	Connecticut Department	nt of Public H	Iealth I	Drinki	ng Wa	ater S	ection	
	Water Quality M	onitoring an	d Comp	olianc	e Scho	edule		
PWS ID	PWS Name	0	C	lassificati	on Popu	lation O	wner Type P	rimary Source
СТ1250024	HOUSATONIC MEADOWS/MAIN SYST	ΈM		NC	5	50	S	GW
Local Address	(where applicable)	Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agricultura
RIVER ROAD (F	ROUTE 7)	Connections	6					
Towns Served:	SHARON			÷	·			·
	Μ	onitoring Requ	uirement	ts				
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor							outine (RT)	• •
	Point (Sampling Point ID)		Monitoring		Collect	ion Perio	d Compl	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/24 - 6,					
			7/1/24 - 9,	/30/24				
•	ameters (PPS)						outine (RT)	• •
	Point (Sampling Point ID)		Monitoring		Collect	ion Perio	d Compl	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/24 - 6,					
			7/1/24 - 9,	/30/24				
	n Facility: ENTRY POINT (WSF ID: 0	0700)						
	Nitrite (NOX)						1 routine (F	
	Point (Sampling Point ID)		Monitoring		Collect	ion Perio		ance Status
ENTRY PC	DINT (3)		1/1/23 - 12				Co	omplete
			1/1/24 - 12					
			1/1/25 - 12	2/31/25				
	Oth	ner Compliance	e Schedu	les				
Compliance Sc	hedule Activity		Du	ie Date		Achieve	d Date	
SEASONAL STA	ART UP COMPLETION		5/	1/2024				
	Public	c Notification R	Requiren	nents				
		Compliance	Notice	1	ic Notifica	ation	PN Cer	tification
Violation/Situ	ation	Period	Tier	Requir	ed Per	formed	Due to DPH	-
Total Coliform	M&R Violation	4/1/23 - 6/30/23	3	11/23/2	024		12/3/2024	
	Water System	Facility and Sa	mpling P	oint In	vento	ry		
Water	•	•			Total	Lead an	nd	
System Wa	ter System Facility Sampling	Point Sampling Poi	int		Coliform	Сорре	r	Stage
Facility ID	ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM 102	L WOMEN'S SI	NK	А	Y			
	102	2 MEN'S SINK		А	Y			
	103	B EXTERIOR FA	UCET	А	Y			
	4	DISTRIBUTIO	N SYSTEM	А	Y			
	DOWNST	REAM WITHIN 5 SEF	RVICE CON	А				
	UPSTR	EAM WITHIN 5 SEF	RVICE CON	А				
00700 ENT	TRY POINT 3	ENTRY POINT		А				
22115 WE	LL 2	WELL		Α				
		Contact Infor	mation					
Name		Organization					Job Title	
Mr. David Coo	ley	Deep-Engineerir	ng Unit		Sup	ov Civil Er	ngineer	
Mailing Addres	ss Line One Mailing A	Address Line Two			C	ity	State	Zip Code
163 Great Hill	Road			Por	rtland		СТ	06480
Business Pho	one Extension Fax	Mobile Phone E	mergency P	hone Em	ail Addre	SS		
NOTE: This inform	nation has been provided to help owners and oper	ators of public water syste	ems maintain a	compliance	with drinki	na water a	uality monitorin	a requirements

				0					-		
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Pri	mary Source
CT1250024	HOUSATONIC M	EADOWS/MAIN SYSTEM	М				NC	50	S		GW
Local Address (v	where applicable)			Service	Residen	tial	Commerci	ial Industri	al Combin	ed	Agricultural
RIVER ROAD (RO		Connections	6								
Towns Served: S	SHARON		·								
860-342-221	5	860-344-2560 8	860-20	5-7552	860-424-	-333	3 david.o	cooley@ct.g	ov		
Contact Role(s):	Administrative	Contact, Legal Contact,	Owne	r							
Please note the	following										

