	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	WS ID PWS Name			Cla	ssification	Population Owner Type Prin		Primary Source		
CT1220007	LIME ROCK PARK, LLC	C PARK, LLC			NC	25		Р	GW	
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	ial	Combine	d Agricultural	
		Connections			12					

TOWIS SELVEU. SALISBORT			
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)	## Trouti **Nonitoring Period** 1 1 1 1 1 1 1 1 1	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		
Sampling Point (Sampling Point ID) 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 2/1/24 - 2/29/24 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 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 1/31/24			
	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		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 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		
	1/1/25 - 12/31/25		

Public Notification Requirements										
	Compliance	Notice	Public Notification		<u>PN Certi</u> j	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	5/1/23 - 5/31/23	3	12/10/2024		12/20/2024					
Total Coliform M&R Violation	4/1/23 - 4/30/23	3	12/10/2024		12/20/2024					
Physical Parameters M&R Violation	4/1/23 - 4/30/23	3	12/10/2024		12/20/2024					

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.

	Connecticu	t Denartr	ment of Public	Health	Drin	king	Water	Section)
		-	Monitoring ar			_			ı
PWS ID	PWS Name	or Quarty	riomtoring ar	ia don					Primary Source
CT1220007	LIME ROCK PARK,	LLC			N		25	Р	GW
Local Address	(where applicable)		Service	Residen	tial Co	mmercia	al Industri	ial Combin	ed Agricultur
497 LIME RO	CK ROAD		Connections	5		12			
Γowns Serve	: SALISBURY								1
		Pι	ublic Notification	Require	ment	ts			
			Compliance	Notice	P	ublic No	<u>otification</u>	PN C	<u>Certification</u>
/iolation/Sit	uation		Period	Tier	Red	quired	Performe	d Due to D	PH Received
otal Coliforr	n M&R Violation		10/1/23 - 10/31/2	3 3	1/2	1/2025		1/31/202	25
hysical Para	meters M&R Violation		10/1/23 - 10/31/2	3 3	1/2	1/2025		1/31/202	25
Total Coliforn	n M&R Violation		9/1/23 - 9/30/23	3	1/2	1/2025		1/31/202	25
hysical Para	meters M&R Violation		9/1/23 - 9/30/23	3	1/2	1/2025		1/31/202	25
	V	Vater Syste	em Facility and Sa	mpling	Point	Inve	ntory		
Water						To	otal Lead	and	
•	ater System Facility	Sam	pling Point Sampling Po	oint			form Cop	•	Stage
acility ID			ID Description		Sta	lus		Tier Asbest	os WQP 2 DBI
00600 DI	STRIBUTION SYSTEM		4 DISTRIBUTIO			١	Υ		
		_	WNSTREAM WITHIN 5 SE						
		UI	PSTREAM WITHIN 5 SE						
	ITRY POINT		3 ENTRY POIN	Т	Α				
	ELL 1		2 WELL #1		Δ	١			
	ELL 2		2 WELL #2		Α	١			
ST01 AT	MOSPHERIC STORAGE								
			Contact Info	mation					
Name			Organization					Job Tit	le
ime Rock Pa									
	ess Line One	Mai	lling Address Line Two				City	State	•
97 Lime Roo						Lakevill		СТ	06039
Business Ph	none Extension	Fax	Mobile Phone	Emergency	Phone	Email A	Address		
Sautant Dala	(-)								
Contact Role	s): Owner		0					rate To	
Name			Organization Lime Rock Park	1:116			Managina	Job Tit	ie
Ar. Skip Barl		Mai		II LLC				g Member State	7in Codo
	ess Line One	IVIAI	lling Address Line Two			المادميناا	City	State	
97 Lime Roo Business Ph		Fav	Mobile Phone	Emorgon	Dhone	Lakevill		СТ	06039
		Fax	Mobile Phone	Emergency	rnone	eman A	luuress		
860-435-5									
	s): Legal Contact		Organization					lah Tit	lo
Name	aconino		Organization	ii II C			Eacility O	Job Tit	ie
/Ir. Robert J	icohiiio		Lime Rock Park	II LLC			Facility O	perations	

City

jocko@limerock.com

Lakeville

Emergency Phone Email Address

860-671-1629

Zip Code

06039

State

СТ

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

124

Contact Role(s): Administrative Contact

Fax

860-435-5010

497 Lime Rock Rd.

Business Phone

860-435-5000

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1220007	LIME ROCK PARK, LLC			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Commerci	al Industri	al Combin	ed Agricultural
497 LIME ROCK	ROAD	Connections		12			

