		Department of				0		ction		
	Water	Quality Monit	oring a	nd Comp	olianc	e Sche	edule			
PWS ID	PWS Name			C	lassificati	on Popu	lation Owr	er Type P	rimary S	Source
СТ1080034	231 OXFORD ROAD -	OXFORD			NC	2	25	Р	GW	/
Local Address	s (where applicable)		Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agric	ultural
			Connectio	ns	1					
Towns Served	d: OXFORD									
		Monito	oring Re	quirement	ts					
Water Syste	m Facility: DISTRIBU	FION SYSTEM (WSF II	D: 00600)							
Total Colifo	• •	(0)		Manitarina	Devied	Collect		tine (RT)	• •	
	g Point (Sampling Point			Monitoring		Collect	ion Period		iance St	
Select In	om Inventory of Active S	ampling Points		10/1/23 - 12					mplete	
				1/1/24 - 3, 4/1/24 - 6,				u	mplete	
				7/1/24 - 9/						
Physical Pa	rameters (PPS)			, , 1, 24 - 9,	, 30/ 24		1 rou	tine (RT)	ner au	artor
-	g Point (Sampling Point	(ח		Monitoring	Period	Collect	ion Period		iance St	
	om Inventory of Active Sa			10/1/23 - 12					mplete	
				1/1/24 - 3/					mplete	
				4/1/24 - 6/						
				7/1/24 - 9/						
Water Syste	m Facility: ENTRY PO	INT (WSF ID: 00700)								
Nitrate And	Nitrite (NOX)						1	routine (F	RT) per	year
	g Point (Sampling Point	ID)		Monitoring	Period	Collect	ion Period	-	iance St	-
ENTRY P	OINT (3)			1/1/23 - 12	2/31/23			Co	mplete	
				1/1/24 - 12	2/31/24			Co	mplete	
				1/1/25 - 12	2/31/25					
	Monthly Wa	ater System Facili	ity (WSF) Level Mo	onitori	ng Req	uiremei	nts		
Water Syste	m Facility: ENTRY PO	NT (WSFID: 00700)								
Analyte	Monitorin	g Requirement (Summa	ary Type)	Opera	ting Limit	:		Samples R	eq/Moi	nth
pН	Entry Poin	t pH Monitoring(PHRD)	Minim	um: 7 PH	ł		4	1	
Start Date	e: 7/1/2010		Comp	pliance History	y:	Operati	ng Limit	Monito	ring	
				toring Period		Complia	nce Status:	Complia	ance Sta	atus:
				2023 - 11/30/2						
				2023 - 12/31/2						
				024 - 1/31/202						
				024 - 2/29/202						
		Other C		024 - 3/31/202						
Com l'		Other Co	Implian	ce Schedu			A - 1			
-	Schedule Activity SANITARY SURVEY				e Date		Achieved	Jate		
RESPOND TO		tor System Easili	tu and S		9/2020	vonto	a.,			
144	vva	iter System Facili	ty and S	amping P	oint in		-			
Water System Wa	ater System Facility	Sampling Point	Sampling L	Point		Total Coliform	Lead and Copper			Stage
Facility ID	ater system ruemty	ID	Description			Rule	Rule Tier	Asbestos		-
	STRIBUTION SYSTEM	4	-	ION SYSTEM	<u>Status</u> A	Y				
					A	•				
				SERVICE CON	A					
		0.0.112/111								

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source 231 OXFORD ROAD - OXFORD Ρ CT1080034 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: OXFORD Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 3 00700 ENTRY POINT ENTRY POINT Δ 2 21865 WELL WELL A 57081 TREATMENT PLANT **Contact Information** Job Title Organization Name Mr. Gary Morgatto Brookside Inn Restaurant Owner Mailing Address Line One Mailing Address Line Two State Zip Code City 231 Oxford Road Oxford СТ 06478 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-888-2272 203-888-1862 203-888-6817 charlesmorgatto@sbcglobal.net

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

Please note the following:

