Connecticut Dep							ection	
	ality Monit	oring and						····· C
PWS ID PWS Name CT1110022 GENTILE'S CAMPGROUND	TENINIIC VA/ELI		C				P P	rimary Source
	- IEMNIS WELL	Service	Residentia	NC L Comp		25 Industrial	Combined	GW
Local Address (where applicable) 249 MT TOBE ROAD		Connections		Comm	ierciai	mustriai	Combined	Agricultural
		connections	1					
Towns Served: PLYMOUTH			•					
Water System Facility: DISTRIBUTION		oring Requ D: 00600)	ııremen	IS				
Total Coliform (3100)		<u> </u>				1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio		ance Status
Select from Inventory of Active Samplin	ng Points		10/1/23 - 12	2/31/23			Co	mplete
	-		1/1/24 - 3,	/31/24			Со	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	Period	Collec	tion Perio	d Compli	ance Status
Select from Inventory of Active Samplir	ng Points		10/1/23 - 12	2/31/23			Со	mplete
			1/1/24 - 3,	/31/24			Со	mplete
			4/1/24 - 6,	/30/24				
			7/1/24 - 9/	/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
ENTRY POINT (3)			1/1/23 - 12	/31/23			Со	mplete
			1/1/24 - 12	/31/24			Со	mplete
			1/1/25 - 12	/31/25				_
Water System Facility: WELL - TENNIS	(WSF ID: 20035)						
E. Coli (3014)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
WELL (2)			10/1/23 - 12	2/31/23			Со	mplete
			1/1/24 - 3,	/31/24			Со	mplete
			4/1/24 - 6,	/30/24				
			7/1/24 - 9,	/30/24				
Water 9	System Facili	ity and Sar	mpling P	oint lı	nvento	ry		
Water					Total	Lead an	d	
System Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID	ID	Description		Status		Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM			Α				
	TENNIS WELL			Α	Υ			
	UPSTREAM	WITHIN 5 SER		Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
20035 WELL - TENNIS	2	WELL		Α				
59351 TREATMENT PLANT								

61939 ATMOSPHERIC STORAGE

	Water Quality Monit				C	,		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1110022	GENTILE'S CAMPGROUND - TENNIS WELL				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
249 MT TOBE RC)AD	Connections	1					

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation			
Name				Organization	ı		Job Title	e
Ms. Irene Gentile								
Mailing Address Lin	e One		Mailing Addr	ess Line Two		Cit	ty State	Zip Code
88 Arline Drive						Waterbury	СТ	06708
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Addres	S	
860-283-8437					203-755-3582			
Contact Role(s): O	wner							
Name				Organization			Job Title	e
Mr. Raymond Gent	tile			Gentile Cam	oground, LLC	Cam	npground Owner	
Mailing Address Lin	e One		Mailing Addr	ess Line Two		Cit	ty State	Zip Code
Route 262 Mount T	obe Road					Plymouth	СТ	06782
_	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Addres	S	
Business Phone	LACCIISIOII							

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

Please note the following:

Towns Served: PLYMOUTH

- 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	onnectic	ut Departi	ment (of Public	Health	Drir	nking	Watei	^c Se	ection	
		Wa	ter Quality	y Mon	itoring a	nd Com	iplia	nce So	chedu	le		
PWS ID	PW	/S Name					Classifi	ication P	opulation	Ow	ner Type P	rimary Source
CT111002	4 CA	MP MATTATU	JCK - WELL #3				N	С	25		Р	GW
Local Addr	ess (whe	re applicable)			Service	Residen	tial Co	mmercial	Industr	ial	Combined	Agricultural
221 MT. TO	OBE ROAI)			Connection	ns		9				
Towns Ser	ved: PLYN	ИОUTH										
					itoring Red	quireme	nts					
Water Sys	stem Fac	cility: DISTR	IBUTION SYSTI	EM (WSF	F ID: 00600)							
Total Col	liform (3	3100)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Pe	eriod	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling Poi	nts		4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4				
Physical	Paramet	ers (PPS)								1 ro	utine (RT)	per quarter
		t (Sampling P				Monitori			lection Pe	eriod	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling Poi	nts		4/1/24 -						
						7/1/24 -	9/30/2	4				
Water Sys	stem Fac	cility: ENTR	Y POINT (WSF	ID: 0070	0)							
Nitrate A	And Nitri	te (NOX)								1	routine (RT) per year
_		t (Sampling P	oint ID)			Monitori			lection Pe	eriod		iance Status
ENTR	Y POINT (3)				1/1/23 -					Co	omplete
						1/1/24 -						
						1/1/25 -	12/31/2	25				
				Other	Compliand	ce Sched	ules					
Complianc	e Schedu	le Activity					Due Da	te	Achi	eved	Date	
SEASONAL	START U	P COMPLETIO	N			4	4/1/202	24				
			Water Syste	em Fac	ility and Sa	ampling	Point	t Inven	tory			
Water			_					Tot		l and	1	
System	_	stem Facility	Sam		nt Sampling P			Colife	-	per	0-66	Stage
Facility ID		ITION SYSTEM		ID	Description			tus Ru		e i iei	Aspestos	WQP 2 DBPR
00600		JTION SYSTEM	1	4		ON SYSTEM		A Y				
00700	ENTRY P			3	ENTRY POIN	N I		<u> </u>				
21921	WELL #3			2	WELL		P	4				
54980	HYDROP	NEUMATIC TA	NK									
				Co	ntact Info	rmation						
Name					Organization						Job Title	
Long River	Boy Sco	ut Council										
Mailing Ad		e One			ess Line Two				City		State	Zip Code
60 Darling		I	P. C). Box 280	098			E Hartfo	rd		СТ	06128
Business	Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	dress			
Contact Ro	ole(s): O	wner										
	1											

C	onnecticu	it Depa	rtment o	of Public	Health	Drii	nking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le	
PWS ID PY	WS Name					Classif	ication F	opulation	Owner Type	Primary Source
CT1110024 C	AMP MATTATU	CK - WELL#	3			N	IC	25	Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
221 MT. TOBE ROA	AD.			Connectio	ns		9			
Towns Served: PLY	MOUTH					'				
Name				Organization					Job Titl	e
Mr. Randy Becker				Boy Scout Ass	ociation			Volunteer	•	
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
60 Darlin Street							East Har	tford	СТ	06108
Business Phone	Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email Ad	ddress		
			860	0-465-7663			r.becker	@charter.ı	net	
Contact Role(s):	dministrative C	ontact			1		1			

contact Role(s). Administrative Conta

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 H	lealth	Dı	rinking	Water	Section	l	
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
CT1110034	CAMP MATTATUCK- WELL #2 SYSTEM				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed	Agricultural
221 MT. TOBE	ROAD	Connections			1				

Towns Served: PLYMOUTH				
	Monitor	ing Requirements		
Water System Facility: DISTF	RIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)			1 rou	tine (RT) per month
Sampling Point (Sampling F	Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Act	tive 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 F	Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Act	tive 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: ENTR	Y POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)			1 r	outine (RT) per year
Sampling Point (Sampling I	Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12/31/23		Complete
		1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		
	Other Cor	mpliance Schedules		
Compliance Schedule Activity		Due Date	Achieved D	ate

Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 11/11/2023 11/3/2023 CORRECTIVE ACTION/CORRECTIVE ACTION PLAN 2/9/2024 2/6/2024 SANITARY DEFECT CORRECTIVE ACTION 2/9/2024

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

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1110034	CAMP MATTATUCK- WELL #2 SYSTEM			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
221 MT. TOBE	ROAD	Connections		1			

Towns Served: PLYMOUTH

Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SANITARY DEFECT CORRECTIVE ACTION	2/9/2024		
CROSS CONNECTION SURVEY REPORT	3/1/2024		

	W	ater System Facili	ty and Sampling P	oint Ir	iventoi	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	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21922	WELL #2	2	WELL	Α					
54976	ATMOSPHERIC TANK								

