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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1219053	BURNETT'S COUNTRY GARDENS				NC	25	Р	GW
Local Address (\	where applicable)	Service	Resider	ntial (	Commercia	al Industri	al Combine	ed Agricultural
380 NEW LOND	ON ROAD	Connections	1					

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

o Schodulos								
Other Compliance Schedules								
Due Date	Achieved Date							
11/4/2015								
3/1/2016								
3/1/2017								
	11/4/2015 3/1/2016							

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			Cla	ssification	Population	Owner Type	Primary Source
CT1219053	BURNETT'S COUNTRY GARDENS				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
380 NEW LON	DON ROAD	Connections	1					

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2018							
CROSS CONNECTION SURVEY REPORT	3/1/2019							
CROSS CONNECTION SURVEY REPORT	3/1/2020							
RESPOND TO SANITARY SURVEY	1/17/2021							
RESPOND TO SANITARY SURVEY	1/17/2021							
CROSS CONNECTION SURVEY REPORT	3/1/2021							
CROSS CONNECTION SURVEY REPORT	3/1/2022							
CROSS CONNECTION SURVEY REPORT	3/1/2023							
CROSS CONNECTION SURVEY REPORT	3/1/2024							

	Water System Facility and Sampling Point Inventory								
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		9	Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION GENERIC	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SCG1	BREAKROOM	Α	Υ	1			
		SCG2	LEFT RESTROOM	Α	Υ	1			
		SCG3	RIGHT RESTROOM	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10562	WELL	2	WELL	Α					

Contact Information										
Name				0	rganization	ı	Job Title			
Ms. Meghan Burnett				Ві	urnett's Co	untry Gardens	Manager			
Mailing Address Line One Mailing Addr				Addres	ress Line Two			City	State	Zip Code
380 New London Ro	1						Salem		СТ	06331
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Phone	Email Address			
860-949-8722	860-949-8722 203-525-7002						meghan	.burnett@bui	nettscg.cor	n

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1210054	HENNY PENNY (HENDELS INC.) SALEM				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
2 NEW LONDON	ROAD (ROUTE 85)	Connections			1			

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
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		Complete						
	4/1/24 - 4/30/24								
	5/1/24 - 5/31/24								
	6/1/24 - 6/30/24								
	7/1/24 - 7/31/24								
	8/1/24 - 8/31/24								
	9/1/24 - 9/30/24								
	10/1/24 - 10/31/24								
Physical Parameters (PPS)		1 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		Complete						
	4/1/24 - 4/30/24								
	5/1/24 - 5/31/24								
	6/1/24 - 6/30/24								
	7/1/24 - 7/31/24								
	8/1/24 - 8/31/24								
	9/1/24 - 9/30/24								
	10/1/24 - 10/31/24								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<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	Compliance	<b>Schedules</b>
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Compliance Schedule ActivityDue DateAchieved DateCROSS CONNECTION SURVEY REPORT3/1/2025