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

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

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

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

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

	Connectic Wa	ut Depar ter Quali					0			ection	
PWS ID	PWS Name	ter Quan	ty Mont	oring a		-					Primary Source
CT1080044	GIRL SCOUTS OF					N		25 25		P	GW
	vhere applicable)	CI - CAIVIP AI	JEON	Service	Residenti		mmercia	-	dustrial	Combined	-
CONDON ROAD				Connection			9		Justilai	Compilied	Agricultura
Fowns Served: (connection			9				
Towns Served. (JAFORD				•	_					
Water System	Facility: DISTR				quiremen	its	_	_	_	_	
Total Coliform			•					_	1 roi	utine (RT)	per quarter
	Point (Sampling P	oint ID)			Monitorin	a Perio	od Co	llectio	on Period		iance Status
	n Inventory of Act		oints		10/1/23 - 1	-					omplete
	,				1/1/24 - 3						
					4/1/24 - 6						
					7/1/24 - 9						
Physical Para	meters (DDC)				, , 1, 24 * 3	, 50/2			1 ro	iting (RT)	per quarter
•	Point (Sampling P	oint ID)			Monitorin	a Porid	od Co	llectiv	on Period	• •	iance Status
	Inventory of Act	-	oints		10/1/23 - 1	-		neetit			omplete
Jelett II OII	Inventory of Act		01113		1/1/24 - 3						mpiere
					4/1/24 - 6						
					7/1/24 - 9						
Nator System	Facility: ENTR				//1/24-3	<i>5</i> 73072	4				
			F ID: 00700)							/	
Nitrate And N	• •									-	RT) per year
	Point (Sampling P	oint IDJ			Monitorin	-		llectio	on Period		iance Status
ENTRY POI	NT (3)				1/1/23 - 1					L	omplete
					1/1/24 - 1						
		Water Sys	stem Facili	ity and Sa	1/1/25 - 1 ampling I			ntor	v		
Water		indici oye				•	Tot		• Lead and		
	er System Facility	Sa	mpling Point	Samplina P	oint				Copper		Stage
Facility ID	,		ID	Description		Sta	0.	-		Asbestos	WQP 2 DBP
-	RIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM			,			
		-	BH83280	SPENCE LOI		A					
			BK41470	SPENCE LOI		A					
		D	OWNSTREAM			A					
		Ľ	UPSTREAM		ERVICE CON	A					
00700 ENTR	Y POINT		3	ENTRY POIN		, A					
21866 WELI			2	WELL	••	A					
ZIGOU WELL	-					F	۲ 				
Namo				tact Info	mation					Job Title	
Name Ma Michala Va	107			rganization	Connections				Dronoutie	Job Title	
				rl Scouts of (Lonnecticut				Property S	1	7in Cada
		N	1ailing Addres	s Line IWO			ال الحسم ال	Cit	У	State	Zip Code
Mailing Address							North H	aven		CT	06473
Vailing Address 20 Washington	Avenue	-		la Dh	Energy (بينام ا	-	•.	
Mailing Address 20 Washington Business Phor	Avenue ne Extension	Fax		le Phone	Emergency I		Email Ad				
203-239-292	Avenue ne Extension	203-239-72		le Phone	Emergency I 800-922-2						

PWS ID PWS Na										
	ame					Clas	ification	Population	Owner Type	Primary Source
CT1080044 GIRL SC	COUTS OF CT	- CAMP	ANSEOX				NC	25	Р	GW
Local Address (where ap	plicable)			Service	Reside	ntial	Commerc	ial Industri	al Combin	ed Agricultural
CONDON ROAD				Connectio	ns		9			
Towns Served: OXFORD								1		÷
Name				Organization					Job Titl	e
Girl Scouts of America,	Inc.									
Mailing Address Line On	е		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington Street							Hartfo	rd	СТ	06106
Business Phone Ex	tension	Fax	Mo	bile Phone	Emergenc	y Phoi	ne Email /	Address		
860-522-0163										
Contact Role(s): Legal (Contact, Ow	ner								
Please note the following	ng:									

