirer	ner	its	
Water Systen	n Facility: El	NTRY POINT (W	/SFID: 00700)								
Analyte	1	Monitoring Requi	irement (Sumn	nary Type)	Opera	ting Limi	t		5	Samples R	eq/Month
рН	1	Entry Point pH Mo	onitoring (PHR	D)	Minim	um: 7.0	PH			4	1
Start Date:	11/1/2005			Complia	nce History	y:	Opera	ting Limit	ŧ	Monito	ring
				Monitor	ing Period		-	iance Sta			ince Status:
				11/1/20	23 - 11/30/	2023	•				
				12/1/20	23 - 12/31/	2023					
				1/1/202	4 - 1/31/20	24					
				2/1/202	4 - 2/29/20	24					
				3/1/202	4 - 3/31/20	24					
			Other C	Compliance	Schedu	les					
Compliance Sc	chedule Activit	ty			Du	ie Date		Achiev	ved D	Pate	
CROSS CONNE	CTION SURVE	Y REPORT			3/	1/2025					
		Water Sy	ystem Faci	lity and Sar	mpling P	oint Ir	nvento	ory			
Water		***					Total				
-	iter System Fa	cility		t Sampling Poi	nt		Coliforn			A = k = - :	Stage
Facility ID	<b>TOLOU</b>	CT-1.4	ID	Description		Status				Aspestos	WQP 2 DBPR
00600 DIS	TRIBUTION SY	STEM	1910-1	OFFICE SINK		Α	Y	N			
			1910-10	SOUTH MENS		Α	Υ	N			
			1910-2	KITCHEN SINK	(	Α	Υ	N			

	Connecticut Department of 1 ubite freatth Di liking water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source										
CT1059203	CHURCH OF CHRIST THE KING				NC	305	Р	GW			
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural				
1 MCCURDY R	OAD	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Wa	Water System Facility and Sampling Point Inventory												
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
	1910-3	SOUTH LADIES RM SINK	Α	Υ	N								
	1910-4	FAMILY BATHROOM SINK	Α	Υ	N								
	1910-5	NORTH LADIES RM SINK	Α	Υ	N								
	1910-6	NORTH MEN'S RM SINK	Α	Υ	N								
	1910-7	ROBING ROOM SINK	Α	Υ	N								
	1910-8	SACRISTY SINK	Α	Υ	N								

MAINT ROOM SINK

**GENERIC DISTRIBUTION** 

Α

Υ

		DOWNSTREAM	WITHIN 5 SERVICE CON	Α
		UPSTREAM	WITHIN 5 SERVICE CON	Α
00700	ENTRY POINT	3	ENTRY POINT	Α
50718	WELL 1	2	WELL 1	Α
50722	TREATMENT PLANT			

1910-9

4

50729 TRANSFER PUMPS

50724

ATMOSPHERIC TANK

Towns Served: OLD LYME

# **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 50722)

Facility Classification: Operator Name	Operator Type	Certification(s)	Certification Expiration
BRAIG, ALLEN L.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2025
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	12/31/2024

									,,
				Contact I	nformation				
Name				Organizat	ion		Job Title		
Reverend Joseph A	she			Church of	Christ The King		Pastor		
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code
1 McCurdy Road						Old Lym	ne	CT	06371
Business Phone	Extension	Fax		Mobile Phon	e Emergency Phoi	ne Email A	ddress		
860-434-1669		860-434-	7140		860-434-1660	CTKOLD	LYME@AOL.	СОМ	
	*								

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

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

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

End of schedule

	Connecticut Department of	f Public H	lealth	Dri	nkin	g V	<b>V</b> ater	Se	ection	
	Water Quality Monit	coring an	d Con	plia	ance	Sc	hedu	le		
PWS ID	PWS Name			Classi	ification	Po	pulation	Ow	ner Type Pr	imary Source
CT1059204	OLD LYME COUNTRY CLUB- TENNIS COURT				NC		25		Р	GW
Local Address	(where applicable)	Service	Residen	tial C	ommer	cial	Industr	ial	Combined	Agricultural
Towns Served:	OLDIVME	Connections			1					
TOWIIS Serveu.		oring Pogu	uiromo	ntc						
Mator Syston	n Facility: DISTRIBUTION SYSTEM (WSF I	oring Requ	ullellle	1115						
Total Colifor	•	D. 00000j						1 re	outine (RT)	ner month
	Point (Sampling Point ID)		Monitori	na Pei	riod	Colle	ection Pe		= =	ance Status
	m Inventory of Active Sampling Points		5/1/24 -							
	, , ,		6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
			10/1/24 -							
Physical Par	ameters (PPS)			,	<u>,                                      </u>			1 r	outine (RT)	per month
-	Point (Sampling Point ID)		Monitori	ng Pei	riod	Colle	ection Pe		= =	ance Status
Select fro	m Inventory of Active Sampling Points		5/1/24 -	5/31/	′24				<u> </u>	
			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	L/24					
Water Syster	m Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ng Pei	riod	Colle	ection Pe	riod	l Complic	ance Status
ENTRY PO	DINT (3)		1/1/23 -	12/31	/23				Cor	mplete
			1/1/24 -	12/31	/24					
			1/1/25 -	12/31	/25					
Water Syster	m Facility: WELL D (WSF ID: 56573)									
E. Coli (3014	•								outine (RT)	-
	Point (Sampling Point ID)		Monitori			Colle	ection Pe	rioa	l Complic	ance Status
WELL D (2	2)		5/1/24 -							
			6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
			10/1/24 -		-					
		ompliance								
_	chedule Activity			Due Do			Achie	?ved	Date	
	CTION SURVEY REPORT			3/1/20						
	CTION SURVEY REPORT			3/1/20						
	CTION SURVEY REPORT			3/1/20						
	CTION SURVEY REPORT			3/1/20						
RESPOND TO S	SANITARY SURVEY		4	/27/2	019					