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	[aalth	Dı	rinkino	Matar	So	oction	
	Water Quality Mon				_			ction	
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT1220094	O'HARAS LANDING MARINA				NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al	Combine	d Agricultural
254 TWIN LAK	(ES ROAD - SALISBURY	Connections			1				
Towns Served	: SALISBURY	"				1			'
	Moi	nitoring Requ	iireme	nts					
Water Syste	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifo	rm (3100)						1 ro	outine (R	T) per month
Sampling	g Point (Sampling Point ID)		Monitori	ng P	Period C	ollection Pe	riod	Comp	oliance Status
Select fro	om Inventory of Active Sampling Points		5/1/24 -	5/3	1/24				
			6/1/24 -	6/3	0/24				
			7/1/24 -	7/3	1/24				
			8/1/24 -	8/3	1/24				
			9/1/24 -	9/3	0/24				
Physical Par	rameters (PPS)						1 ro	outine (R	Γ) per month

Physical Parameters (PPS)		1 routine (RT) per mo Collection Period Compliance Sta		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24			
	6/1/24 - 6/30/24			
	7/1/24 - 7/31/24			
	8/1/24 - 8/31/24			
	9/1/24 - 9/30/24			

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	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		
	1/1/25 - 12/31/25		

Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	7/18/2015		

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/13/21 - 11/23/22	2	1/15/2022		1/25/2022					
Physical Parameters M&R Violation	8/1/23 - 8/31/23	3	10/15/2024		10/25/2024					
Total Coliform M&R Violation	8/1/23 - 8/31/23	3	10/15/2024		10/25/2024					

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		tage 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						
57194	WELL	2	WELL	Α						

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source	
CT1220094	O`HARAS LANDING MARINA				NC	25	Р	GW	
Local Address (w	Local Address (where applicable) Service Resid				Commerci	al Industri	al Combine	ed Agricultural	
254 TWIN LAKES	Connections			1					

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. John M. O'hara	a, Et Al								
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code
1 O'hara Lane						Salisbur	у	СТ	06068
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
203-264-5169									
Contact Role(s): Le	egal Contact, Ow	ner							
Name				Organization	1			Job Title	
Mr. David Haab				Brookwood	Marine, Inc.		Operator		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
254 Twin Lakes Roa	d					Salisbur	у	СТ	06068
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress	· · · · · · · · · · · · · · · · · · ·	
860-824-7583						dave@o	haraslanding.	com	
Contact Polo(s): A	dministrativa Ca	ntact Loc	al Contact			1			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: SALISBURY

- 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

	<u> </u>							
	Connecticut D	epartment of	Public Health	Drink	king Wa	ater Se	ction	
		•	oring and Com					
PWS ID	PWS Name						ner Type P	rimary Source
CT1220134		JB		NC		.5	Р	GW
Local Addr	ess (where applicable)		Service Resident	ial Comi	mercial In	dustrial	Combined	Agricultura
TWIN LAKE			Connections		1			
Towns Serv	ved: SALISBURY							
		Monito	oring Requireme	nts				
Water Sys	stem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)					
Total Col	iform (3100)					1 ro	utine (RT)	per month
	ling Point (Sampling Point ID))	Monitorii	ng Period	Collecti	ion Period		ance Status
Select	from Inventory of Active Sam	pling Points	6/1/24 -	6/30/24				
			7/1/24 -	7/31/24				
			8/1/24 -	8/31/24				
Physical 1	Parameters (PPS)					1 ro	utine (RT)	per month
Samp	ling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	Compl	iance Status
Select	from Inventory of Active Sam	pling Points	6/1/24 -	6/30/24				
1			7/1/24 -	7/31/24				
ı			8/1/24 -	8/31/24				
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate A	and Nitrite (NOX)					1	routine (F	RT) per year
Samp	ling Point (Sampling Point ID)		Monitorii	ng Period	Collecti	ion Period	Compl	ance Status
ENTR	Y POINT (3)		1/1/23 - 1	12/31/23			Co	mplete
			1/1/24 - 1	12/31/24				
			1/1/25 - 1	12/31/25				
		Other C	ompliance Sched	ules				
Complianc	e Schedule Activity		L	ue Date		Achieved I	Date	
SEASONAL	START UP COMPLETION		7	/1/2024				
	Wate	er System Facili	ity and Sampling	Point I	nventor	у		
Water					Total	Lead and		
-	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Statu		Rule Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON					
		UPSTREAM	WITHIN 5 SERVICE CON					
	ENTRY POINT	3	ENTRY POINT	Α				
22098	WELL	2	WELL	Α				
		Con	tact Information					
Name		O	rganization				Job Title	
Mr Jack M	lahoney	Τv	vin Lakes Beach Club		Pre	sident		
ITII. Jack IV		Mailing Address						Zip Code