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

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

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

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

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

Connecticut Department				0		ection	
Water Quality Mor	nitoring an	id Comp	oliar	ice Sc	chedule		
PWS ID PWS Name		C	lassific	ation Po	opulation Ov	vner Type P	rimary Source
CT1080084 THE COMMUNITY CHAPEL			NC	2	25	Р	GW
Local Address (where applicable)	Service	Residentia	al Con	nmercial	Industrial	Combined	Agricultural
24 HAWLEY ROAD	Connections	5		1			
Towns Served: OXFORD	I					1	
Mor	nitoring Requ	uiremen	ts				
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
Total Coliform (3100)					1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Perio	d Coll	ection Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		10/1/23 - 1	2/31/2	3		Co	omplete
		1/1/24 - 3	/31/24			Co	mplete
		4/1/24 - 6	/30/24				
		7/1/24 - 9	/30/24				
Physical Parameters (PPS)					1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	, Perio	d Coll	ection Perio		iance Status
Select from Inventory of Active Sampling Points		10/1/23 - 1	-				omplete
		1/1/24 - 3					mplete
		4/1/24 - 6					•
		7/1/24 - 9					
Water System Facility: ENTRY POINT (WSF ID: 0070	00)						
Nitrate And Nitrite (NOX)			_			1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	a Perio	d Coll	ection Perio	-	iance Status
ENTRY POINT (3)		1/1/23 - 12				-	omplete
		1/1/24 - 12					omplete
		1/1/25 - 12					
Water System Fa	cility and Sa				tory		
Water	-			Toto	-	d	
System Water System Facility Sampling Po	int Sampling Po	oint		Colifo	rm Copper	•	Stage
Facility ID ID	Description		Stat	us Rul	e Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO	N SYSTEM	А	Y			
DOWNSTRE	AM WITHIN 5 SEI	RVICE CON	А				
UPSTREAN	/ WITHIN 5 SEI	RVICE CON	А				
00700 ENTRY POINT 3	ENTRY POINT	Т	А				
21869 WELL 2	WELL		А				
C	ontact Infor	mation					
Name	Organization					Job Title	
Pastor James Welty					Pastor		
-	ress Line Two				City	State	Zip Code
24 Hawley Road			(Oxford		СТ	06488
	obile Phone E	Emergency P	hone	Email Ado	dress	I	
203-264-1045					n@communit	ychapel.org	
Contact Role(s): Administrative Contact, Legal Contact, C	Dwner					. 0	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1080084	THE COMMUNITY CHAPEL			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
24 HAWLEY RO	AD	Connections		1			
Towns Served:	OXFORD			· ·		·	

Please note the following:

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

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

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

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

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

			. (D. 1.1	1.1				
	Connecticut De	*				0	ection	
	Water Q	uality Mo	onitoring and	l Comp	oliance	Schedule		
PWS ID	PWS Name			C	lassification	Population Ov	vner Type Pr	imary Source
CT1080114	BOBBY FRITZS SNACK B	AR LLC			NC	25	Р	GW
Local Addre	ss (where applicable)		Service	Residentia	l Commer	cial Industrial	Combined	Agricultural
72 OXFORD	ROAD		Connections		1			
Towns Serve	ed: OXFORD							
		M	onitoring Requ	irement	ts			
Water Syst	tem Facility: DISTRIBUTIC	ON SYSTEM (NSF ID: 00600)					
	form (3100)					1 ro	utine (RT) p	•
-	ing Point (Sampling Point ID)			Monitoring		Collection Period		ance Status
Select	from Inventory of Active Sam	pling Points		.0/1/23 - 12				mplete
				1/1/24 - 3/			Со	mplete
				4/1/24 - 6/				
				7/1/24 - 9/	/30/24	4	(DT)	
-	arameters (PPS) ing Point (Sampling Point ID)			Monitoring	Daried	1 ro Collection Period	utine (RT) p	per quarter ance Status
	from Inventory of Active Sam	nling Points		.0/1/23 - 12		conection Period		mplete
Jelect	Tom inventory of Active 3dill	ping ronits		1/1/24 - 3/				mplete
				4/1/24 - 6/			0	Inpiete
				7/1/24 - 9/				
Water Syst	tem Facility: ENTRY POIN	T (WSF ID: 00		,, -,				
	nd Nitrite (NOX)	•				1	L routine (R	T) per vear
	ing Point (Sampling Point ID)		1	Monitoring	Period	Collection Period		ance Status
ENTRY	POINT (3)		:	1/1/23 - 12	/31/23		Со	mplete
				1/1/24 - 12	/31/24		Coi	mplete
				1/1/25 - 12	/31/25			
		Oth	er Compliance	Schedu	les			
Compliance	Schedule Activity			Du	e Date	Achieved	l Date	
RESPOND T	O SANITARY SURVEY			2/1	8/2023			
		Public	Notification R	equirem	nents			
			Compliance	Notice	Public	Notification	PN Cert	i <u>fication</u>
Violation/S	ituation		Period	Tier	Required	l Performed	Due to DPH	Received
E. Coli			1/10/18 - 6/27/18	3	3/12/201	9	3/22/2019	
	Wate	er System F	acility and San	npling P	oint Inv	entory		
Water						Total Lead and	d	
	Nater System Facility		Point Sampling Poin	t		oliform Copper		Stage
Facility ID		ID	Description		Julus		r Asbestos	WQP 2 DBPI
00600 E	DISTRIBUTION SYSTEM	4			A	Y		
			REAM WITHIN 5 SER		A			
00700 5		UPSTRE		VICE CON	A			
	ENTRY POINT	3	ENTRY POINT WELL		A			
210/2 V	/VLLL	2		otion	~			
			Contact Inform	nation			1 A metal	
Name	I F.:		Organization			NAC	Job Title	
Mr. Robert		Mailing A	Snackbar			Manager	Ctoto	Zin Code
72 Oxford R	Iress Line One	iviailing A	ddress Line Two		Oxfor	City	State CT	Zip Code 06478
			to a first the second second			a th drinking water av	_	