# **Water System Facility and Sampling Point Inventory**

Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage

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

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/3/2024

Co	onnectic	ut Depa	rtment of	Public	Health D	)rin	king	y W	/ater	Se	ction	
		•	ity Monit				_					
PWS ID PV	/S Name	cer qua	itty 1.10111t	orms a							ner Tyne P	rimary Source
	NNY PENNY (	HENDELS INC	:.) SALFM			N		. 0	25	· · · ·	P	GW
Local Address (whe		TILIVIDEES IIV	., OALLIVI	Service	Residentia	_	mmerci	al	Industria	al	Combined	
2 NEW LONDON RO		5)		Connection			1	ui	maastin	u1	Combined	7 Gilcartara
Towns Served: SALE	•	<i>-</i>										
Facility ID			ID	Description	n		. 6	Rule	Rule	Tier	Achestos	WQP 2 DBP
-	JTION SYSTEM	1	4	-	ION SYSTEM	Sta:	tus	Y	Nuic	1101	ASSESTEDS	WQI ZDDI
00000 DISTRIBE	JIION STSTEN		DOWNSTREAM			Α		ī				
			UPSTREAM		SERVICE CON	Α						
00700 ENTRY P	OINT		3	ENTRY POI		Α						
22080 WELL	Olivi		2	WELL	IVI	Α						
	ENT PLANT		۷	VVLLL			`					
61131 TREATIVI	ENT PLAINT											
			Con	tact Info	ormation							
Name			Or	rganization							Job Title	
Hendel's Investors												
Mailing Address Lin	e One		Mailing Address	s Line Two					City		State	Zip Code
35 Great Neck Road		<u> </u>	P. O. Box 201				Water	ford			CT	06385
Business Phone	Extension	Fax	Mobil	le Phone	Emergency Pl	hone	Email A	٩ddr	ess			
860-443-5337												
Contact Role(s): O	wner											
Name			Or	rganization							Job Title	
Mr. Steve Salveggio	)		Pn	ng Coop, LL(	С			0	peration	ıs Dir	ector	
Mailing Address Lin	e One		Mailing Address	s Line Two					City		State	Zip Code
35 Great Neck Road							Water	ford			CT	06385
Business Phone	Extension	Fax	Mobil	le Phone	Emergency Pl	hone	Email A	Addr	ess			
860-557-7942		860-574-8	8031		860-608-84	-06	ssalveg	gio(	@petron	ng.cc	om	
Contact Role(s): Le	gal Contact											
Name			Or	rganization							Job Title	
Petroleum Marketi	ng Group Inc											
Mailing Address Lin	e One		Mailing Address	s Line Two					City		State	Zip Code
Business Phone	Extension	Fax	Mobil	le Phone	Emergency Pl	hone	Email A	Addr	ess			
Contact Role(s): O	wner											
Name			Or	rganization							Job Title	
Mr. Luis Vargas				ng					laintena	nc M		
Mailing Address Lin	e One		Mailing Address	s Line Two					City		State	Zip Code
2900 Telestar Ct.				ı	I		Falls Cl				VA	22042
Business Phone	Extension	Fax	Mobil	le Phone	Emergency Pl	hone	Email A	Addr	ess			
703-309-7999							lvargas	@p	etromg.o	com		
Contact Role(s): A	dministrative	Contact										

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

	2010110	9 8		- P	9 0 1 1 0 01 01 9		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT1210054	HENNY PENNY (HENDELS INC.) SALEM			NC	25	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
2 NEW LONDON	ROAD (ROUTE 85)	Connections		1			
T	A1 FA4	*					·

#### Please note the following:

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

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

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

End of schedule

	Connecticut De	epartment of	Public H	ealth	Dr	inkin	g W	ater	Sed	ction	
	Water 0	uality Monit	oring and	d Com	ıpli	ance	Sch	edul	e		
PWS ID	PWS Name	<i>,</i> , , , , , , , , , , , , , , , , , ,								er Type I	Primary Sourc
CT1210084	SALEM FARMS CAMPGE	ROUND, INC				NC		25		Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial	Commer	cial lı	ndustria	ıl (	Combined	Agricultura
39 ALEXAN	IDER ROAD		Connections			1					
Towns Serv	ved: SALEM										
		Monito	oring Requ	ireme	nts						
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Col	iform (3100)							1	rout	tine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		1	Monitori	ng Pe	eriod	Collect	ion Per	iod	Comp	liance Status
Select	from Inventory of Active Sam	pling Points	1	10/1/23 -	12/3	1/23				С	omplete
				4/1/24 -	6/30	/24					
				7/1/24 -	9/30	/24					
Physical I	Parameters (PPS)							1	rout	tine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		-	Monitori	ng Pe	eriod	Collect	ion Per	iod	Comp	liance Status
Select	from Inventory of Active Sam	pling Points	1	LO/1/23 -	12/3	1/23				С	omplete
				4/1/24 -		-					
				7/1/24 -	9/30	/24					
	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
	and Nitrite (NOX)								1 r	=	RT) per year
_	ling Point (Sampling Point ID)			Monitori			Collect	ion Per	iod	Comp	liance Status
ENTR	Y POINT (3)			1/1/23 -	-	-		-12/31		С	omplete
				1/1/24 -	-	-		-12/31			
		2.1		1/1/25 -		•	4/1	12/31	_		
		Other C	ompliance								
	e Schedule Activity				Due L			Achie	ved D	Date	
SEASONAL	START UP COMPLETION				5/1/2						
	Wate	er System Facili	ity and San	npling	Poi	nt Inv	ento	ry			
Water							Total	Lead (			
	Water System Facility	Sampling Point ID		nt			liform			A - l t	Stage
Facility ID	DISTRIBUTION SYSTEM		Description	CVCTERA		iutus	Rule	Kule	iier	Aspestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
		DOWNSTREAM				A					
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SER	VICE CON	V	Α					
		2	WELL			Α					
	WELL #1					Α					
	WELL #2	2	WELL #2			Α					
	WELL #3	2	WELL #3			Α					
60544	ATMOSPHERIC TANK										
		Con	tact Inforn	nation							
Namo		0.	ranization				1			Joh Title	