3/1/2020

CROSS CONNECTION SURVEY REPORT

	Co	onnectic	ut Denai	rtment (	of Public	Health	Drir	king	Wat	er Se	ction	
					itoring a			U			001011	
PWS ID	DVA	/S Name	ter Quar	ity Mon	itui ilig a	iiu Coii					or Tupo I	Drimany Cauras
			ITDV CLUB T	ENINIS COLID	<u> </u>		Classifi		25 25	ion Owi	P P	Primary Source
CT105920	-	D LYME COUN	IIKY CLUB- I	ENNIS COUR		Residen		_		atuial	-	GW
Local Add	aress (whe	re applicable)			Service Connectio		tiai Co	mmercia	I Indu	strial	Combine	d Agricultural
Towns So	erved: OLD	LVNAE			Connectio	113		1				
TOWIS SE	ived. OLD	LTIVIL		Othern	Camalian	Cala - d						
				Otner	Complian							
-	nce Schedu						Due Dat		A	chieved	Date	
CROSS CO	ONNECTIO	N SURVEY REP	ORT				3/1/202					
		N SURVEY REP					3/1/202					
		N SURVEY REP					3/1/202					
SEASONA	AL START U	P COMPLETIO					5/1/202					
			Water Sy	stem Fac	ility and S	Sampling	Point	t Inven	itory			
Water								Tot		ad and		
System	-	ystem Facility	S		nt Sampling I			Colife		Copper		Stage
Facility II				ID	Description		Sta		ile k	ule Tier	Asbestos	s WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		ION SYSTEM						
			l	-	M WITHIN 5							
				UPSTREAM		SERVICE CON						
00700	ENTRY P	OINT		3	ENTRY POI	NT	A					
56573	WELL D			2	WELL D		A	<b>\</b>				
				Co	ntact Info	ormation						
Name					Organization						Job Title	
Old Lyme	e Country (	Club										
Mailing A	Address Lin	e One		Mailing Addre	ess Line Two				City		State	Zip Code
40 McCur	rdy Road			P O Box 276				Old Lym	e		СТ	06371
Busines	ss Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ddress			
Contact R	Role(s): O	wner		·								
Name					Organization						Job Title	
Mr. Mich	nael Iwanic	ki			Old Lyme Cou	ıntry Club			Gener	al Mana	ger	
Mailing A	Address Lin	e One		Mailing Addre	ess Line Two				City		State	Zip Code
40 McCur	rdy Road							Old Lym	e		СТ	06371
Busines	ss Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email Ad	ddress			
860-43	34-1639	112	860-434-3	326				gm@old	llymeco	com		
Contact R	Role(s): Ac	dministrative	Contact									
Name					Organization						Job Title	
Mr. Fran	Sablone				Old Lyme Cou	ıntry Club			Presid	ent		
Mailing A	Address Lin	e One		Mailing Addre	ess Line Two				City		State	Zip Code

**Mobile Phone** 

Old Lyme

fsablone@gmail.com

Emergency Phone Email Address

CT

06371

40 McCurdy Rd

**Business Phone** 

860-434-1639

Contact Role(s): Legal Contact

Extension

112

Fax

860-434-3326

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1059204	OLD LYME COUNTRY CLUB- TENNIS COU	RT			NC	25	Р	GW			
Local Address	ocal Address (where applicable)  Service Residential Commercial Industrial Combined Agricultural										

Connections

1

Towns Served: OLD LYME

#### Please note the following:

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

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sou								rimary Source			
CT1059214	OLD LYME COUNTRY CLUB- POOL CABANA				NC	25		Р	GW			
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al C	Combined	l Agricultural			
40 MCCURDY	ROAD	Connections						1				

Towns Served: OLD LYME		,	'
Monitor	ing 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	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	)ate
CROSS CONNECTION SURVEY REPORT	3/1/2012		

Other Compliance Schedules										
Compliance Schedule Activity	Due Date Achieved D	ate								
CROSS CONNECTION SURVEY REPORT	3/1/2012									
CROSS CONNECTION SURVEY REPORT	3/1/2016									
CROSS CONNECTION SURVEY REPORT	3/1/2017									
CROSS CONNECTION SURVEY REPORT	3/1/2018									
CROSS CONNECTION SURVEY REPORT	3/1/2019									
RESPOND TO SANITARY SURVEY	4/27/2019									
CROSS CONNECTION SURVEY REPORT	3/1/2020									
CROSS CONNECTION SURVEY REPORT	3/1/2021									
CROSS CONNECTION SURVEY REPORT	3/1/2022									
CROSS CONNECTION SURVEY REPORT	3/1/2024									
SEASONAL START UP COMPLETION	5/1/2024									

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

	Water Quality Monit	oring an	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1059214	OLD LYME COUNTRY CLUB- POOL CABANA				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
40 MCCURDY ROAD		Connections					1	

Connecticut Department of Public Health Drinking Water Section

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ? DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT	Α					
56579	WELL B	2	WELL B	Α					
Contact Information									

Organization

Mailing Address Line Two

40 McCurdy Road			P O Box 276			Old Lyme	CT	06371		
Business Phone Extension Fax		Mobile Phone Emergency Phone		Email Address						
Contact Role(s): O	wner					•				
Name				Organization		Job Title				
Mr. Michael Iwanicki				Old Lyme Co	untry Club	General Manager				
Mailing Address Line One Mailing Ad			ddress Line Two		City	State	Zip Code			
40 McCurdy Road					Old Lyme	СТ	06371			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-434-1639	112	860-434-3	3326			gm@oldlymecc.com				
Contact Role(s): Ac	dministrative (	Contact								
Name				Organization	Organization Job Title					
Mr. Fran Sablone				Old Lyme Co	Old Lyme Country Club President					
Mailing Address Line One Mailing Addr			ddress Line Two		City	State	Zip Code			
40 McCurdy Rd					Old Lyme	СТ	06371			

Emergency Phone Email Address

fsablone@gmail.com

Contact Role(s): Legal Contact

Extension

112

# Please note the following:

**Business Phone** 

860-434-1639

Towns Served: OLD LYME

Old Lyme Country Club
Mailing Address Line One

Name

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

Mobile Phone

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

Fax

860-434-3326

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

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

End of schedule

Job Title

State

Zip Code

City

C		ut Departme ter Quality M								ection	
DIAIC ID		ter Quality iv	101111	ornig a							
	VS Name				C				ion Ow		rimary Source
	RAYBILL PROPI	ERTIES, LLC				N		35		Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Cor	mmercial	Indu	strial	Combined	Agricultural
11 HALLS ROAD				Connection	ıs		1				
Towns Served: OLD	LYME										
		N	/lonite	oring Red	quiremen	ts					
Water System Fa	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (	3100)								1 rou	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	, Perio	od Col	lection	Period	Compl	iance Status
Select from In	ventory of Act	ive Sampling Points			10/1/23 - 1	2/31/2	23			Co	omplete
					1/1/24 - 3	/31/24	4				
					4/1/24 - 6	/30/24	4				
					7/1/24 - 9						
Physical Parame	ters (PPS)				. ,	•			1 ro	utine (RT)	per quarter
Sampling Poir		oint ID)			Monitoring	ı Perio	od Col	lection	Period		iance Status
		ive Sampling Points			10/1/23 - 1						omplete
30.000					1/1/24 - 3						
					4/1/24 - 6						
					7/1/24 - 9						
Water System Fa	cility: ENTD	Y POINT (WSF ID:	00700\		7/1/24 5	75072-	<u> </u>				
-		TPOINT (WSFID.	00700)								DT)
Nitrate And Nitr	• •	-t-t (D)			0.0 16 17 -					=	RT) per year
Sampling Poir		סוחד וטן			Monitoring			ection	Period		iance Status
ENTRY POINT	(3)				1/1/23 - 12					Co	omplete
					1/1/24 - 12						_
					1/1/25 - 12	2/31/2	!5				
		Water System	Facili	ity and S	ampling P	oint	Inven	tory			
Water							Tota		ad and	1	
- /	ystem Facility	•	_	Sampling P					Copper		Stage
Facility ID		IL		Description		Stat		e R	ule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	JTION SYSTEM				ON SYSTEM	А	1				
					ERVICE CON	Α	١.				
		UPSTF	REAM	WITHIN 5 S	ERVICE CON	Α	١				
00700 ENTRY P	OINT	3	3	ENTRY POI	VT	Α	١				
56960 WELL		2	<u> </u>	WELL		А	١				
56962 TREATM	ENT PLANT										
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Mr. James L. Grayb	oill			raybill Prope	rites			Owner	<u> </u>		
Mailing Address Lir		Mailing		s Line Two				City		State	Zip Code
P.O. Box 781		TVICINITIS					Old Lyme			CT	06371
Business Phone	Extension	Fax	Mohi	le Phone	Emergency P	hone				<u>.</u>	555, 1
Dusiness Filone	LACCIONI	ıαΛ	IVIUUI	ic i none	Lineigency P	HOHE	Linaii Au	u1 C33			