Mobile Phone

Salisbury

mahoney.jacknyc@me.com

Emergency Phone Email Address

CT

06068

P.O. Box 122

Business Phone

201-314-9283

Contact Role(s): Legal Contact

Extension

Fax

(Connecticut Department of Public Health Drinking Water Section										
	Wate	er Qua	lity Monit	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1220134 1	TWIN LAKES BEAC	H CLUB				N	IC	25	Р	GW	
Local Address (wh	Local Address (where applicable)				Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural	
TWIN LAKES ROAD				Connection	S		1				
Towns Served: SA	LISBURY			•		,					
Name			0	rganization					Job Title	e	
Ms. Alison Kist			Tv	Twin Lakes Beach Club				House Co-Chair			
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code	
268 Twin Lakes Ro	b						Salisbur	У	СТ	06068	
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	ddress			
347-415-0054							akist99	@gmail.con	n		
Contact Role(s):	Administrative Co	ntact	•	,							

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

	Connectic	•					_			ction	
	Wa	ter Qua	lity Moni	toring a	ind Con	ıplia	nce So	chedul	e		
PWS ID	PWS Name							-	Owr	ner Type P	rimary Source
CT1220154	TRINITY EPISCO	PAL CHURCH					С	29		Р	GW
	(where applicable)			Service	Residen	tial Co	mmercial	Industria	al	Combined	Agricultural
484 LIME ROC	K ROAD			Connectio	ns		3				
Towns Served	: SALISBURY										
M/stan Couston	- Facility DICTO	UDUTION C		toring Re	quireme	nts					
	m Facility: DISTR	IBUTION 5	YSTEIVI (WSF	ID: 00600)							_
Total Colifor	• •										per quarter
	Point (Sampling P		B · ·		Monitori	_		lection Per	riod		ance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -					Co	mplete
					1/1/24 -						
					4/1/24 -						
Dharainal Dan	(DDC)				7/1/24 -	9/30/2	.4			ti (DT)	
-	rameters (PPS)	-t-+ (D)			0.0 16 1	· D:	1 6-1				per quarter
	Point (Sampling P	-	Dainta		Monitori			lection Per	rioa		ance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -					Co	mplete
					1/1/24 -						
					4/1/24 -						
Motor Custon	o Facility FNTD	V DOINT /M	VCE ID: 00700		7/1/24 -	9/30/2	.4				
	m Facility: ENTR	Y POINT (W	VSF ID: 00/00							/-	
	Nitrite (NOX)										RT) per year
	Point (Sampling P	oint ID)			Monitori			lection Per	riod		ance Status
ENTRY PO	JINT (3)				1/1/23 -					Co	mplete
					1/1/24 -						<u> </u>
					1/1/25 -		25		_		
			Other (Complian				• • • • • • • • • • • • • • • • • • • •			
	chedule Activity					Due Da		Achie	ved I	Date	
RESPOND TO S	SANITARY SURVEY					1/3/200					
		Water Sy	ystem Faci	lity and S	Sampling	Poin	t Inven	tory			
Water							Total				
	iter System Facility		Sampling Poin				Colifo				Stage
Facility ID		_	ID	Description			tus Ru		Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4		ION SYSTEM		A Y				
			DOWNSTREAM				4				
			UPSTREAM		SERVICE CON		4				
	TRY POINT		3	ENTRY POI	INT		4				
22760 WE	ELL		2	WELL		A	4				
			Coi	ntact Info	ormation	1					
Name			C	Organization						Job Title	
Trinity Episco	pal Church										
Mailing Addre	•		Mailing Addre	ss Line Two				City		State	Zip Code
484 Lime Rock							Lakeville	•		СТ	06039
Business Pho		Fax	Mok	oile Phone	Emergency	Phone					
860-435-26	527				,						
		l .			1		1				