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Ms. Teresa Cinea				Salem Farms	Campground LLC				
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code	
39 Alexander Road						Salem	СТ	06420	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-859-2320									
Contact Role(s): Le	gal Contact								

	ionnecticu	ıt Depa	irtment	of Public	Health	ı Drir	nking	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary So
CT1210084 S	ALEM FARMS CA	AMPGROU	ND, INC			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricult
39 ALEXANDER RC	AD			Connectio	ns		1			
Towns Served: SAI	-EM				'					
Name				Organization					Job Titl	е
Mr. Brian Cinea				Salem Farms (	Campgroun	d LLC				
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
39 Alexander Rd							Salem		СТ	06420
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	Address	,	
860-859-2320							sfcg20	03@gmail.co	om	
Contact Role(s):	Administrative (	ontact. Les	al Contact							

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 Department of	Dublic L	[aal+h	D	rinlrin a	Matar	Coction	
	Connecticut Department of	Public n	lealtii	וע	mking	water	Section	
	Water Quality Monit	oring and	d Con	npl	iance S	chedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1210094	SALEM FREE PUBLIC LIBRARY				NC	28	L	GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
264 HARTFOR	D ROAD	Connections			1			

Towns Served: SALEM			
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		
	12/1/23 - 12/31/23		
	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		
Total Coliform (3100)		3 rep	peat (RP) per period
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/19/23 - 10/24/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 22084)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

C		•	rtment of				U			ection	
	Wat	ter Qua	lity Monit	oring ar	nd Con						
PWS ID P	WS Name					Classif	ication F	Populati	on Ow	ner Type [	Primary Source
CT1210094 S	ALEM FREE PUE	BLIC LIBRARY	1			N	IC	28		L	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	Indu	strial	Combined	d Agricultura
264 HARTFORD RO	DAD			Connection	S		1				
Towns Served: SAI	LEM										
		(		oring Req	Juireme	nts					
Water System Fa	acility: WELL	(WSF ID: 2	2084)								_
E. Coli (3014)											i) per period
	int (Sampling P	oint ID)			Monitori			llection	Period	•	liance Status
WELL (2)					10/18/23	-	/23			C	omplete
			Other C	omplianc	e Sched	lules					
Compliance Sched	lule Activity				1	Due Da	te	Ac	hieved	Date	
CROSS CONNECTION	ON SURVEY REP	ORT				3/1/202	26				
		Water Sy	ystem Facili	ity and Sa	ampling	Poin	t Inven	itory			
Water							Tot	al Le	ad and		
	System Facility		Sampling Point				Colife		opper		Stage
Facility ID			ID	Description		Sta	itus Ru	ile Ri	ule Tier	Asbestos	WQP 2 DBP
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUTIO			4 Y	′			
			DOWNSTREAM				4				
			UPSTREAM	WITHIN 5 SE	ERVICE CON	N A	4				
00700 ENTRY	POINT		3	ENTRY POIN	IT	- 1	4				
22084 WELL			2	WELL		,	4				
59221 TREATM	MENT PLANT										
			Con	tact Info	rmation	1					
Name			Oı	rganization						Job Title	
Mr. Ed Chmielews	ski Jr.		To	wn of Salem	1			First Se	electma	n	
Mailing Address Li	ne One		Mailing Address	s Line Two				City		State	Zip Code
270 Hartford Road	d						Salem			СТ	06420
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress			
860-859-3873	110	860-859-	1184		860-237-	1232	EChmiel	ewski@	salemc	t.gov	
Contact Role(s):	Administrative	Contact, Leg	al Contact	<u> </u>			1				
Name			Oı	rganization						Job Title	
Town of Salem											
Mailing Address Li	ne One		Mailing Address	s Line Two				City		State	Zip Code

Contact Role(s): Owner Please note the following:

**Business Phone** 

Extension

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

Mobile Phone

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

Fax

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

**Emergency Phone Email Address** 

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	•							ection		
			<u> Juality Monit</u>	oring and Con	_							
PWS ID		PWS Name			Cla	assificati	on Po	oulatio	n Ow	ner Type   F	rimary Source	
CT121010		SALEM TOWN HALL				NC		41		L	GW	
Local Add	lress (v	where applicable)		Service Residen	ntial	Comm	ercial	Indus	trial	Combined	I Agricultural	
270 HART	FORD	ROAD		Connections		2						
Towns Se	rved:	SALEM										
			Monito	oring Requireme	nt	S						
Water Sy	ystem	Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
<b>Total Co</b>	liforr	n (3100)							1 ro	utine (RT)	per quarter	
Sam	pling	Point (Sampling Point ID)	)	Monitori	ing	Period	Colle	ction I	Period	Compl	iance Status	
Selec	ct fron	n Inventory of Active Sam	pling Points	1/1/24	- 3/3	31/24				Co	omplete	
				4/1/24	- 6/3	30/24						
				7/1/24	- 9/3	30/24						
Physical	l Para	meters (PPS)							1 ro	utine (RT)	per quarter	
Sam	pling I	Point (Sampling Point ID)	)	Monitor	ing	Period	Colle	ction I	Period	Compl	iance Status	
Selec	ct fron	n Inventory of Active Sam	pling Points	10/1/23 -	- 12	/31/23				Co	omplete	
				1/1/24 -						Co	omplete	
				4/1/24 -	- 6/3	30/24						
				7/1/24 -	- 9/3	30/24						
		Facility: ENTRY POIN	IT (WSF ID: 00700)									
		litrite (NOX)	_							=	RT) per year	
		Point (Sampling Point ID)	)	Monitori			Colle	ction I	Period	Compl	iance Status	
ENTF	RY POI	NT (3)		1/1/23 -								
				1/1/24 -						Co	omplete	
				1/1/25 -		-						
			Other C	ompliance Sched	lut	es						
•		nedule Activity				. Date		Ach	iieved	Date		
CROSS CO	ONNEC	TION SURVEY REPORT			3/1	/2026						
		Wate	er System Facili	ity and Sampling	Po	oint Ir	vent	ory				
Water							Total	Lec	ıd and	1		
System		er System Facility		Sampling Point			Colifor		pper		Stage	
Facility II			ID	Description		Status	Rule	Ru	le Tier	Asbestos	WQP 2 DBPR	
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Α	Υ					
				WITHIN 5 SERVICE COI		Α						
			UPSTREAM	WITHIN 5 SERVICE COI	N	Α						
00700		RY POINT	3	ENTRY POINT		Α						
22085	WEL		2	WELL		Α						
59219	TREA	ATMENT PLANT										
			Con	tact Information	1							
Name			O	rganization						Job Title		
Mr. Ed Ch	nmiele	wski Jr.	To	own of Salem			F	irst Se	ectma	ın		

			Organization	1	Job Title			
			Town of Sale	em		First Selectr	nan	
Mailing Address Line One Mailing Add				ess Line Two			State	Zip Code
					Salem		СТ	06420
extension	Fax	ľ	Nobile Phone	Emergency Phone	Email Ac	ldress		
110	860-859-1	1184		860-237-1232	EChmiel	ewski@saler	nct.gov	
)	xtension 110	ne xtension Fax	Mailing Add           xtension         Fax         N           110         860-859-1184	Town of Salence  Mailing Address Line Two  xtension  Fax  Mobile Phone	Town of Salem  Mailing Address Line Two  xtension Fax Mobile Phone Emergency Phone	Town of Salem  ne Mailing Address Line Two Salem  xtension Fax Mobile Phone Emergency Phone Email Address Address Emergency Phone Email Address Email Addres	Town of Salem  First Selectr  Ne Mailing Address Line Two  City  Salem  xtension Fax Mobile Phone Emergency Phone Email Address	Town of Salem First Selectman  ne Mailing Address Line Two City State  Salem CT  xtension Fax Mobile Phone Emergency Phone Email Address

	Lonnecticu	it Depa	irtment (	of Public	Health	Drii	akıng	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	<b>Primary Source</b>
CT1210104	SALEM TOWN HA	LL				N	1C	41	L	GW
ocal Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	ial Industri	al Combine	ed Agricultural
270 HARTFORD F	OAD			Connectio	ons		2			
Towns Served: SA	ALEM									
Name				Organization					Job Title	9
Γown of Salem										
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s)	Owner									