aptolct@aol.com

860-304-2535

860-434-8823

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

Connecticut Department of Public Health	Dr	in	king	g W	ater	Se	ction	l
Water Quality Monitoring and Com	ıpli	iar	ice :	Sch	edul	le		
				_		_		Т_

	<u>.                                    </u>	 						
PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	<b>Primary Source</b>
CT1059224	GRAYBILL PROPERTIES, LLC			NC	;	35	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Com	nmercial	Industri	al Combine	ed Agricultural
11 HALLS ROAD		Connections			1			

### Please note the following:

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

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

End of schedule

	Connecticut Depar	tment of Public	Health	n Di	rinkin	g Wate	r S	Section	
	•	ty Monitoring a				_			
PWS ID	PWS Name	<u>., </u>		_			_	wner Type Pr	imary Source
CT1059244	34 LYME STREET				NC	35		Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerc	ial Indus	trial	Combined	Agricultura
34 LYME STRE	ET	Connection	S					1	
Towns Served	: OLD LYME		1		-1				
		Monitoring Red	uireme	ents	5				
Water Syste	m Facility: DISTRIBUTION SYS	TEM (WSF ID: 00600)							
Total Colifo							1 r	outine (RT) p	er quarter
	Point (Sampling Point ID)		Monitor	ring F	Period (	Collection I			ance Status
Select fro	om Inventory of Active Sampling Po	oints	10/1/23	- 12/	/31/23				
			1/1/24	- 3/3	31/24				
			4/1/24	- 6/3	30/24				
			7/1/24	- 9/3	30/24				
<b>Physical Par</b>	ameters (PPS)						1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitor	ring F	Period (	Collection I	Perio	d Complic	ance Status
Select fro	om Inventory of Active Sampling Po	oints	10/1/23	- 12/	/31/23				
			1/1/24	- 3/3	31/24				
			4/1/24						
			7/1/24	- 9/3	30/24				
Water Syster	m Facility: ENTRY POINT (WS	F ID: 00700)							
	Nitrite (NOX)							1 routine (R	
	Point (Sampling Point ID)		Monitor			Collection I	Perio		ance Status
ENTRY P	DINT (3)		1/1/23 -		-			Cor	mplete
			1/1/24 -						
			1/1/25 -						
	i	Public Notification	Require	em	ents				
		Compliance	Notice	е	<u>Public N</u>	lotification	1	PN Certi	<u>ification</u>
Violation/Situ		Period	Tier		Required	Perforn	ned	Due to DPH	Received
	M&R Violation	7/1/13 - 9/30/13			6/7/2014			6/17/2014	
	M&R Violation	10/1/13 - 12/31/2			6/7/2014			6/17/2014	
	itrite M&R Violation	1/1/13 - 12/31/1			6/7/2014			6/17/2014	
	neters M&R Violation	7/1/13 - 9/30/13			2/25/2015			3/7/2015	
Physical Parar	neters M&R Violation	10/1/13 - 12/31/2			5/8/2015			5/18/2015	
	Water Sys	tem Facility and Sa	ampling	g Po	oint Inve	entory			
Water					7	otal Lea	d an	nd	
System Wo	iter System Facility Sa	mpling Point Sampling P	oint		Co	liform Co	ppe	r	Stage

		410. 5 y 510 40	-,			7		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
58389	WELL 1	2	WELL 1	Α				
58576	TREATMENT PLANT							

059244	34 LYME STREET	NC	35	Р	GW
S ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g Water	Section	

CT1059244	34 LYME STREET				NC	35	Р		GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercial	Industria	al Combin	ned	Agricultural
34 LYME STREET		Connections					1		

**PWS** 

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Ms. Angeline P. Rea	ale			Kallie, LLC			Owner		
Mailing Address Line One Mailing A		Mailing Addr	ess Line Two			City	State	Zip Code	
34 Lyme Street						Old Lym	e	СТ	06371
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
860-434-6942						cashmer	ecook@gma	il.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	_							_	
	Connecticut De	epartment of	Public H	lealth	Drink	ing V	Vater :	Section	
	Water Q	uality Monit	oring and	d Con	nplian	ce Sc	hedule	9	
PWS ID	PWS Name	-			Classificat	tion Po	pulation (	Owner Type	Primary Source
CT1059234	TOWN WOODS PARK				NC		25	L	GW
Local Address (	where applicable)		Service	Residen	tial Comr	nercial	Industria	Combin	ed Agricultural
26 TOWN WOO	DDS ROAD		Connections			1			
Towns Served:	OLD LYME								
		Monito	oring Requ	ireme	nts				
Water System	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
<b>Total Colifor</b>	m (3100)						1	routine (F	RT) per month
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Peri	od Com	pliance Status
Select fro	m Inventory of Active Sam	pling Points		4/1/24 -	4/30/24				
				5/1/24 -	5/31/24				
				6/1/24 -	6/30/24				
				7/1/24 -	7/31/24				
				8/1/24 -	8/31/24				
				9/1/24 -	9/30/24				
-	ameters (PPS)						1	routine (F	RT) per month
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Peri	od Com	pliance Status
Select fro	m Inventory of Active Sam	pling Points		4/1/24 -	4/30/24				
				5/1/24 -	5/31/24				
				6/1/24 -	6/30/24				
				7/1/24 -	7/31/24				
				8/1/24 -	8/31/24				
				9/1/24 -	9/30/24				
Water Systen	n Facility: TOWN WOO	DS PARK ENTRY PO	OINT (WSF ID	0: 00702	)				
Nitrate (104	.0)						1	routine (R <sup>.</sup>	Γ) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Peri	od Com	pliance Status
TOWN W	OODS PARK ENTRY POINT	(3-TWP)		10/1/23 -	12/31/23				Complete
				1/1/24 -	3/31/24				
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Nitrite (104:	•								(RT) per year
Sampling	Point (Sampling Point ID)				ng Period	Colle	ection Peri	od Com	pliance Status
TOWN W	OODS PARK ENTRY POINT	(3-TWP)			12/31/23				Complete
					12/31/24				
				1/1/25 -	12/31/25				
		Other C	ompliance	Sched	lules				
Compliance Sc	hedule Activity				Due Date		Achiev	ed Date	
SEASONAL STA	RT UP COMPLETION				1/1/2024				
	Wate	er System Facili	ity and Sar	npling	Point I	nvent	ory		
Water						Total		nd	
-	ter System Facility	Sampling Point		nt		Colifor			Stage
Facility ID		ID	Description		Status	<sub>s</sub> Rule	Rule 1	ier Asbest	os WQP 2 DBPR