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

	Co	nnectic	ut Depa	artme	nt of	Public	Health	Dri	nkin	g W	ater	Se	ction	
		Wa	ter Qua	lity M	lonit	oring a	nd Con	nplia	ance	Sch	edul	e		
PWS ID	PWS	Name		5		0			fication				ner Type P	rimary Sourc
CT1250054	а нос	JSATONIC M	IEADOWS/R	IVERSIDE				1	NC		33		S	GW
Local Addr	ess (where	applicable)				Service	Residen	tial Co	ommer	cial li	ndustria	al	Combined	Agricultura
RIVER ROA	D (ROUTE	7)				Connection	ns 3							
Towns Serv		-												
				N	1onit/	oring Rec	nuiromo	nts						
Water Sys	stem Facil	ity: DISTR	RIBUTION S				laneme	1113						
	iform (31	-												per quartei
Samp	ling Point	(Sampling P	oint ID)				Monitori	ng Per	iod	Collect	tion Per	riod	Compl	ance Status
Select	t from Inve	ntory of Act	ive Samplin	g Points			4/1/24 -	6/30/	24					
							7/1/24 -	9/30/	24					
Physical	Paramete	rs (PPS)									1	rou	tine (RT)	per quartei
Samp	ling Point	(Sampling P	oint ID)				Monitori	ng Per	iod	Collect	tion Per	riod	Compl	ance Status
Select	t from Inve	ntory of Act	ive Sampling	g Points			4/1/24 -	6/30/	24					
							7/1/24 -	9/30/	24					
Water Sys	stem Facil	ity: ENTR	Y POINT (\	NSF ID:	00700)									
Nitrate A	nd Nitrite	e (NOX)										1	routine (I	RT) per yeai
Samp	ling Point	(Sampling P	oint ID)				Monitori	ng Per	iod	Collect	tion Per		-	ance Status
ENTR	Y POINT (3)					1/1/23 -	12/31/	/23				Co	mplete
							1/1/24 -	12/31/	/24					
							1/1/25 -	12/31/	/25					
				Ot	her C	ompliand	e Sched	lules						
Complianc	e Schedule	e Activity						Due Do	nte		Achie	ved I	Date	
SEASONAL	START UP	COMPLETIO	N				,	5/1/20	24					
			Water S	vstem	Facili	ity and Sa	ampling	Poin	t Inv	ento	rv			
Water							1 0	_		Total	Lead	and		
	Water Sys	tem Facility	,	Samplin	g Point	Sampling P	oint		Co	liform				Stage
Facility ID				IL)	Description		St		Rule			Asbestos	WQP 2 DBP
00600	DISTRIBUT	ION SYSTEM	1	10	1	WOMEN'S	SINK		A	Y				
				10	2	MEN'S SINK	(A	Y				
				10	3	EXTERIOR F	AUCET		A	Y				
				4		DISTRIBUTI	ON SYSTEM	l	A	Y				
						WITHIN 5 S			A					
				DOWINS	INCAIVI									
				UPSTF		WITHIN 5 S		N	A					
00700	FNTRY PO	INT		UPSTF	REAM		ERVICE CO							
	ENTRY PO			UPSTF 3	REAM	ENTRY POI	ERVICE CON		A					
	ENTRY PO RIVERSIDE			UPSTF	REAM	ENTRY POIN	ERVICE CON NT WELL							
53471				UPSTF 3	REAM Con	ENTRY POIN RIVERSIDE	ERVICE CON NT WELL		A					
53471 Name	RIVERSIDE			UPSTF 3	Con	ENTRY POIN RIVERSIDE V Itact Info	ERVICE COM NT WELL rmation		A				Job Title	
53471 Name Mr. David	RIVERSIDE Cooley	WELL		UPSTF 3 2	Con	ENTRY POIN RIVERSIDE tact Info rganization eep-Enginee	ERVICE COM NT WELL rmation		A		ov Civil	Engi	neer	
53471 Name Mr. David Mailing Ad	RIVERSIDE Cooley dress Line	WELL		UPSTF 3 2	Con	ENTRY POIN RIVERSIDE V Itact Info	ERVICE COM NT WELL rmation		A	C	ov Civil ity	Engi	neer State	Zip Code
53471 Name Mr. David Mailing Ad 163 Great	RIVERSIDE Cooley dress Line Hill Road	One		UPSTF 3 2 Mailing	Con Ou Address	ENTRY POIN RIVERSIDE V tact Info rganization eep-Engineer s Line Two	ERVICE COM NT WELL rmation	I	A A Portla	C and	ity	Engi	neer	Zip Code 06480
53471	RIVERSIDE Cooley dress Line Hill Road Phone	WELL	Fax 860-344	UPSTF 3 2 Mailing	Con De Address	ENTRY POIN RIVERSIDE tact Info rganization eep-Enginee	ERVICE COM NT WELL rmation	Phone	A A Portla e Email	C and Addre	ity		neer State	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1250054	HOUSATONIC MEADOWS/RIVERSIDE			NC	33	S	GW
Local Address (v	vhere applicable)	Service	Resident	tial Commerc	ial Industri	al Combine	ed Agricultural
RIVER ROAD (RC	OUTE 7)	Connections	3				
Towns Served: S	HARON	·		·	·		