### Please note the following:

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

End of schedule

	Connecticut De	epartment of	f Public H	ealth	Drink	king '	Wate	r Se	ection	
	Water Q	uality Monit	oring and	d Com	plian	ce So	chedu	ile		
PWS ID	PWS Name	, ,			<u> </u>				ner Type P	rimary Source
CT1210144	WITCH MEADOW LAKE	CAMPGROUND-WEL	LS 1 & 4		NC		50		Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial Com	mercial	Indust	rial	Combined	Agricultural
139 WITCH	I MEADOW ROAD		Connections	1						
Towns Serv	ved: SALEM				·					
		Monit	oring Requ	ireme	nts					
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Col	iform (3100)							2 roi	utine (RT)	per quarter
	ling Point (Sampling Point ID)			Monitori	ng Period	Col	lection P			ance Status
Select	t from Inventory of Active Sam	pling Points		4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
Physical I	Parameters (PPS)							2 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		I	Monitori	ng Period	Col	lection P	eriod	Compli	ance Status
Select	t from Inventory of Active Sam	pling Points		4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
Water Sys	stem Facility: ENTRY POIN	T - WELL #1 (WSF	ID: 00700)							
Nitrate A	and Nitrite (NOX)							1	routine (F	T) per year
Samp	ling Point (Sampling Point ID)	1	Monitori	ng Period	Col	lection P	eriod	Compliance Status		
ENTRY POINT #1 (3)					12/31/23				Co	mplete
					12/31/24					
				1/1/25 -	12/31/25					
	stem Facility: ENTRY POIN	T - WELL #4 (WSF	ID: 00701)							
	and Nitrite (NOX)								=	T) per year
	ling Point (Sampling Point ID)				ng Period	Col	lection P	eriod		ance Status
ENTR	Y POINT #4 (3)			1/1/23 - 12/31/23					Со	mplete
					12/31/24					
					12/31/25					
		Other C	ompliance	Sched	ules					
	e Schedule Activity				Due Date		Ach	ieved	Date	
	START UP COMPLETION				5/1/2024					
CROSS CON	NNECTION SURVEY REPORT				3/1/2025					
	Wate	er System Facili	ity and San	npling	Point I	nven	tory			
Water	Markett Cook . F. W.	C	Course II - D. C.			Total		d and	1	-
	Water System Facility	Sampling Point ID	Sampling Poir Description	Ιτ		Colifo		pper	Achartas	Stage
Facility ID	DICTRIBUTION CVCTCA		•	CVCTC* 4	Statu.			e i iei	ASDESTOS	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4 DOM/NISTREAM	DISTRIBUTION			Y				
		DOWNSTREAM UPSTREAM	WITHIN 5 SER							
00700	ENTRY POINT - WELL #1		ENTRY POINT							
	ENTRY POINT - WELL #4	3	ENTRY POINT		<u>А</u> А					
	WELL #1	2	WELL	π→	A					
	WELL #4	2	WELL #4							
58913	VV ELL #4				A					
			itact Inforn	nation						
Name		0	rganization						Job Title	
Ms. Debor	ah E. Cadwell						Presider	nt		

City

State

Zip Code

Mailing Address Line Two

Mailing Address Line One

(	Jonnecuc	ut Depart	ment of Public I	пеани	וווע	IKIIIg	water	Section	l	
	Wat	ter Qualit	y Monitoring an	nd Com	iplia	nce S	Schedul	le		
PWS ID	PWS Name				Classifi	ication	Population	Owner Type	Prin	nary Source
CT1210144 \	WITCH MEADOV	V LAKE CAMPGI	ROUND-WELLS 1 & 4		N	С	50	Р		GW
Local Address (wh	nere applicable)		Resident	tial Co	Commercial Industrial		ial Combin	ed /	Agricultural	
139 WITCH MEAD	OOW ROAD		Connections	5 1						
Towns Served: SA	LEM		·	·						
139 Witch Meado	w Road					Salem		СТ		06415
Business Phone	Extension	Fax	Mobile Phone E	Emergency	Phone	Email A	Address			
860-859-1542 860-859-0476 campwitch@aol.com										
Contact Polo(s):	Administrativo	Contact Legal (	Contact			•				