4-TOWNWDSPK DISTRIBUTION SYSTEM- A Y

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.

**DISTRIBUTION SYSTEM** 

Α

Α

Α

Υ

2-TOWNWDSPK TOWN WOODS PARK

WELL

4-LYMESSRCT DISTRIBUTION SYSTEM-

4

TOWN WOODS PARK

**DISTRIBUTION SYSTEM** 

WELL

00502

00600

	Connecticut Department of	Ривпс п	earm	וע	mking	vvater	Section	
	Water Quality Monito	oring and	d Con	ıpl	iance S	chedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1059234	TOWN WOODS PARK				NC	25	L	GW
Local Address	(where applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural
26 TOWN WO	ODS ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Costion

Towns Served: OLD LYME

	Water	r System Facili	ity and Sampling P	oint lı	nventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	tage DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00702	TOWN WOODS PARK ENTRY POINT	3-TWP	TOWN WOODS PARK ENTR	Α				

		(	Contact Inf	ormation				
			Organization	1			Job Title	
old			Town of Old	Lyme		First Select	man	
g Address Line One Mailing Address			dress Line Two	ess Line Two			State	Zip Code
		52 Lyme St	reet		Old Lym	e	СТ	06371
Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	ldress		
211					tgriswol	d@oldlyme-	ct.gov	
	e One Extension	e One  Extension Fax	old e One Mailing Ad 52 Lyme St Extension Fax	Organization Town of Old e One Mailing Address Line Two 52 Lyme Street Extension Fax Mobile Phone	e One Mailing Address Line Two  52 Lyme Street  Extension Fax Mobile Phone Emergency Phone	Organization Town of Old Lyme e One Mailing Address Line Two 52 Lyme Street Old Lym Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Town of Old Lyme First Select e One Mailing Address Line Two City 52 Lyme Street Old Lyme Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title  Town of Old Lyme First Selectman  e One Mailing Address Line Two City State  52 Lyme Street Old Lyme CT  Extension Fax Mobile Phone Emergency Phone Email Address

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

End of schedule

	Connecticut De	partment of	Public Health I	Drinki	ing W	ater S	ection	
	Water O	uality Monit	oring and Com	olianc	e Sch	edule		
PWS ID	PWS Name	<u> </u>					ner Type F	Primary Source
CT1059254	HALLMARK DRIVE-IN			NC	3	33	Р	GW
Local Addre	ss (where applicable)		Service Residentia	al Comm	nercial Ir	ndustrial	Combined	l Agricultural
113 SHORE	ROAD		Connections	1	L			
Towns Serve	ed: OLD LYME							
		Monito	oring Requiremen	ts				
•	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
	form (3100)							per quarter
	ing Point (Sampling Point ID)		Monitoring		Collect	ion Period	Compl	iance Status
Select	from Inventory of Active Samp	ling Points	4/1/24 - 6	•				
			7/1/24 - 9	/30/24				
-	arameters (PPS)				- "			per quarter
	ing Point (Sampling Point ID)		Monitoring		Collect	ion Period	Compl	iance Status
Select	from Inventory of Active Samp	ling Points	4/1/24 - 6					
		(11157.15 00700)	7/1/24 - 9	/30/24				
	tem Facility: ENTRY POINT	(WSF ID: 00/00)						
Nitrate (1	•							per quarter
	ing Point (Sampling Point ID)		Monitoring		Collect	ion Period	Compl	iance Status
ENTRY	POINT (3)		4/1/24 - 6	•				
	1		7/1/24 - 9	/30/24		_		
Nitrite (10	•		0.0 14 11	. Davida d	6-114		=	RT) per year
	ing Point (Sampling Point ID)		Monitoring		Collect	ion Period		iance Status
ENIKY	POINT (3)		1/1/23 - 12				C	omplete
			1/1/24 - 12					
Mator Cust	tom Facility WELL 1 (MCF	ID. E9606)	1/1/25 - 12	2/31/25				
	tem Facility: WELL 1 (WSF	וס: ספספסן				4	· · · · /p=\	
E. Coli (30	•		Monitorina	. Doulod	Callage			per quarter
	ing Point (Sampling Point ID)		Monitoring		Conect	ion Period	Compi	iance Status
WELL 1	1 (2)		4/1/24 - 6					
		Other C	7/1/24 - 9 ompliance Schedu					
Compliance	Schedule Activity	other c	•	ie Date		Achieved	l Date	
	START UP COMPLETION			1/2024		7.07.70		
SEA SOTTALES		· Custom Fosili			anta	<b>.</b>		
144 6	vvate	System Facili	ity and Sampling P	oint ir				
Water System V	Nater System Facility	Sampling Point	Sampling Point		Total	Lead and	1	Stano
Facility ID	water system rutility	ID	Description Description	Charter	Coliform Rule		r Asbestos	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A				
00000 L	SIGNADO HON STOTEIN		WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 E	ENTRY POINT	3	ENTRY POINT	A				
	WELL 1	2	WELL 1	A				
33330 V		_		, ,				

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58703 TREATMENT PLANT

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

PWS ID	PWS ID PWS Name C					Population	Owner Type	Primary Source
CT1059254	HALLMARK DRIVE-IN				NC	33	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc		l Industri	al Combine	ed Agricultural
113 SHORE RO	Connections			1				

				Contact Inf	ormation					
Name				Organization	1		J	ob Title		
Ms. Catherine O. D	enton			113 Shore Ro	113 Shore Rd, LLC Owner					
Mailing Address Line One Mailing Add				Address Line Two	ress Line Two			State	Zip Code	
240 Park Rd						West Hartf	ord	СТ	06119	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addr	ess			
860-233-3651		860-233-9	9941	860-833-9031		cadenton@comcast.net				