Please note the following:

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

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

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

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

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

	Connecticut Dep	oartment of	Public H	ealth	Dr	inki	ng V	/ate	r Se	ction	
	Water Qu	ality Monit	oring an	d Com	<u>ipli</u>	anc	e Scł	nedu	le		
PWS ID	PWS Name				Class	sificati	on Pop	oulatior	n Ow	ner Type P	rimary Sour
CT1250084	SILVER LAKE - CEDARS LOD	OGE BUILDING				NC		25		Р	GW
Local Address (where applicable)		Service	Resident	tial (Comm	ercial	Industi	ial	Combined	Agricultur
223 LOW ROAI)		Connections			1					
Towns Served:	SHARON										
		Monite	oring Requ	iiremei	nts						
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)								1 ro	utine (RT)) per mont
Sampling	Point (Sampling Point ID)			Monitoriı	ng Pe	riod	Colle	ction P	eriod	Compl	iance Status
Select fro	m Inventory of Active Sampli	ng Points		11/1/23 -	11/3	0/23				Co	omplete
				12/1/23 -	12/3	1/23				Co	omplete
				1/1/24 -	1/31	/24				Co	omplete
				2/1/24 -	2/29	/24				Co	omplete
				3/1/24 -	3/31	/24				Co	omplete
				4/1/24 -	4/30	/24					
				5/1/24 -	5/31	/24					
				6/1/24 -	6/30	/24					
				7/1/24 -							
				8/1/24 -							
				9/1/24 -							
				10/1/24 -	10/3	1/24					
-	ameters (PPS)								1 ro	-	per mont
	Point (Sampling Point ID)			Monitorii	-		Colle	ction P	eriod		iance Status
Select fro	m Inventory of Active Sampli	ng Points		11/1/23 -							omplete
				12/1/23 -							omplete
				1/1/24 -							omplete
				2/1/24 -							omplete
				3/1/24 -						Co	omplete
				4/1/24 -							
				5/1/24 -		-					
				6/1/24 -							
				7/1/24 -							
				8/1/24 -		-					
				9/1/24 -							
		()		10/1/24 -	10/3	1/24					
	n Facility: ENTRY POINT	(WSF ID: 00700)									
	Nitrite (NOX)						_			-	RT) per yea
	Point (Sampling Point ID)			Monitorii	_		Colle	ction P	eriod		iance Status
ENTRY PO	91NT (3)			1/1/23 - 1						Co	omplete
				1/1/24 - 1		-					
				1/1/25 - 1							
	Water	System Facili	ty and Sar	npling	Poi	nt In	vent	ory			
Water		c " - ·					Total		l and		
	ter System Facility	Sampling Point		nt			Colifor	-	oper	Aabaata -	Stag
Facility ID		ID	Description	VITOUEN	S	tatus	Rule	Rule	e i ier	ASDESTOS	WQP 2 DB
00600 DIS	TRIBUTION SYSTEM	100	MAIN OFFICE			1	Y				
		4	DISTRIBUTION	N SYSTEM		A	Y				

		8		- P				
PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
CT1250084	SILVER LAKE - CEDARS LODGE BUILDING			NC	2	25	Р	GW
Local Address	(where applicable)	Service	Resider	tial Com	nmercial	Industri	al Combine	ed Agricultural
223 LOW ROA	223 LOW ROAD				1			