			Co	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Randy Becker				Boy Scout As	sociation		Volunteer		
Mailing Address Line One Mailing Address			ess Line Two			City	State	Zip Code	
60 Darlin Street						East Har	tford	СТ	06108
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
			86	0-465-7663		r.becker	@charter.net		

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 4/3/2024

Page 6

	Co		*	rtment o				U				tion	
		Wa	ter Qual	lity Moni	itoring a	and Com	plia	nce S	che	edule	9		
PWS ID	PW	/S Name					Classifi	cation	Popu	lation	Owner	Туре	Primary Source
CT111009	4 D'A	AMATO'S EXC	EL MARTIAL	ARTS			N	С	2	25	Р	,	GW
Local Addı	ress (wher	e applicable)			Service	Resident	ial Cor	mmercia	al In	ndustria	l Co	mbine	d Agricultural
526 MAIN	STREET				Connection	ons		1					
Towns Ser	ved: PLYN	/OUTH											
				Moni	toring Re	equiremer	nts						
Water Sy	stem Fac	ility: DISTR	RIBUTION SY	YSTEM (WSF	ID: 00600))							
Total Co	liform (3	100)								1	routii	ne (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Co	llecti	ion Peri	iod	Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/2	23				C	omplete
						1/1/24 -	3/31/2	4				C	omplete
						4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4					
Physical	Paramet	ers (PPS)								1	routii	ne (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Co	ollecti	ion Peri	iod	Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23				C	omplete
						1/1/24 -	3/31/2	4				C	omplete
						4/1/24 -							
						7/1/24 -	9/30/2	4					
Water Sy	stem Fac	ility: ENTR	Y POINT (W	VSF ID: 00700	0)								
Nitrate A	And Nitri	te (NOX)									1 ro	utine (RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Co	ollecti	ion Peri	iod	Comp	liance Status
ENTR	RY POINT (3)				1/1/23 - 1	2/31/2	.3				C	omplete
						1/1/24 - 1	2/31/2	.4				C	omplete
						1/1/25 - 1	2/31/2	.5					
			Water Sy	ystem Fac	ility and	Sampling	Point	Inve	ntor	ry			
Water								То	tal	Lead a	ınd		
System	-	stem Facility	'	Sampling Poir					form	Copp			Stage
Facility ID				ID	Description		Sta	LUS	ule	Rule 1	ier A	sbesto	s WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM		4		TION SYSTEM	А	-	Y				
				DOWNSTREA									
				UPSTREAM		SERVICE CON							
00700	ENTRY PO	DINT		3	ENTRY PO	INT	А						
21927	WELL			2	WELL		Α	\					
				Co	ntact Inf	ormation							
Name					Organization	1					Jo	ob Title	
Mr. Andre	ew D'ama	to Jr			D'amato Pro	perties LLC							
Mailing Ad	ddress Lin	e One		Mailing Addre	ess Line Two				Ci	ty		State	Zip Code
48 Buckric	dge Road							Harwin	ton			СТ	06791
Business	s Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email A	ddres	SS			

cmat330@yahoo.com

203-206-1673

860-584-0123

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

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

		0 -		I			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1110094	D'AMATO'S EXCEL MARTIAL ARTS			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
526 MAIN STRE	EET	Connections		1			