Connecticut Department of Dublic Health Drinking Water Section

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

	Connectic	ut Departme	ent of	f Public	Health I	rir	ıking '	Water	Section	on	
		ter Quality N								<i>J</i> 11	
PWS ID	PWS Name	ter Quality is	101110	.uring a						vne D	rimary Source
CT1210164		V LAKE CAMPGROU	ND - WE	:11 #2		iassiii N		25	P	ype Fi	GW
Local Address (w		V LAKE CAIVII GROO	14D - 44E	Service	Residentia		mmercial	_		bined	Agricultural
139 WITCH MEA				Connectio		ai CO	IIIIIeiciai	muustiid	ii Coiii	Diffed	Agricultural
Towns Served: S.											
Towns served. S.	, LEIVI	P	/lonit	oring Re	quiremen	ts					
Water System	Facility: DISTR	IBUTION SYSTEM			94						
Total Coliform	•		(					1	routine	(RT)	per quarter
	oint (Sampling P	oint ID)			Monitoring	ı Perio	od Col	ection Per			ance Status
		ive Sampling Points			4/1/24 - 6						
					7/1/24 - 9						
Physical Paran	neters (PPS)					•		1	routine	(RT)	per quarter
-	oint (Sampling P	oint ID)			Monitoring	, Perio	od Col	lection Per			ance Status
Select from	Inventory of Acti	ive Sampling Points			4/1/24 - 6	/30/2	4				
					7/1/24 - 9	/30/2	4				
Water System	Facility: <b>ENTR</b>	Y POINT (WSF ID:	00700)								
Nitrate And N	itrite (NOX)								1 rout	ine (R	T) per year
Sampling P	oint (Sampling P	oint ID)			Monitoring	, Perio	od Col	lection Per	iod (	ompli	ance Status
ENTRY POIN	NT (3)				1/1/23 - 12	2/31/2	23			Со	mplete
					1/1/24 - 12	2/31/2	24				
					1/1/25 - 12	2/31/2	25				
		Ot	her C	omplian	ce Schedu	les					
Compliance Sch	edule Activity				Du	ie Dat	te	Achiev	ved Date		
SEASONAL STAR	T UP COMPLETIO	N			5/	1/202	24				
CROSS CONNECT	TION EXEMPTION				3/	1/202	28				
		<b>Water System</b>	Facil	ity and S	ampling P	oint	t Inven	tory			
Water							Tota	al Lead o	and		
,	r System Facility	•	-	Sampling I			Colifo				Stage
Facility ID			D	Description	n	Sta	tus Rui	e Rule	Tier Asb	estos	WQP 2 DBP
00600 DISTR	IBUTION SYSTEM		4		ION SYSTEM	F	4 Y				
					SERVICE CON	F	A				
		UPST	REAM		SERVICE CON	F					
	Y POINT		3	ENTRY POI	NT	F					
22090 WELL	#3	-	2	WELL		F	4				
			Con	itact Info	ormation						
Name			0	rganization					Job	Title	
Ms. Deborah E.	Cadwell							President			
Mailing Address	Line One	Mailing	Addres	s Line Two				City	St	ate	Zip Code
139 Witch Mead	ow Road						Salem		(	CT	06415
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency P	hone	Email Ad	dress			
					1		1				

campwitch@aol.com

860-859-0476

Contact Role(s): Administrative Contact, Legal Contact

860-859-1542

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

		0		I -			
PWS ID	PWS Name						Primary Source
CT1210164	WITCH MEADOW LAKE CAMPGROUND - WE	LL #3		NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
139 WITCH ME	ADOW ROAD	Connections 1					

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

End of schedule

	Connec	ticut Depa	rtment of	Public	Health	Drir	nking	Wa	ater Se	ction	
		Vater Qua					Ŭ				
PWS ID	PWS Name									ner Type P	rimary Source
CT1210194	FOX FARM E	REWERY				N	IC	2	.5	Р	GW
Local Addr	ess (where applica	ble)		Service	Resident	tial Co	mmerci	al In	dustrial	Combined	Agricultural
62 MUSIC	VALE RD			Connection	ns		1				
Towns Serv	ved: SALEM					·			·		
			Monit	oring Rec	quireme	nts					
Water Sys	stem Facility: <b>DI</b>	STRIBUTION SY	STEM (WSF I	D: 00600)							
<b>Total Col</b>	iform (3100)								1 rou	tine (RT)	per quarter
Samp	ling Point (Samplii	ng Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Period	Compl	iance Status
Select	from Inventory of	Active Sampling	Points		10/1/23 -	12/31/	′23			Co	omplete
					1/1/24 -	3/31/2	24				
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
-	Parameters (PPS	-									per quarter
	ling Point (Samplii				Monitorii			ollecti	ion Period		iance Status
Select	from Inventory of	Active Sampling	Points		10/1/23 -					Co	omplete
					1/1/24 -						
					4/1/24 -						
Mator Sug	stem Facility: <b>EN</b>	ITDY DOINT (M	/SE ID: 00700\		7/1/24 -	9/30/2	.4				
			73F ID: 00700)						1		T)
	nd Nitrite (NOX ling Point (Sampli)	•			Monitori	na Dori	ad C	allasti	ion Period	=	RT) per year iance Status
_	Y POINT (3)	ig Polit ID)			<i>Monitorii</i> 1/1/23 - 3	_		JIIECU	on Periou		omplete
LIVIN	FOINT (3)				1/1/24 - :					C	mpiete
					1/1/25 - 1						
			Other C	ompliand			23				
Complianc	e Schedule Activity	,		•		Due Da	te		Achieved I	Date	
-	NNECTION SURVEY				3	3/1/202	29				
		Water Sy	stem Facili	ity and Sa	ampling	Point	t Inve	ntor	У		
Water				-				tal	Lead and		
	Water System Fac	ility	Sampling Point				Coli	form	Copper		Stage
Facility ID			ID	Description	1	Sta	itus R	ule	Rule Tier	Asbestos	WQP 2 DBPR
	DISTRIBUTION SYS	TEM	4	DISTRIBUTION		P	4				
00700	ENTRY POINT		3	ENTRY POIN	NT		4				
60612	WELL 1		2	WELL 1		P	4				
			Con	tact Info	rmation						
Name			O	rganization						Job Title	
Mr. Zachai	ry Adams										
Mailing Ad	dress Line One		Mailing Address	s Line Two				Ci	ty	State	Zip Code
62 Music V	ale Rd			1			Salem			СТ	06420
Business	Phone Extension	on Fax	Mobi	le Phone	Emergency	Phone					
860-287	7-0076						zack@f	oxfar	mbeer.com	1	