Contact Role(s): Owner

	Connectic	ut Depa	rtment c	of Public	Health	Drir	iking	Water	Section	
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classif	ication F	opulation	Owner Type	Primary Source
CT1220154	TRINITY EPISCO	PAL CHURCH				N	IC	29	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	Industria	al Combin	ed Agricultura
484 LIME ROCK F	ROAD			Connections			3			
Towns Served: SA	ALISBURY									
Name			(Organization					Job Titl	e
Mr. Linda Lloyd			-	Trinity Episcop	al Church			Senior Wa	ırden	
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
484 Lime Rock Ro	b						Lakeville		СТ	06039
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Ad	ldress		
845-486-4840		845-486-4	1852		860-435	-2627				
Contact Role(s):	Legal Contact			•						
Name	-		(Organization					Job Titl	e
Rector Heidi Tru	ах		-	Trinity Episcop	al Church-	Lr		Rector		
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
484 Lime Rock Ro	oad						Lakeville	!	СТ	06039
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Ad	ldress		
860-435-2627										

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - - C

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1220164	ISOLA BELLA YOUTH CAMP				NC	80	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
410 TWIN LAKES	ROAD	Connections	6					

Towns Served: SALISBURY								
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)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	6/1/24 - 6/30/24							
	7/1/24 - 7/31/24							
	8/1/24 - 8/31/24							
	9/1/24 - 9/30/24							
Physical Parameters (PPS) 1 routine (RT) p								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	6/1/24 - 6/30/24							
	7/1/24 - 7/31/24							
	8/1/24 - 8/31/24							
	9/1/24 - 9/30/24							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 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							
	1/1/25 - 12/31/25							
Other Compl	iance Schedules							
Compliance Schedule Activity	Due Date	Achieved D	ate					
			· · · · · · · · · · · · · · · · · · ·					

Other Compliance Schedules								
Compliance Schedule Activity	Due Date Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2014							
CROSS CONNECTION SURVEY REPORT	3/1/2015							
CROSS CONNECTION SURVEY REPORT	3/1/2016							
CROSS CONNECTION SURVEY REPORT	3/1/2017							
CROSS CONNECTION SURVEY REPORT	3/1/2018							
CROSS CONNECTION SURVEY REPORT	3/1/2019							
CROSS CONNECTION SURVEY REPORT	3/1/2020							
CROSS CONNECTION SURVEY REPORT	3/1/2021							
CROSS CONNECTION SURVEY REPORT	3/1/2022							
CROSS CONNECTION SURVEY REPORT	3/1/2023							
CROSS CONNECTION SURVEY REPORT	3/1/2024							
SEASONAL START UP COMPLETION	6/15/2024							

Water System Facility and Sampling Point Inventory Water **Total** Lead and System **Water System Facility** Sampling Point Sampling Point Coliform Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status DISTRIBUTION SYSTEM Υ 00600 **DISTRIBUTION SYSTEM** Α 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.

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

				1			
PWS ID	PWS Name			Classificatio	Population	Owner Type	Primary Source
CT1220164	ISOLA BELLA YOUTH CAMP			NC	80	Р	GW
Local Address (where applicable)	Service	Resider	ntial Comme	cial Industr	ial Combin	ed Agricultural
410 TWIN LAKE	S ROAD	Connections	6				

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
00700	ENTRY POINT	3	ENTRY POINT	Α								
22851	WELL #1	2	WELL #1	Α								
55118	TREATMENT PLANT											

			Co	ntact Inf	ormation					
Name						Job Title				
Ms. Jennifer Pizzoferrato					American School For The Deaf			Director Operations		
Mailing Address Line One Mailing Addr						City		State	Zip Code	
And Operation	ns	139 No	rth M	ain Street		West Hartford CT				
Extension Fax Mo			Mo	bile Phone	Emergency Phone	Email Address				
	860-570-2	2284				jennifer	pizzoferrato@asd-1817.org			
	e One And Operation	e One And Operations Extension Fax	e One Mailing And Operations 139 No	errato e One Mailing Addro And Operations 139 North Mailing Extension Fax Mo	Organization American Scl e One Mailing Address Line Two And Operations 139 North Main Street Extension Fax Mobile Phone	e One Mailing Address Line Two And Operations 139 North Main Street Extension Fax Mobile Phone Emergency Phone	Organization American School For The Deaf e One Mailing Address Line Two And Operations 139 North Main Street West Ha Extension Fax Mobile Phone Emergency Phone Email Ac	Organization American School For The Deaf Director Ope One Mailing Address Line Two City And Operations 139 North Main Street West Hartford Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title American School For The Deaf Director Operations e One Mailing Address Line Two City State And Operations 139 North Main Street West Hartford CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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 11