			<u> </u>		8			- г			-	
PWS ID	PWS N	ame					Classification		Population	Owner Type	Primary Source	
CT1080114	BOBBY	FRITZS SN	NACK BAR LLC						NC	25	Р	GW
Local Address (v	where a	oplicable)			Service	Re	sident	tial C	Commerci	al Industri	al Combine	ed Agricultural
72 OXFORD ROA	٩D				Connectio	ns			1			
Towns Served: (OXFORD							i				
Business Phor	ne Ex	tension	Fax	Mobil	e Phone	Emer	gency	Phon	e Email /	Address		
203-888-924	5								BOBBY	FRITZ@AOL	.COM	
Contact Role(s):	Admir	nistrative C	ontact, Legal Co	ntact, Own	er							
Please note the	followi	ng:										

lease note the following:

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

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

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

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

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

	Connecticut De Water O	partment of uality Monit					<u> </u>		ection		
PWS ID	PWS Name		or mg and						wner Type	Primar	
CT1080184	OXFORD UNITED CHURC	H OF CHRIST CONG	REG.			NC		25	P		SW
	s (where applicable)		Service	Resident		ommer		ndustrial	Combine	I	ricultura
3 ACADEMY			Connections			1					
Towns Serve											
		Monito	oring Requ	uiremen	nts						
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
Total Colif	orm (3100)							1 rc	outine (R	Г) per d	quarte
Sampli	ng Point (Sampling Point ID)			Monitorir	ng Per	iod	Collec	tion Perio	d Com	pliance	Status
Select f	rom Inventory of Active Samp	ling Points		10/1/23 -	12/31	/23				Comple	ete
				1/1/24 -	3/31/2	24				Comple	ete
				4/1/24 -	6/30/2	24					
				7/1/24 -	9/30/2	24					
•	arameters (PPS)				_		~ "		outine (R		•
	ng Point (Sampling Point ID)			Monitori	-		Collec	tion Perio		-	Status
Select f	rom Inventory of Active Samp	ling Points		10/1/23 -						Comple	
				1/1/24 -						Comple	ete
				4/1/24 -							
Notor Suct				7/1/24 -	9/30/2	24					
	em Facility: ENTRY POINT							1	uting (D	5) man a	
Nitrate (1	940) ng Point (Sampling Point ID)			Monitorir	na Dor	iod	Collec	tion Perio	outine (R1		Status
	POINT (3)			10/1/23 -	-		Coneci			Comple	
LININI	-0111 (3)			1/1/24 -		-				Comple	
				4/1/24 -						compie	
				7/1/24 -							
Nitrate An	d Nitrite (NOX)			,,_,_,	57567.				1 routine	(RT) p	er vea
	ng Point (Sampling Point ID)			Monitorir	n <mark>a P</mark> er	iod	Collec	tion Perio		pliance	-
-	POINT (3)			1/1/23 - 1	-					Comple	
				1/1/24 - 1						Comple	
				1/1/25 - 1						•	
	Wate	r System Facili	ty and Sar	npling	Poin	t Inv	ento	rv			
Water			-,				Total	Lead an	d		
	/ater System Facility	Sampling Point	Sampling Poi	nt			liform				Stag
Facility ID		ID	Description		Ste	atus	Rule	Rule Tie	er Asbesto	os WQI	P 2 DBF
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	I	A					
00700 E	NTRY POINT	3	ENTRY POINT			A					
21877 V	/ELL	2	WELL			A					
59129 T	REATMENT PLANT										
		Con	tact Inform	nation							
Name		Or	ganization						Job Titl	e	
Mr. David A	Zeichner		ford United C	hurch of C	hrist		Ch	airman of	Trustees		
Mailing Add	ess Line One	Mailing Address	s Line Two				C	City	State	Zip	Code
3 Academy F						Oxfor			СТ		5478