Towns Served: PLYMOUTH

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	t of Public H	lealth	Drin	iking V	Water :	Section	
	Water Quality Mo							
PWS ID	PWS Name			Classifi	cation Po	pulation	Owner Type	Primary Source
CT1110114	FIRST CONGREGATIONAL CHURCH OF P	LYMOUTH		N	С	25	Р	GW
Local Address ((where applicable)	Service	Residen	tial Co	mmercial	Industria	Combine	d Agricultural
10 PARK STREE	:T	Connections			1			
Towns Served:	PLYMOUTH			,				
	Mo	nitoring Requ	uireme	nts				
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)						
Total Colifor	m (3100)					1	routine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Perio	od Colle	ection Peri	od Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/31/	23		C	Complete
			1/1/24 -	3/31/2	4		C	Complete
			4/1/24 -	6/30/2	4			
			7/1/24 -	9/30/2	4			
-	ameters (PPS)					1	=) per quarter
	Point (Sampling Point ID)		Monitori			ection Peri		liance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -					Complete
			1/1/24 -				(Complete
			4/1/24 -					
			7/1/24 -	9/30/2	4			
•	n Facility: ENTRY POINT (WSF ID: 00)	700)						
Nitrate (104	•						- ') per quarter
	Point (Sampling Point ID)		Monitori			ection Peri		liance Status
ENTRY PO	DINT (3)		10/1/23 -					Complete
			1/1/24 -					Complete
			4/1/24 -					
	- 1		7/1/24 -	9/30/2	4			·\
Nitrite (104:	•		0.0		- 1 0 "			(RT) per year
	Point (Sampling Point ID)		Monitori			ection Peri		liance Status
ENTRY PO	DINT (3)		1/1/23 -					Complete
			1/1/24 -				(Complete
			1/1/25 -		25			
		er Compliance						
Compliance Sc	hedule Activity		L	Due Dat	te	Achiev	ed Date	
	CTION SURVEY REPORT			3/1/201				
CROSS CONNE	CTION SURVEY REPORT			3/1/201				
	CTION SURVEY REPORT			3/1/201				
	CTION SURVEY REPORT			3/1/201				
	CTION SURVEY REPORT			3/1/201				
CROSS CONNE	CTION SURVEY REPORT		3	3/1/202	20			
CDOCC CONNIE	CTION CURVEY DEDORT			2/1/202	1.4			

	Water System Facility and Sampling Point Inventory
14/eston	Total Lo

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

WaterTotalLead andSystemWater System FacilitySampling PointColiformCopperStageFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 DBPR

3/1/2021

3/1/2022

3/1/2023

3/1/2024

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 Depa	rtment o	f Public	Health D	rin	king	Wate	er S	ection	
		Wa	ter Qua	lity Monit	toring a	nd Comp	liai	nce S	ched	ule		
PWS ID	ı	PWS Name				Cla	assific	cation	Populati	on O	wner Type	Primary Source
CT111011	L4 I	IRST CONGREG	ATIONAL CH	URCH OF PLYM	IOUTH		NO	2	25		Р	GW
Local Add	lress (wh	nere applicable)			Service	Residential	Cor	nmercia	al Indus	trial	Combine	d Agricultural
10 PARK S	STREET				Connection	ns		1				
Towns Se	rved: PL	YMOUTH			·	·	·					
00600	DISTRI	BUTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM	Α		Υ			
				DOWNSTREAM	WITHIN 5 S	ERVICE CON	Α					
				UPSTREAM	WITHIN 5 S	ERVICE CON	Α					
00700	ENTRY	POINT		3	ENTRY POIN	NT	Α					
21929	WELL			2	WELL		Α					
				Cor	ntact Info	rmation						
Name				О	rganization						Job Title	
Ms. Heler	n Tomas	ello							Legal C	ontac	t	
Mailing A	ddress L	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
10 Park St	10 Park Street P. O. Box 2				3			Plymouth CT			06782	
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency Ph	one	Email A	ddress			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

860-283-5389

- 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.