Towns Served: SHARON

	,	Water Sy	stem Fa	cility	and S	ampling Po	oint	Invent	ory		
Water System Water Sy	stem Facility	9	Sampling Po	oint Sa	mpling F	Point		Toto Colifo		1	Stage
Facility ID			ID	De	escription	า	Stati	ıs Rul	e Rule Tie	Asbestos	WQP 2 DBPR
			600	CE	DARS M	AIN ROOM	Α	Y			
			DOWNSTRE	AM W	ITHIN 5 S	SERVICE CON	Α				
			UPSTREAM	M W	ITHIN 5 S	SERVICE CON	Α				
00700 ENTRY P	DINT		3	EN	ITRY POI	NT	Α				
22120 WELL 2 -	CEDARS		2	W	ELL 2 - CI	EDARS	Α				
57203 TREATM	ENT PLANT										
			C	onta	ct Info	ormation					
Name				Orgai	nization					Job Title	
David Camphouse				Silver	Lake Co	nference Cente	r		Director		
Mailing Address Lin	e One		Mailing Add	lress Lir	ne Two			1	City	State	Zip Code
223 Low Road							S	haron		СТ	06069
Business Phone	Extension	Fax	N	1obile P	hone	Emergency Pho	one E	mail Ad	lress	i	
860-364-5526		860-364-1	000				s	lcrc@silv	verlakect.org		
Contact Role(s): O	wner		i								
Name				Orgar	nization					Job Title	
Ms. Ruth Choate				Silver	Lake Ca	mp			Administrato	•	
Mailing Address Line	e One		Mailing Add	lress Lir	ne Two				City	State	Zip Code
			223 Low Ro	ad			S	haron		СТ	06069
Business Phone	Extension	Fax	N	lobile P	hone	Emergency Pho	one E	mail Ad	dress	·	
860-364-5526	10	860-364-1	000				s	lcrc@silv	verlakect.org		
Contact Role(s): Ad	lministrative C	Contact									

Please note the following:

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

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

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

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

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

	Connecticut Departmen			0			ion	
	Water Quality Mo	onitoring an	A					
PWS ID	PWS Name		Clas		Population		Type Pi	
CT1250094	SILVER LAKE - MAIN SYSTEM	C a main a	Desidential	NC	30	P	and a first second	GW
	(where applicable)	Service Connections	Residential	Commercia	al Industria	ai Co	mbined	Agricultu
21 LOW ROA		connections		1				
owns Served			•					
		onitoring Requ	irements	•				
	m Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)						
Total Colifo	• •							per mont
	g Point (Sampling Point ID)		Monitoring P		ollection Per	riod		ance Statu
Select fr	om Inventory of Active Sampling Points		11/1/23 - 11/	-				mplete
			12/1/23 - 12/					mplete
			1/1/24 - 1/3					mplete
			2/1/24 - 2/2					mplete
			3/1/24 - 3/3				Со	mplete
			4/1/24 - 4/3	•				
			5/1/24 - 5/3	-				
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3	1/24				
			9/1/24 - 9/3	0/24				
			10/1/24 - 10/	31/24				
Total Colifo	rm (3100)					3 repe	eat (RP)	per perio
Samplin	g Point (Sampling Point ID)		Monitoring P	Period Co	ollection Pe	riod	Compli	ance Statu
Select fro	om Inventory of Active Sampling Points	1	.1/10/23 - 11/	/15/23			Со	mplete
Physical Pa	rameters (PPS)					1 routi	ne (RT)	per mont
Samplin	g Point (Sampling Point ID)		Monitoring P	Period Co	ollection Per	riod	Compli	ance Statu
Select fro	om Inventory of Active Sampling Points		11/1/23 - 11/	30/23			Со	mplete
			12/1/23 - 12/	31/23			Со	mplete
			1/1/24 - 1/3	1/24			Со	mplete
			2/1/24 - 2/2	9/24			Co	mplete
			3/1/24 - 3/3	1/24			Со	mplete
			4/1/24 - 4/3	0/24				
			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				
			10/1/24 - 10/	31/24				
Water Syste	m Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And	Nitrite (NOX)					1 ro	utine (R	T) per yea
Samplin	g Point (Sampling Point ID)		Monitoring P	Period Co	ollection Pe	riod	Compli	ance Statu
ENTRY P	OINT (3)		1/1/23 - 12/3	31/23			Со	mplete
			1/1/24 - 12/3	31/24				
			1/1/25 - 12/3	31/25				
Nater Syste	m Facility: WELL 1 - MAIN (WSF ID: 2	2121)						
E. Coli (301	4)				1	trigger	ed (TG)	per perio