					- P -			-	
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ1080184	OXFORD UNITE	D CHURCH OF CHRIST CO	NGREG.			NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
3 ACADEMY RO	AD		Connections			1			
Towns Served: (OXFORD								
203-676-029	6	203-881-2088				dazeicl	nner@comc	ast.net	
Contact Role(s):	Administrative	Contact, Legal Contact							
Please note the	following:								

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

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

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

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

End of schedule

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

	Connecticut Departmer	nt of Public H	ealth	Drii	nking	Water S	ection	
	Water Quality Mo	onitoring an	d Com	plia	nce S	chedule		
PWS ID	PWS Name							rimary Source
СТ1080204	POSYPANKO PARK			Ν	١C	25	L	GW
Local Address (where applicable)	Service	Resident	ial Co	ommercia	l Industrial	Combined	Agricultural
HAWKINS ROAI	D	Connections			2			
Towns Served:	OXFORD							
	M	onitoring Requ	iiremen	nts				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	<mark>g Per</mark> i	iod Co	llection Perio	d Compl	ance Status
Select from	m Inventory of Active Sampling Points		11/1/23 - 1	11/30,	/23			
			4/1/24 - 4					
			5/1/24 - 5					
			6/1/24 - 6	6/30/2	24			
			7/1/24 - 7					
			8/1/24 - 8					
			9/1/24 - 9					
			10/1/24 - 1	10/31,	/24			
Total Coliforn	. ,			_			• •	per period
	Point (Sampling Point ID)		Monitorin	-		llection Perio		ance Status
	m Inventory of Active Sampling Points	1	.0/19/23 -	10/24	1/23			omplete
-	ameters (PPS)							per month
	Point (Sampling Point ID)		Monitorin	-		llection Perio	a Compl	ance Status
Select from	m Inventory of Active Sampling Points		11/1/23 - 1					
			4/1/24 - 4 5/1/24 - 5					
			6/1/24 - 6					
			7/1/24 - 7					
			8/1/24 - 8					
			9/1/24 - 9					
			10/1/24 - 1					
Water System	Facility: ENTRY POINT (WSF ID: 00			10,01,	,			
	Nitrite (NOX)						1 routine (I	RT) per year
	Point (Sampling Point ID)		Monitorin	a Peri	iod Co	llection Perio	•	ance Status
ENTRY PO			1/1/23 - 1	-				mplete
			1/1/24 - 1					
			1/1/25 - 1	.2/31/	25			
Water System	Facility: WELL (WSF ID: 21878)							
E. Coli (3014)					1 tri	iggered (TG	per period
Sampling	Point (Sampling Point ID)		Monitorin	i <mark>g Per</mark> i	iod Co	llection Perio	d Compl	ance Status
WELL (2)		1	.0/18/23 -	10/24	4/23		Co	omplete
	Oth	er Compliance	Schedu	ules				
Compliance Scl				ue Da	ite	Achieve	d Date	
-	ANITARY SURVEY		6	/8/20	17			
SEASONAL STA	RT UP COMPLETION			/1/20				
CROSS CONNEC	CTION SURVEY REPORT		3,	/1/20	25			