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

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

		0					
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
CT1210194	FOX FARM BREWERY			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
62 MUSIC VALE	Connections		1				

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End of schedule

	Connecticut De	partment of	f Public Healt	h Dr	inkin	g W	ater S	Section	
	Water Qu	uality Monit	coring and Co	mpli	iance	Sch	edule	)	
PWS ID	PWS Name	<u> </u>	<u> </u>						Primary Source
CT121913	4 DOLLAR GENERAL SALEN	l			NC		25	Р	GW
Local Addr	ess (where applicable)		Service Reside	ential	Commer	cial I	ndustrial	Combine	d Agricultur
4 CENTRE	ST		Connections					1	
Towns Ser	ved: SALEM								
		Monit	oring Requirem	ents					
Water Sys	stem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
<b>Total Col</b>	liform (3100)						1 r	routine (RT)	per quarte
Samp	oling Point (Sampling Point ID)		Monito	ring Pe	eriod	Collect	tion Perio	od Comp	liance Status
Selec	t from Inventory of Active Samp	ling Points	10/1/23	3 - 12/3	31/23			C	omplete
			1/1/24	1 - 3/31	L/24				
			4/1/24	1 - 6/30	)/24				
			7/1/24	1 - 9/30	)/24				
Physical	Parameters (PPS)						1 r	outine (RT)	per quarte
Samp	oling Point (Sampling Point ID)		Monito	eriod	Collect	tion Perio	od Comp	liance Status	
Selec	t from Inventory of Active Samp	ling Points	10/1/23 - 12/31/23						omplete
			1/1/24	1 - 3/31	L/24				
			4/1/24						
			7/1/24	1 - 9/30	)/24				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)	)						
Nitrate A	And Nitrite (NOX)							1 routine (	RT) per yea
Samp	oling Point (Sampling Point ID)		Monito	ring Pe	eriod	Collect	ion Perio	od Comp	liance Status
ENTR	Y POINT (3)		1/1/23					C	omplete
			1/1/24						
			1/1/25	- 12/3	1/25				
	Water	System Facil	ity and Samplin	g Poi	int Inv	ento	ry		
Water							Lead a		
_	Water System Facility		Sampling Point			_	Сорре		Stage
Facility ID		ID	Description		iutus	Rule	Rule T	ier Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTE		Α	Υ			
			WITHIN 5 SERVICE CO		Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CO	ON	Α	Υ			
	ENTRY POINT	3	ENTRY POINT		Α	Υ			
61551	WELL 1	2	WELL		A				
		Cor	tact Informatio	n					
Name		0	rganization					Job Title	
Mr. Alan L	uke	10	06-108 Bayard Corp			Ow	/ner		
Mailing Ad	ldress Line One	Mailing Addres	s Line Two			C	ity	State	Zip Code
60 East 8T	h Street	Apt 31A			New '	York		NY	10003