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

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

End of schedule

	Conno	atiout Don	artment of	Dublic	loolth D	nin'	lring I	Mata	n Co	otion	
		*	artment of							ction	
			ality Monit	oring and					_		
PWS ID	PWS Name				Cla				n Ow		Primary Source
CT105928		UTOMOTIVE				NC		35		Р	GW
	ress (where applic	able)		Service	Residential	Con	nmercial	Indust	rial	Combined	d Agricultural
	ON POST ROAD			Connections						1	
Towns Ser	rved: OLD LYME										
				oring Requ	irements	S					
Water Sy	stem Facility:	DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
	liform (3100)								1 rou	ıtine (RT)	per quarter
	pling Point (Samp				Monitoring I	Perio	d Colle	ection P	eriod	Comp	liance Status
Selec	t from Inventory o	of Active Samplir	ng Points		10/1/23 - 12,					C	omplete
					1/1/24 - 3/3	31/24	•			C	omplete
					4/1/24 - 6/3	30/24	•				
					7/1/24 - 9/3	30/24					
Physical	Parameters (PF	PS)							1 rou	ıtine (RT)	per quarter
Samp	oling Point (Samp	ling Point ID)			Monitoring I	Perio	d Colle	ection P	eriod	Comp	liance Status
Select from Inventory of Active Sampling Points					10/1/23 - 12,	/31/2	.3			C	omplete
					1/1/24 - 3/3	31/24	•			C	omplete
					4/1/24 - 6/3	30/24	•				
					7/1/24 - 9/3	30/24	•				
Water Sy	stem Facility: E	NTRY POINT (	(WSF ID: 00700)								
Nitrate /	And Nitrite (NO	X)							1	routine (	RT) per year
Samı	oling Point (Samp	ling Point ID)			Monitoring I	Perio	d Colle	ection P	eriod	Comp	liance Status
ENTR	RY POINT (3)				1/1/23 - 12/	31/23	3			C	omplete
					1/1/24 - 12/	'31/2	4			C	omplete
					1/1/25 - 12/	31/25	5				
		Water :	System Facili	ty and Sar	npling Po	oint	Invent	ory			
Water							Tota		d and		
-	Water System Fo	icility	Sampling Point		nt		_	rm Co			Stage
Facility ID			ID	Description		Stat		e Rul	e Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SY	'STEM	4	DISTRIBUTION		Α	Υ				
00700	ENTRY POINT		3	ENTRY POINT		Α					
60268	WELL 1		2	WELL 1		Α					
			Con	tact Inforr	nation						
Name			Oı	ganization						Job Title	
			Gı	aybill Properit	es		(	Owner			
Mr. James	s L. Graybill		O	-,			1.	-			
	ddress Line One		Mailing Address	· · · · · · · · · · · · · · · · · · ·				City		State	Zip Code

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

Mobile Phone

860-304-2535

Emergency Phone Email Address

aptolct@aol.com

**Business Phone** 

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-434-8823

	Connectic	ut Depa	rtment	of Public	Health	Drir	ıkıng	water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
T1059284	ALL PRO AUTON	1OTIVE				N	IC	35	Р	GW
ocal Address (w	here applicable)		Service	Resider	itial Co	mmercia	l Industri	al Combine	ed Agricultural	
47 BOSTON POS	ST ROAD	Connectio	ons				1			
owns Served: O	LD LYME							,	·	
Name				Organization					Job Titl	e
All Pro Enterpris	e LLC									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
L47 Boston Post	Road						Old Lym	ne	СТ	06371
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress		
860-434-3530							aptolct	@aol.com		
Contact Role(s):	Owner		,				•			

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

End of schedule

	С	onnectic	ut Depa	rtmer	nt of	Public	Health	Dri	nking	g Wa	ater	Se	ction		
		Wa	ter Qua	lity M	onit	oring a	nd Con	nplia	nce :	Sche	edul	e			
PWS ID	PW	VS Name		<i></i>									ner Type	Primary	Source
CT105928	3 JIA	MEI LLC						N	1C	4	2		Р	G۱	N
Local Addı	ress (whe	re applicable)				Service	Residen	tial Co	ommerc	ial In	dustri	al	Combine	d Agri	cultural
83 HALLS I	ROAD					Connection	ns		1						
Towns Ser	ved: OLD	LYME													
				М	onit	oring Red	quireme	nts							
Water Sy	stem Fac	cility: DISTR	IBUTION S	YSTEM (	WSF I	D: 00600)									
<b>Total Co</b>	liform (3	3100)									1	rou	tine (RT)	per qu	uarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ing Peri	iod (	Collecti	ion Pe	riod	Comp	liance S	tatus
Selec	t from Inv	ventory of Act	ive Sampling	Points			10/1/23 -	- 12/31,	/23				C	omplet	e
							1/1/24 -	- 3/31/2	24					omplet	e
							4/1/24 -	- 6/30/2	24						
							7/1/24 -	- 9/30/2	24						
Physical	Paramet	ters (PPS)									1	rou	tine (RT)	per qu	uarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ing Peri	iod (	Collect	ion Pe	riod	Comp	liance S	tatus
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 -	- 12/31	/23				C	omplet	e
							1/1/24 -	- 3/31/2	24				C	omplet	e
							4/1/24 -	- 6/30/2	24						
							7/1/24 -	9/30/2	24						
Water Sy	stem Fac	cility: ENTR	Y POINT (V	VSF ID: 0	0700)										
Nitrate A	And Nitri	te (NOX)										1	routine (	RT) pe	r year
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ing Peri	iod (	Collecti	ion Pe	riod	Comp	liance S	tatus
ENTR	RY POINT (	(3)					1/1/23 -	12/31/	23				C	omplet	e
							1/1/24 -	12/31/	24				C	omplet	e
							1/1/25 -	12/31/	25						
			Water S	ystem l	Facil	ity and Sa	ampling	Poin	t Inve	entor	γ				
Water											Lead				
-		ystem Facility			Point	Sampling P				-	Cop				Stage
Facility ID				ID		Description			itus	Rule	Rule	Tier	Asbesto	WQP	2 DBPR
00600		JTION SYSTEM	1	4		DISTRIBUTI			A						
00700	ENTRY P	OINT		3		ENTRY POIN	NT		A						
60270	WELL 1			2		WELL 1			A						
62205		REATMENT PL													
62206	SOFTENE	R - DUNKIN D	ONUTS												
					Con	tact Info	rmation	)							
Name					0	rganization							Job Title		
Mr. Rober	rt Cheung				Jia	a Mei LLC									
Mailing Ad	ddress Lin	e One		Mailing A	ddres	s Line Two				Ci	ty		State	Zip C	ode
108 Comst	tock Hill A	ve							Norwa	ılk			СТ	068	350
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	Email	Addres	SS				