С	lonnecticu	ut Departme	ent of	FPublic I	Health D	rinł	king	Water	· Se	ection	
	Wat	er Quality N	<i>l</i> onit	oring an	nd Comp	lian	ce So	chedu	le		
PWS ID P	WS Name				Cla	assifica	tion P	opulation	Ow	ner Type	Primary Sourc
СТ1080204 Р	OSYPANKO PAR	ĸĸ				NC		25		L	GW
Local Address (wh	ere applicable)			Service	Residential	Com	mercial	Industr	ial	Combine	d Agricultura
HAWKINS ROAD				Connections	S		2				
Towns Served: OX	FORD										
		Water System	Facili	ity and Sa	mpling Po	oint	Inven	tory			
Water							Tot	al Lead	l and	1	
	System Facility	Samplir	ng Point	Sampling Po	oint		Colife				Stage
Facility ID		I	D	Description		Statu	s Ru	le Rule	e Tier	Asbesto	s WQP 2 DBP
00600 DISTRIE	SUTION SYSTEM		4	DISTRIBUTIC	ON SYSTEM	А	Y	,			
		DOWN	STREAM	WITHIN 5 SE	RVICE CON	А					
		UPST	REAM	WITHIN 5 SE	RVICE CON	А					
00700 ENTRY	POINT	:	3	ENTRY POIN	Т	А					
21878 WELL			2	WELL		А					
ST01 HYDRO	PNEUMATIC TAI	NK									
			Con	tact Infor	mation						
Name			Oı	rganization						Job Title	
Mr. George R. Ten	nple		Тс	own of Oxford	1			First Sele	ctma	in	
Mailing Address Li	ne One	Mailing	, Address	s Line Two				City		State	Zip Code
Oxford Town Hall		486 Ox	ford Roa	d		C)xford			СТ	06478-2136
Business Phone	Extension	Fax	Mobi	le Phone E	Emergency Ph	one E	mail Ad	ldress			
203-888-2543	3012	203-888-2136									
Contact Role(s):	egal Contact										
Name			Oı	rganization						Job Title	
Ms. Kyra Nesteria	k		Тс	own of Oxford	1						
Mailing Address Li	ne One	Mailing	g Address	s Line Two				City		State	Zip Code
486 Oxford Road		Oxford	Town Ha	all		C)xford			СТ	06478
Business Phone	Extension	Fax	Mobi	le Phone E	Emergency Ph						
203-881-5203		203-888-2136	203-8	328-6506		р	arkrecc	lir@oxfor	d-ct.§	gov	
Contact Role(s):	Administrative (Contact									
Please note the fo	llowing:										
·	c	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1.1.1.1	1	1.11		1 110				

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

Connecticut D	*					U			
Water (Quality Monit	oring and		L					
PWS ID PWS Name			(Classifi	icatio	on Popu	lation O	wner Type	Primary Source
CT1080254 STAR FOOD MART - GI	OBAL GAS STATION			N	IC	3	0	Р	GW
Local Address (where applicable)		Service	Resident	ial Co	mme	ercial In	dustrial	Combine	d Agricultural
357 OXFORD ROAD		Connections			1				
Towns Served: OXFORD									
		oring Requ	iremen	nts					
Water System Facility: DISTRIBUTI	UN SYSTEIVI (WSFT	D: 00600)					-		_
Total Coliform (3100)						C - 11++			per quarter
Sampling Point (Sampling Point ID			Monitorin	-		Collect	ion Perio	a Comp	liance Status
Select from Inventory of Active Sar	npling Points		10/1/23 - 1						
			1/1/24 - 3					C	omplete
			4/1/24 - 6						
			7/1/24 - 9	9/30/2	24				
Physical Parameters (PPS)									per quarter
Sampling Point (Sampling Point ID			Monitorin	-		Collect	ion Perio	d Comp	liance Status
Select from Inventory of Active Sar	npling Points		10/1/23 - 1						
			1/1/24 - 3					C	omplete
			4/1/24 - 6						
			7/1/24 - 9	9/30/2	24				
Water System Facility: ENTRY POIL	NT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)								1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitorin	g Perio	od	Collect	ion Perio	d Comp	liance Status
ENTRY POINT (3)			1/1/23 - 1	2/31/2	23			C	omplete
			1/1/24 - 1	2/31/2	24			C	omplete
			1/1/25 - 1	2/31/2	25				
Water System Facility: WELL	(WSI	F ID: 21883)							
E. Coli (3014)							1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Perio	od	Collect	ion Perio	d Comp	liance Status
WELL (2)			10/1/23 - 1	12/31/	23				
			1/1/24 - 3					C	omplete
			4/1/24 - 6						
			7/1/24 - 9	9/30/2	24				
Wat	er System Facili	ity and Sar	npling I	Point	t In	ventor	ſY		
Water					_	Total	Lead an	d	
System Water System Facility	Sampling Point		nt		(Coliform	Coppe		Stage
Facility ID	ID	Description		Sta		Rule	Rule Ti	er Asbesto	S WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	4	Y			
	DOWNSTREAM			A	4				
	KITCHEN	KITCHEKN SIN		A	4	Y			
	UPSTREAM	WITHIN 5 SER	VICE CON	A	4				
00700 ENTRY POINT	3	ENTRY POINT		A	4				
21883 WELL	2	WELL		A	4				
47650 ULTRAVIOLET DISINFECTION									