860-283-2342

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

PLYMOUTH.CHURCH@SBCGLOBAL.NET

	Water Quality Mo					_				
PWS ID	PWS Name			•	sification				ner Type I	Primary Source
CT1110234	GENTILE'S CAMPGROUND - ALS WELL				NC		25		P	GW
Local Address	(where applicable)	Service	Residen	tial	Commer	cial	Industri	al	Combined	d Agricultural
249 MT. TOBE		Connections	8							0
Towns Served:										l.
		nitoring Requ	uireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM (W									
Total Colifor	m (3100)						1	. rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	eriod	Colle	ection Pe	riod	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	- 12/3	31/23				С	omplete
			1/1/24 -	- 3/31	L/24				С	omplete
			4/1/24 -	- 6/30)/24					
			7/1/24 -	9/30)/24					
Physical Par	ameters (PPS)						1	. rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	eriod	Colle	ection Pe	riod	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	- 12/3	31/23				С	omplete
			1/1/24 -	- 3/31	L/24				С	omplete
			4/1/24 -	- 6/30)/24					
			7/1/24 -	9/30)/24					
Water Syster	n Facility: ENTRY POINT (WSF ID: 00)	700)								
Nitrate And	Nitrite (NOX)							1	routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod	Comp	liance Status
ENTRY PO	DINT (3)		1/1/23 -						С	omplete
			1/1/24 -	12/3	1/24				C	omplete
			1/1/25 -	12/3	1/25					
Water Syster	n Facility: ALS WELL	(WSF ID: 22794	l)							
E. Coli (301	•									per quarter
Sampling	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod		liance Status
WELL (2)			10/1/23 -							omplete
			1/1/24 -						С	omplete
			4/1/24 -		-					
			7/1/24 -	- 9/30	0/24					
-	n Facility: NICKS WELL	(WSF ID: 2279)5)							
E. Coli (301	•									per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod		liance Status
WELL (2)			10/1/23 -							omplete
			1/1/24 -						С	omplete
			4/1/24 -							
	2.1	0 1:	7/1/24 -							
		er Compliance								
	hedule Activity			Due L			Achie	ved I	Date	
	H THE DEPARTMENT			L/18/						
ADDRESS CON	TAMINATION		4	1/17/	2024					

Connecticut Department of Public Health Drinking Water Section

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.

CROSS CONNECTION SURVEY REPORT

3/1/2025

	Water Quality Mor				C	,		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1110234	GENTILE'S CAMPGROUND - ALS WELL				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
249 MT. TOBE	ROAD	Connections	8					

Connecticut Department of Public Health Drinking Water Section

Towns Served: PLYMOUTH

	Water	System Facili	ity and Sampling P	oint Ir	nventoi	ſy		
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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		AL'S WELL DOWNSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
22794	ALS WELL	2	WELL	Α				
22795	NICKS WELL	2	WELL	Α				
59349	TREATMENT PLANT							
61938	ATMOSPHERIC STORAGE POLY 1500							

				Contact Inf	ormation				
Name				Organization				Job Title	
Ms. Irene Gentile									
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
88 Arline Drive						Waterbu	ıry	СТ	06708
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-283-8437					203-755-3582				
Contact Role(s): O	wner								
Name				Organization				Job Title	
Mr. Ron Gentile				Gentile Cam	oground		Manager		
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
223 Mt Tobe Rd						Plymout	h	СТ	06782
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress	·	
860-283-8437				860-921-6167		ron@ge	ntilescampgr	ound.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.
- 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

Page 12

CT1110284	655 MAIN STREET - PLYMOUTH	NC	37	Р	GW
PWS 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	

Residential Commercial

Industrial

Combined

3

Agricultural

Service

Connections

Towns Served: PLYMOUTH

Local Address (where applicable)

	Monitoring Requ	irement	S			
Water System Facility: DISTRIBUTION SYSTE	EM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Complia	ince Status
Select from Inventory of Active Sampling Poir	nts 1	.0/1/23 - 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			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Poir	nts 1	.0/1/23 - 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 System Facility: ENTRY POINT (WSF	ID: 00700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Complia	ınce Status
ENTRY POINT (3)		1/1/23 - 12	/31/23		Cor	nplete
		1/1/24 - 12	/31/24			
		1/1/25 - 12	/31/25			_
	Other Compliance	Schedul	es			
Compliance Schedule Activity		Du	Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY		10/2	0/2019			
CROSS CONNECTION SURVEY REPORT		3/1	/2024			
Pι	ıblic Notification R	equirem	ents			
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MS.P. Violation	10/1/14 12/21/14	2	E/7/201E		E/17/201E	

Public Notification Requirements							
	Compliance	Notice	Public No	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	5/7/2015		5/17/2015		
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	5/7/2015		5/17/2015		
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015		
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015		
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	4/6/2016		4/16/2016		
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016		
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016		