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

862-703-8456

robertcheungtao@aol.com

203-866-7492

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWS Namo	Classification	Donulation	Owner Type	Dri

	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			FF				
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1059283	JIA MEI LLC			NC	42	Р	GW	
Local Address (v	Service	Resider	tial Commerc		al Industri	al Combine	ed Agricultural	
83 HALLS ROAD	Connections			1				

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End of schedule

	Connecticut De	epartment	of Public He	ealth D	rinki	ng W	ater Se	ection	
	Water Q	<b>Quality Mon</b>	itoring and	Comp	lianc	e Sch	edule		
PWS ID	PWS Name			Cl	assificati	on Popi	ulation Ow	ner Type F	rimary Source
CT1059294	THE VILLAGE SHOPS				NC		33	Р	GW
Local Addre	ess (where applicable)		Service	Residential	Comm	ercial I	ndustrial	Combined	l Agricultura
10 LYME ST	TREET		Connections		7				
Towns Serv	ved: OLD LYME								·
		Mon	itoring Requi	rement	S				
Water Sys	tem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WS	F ID: 00600)						
<b>Total Coli</b>	iform (3100)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		٨	onitoring	Period	Collec	tion Period	l Compl	iance Status
Select	from Inventory of Active Sam	pling Points	10	0/1/23 - 12	/31/23			C	omplete
			:	1/1/24 - 3/	31/24			C	omplete
			4	1/1/24 - 6/	30/24				
			-	7/1/24 - 9/	30/24				
Physical F	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		٨	lonitoring	Period	Collec	tion Period	l Compl	iance Status
Select	from Inventory of Active Sam	pling Points	10	0/1/23 - 12	/31/23			C	omplete
			:	1/1/24 - 3/	31/24			C	omplete
			4	4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 0070	0)						
Nitrate A	nd Nitrite (NOX)						1	routine (	RT) per year
Samp	ling Point (Sampling Point ID)		٨	lonitoring	Period	Collec	tion Period	l Compl	iance Status
ENTR\	Y POINT (3)		1	/1/23 - 12,	/31/23		omplete		
			1	/1/24 - 12,	/31/24			C	omplete
			1	/1/25 - 12,	/31/25				
		Other	Compliance :	Schedul	es				
Compliance	e Schedule Activity			Due	e Date		Achieved	l Date	
RESPOND 1	ΓΟ SANITARY SURVEY			3/4	/2023				
	Wate	er System Fac	cility and Sam	pling Po	oint In	vento	ry		
Water						Total	Lead and	1	
-	Water System Facility		nt Sampling Point	:		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPI
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α				
	ENTRY POINT	3	ENTRY POINT		Α				
	WELL 1	2	WELL 1		Α				
60734	TREATMENT PLANT								
		Co	ontact Inform	ation					
Name			Organization					Job Title	
Mr. James	L. Graybill		Graybill Properite	S		Ov	vner		
Mailing Ad	dress Line One	Mailing Addr	ess Line Two	<u></u>			`itv	State	7in Code

Name				Organization			Job Title		
Mr. James L. Grayb	ill			Graybill Prop	erites	Owner			
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City	State	Zip Code	
P.O. Box 781						Old Lyme	СТ	06371	
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
		860-434-8	3823	360-304-2535		aptolct@aol.com			

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

	Trater quarty from our management of the control of										
PWS ID	PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1059294	THE VILLAGE SHOPS				NC	33	Р	GW			
Local Address (w	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural			
10 LYME STREET		Connections			7						

### Please note the following:

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

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

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

End of schedule

	Co	nnectic	_							_		ectior	1	
		Wa	ter Qua	lity Mo	nite	oring ar	nd Con	<u>ıplia</u>	ance	e Sch	edule			
PWS ID	PW	'S Name						Classi	ificatio	on Pop	ulation O	wner Type	e Pr	imary Source
CT105930	4 AD	VANCED FAM	IILY DENTIST	RY OF OLD	LYMI	E		1	NC		31	Р		GW
Local Addr	ress (wher	e applicable)				Service	Residen	tial C	omme	ercial I	ndustrial	Combin	ned	Agricultural
6 DAVIS RO	OAD WES	Γ				Connection	S		1					
Towns Ser	ved: OLD	LYME					·							
				Mo	nito	oring Req	Juireme	nts						
Water Sys	stem Fac	ility: DISTR	RIBUTION S	YSTEM (W	SF I	D: 00600)								
<b>Total Col</b>	liform (3	100)									1 rc	outine (R	T) p	er quarter
Samp	oling Point	t (Sampling P	oint ID)				Monitori	ing Per	riod	Collec	tion Perio	d Con	nplid	ance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 -	12/31	L/23				Coi	mplete
							1/1/24 -	3/31/	′24				Coi	mplete
							4/1/24 -	6/30/	′24					
							7/1/24 -	9/30/	<b>′</b> 24					
Physical	Paramet	ers (PPS)									1 rc	outine (R	T) p	er quarter
Samp	oling Point	t (Sampling P	oint ID)				Monitori	ing Per	riod	Collec	tion Perio	d Con	nplid	ance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 -	12/31	L/23				Coi	mplete
							1/1/24 -	3/31/	′24				Coi	mplete
							4/1/24 -	6/30/	′24					
							7/1/24 -	9/30/	′24					
Water Sy:	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 007	700)									
Nitrate A	And Nitri	te (NOX)										1 routine	e (R	T) per year
		t (Sampling P	oint ID)				Monitori	ing Per	riod	Collec	tion Perio		-	ance Status
ENTR	Y POINT (	3)					1/1/23 -	12/31,	/23				Coi	mplete
							1/1/24 -	12/31	/24				Coi	mplete
							1/1/25 -			_				<u>-</u>
			Water S	ystem Fa	acili	ty and Sa			-	vento	ry			
Water				•						Total	Lead an	d		
System	Water Sy	stem Facility		Sampling P	oint	Sampling Po	oint		(	Coliform	Coppe	•		Stage
Facility ID	)			ID		Description		St	atus	Rule	Rule Tie	er Asbest	tos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4		DISTRIBUTIO	ON SYSTEM		Α					
00700	ENTRY PO	DINT		3		ENTRY POIN	IT		Α					
60523	WELL 1			2		WELL 1			Α					
		NT PLANT												
				(	Con	tact Info	rmation							
Name						ganization						Job Tit	le.	
Dr. Michae	el D'occhi					nd Realty Gro	าเเท					300 110		
Mailing Ac				Mailing Ad			- up				City	State		Zip Code
1 Johnnyca		Jone		ivianing Au	u1 C33	LINE I WU			lvor	yton	y	CT		06442
Business		Extension	Fax	N	Mobil	e Phone	Emergency	Dhon		•	200	Ci	1	00772
business	FIIOHE	EXTENSION	гdХ	ı,	VIUUII	e riioile	Lineigency	FIIOII	e Ellia	an Auult	533			