		0					1
PWS ID	PWS Name			Classification	Population	Owner Type P	rimary Source
CT1080254	STAR FOOD MART - GLOBAL GAS STATION			NC	30	Р	GW
Local Address	where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combined	Agricultural
357 OXFORD R	OAD	Connections		1			
Towns Served	OXEORD						

Towns Served: UXF	URD									
			Co	ontact Inf	ormation					
Name				Organization	I		Job Title			
Mr. Jeff McCulloug	h	Global Partn	ers, Lp		Env. Projec	t Manager				
Mailing Address Lin	e One	ess Line Two		City Stat		State	Zip Code			
P.O. Box 549290	800 South St	reet, Suite 50	Walthan	n	MA	02453				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address				
781-250-7369					jeff.mccullough@globalp.com					
Contact Role(s): Le	egal Contact									
Name				Organization	l		Job Title			
Mr. Jack Cerra				Atlas Technic	cal Consultants		Sr Environmental Tec			
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code	
290 Roberts Street Suite 301						East Hartford		СТ	06108	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
860-614-1983						jack.cerra@gmail.com				
Contact Role(s): A	dministrative Co	ontact	I							

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

	Connecticut De	*				0			ion	
PWS ID	PWS Name	uality Monit	oring and		Classific				Tuna	Primary Source
CT1085044	JACKSON COVE				NC		50	Jwner	туре н	GW
	(where applicable)		Service	Resident		mercial	Industria		mbinec	
Local Address			Connections	Resident		1	maastria		monice	Agriculturu
Towns Served	: OXFORD					-				
		Monite	oring Requ	iremer	nts					
Water Systei	m Facility: DISTRIBUTIC	N SYSTEM (WSF I								
Total Colifo	rm (3100)						1	routi	ne (RT) per month
Sampling	g Point (Sampling Point ID)			Monitorin	ng Period	d Coll	ection Peri	od	Compl	iance Status
Select fro	om Inventory of Active Sam	oling Points		1/1/23 -	11/30/2	3			Out	of Service
				5/1/24 -	5/31/24					
				6/1/24 -	6/30/24					
				7/1/24 -	7/31/24					
				8/1/24 -						
				9/1/24 -						
				10/1/24 -	10/31/2	4				
-	ameters (PPS)								-) per month
	g Point (Sampling Point ID)	-		Monitorin	-		ection Peri	od		iance Status
Select fro	om Inventory of Active Sam	oling Points		1/1/23 -					Out	of Service
				5/1/24 -						
				6/1/24 -						
				7/1/24 -						
				8/1/24 -						
				9/1/24 - 10/1/24 -		٨				
Mater Syster	m Facility: ENTRY POIN	T (WSE ID: 00700)		10/1/24 -	10/51/2	4				
	Nitrite (NOX)							1 roi	itino (I	RT) per year
	Point (Sampling Point ID)			Monitorin	na Perior		ection Peri		-	iance Status
ENTRY P				1/1/23 - 1	-			ou		omplete
	(0)			_, _, _。 1/1/24 - 1						
				1/1/25 - 1	• •					
		Other C	ompliance							
Compliance S	chedule Activity			D	ue Date	•	Achiev	ed Dat	e	
SEASONAL ST	ART UP COMPLETION			5	/1/2024					
	Wate	r System Facili	tv and Sar	npling	Point	Invent	orv			
Water				P0		Tota	•	nd		
	ater System Facility	Sampling Point	Sampling Poil	nt		Colifo				Stage
Facility ID	-	ID	Description		Stati	D			bestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION		А					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А					
		UPSTREAM	WITHIN 5 SER	VICE CON	А					
00700 EN	TRY POINT	3	ENTRY POINT		А					
57579 WE	ELL 1	2	WELL 1		А					