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				

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

	Water Quality M				C			L	
PWS ID PWS Name Classification Population Owner Typ					Owner Type	Prir	mary Source		
CT1110284	CT1110284 655 MAIN STREET - PLYMOUTH				NC	37	Р		GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combin	ed	Agricultural
		Connections					3		

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: PLYMOUTH			·	·			
Wat	ter System Facil	ity and Samplin	g Point Ir	vento	ry		
Water System Water System Facility Facility ID 00700 ENTRY POINT	Sampling Point ID	Sampling Point Description ENTRY POINT	Status A	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
23048 WELL#1	2	WELL #1	А				
	Con	tact Informatio	n				
Name	0	rganization				Job Title	
Mr. Cleaveland E. Coe							
Mailing Address Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip Code
2 Maple Ave			Ply	mouth		СТ	06782

Emergency Phone Email Address

ecoe@aol.com

860-309-4004

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Business Phone

860-283-9821

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

Mobile Phone

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

Fax

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

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

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

End of schedule

	Connecticut De	epartment of	Public Health I	Orinki	ing Wa	ater Se	ction	
	Water Q	uality Monit	oring and Comp	olianc	e Sch	edule		
PWS ID	PWS Name		C	lassificati	ion Popu	lation Owi	ner Type P	rimary Source
CT111031	4 CAMP MATTATUCK- LEE	VER LODGE		NC	2	25	Р	GW
Local Add	ress (where applicable)		Service Residentia	al Comm	nercial Ir	ndustrial	Combined	Agricultural
221 MOU	NT TOBE ROAD		Connections				1	
Towns Ser	rved: PLYMOUTH							
		Monit	oring Requiremen	ts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSYTEM (WSF	ID: 00600)					
Total Co	liform (3100)					1 rou	itine (RT)	per quarter
Samj	pling Point (Sampling Point ID)		Monitoring	g Period	Collect	ion Period	Compl	iance Status
Selec	ct from Inventory of Active Sam	oling Points	10/1/23 - 1	2/31/23			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		per quarter
-	pling Point (Sampling Point ID)		Monitoring		Collect	ion Period		iance Status
Selec	ct from Inventory of Active Sam	oling Points	10/1/23 - 1					omplete
			1/1/24 - 3				Co	omplete
			4/1/24 - 6					
			7/1/24 - 9	/30/24				
	stem Facility: ENTRY POIN	r (WSF ID: 00700)						
	And Nitrite (NOX)						-	RT) per year
	pling Point (Sampling Point ID)		Monitoring		Collect	ion Period		iance Status
ENTF	RY POINT (3)		1/1/23 - 12					omplete
			1/1/24 - 12		<u> </u>		Co	omplete
			1/1/25 - 12					
	Wate	r System Facil	ity and Sampling P	oint Ir	nvento	ry		
Water					Total	Lead and		
System	Water System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper	0 - 1 1	Stage
Facility ID			<u> </u>	Status	Rule	Ruie Her	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSYTEM	4	DISTRIBUTION SYSYTEM	A				
			WITHIN 5 SERVICE CON	A				
00700	CNITDY DOINT	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
56733	WELL STORAGE TANK	2	WELL	Α				
56740	ATMOSPHERIC STORAGE TANK							
56742	TRANSFER PUMP							
		Con	tact Information					
Name		0	rganization				Job Title	
Mr. Rand	y Becker	Вс	by Scout Association		Vol	unteer		
Mailing Ad	ddress Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip Code

Mobile Phone 860-465-7663

East Hartford

r.becker@charter.net

Emergency Phone Email Address

CT

06108

60 Darlin Street

Business Phone

Extension

Contact Role(s): Administrative Contact

Fax

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

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1110314	CAMP MATTATUCK- LEEVER LODGE			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
221 MOUNT TO	BE ROAD	Connections				1	
T	NIVA 40LITU	•	•			,	

Towns Served: PLYMOUTH

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