860-916-1138

mikedocchio@yahoo.com

860-434-5880

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

860-434-5565

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

	Water Quarty Fromtering and compliance beneaute										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT1059304	ADVANCED FAMILY DENTISTRY OF OLD LYME	Ē			NC	31	Р	GW			
Local Address (v	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural			
6 DAVIS ROAD WEST		Connections			1						
			*								

### Please note the following:

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

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

End of schedule

	Conne	•	artment of				_			on	
			ality Monit	oring an							
PWS ID	PWS Nam				Cl	assificati				/pe Pri	mary Source
CT105931		ES THERAPEUTIC	RIDING INC			NC		44	Р		GW
	ress (where appli	cable)		Service	Residential	Comm	ercial I	ndustrial	Com	bined	Agricultural
36 TOWN	WOODS ROAD			Connections						2	
Towns Ser	ved: OLD LYME										
				oring Requ	iirement	S					
•	,	DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
	liform (3100)										er quarter
	oling Point (Samp				Monitoring		Collec	tion Peri	od C		nce Status
Selec	t from Inventory	of Active Samplir	ng Points		10/1/23 - 12						nplete
					1/1/24 - 3/					Cor	nplete
					4/1/24 - 6/	30/24					
					7/1/24 - 9/	30/24					
Physical	Parameters (P	PS)						1 ו	outine	(RT) p	er quarter
Samp	oling Point (Samp	oling Point ID)			Monitoring	Period	Collec	tion Perio	od C	omplia	nce Status
Selec	t from Inventory	of Active Samplir	ng Points		10/1/23 - 12	/31/23				Cor	nplete
					1/1/24 - 3/	31/24				Cor	nplete
					4/1/24 - 6/	30/24					
					7/1/24 - 9/	30/24					
Water Sy	stem Facility:	ENTRY POINT (	WSF ID: 00700)								
Nitrate A	And Nitrite (NC	X)							1 rout	ine (R	Γ) per year
Samp	oling Point (Samp	oling Point ID)			Monitoring	Period	Collec	tion Peri	od C	omplia	nce Status
ENTR	Y POINT (3)				1/1/23 - 12,	/31/23				Cor	nplete
					1/1/24 - 12/	/31/24				Cor	nplete
					1/1/25 - 12,	/31/25					_
	Mor	nthly Water	System Facil	ity (WSF) I	Level Mo	nitori	ng Red	quiren	ents		
Water Sy	stem Facility:	ENTRY POINT (	WSFID: 00700)								
Analyt	:e	<b>Monitoring Req</b>	uirement (Summa	ary Type)	Operat	ing Limi	t		Sam	oles Re	q/Month
рН		Entry Point pH N	Monitoring (PHRD	)	Minimu	ım: 6.4	PH			4	
Start D	oate: 8/1/2017			Complia	nce History	:	Operati	ng Limit	M	onitori	ng
				Monitor	ing Period			ance Stat	us: Co	mpliar	ice Status:
				11/1/20	23 - 11/30/2	2023					
				12/1/20	23 - 12/31/2	2023					
				1/1/202	4 - 1/31/202	.4					
				2/1/202	4 - 2/29/202	24					
				3/1/202	4 - 3/31/202	.4					
		Water :	System Facili	ity and Sar	mpling Po	oint Ir	vento	ry			
Water							Total	Lead a	nd		
System	Water System F	acility	Sampling Point		nt		Coliform				Stage
Facility ID			ID	Description		Status	Rule	Rule T	ier Asb	estos I	NQP 2 DBPR
00600	DISTRIBUTION S	YSTEM	4	DISTRIBUTION	N SYSTEM	Α					
00700	ENTRY POINT		3	ENTRY POINT		Α					
60546	WELL 1		2	WELL 1		Α					
1											

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.

60621 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source									ource		
CT1059314	HIGH HOPES THERAPEUTIC RIDING	INC			NC	44		Р	GW			
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industr	ial	Combine	d Agricu	ltural		
36 TOWN WO	Connections 2											

Connecticut Department of Public Health Drinking Water Section

				Coi	ntact Info	ormation						
Name				C	Organization			Job Title				
Ms. Mary Katherin	e Statsburg											
Mailing Address Line One Mailing Addr				Addre	ss Line Two			City	State	Zip Code		
36 Town Woods Rd							Old Lyme	е	СТ	06371		
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Ad	dress				
860-434-1974		860-434-3	3723				hhinfo@highhopestr.org					
		_		_		-						

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

## Please note the following:

Towns Served: OLD LYME

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

End of schedule

	Co		•			f Public							ction	
DIA/C ID	DVA/C		cci qua	iicy iv	10111	toring o	illa doll	_				_	nor Tuno D	riman, Cauraa
PWS ID		Name	FFT					Clas		on Pol		OWI		rimary Source
CT1059324		8 LYME STR	tti				5		NC		36		Р	GW
Local Addre	ess (where	applicable)				Service	Resider	ntial			Industr	ial	Combined	Agricultural
						Connectio	ons 2		2	-				
Towns Serv	ed: OLD L	YME												
						oring Re	quireme	ents						
Water Syst	tem Facil	ity: DISTR	IBUTION S	YSTEM	(WSF	ID: 00600)								
Total Coli	form (31	.00)										1 rou	ıtine (RT)	per quarter
Sampl	ing Point	(Sampling P	oint ID)				Monitoring Period Collection Period Compliance Status							
Select	from Inve	ntory of Act	ive Sampling	Points			10/1/23 - 12/31/23							
				-			1/1/24	- 3/31	1/24					
							4/1/24	- 6/30	0/24					
							7/1/24							
Physical P	Paramete	rs (PPS)										1 rou	ıtine (RT)	per quarter
-		(Sampling P	oint ID)				Monitor	ing P	eriod	Colle	ction Pe			ance Status
-			ive Sampling	Points			10/1/23						•	
		<u>'</u>	1 0	,			1/1/24							
							4/1/24							
							7/1/24							
Water Syst	tom Facil	ity: ENTD	Y POINT (V	NCE ID: (	חסחם	1	,, =, = :	3,30	J,					
•		•	i POINI (V	VSF ID. (	00700	)								T)
Nitrate A		=								6 "	5		=	RT) per year
-		(Sampling P	oint ID)				Monitor			Colle	ction Pe	erioa		ance Status
ENTRY	POINT (3)	)					1/1/23 -						Co	mplete
							1/1/24 -							
							1/1/25 -	12/3	1/25					
			Water S	ystem	<b>Facil</b>	lity and S	Sampling	Poi	int Ir	vent	ory			
Water										Total	Lead	l and		
System	Water Sys	tem Facility		Sampling	g Point	t Sampling	Point			Colifor	т Сор	per		Stage
Facility ID				IE		Descriptio	n	9	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 1	DISTRIBUT	ION SYSTEM	1	4		DISTRIBUT	ION SYSTEM		Α					
00700 E	ENTRY PO	INT		3		ENTRY PO	INT		Α					
60550 \	WELL 1			2		WELL 1			Α					
	TREATMEN	NT PI ANT												
02000					Cor	ntact Info	ormation	1						
Name						Organization	Ji iliatioi						Job Title	
Mr. Charles	s Monte												300 1100	
Mailing Add		One		Mailing	Addres	ss Line Two					City		State	Zip Code
411-1 Haml				ivianing	, laures	JJ LITIC T VVO			Lyr	me	City		CT	06371
Business		Extension	Fax	1	Mah	oile Phone	Emergency	, Dha			rocc		CI	003/1
Dusilless	FIIONE	LXCEIISIOII	FdX				Emergency	y F110				ot.		
					90U-	304-6656			cna	JIIOIII	e@att.n	<b>લા</b>		