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source CT1085044 JACKSON COVE NC 50 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: OXFORD **Contact Information** Organization Job Title Name Ms. Debbie Gatto Town Parks & Rec Director Mailing Address Line One Mailing Address Line Two State Zip Code City Town Hall, 486 Oxford Road Oxford CT 06478 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 203-888-2130 203-888-2136 203-888-0469 parkrecdir@oxford-ct.gov Contact Role(s): Administrative Contact Name Organization Job Title Town of Oxford Mr. George R. Temple First Selectman Mailing Address Line One Mailing Address Line Two Zip Code City State Oxford Oxford Town Hall 486 Oxford Road CT 06478-2136 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-888-2543 3012 203-888-2136 Contact Role(s): Legal Contact Please note the following:

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

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

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

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

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

	Connecticut De	*				0		ection	
		uality Monit	oring and		L				
PWS ID	PWS Name			C					Primary Source
CT108506					NC		00	L	GW
	ress (where applicable)		Service	Residentia			ndustrial	Combine	d Agricultural
BOWERS H			Connections		1				
Towns Ser	ved: OXFORD								
Water Sv	stem Facility: DISTRIBUTIO		oring Requ	iremen	ts	_	_	_	
	liform (3100)		D. 00000j				1 -	outino (P	[] nor month
	oling Point (Sampling Point ID)			Monitoring	n Period	Collect	ion Period	-	Г) per month <i>liance Status</i>
	t from Inventory of Active Samp	ling Points		1/1/23 - 1		conect	1011 1 21104		t of Service
Jelec	a nom inventory of Active Samp	ning Folints		5/1/24 - 5				Ou	
				6/1/24 - 6					
				7/1/24 - 7					
				8/1/24 - 8					
				9/1/24 - 8					
				9/1/24 - 9 L0/1/24 - 1					
Physical	Parameters (PPS)			10/1/24-1	0/31/24		1 г	outino (P	「) per month
-				Monitoring	n Period	Collect	ion Period	-	liance Status
Sampling Point (Sampling Point ID) Select from Inventory of Active Samp		ling Points		1/1/23 - 1	-		1-11/11		t of Service
Jeice		ing romus		5/1/24 - 5			0-5/31	Ou	
				6/1/24 - 6		5/1	0 3/31		
				7/1/24 - 7					
				8/1/24 - 8					
				9/1/24 - 9		<u> </u>			
				LO/1/24 - 1					
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)							
-	And Nitrite (NOX)	(1	routine	RT) per year
	oling Point (Sampling Point ID)			Monitoring	a Period	Collect	ion Period		liance Status
	Y POINT (3)			- 1/1/23 - 12					Complete
				1/1/24 - 12					•
		Other C	ompliance		· ·				
Compliand	ce Schedule Activity				ue Date		Achieved	Date	
	L START UP COMPLETION			5/1	10/2024				
	NNECTION EXEMPTION				1/2029				
	Wate	r System Facili	ity and Sar	-	-	vento	ry		
Water		-				Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID)	ID	Description		Status	Rule	Rule Tie	r Asbesto	s WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А				
		UPSTREAM	WITHIN 5 SER	VICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT		А				
61024	WELL #1	2	WELL #1		Α				

			0						/	
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	e Pr	imary Source
CT1085064	AGGIE'S PARK					NC	100	L		GW
Local Address (v	where applicable)		Service	Residen	tial	Commerci	al Industri	al Combir	ied	Agricultural
BOWERS HILL R	OAD		Connections			1				
Towns Served:	OXFORD							·		· · · · · · · · · · · · · · · · · · ·

				Contact Inf	ormation					
Name				Organization			Job Title			
Ms. Kyra Nesteriak				Town of Oxfo	ord					
Mailing Address Lin	e One		Mailing	Address Line Two		City	State	Zip Code		
486 Oxford Road			Oxford Town Hall O			Oxford	ord CT 06478			
Business Phone	Extension	Fax		Mobile Phone	Mobile Phone Emergency Phone Email					
203-881-5203		203-888-2	2136	203-828-6506		parkrecdir@oxford-ct.gov				

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