	Connecticut D	epartment o	f Public Health	Drink	ing W	Vater Se	ection			
		*	toring and Con		U					
PWS ID	PWS Name	Quality 1410111	Classification Population Own							
CT122105		BOAT HOUSE		NC		25	P	GW		
	lress (where applicable)		Service Resider		nercial	Industrial	Combined			
	AAN ROAD - BOAT HOUSE		Connections		1			0		
	rved: SALISBURY									
		Monit	oring Requireme	nts						
Water Sy	stem Facility: DISTRIBUT	ON SYSTEM (WSF	ID: 00600)							
Total Co	oliform (3100)					1 ro	utine (RT)	per quarter		
	pling Point (Sampling Point IL	o)	Monitor	ing Period	Colle	ction Period		iance Status		
Selec	ct from Inventory of Active Sai	mpling Points	10/1/23	- 12/31/23			Co	omplete		
			4/1/24	- 6/30/24						
			7/1/24	- 9/30/24						
Physical	Parameters (PPS)					1 ro	utine (RT)	per quarter		
Sam	pling Point (Sampling Point IL	o)	Monitor	ing Period	Colle	Collection Period Compliance Status				
Selec	ct from Inventory of Active Sai	mpling Points	10/1/23	- 12/31/23			Co	omplete		
			4/1/24	- 6/30/24						
				- 9/30/24						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)					1	l routine (I	RT) per year		
_	pling Point (Sampling Point IL	<i>)</i>		ing Period	Colle	ction Period	l Compl	iance Status		
ENTF	RY POINT (3)			12/31/23		4/1-12/31 Com				
				12/31/24	•	/1-12/31				
				12/31/25	4,	/1-12/31				
		Other C	Compliance Sched	dules						
•	ce Schedule Activity			Due Date		Achieved	Date			
SEASONA	L START UP COMPLETION			4/1/2024						
	Wat	er System Facil	lity and Sampling	Point I	nvent	ory				
Water					Total		1			
System	Water System Facility		Sampling Point		Coliforn			Stage		
Facility ID		ID	Description	Status	Rule	Rule He	r Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM							
			1 WITHIN 5 SERVICE CO		V	N				
		SSBH001	BOAT HOUSE	Α	Υ	N				
00700	ENTRY POINT	UPSTREAM 2	WITHIN 5 SERVICE CO							
00700		3	ENTRY POINT	Α						
56294	WELL	2	WELL	Α						
			ntact Information	1						
Name			Organization				Job Title			
Mr. Bill B	•		alisbury School			ir Bldgs/Grn				
Mailing A	ddrace Lina Ona	Mailing Addres	cc Line Two			City	State	7in Code		

Name				Organization		Job Title				
Mr. Bill Boyer		Salisbury Sch	ool	Dir Bldgs/Grnds/Safe						
Mailing Address Lin	e One	ress Line Two	ess Line Two			State	Zip Code			
251 Canaan Rd				Salisbury	/	СТ	06068			
Business Phone Extension Fax				lobile Phone	Emergency Phone	Email Ac	Address			
860-435-5752			860-435-5759	wboyer@salisburyschool.org						
Contact Role(s): Ac	dministrative (Contact								

	Connectic	ut Depa	rtmei	nt of	Public :	Health	Dri	nking	Water	Section				
	Wat	ter Qua	lity M	onite	oring ar	nd Con	nplia	ance S	Schedul	le				
PWS ID P	PWS Name Classification Population Owner Type Primary So													
CT1221053 S	ALISBURY SCHO	HOUSE				ı	NC	25	Р	GW				
Local Address (wh	Service	Resider	ntial C	ommerci	al Industri	al Combine	ed Agricultural							
251 CANAAN ROA		Connection	S	1										
Towns Served: SA	LISBURY						'			1	1			
Name Organization									Job Title					
Mrs. Leary Joseph	ine			Sal	lisbury Schoo	ol			Business I	Mngr				
Mailing Address Li	ine One		Mailing A	Address	Line Two				City State Zip					
251 Canaan Rd								Salisbu	Salisbury		06068			
Business Phone Extension Fax Mo					e Phone	hone Emergency Phone Email Address								
860-435-5711		860-435-					jleary@salisburyschool.org							
Contact Role(s):	Legal Contact		1		<u>'</u>			1						

Please note the following:

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

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

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

End of schedule