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

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

PWS ID	PWS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT1059324	64-68 LYME STREET			NC	36	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combin	ed Agricultural
		Connections	2	2			

### Please note the following:

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1059334	LYME SENIOR CENTER				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
26 TOWN WOO	DS ROAD	Connections					1	

Towns Served: OLD LYME			
Monit	oring 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	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		Out of Service
	5/1/24 - 5/31/24		Out of Service
	6/1/24 - 6/30/24		Out of Service
	7/1/24 - 7/31/24		Out of Service
	8/1/24 - 8/31/24		Out of Service
	9/1/24 - 9/30/24		Out of Service
	10/1/24 - 10/31/24		Out of Service
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		Out of Service
	5/1/24 - 5/31/24		Out of Service
	6/1/24 - 6/30/24		Out of Service
	7/1/24 - 7/31/24		Out of Service
	8/1/24 - 8/31/24		Out of Service
	9/1/24 - 9/30/24	_	Out of Service
	10/1/24 - 10/31/24		Out of Service
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	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Out of Service
	1/1/25 - 12/31/25		
Water System Facility: WELL #1 (WSF ID: 61472)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
SENIOR CENTER WELL #1 (2)	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service

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.

1/1/24 - 1/31/24

Out of Service

Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule									
S ID	PWS Name	Classification	Population	Owner Type	Primary Source					

CD 1-1:- II - 1/1- D -: -1 : - - W-1 - - C

CT1059334	LYME SENIOR CENTER				NC	25		Р	GW	
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combine	d Agricul	tural
26 TOWN WOOL	OS ROAD	Connections						1		

Towns Served: OLD LYME

PWS

Monitoring Requirements									
Water System Facility: WELL #1 (WSF ID: 61472)									
E. Coli (3014)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>						
	2/1/24 - 2/29/24		Out of Service						
	3/1/24 - 3/31/24		Out of Service						
	4/1/24 - 4/30/24		Out of Service						
	5/1/24 - 5/31/24		Out of Service						
	6/1/24 - 6/30/24		Out of Service						
	7/1/24 - 7/31/24		Out of Service						
	8/1/24 - 8/31/24		Out of Service						
	9/1/24 - 9/30/24		Out of Service						
	10/1/24 - 10/31/24		Out of Service						

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ							
00700	ENTRY POINT	3	ENTRY POINT	Α								
61472	WELL #1	2	SENIOR CENTER WELL#	Α								
61652	TREAMENT PLANT											

Contact Information												
Name				Organization	l	Job Title						
Mr. Timothy Griswold				Town of Old	Lyme		First Selectman					
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code			
Town of Old Lyme			52 Lyme Stre	et		Old Lym	е	СТ	06371			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address						
860-434-1605	211					tgriswold@oldlyme-ct.gov						
860-434-1605			_					ov				

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.
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End of schedule

	Connecticut I	Department of	Public Heal	th Dr	inkir	ng Wa	ater Se	ection	
	Water	<b>Quality Monit</b>	oring and Co	ompli	iance	Sche	edule		
PWS ID	PWS Name	<u> </u>	<u> </u>		sificatio			ner Type Pi	rimary Source
CT105934	4 LONG RIVER LOCAL				NC		5	P	GW
Local Addr	ress (where applicable)		Service Resi	dential	Comme	rcial In	dustrial	Combined	Agricultural
96 HALLS I			Connections					1	
Towns Ser	ved: OLD LYME					1			
		Monit	oring Requirer	ments					
Water Sy	stem Facility: <b>DISTRIBUT</b>	ION SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)						1 rou	utine (RT)	per quarter
Samp	oling Point (Sampling Point I	D)	Moni	toring Pe	eriod	Collecti	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sa	mpling Points	10/1/	23 - 12/3	1/23			Co	mplete
			1/1/	24 - 3/31	./24				
			4/1/	24 - 6/30	)/24				
			7/1/	24 - 9/30	)/24				
Physical	Parameters (PPS)						1 rou	ıtine (RT)	per quarter
Samp	oling Point (Sampling Point I	D)		toring Pe		Collecti	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sa	mpling Points	10/1/	23 - 12/3	31/23			Со	mplete
			1/1/	24 - 3/31	./24				
				24 - 6/30					
			7/1/	24 - 9/30	)/24				
Water Sy:	stem Facility: ENTRY PO	INT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year
Samp	oling Point (Sampling Point I	D)	Moni	toring Pe	eriod	Collecti	ion Period	Compli	ance Status
ENTR	Y POINT (3)			23 - 12/32				Со	mplete
				24 - 12/32					
			1/1/2	25 - 12/3	1/25				
	Wa	ter System Facili	ity and Sampli	ng Poi	nt Inv	/entor	У		
Water						Total	Lead and		
-	Water System Facility		Sampling Point		C	-	Copper		Stage
Facility ID	)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS		Α				
			WITHIN 5 SERVICE		Α				
		UPSTREAM	WITIN 5 SERVICE C	ONN	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
62422	WELL #1	2	WELL #1		Α				
62426	TREATMENT PLANT								
62428	PRESSURE TANK								
		Con	tact Informati	ion					
Name		0	rganization					Job Title	
Ms. Shelle	y Deproto					Ow	ner		
							_		

City

sdeproto@gmail.com

Old Lyme

Emergency Phone Email Address

860-304-9044

State

CT

Zip Code 06371

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

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

Fax

96 Halls Road

**Business Phone** 

860-304-9044

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1059344	LONG RIVER LOCAL				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural	
96 HALLS ROAD		Connections				1		

### Please note the following:

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

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

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

End of schedule