**Mobile Phone** 

**Business Phone** 

917-846-3802

Extension

Contact Role(s): Legal Contact, Owner

Fax

Emergency Phone Email Address

lukerealtymgt@icloud.com

(	Connecticut	t Depa	irtment of	Public	Health	Dri	nking	Water	Section	
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication I	Population	Owner Type	Primary Source
CT1219134 C	OLLAR GENERAL	SALEM				N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
4 CENTRE ST			Connection	S				1		
Towns Served: SA	LEM			,				1	1	
Name			0	rganization					Job Title	e
Mr. Jerry Tanner			Do	ollar General		Environ Services				
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
100 Misson Ridge							Goodlet	tsville	TN	37072
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	ddress		
615-855-4070							envcom	pliance@d	ollargeneral.c	om
Contact Role(s):	Administrative Co	ntact	,				1			

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End of schedule

	Connectic	ut Dena	rtment of	Public	Health	Drir	nking	Wa	iter Se	ction	
		•	ity Monit							Ction	
DIAKS ID		ter Quai	ity Monit	ornig a	nu Con						
PWS ID	PWS Name										rimary Source
CT1219144	WICKED SOUTHI	KN COFFEE		c ·	B 11	N		2!		Р	GW
-	where applicable)			Service Connection	Resident	ial Co	mmercia	I Inc	dustrial	Combined	Agricultural
	OAD, SALEM, CT			Connection	115					1	
Towns Served: S	SALEM										
					quireme	nts					
-	Facility: DISTR	IBUTION (\	WSF ID: 00600	)							
Total Coliform	= =										per quarter
	Point (Sampling P				Monitorii			llection	on Period	Compl	iance Status
Select from	Inventory of Act	ve Sampling	Points		10/1/23 -	12/31/	'23			Co	omplete
					1/1/24 -	3/31/2	4				
					4/1/24 -	6/30/2	.4				
<b>Physical Parar</b>	meters (PPS)								1 rou	itine (RT)	per quarter
Sampling P	Point (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	on Period	Compl	iance Status
Select from	Inventory of Act	ve Sampling	Points		10/1/23 -	12/31/	23	12/1	-12/31		
					1/1/24 -	3/31/2	4				
					4/1/24 -	6/30/2	.4	4/1	-4/30		
Water System	Facility: ENTR	POINT (W	SF ID: 00700)								
Nitrate And N	itrite (NOX)								1	routine (	RT) per year
Sampling P	Point (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	on Period	Compl	iance Status
ENTRY POII	NT (3)				1/1/23 - :	12/31/2	23			Co	mplete
					1/1/24 - :	12/31/2	24				
					1/1/25 - :	12/31/2	25				
		Water Sv	stem Facili	ity and S	ampling	Point	t Inver	itor	v		
Water		•		•			Tot		Lead and		
	er System Facility	9	Sampling Point	Sampling F	Point		Colif		Copper		Stage
Facility ID			ID	Description	1	Sta	itus Ru	le		Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION		4	DISTRIBUTI	ION	ļ	4 Υ	,			
			DOWNSTREAM	5 SERVICE	CONNECTIO	N A	<b>4</b> Υ	,			
			UPSTREAM	5 SERVICE	CONNECTIO	N A	<b>4</b> Υ	,			
00700 ENTR	Y POINT		3	ENTRY POI	NT	A	4				
62862 WELL	. 1		2	WELL 1		A	4				
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Ms. Kaylee Shild	osky			icked South	ern Coffee						
Mailing Address			Mailing Address	s Line Two				Cit	y	State	Zip Code
595 Norwich Ro							Salem		-	СТ	06420
Business Phon		Fax	Mobi	le Phone	Emergency	Phone		ddres	S		

kayleejones61@gmail.com

860-917-5968

Contact Role(s): Administrative Contact

	ionnectici	it Depa	rtment	of Public	Health	Drii	nkıng	g Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1219144 V	VICKED SOUTHE		!		IC	25	Р	GW			
Local Address (where applicable)				Service Resid		tial Co	mmerci	al Industri	al Combin	ed Agricultur	
595 NORWICH ROAD, SALEM, CT				Connection	ns				1		
Towns Served: SAI	LEM			1				1	'	<del></del>	
Name				Organization				Job Title			
Mr. Shane Shilosky				Wicked Southern Coffee							
Mailing Address Line One Mailing Add				ress Line Two			City		State	Zip Code	
595 Norwich Road,							Samen	ı	СТ	06420	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	Phone	Email Address				
860-917-5968							rowsllc@gmail.com				
Contact Role(s):	egal Contact. O	wner	"	,							

CD Lite II - Id. Detal to Marco C.

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

#### 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