		ut Departme er Quality N					<u> </u>				LUOII	
PWS ID PW	S Name	lei Quanty M	101110	or mg a	nu con	1					er Type I	Primary Sour
	VER LAKE - M	AIN SYSTEM				N		30		0 1011	P	GW
ocal Address (wher				Service	Residen		mmercia		ustria		Combined	-
221 LOW ROAD				Connection			1					
Fowns Served: SHAF	ON											
		Γ	/lonito	oring Red	auireme	nts						
Water System Fac	ility: WELL	1 - MAIN (WSF ID			1			_		_		
E. Coli (3014)		-							1 t	rigg	ered (TG	i) per perio
Sampling Point	(Sampling Po	oint ID)			Monitori	ng Peri	od Co	llectio	n Peri	iod	Сотр	liance Status
WELL 1 - MAIN	(2)				11/9/23 -	11/15/	23				C	omplete
		Ot	her Co	ompliand	ce Sched	lules						
Compliance Schedul	e Activity					Due Da	te	A	chiev	ved L	Date	
CORRECTIVE ACTION	I/CORRECTIVE	ACTION PLAN			3	/25/20	20					
CROSS CONNECTION	I EXEMPTION					3/1/202	25					
		Publ	ic Not	ification	Require	ement	ts					
			Co	ompliance	Notice	<u> </u>	Public No	otificati	on		PN Ce	rtification
/iolation/Situation			_	Period	Tier		quired	Perfo	rmed		ue to DPH	
E. Coli MCL Violatior				/23 - 8/31/23			5/2023			12	2/15/2023	3
		Water System	Facili	ty and Sa	ampling	Point	t Inver	ntory	'			
Water									ead a			
	stem Facility	=	g Point D	Sampling P Description			Colif		Copp		Achester	Stag
Facility ID 00600 DISTRIBU	TION SYSTEM				, CE KITCHEN		lus	ule I Y	<i>tule</i> I	ier	Aspestos	WQP 2 DBI
UUDUU DISTRIBU			00 1	DISTRIBUTI			-	r Y				
			+)0	CEDARS MA				Y				
				WITHIN 5 S				1				
				WITHIN 5 S			, А					
00700 ENTRY P0	DINT		3	ENTRY POIN			۰ ۹					
22121 WELL 1 -			2	WELL 1 - M			A					
	NEUMATIC TA		-				•					
61817 BOOSTER												
	HERIC STORAC	GE										
			Con	tact Info	rmation	I						
Name			Or	ganization							Job Title	
David Camphouse			Sil	ver Lake Cor	nference Ce	nter		Direc	tor			
Mailing Address Line	One	Mailing	Address	s Line Two				City			State	Zip Code
223 Low Road							Sharon				СТ	06069
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Phone						
860-364-5526		860-364-1000					slcrc@s	ilverlak	ect.o	rg		

	· · · · ·	ter zun		• • • •			mp m		oonoaa	U		
PWS ID	PWS Name						Class	ification	Population	Owner Typ	pe P	rimary Source
СТ1250094	SILVER LAKE - M	AIN SYSTEM						NC	30	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial (Commerc	ial Industri	al Comb	ined	Agricultural
221 LOW ROAD					Connection	าร		1				
Towns Served: S	HARON				I		I					
Name				(Organization					Job T	itle	
Ms. Ruth Choate	•			9	Silver Lake Car	np			Administr	ator		
Mailing Address	Line One		Mailing A	ddre	ess Line Two				City	Stat	e	Zip Code
			223 Low	Road				Sharor	า	СТ	-	06069
Business Phone	e Extension	Fax		Mol	bile Phone	Emergenc	y Phor	e Email	Address	i		
860-364-5526	10	860-364-	1000					slcrc@	silverlakect.	org		
Contact Role(s):	Administrative	Contact										
	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 guality samples must be collected during the specified period.

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

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

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

M&R Violation Violation M&R Violation Violation M&R Violation M&R Violation Violation Water Syste	blic Notification Reperiod Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 Period 9/1/22 - 9/30/22 10/1/22 - 12/31/22 10/1/22 - 12/31/22 10/1/22 - 9/30/22 Period 10/1/22 - 9/30/22 Period 10/1/22 - 12/31/22 10/1/22 - 9/30/22 Period 10/1/22 - 9/30/22 Period 10/1/22 - 12/31/22 10/1/22 - 9/30/22 Period 10/1/22 - 9/30/22 Period 10/1/22 - 9/30/22 Period 10/1/22 - 12/31/22 10/1/22 - 9/30/22 Period 10/1/20 - 12/31/24 10/1/25 - 9/30/25 Period 10/1/25 - 12/31/25 10/1/25 - 12/31/25 10/1/25 - 12/31/25 10/1/25 - 12/31/25 10/1/25 - 12/31/25 <th>equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 9 9 9 9 9 9 9</th> <th>Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024</th> <th>Performed Performed</th> <th>12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024</th> <th>Stage</th>	equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 9 9 9 9 9 9 9	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	Performed Performed	12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	Stage
Pu M&R Violation Violation M&R Violation Violation M&R Violation M&R Violation Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22	equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	Performed	Due to DPH Rec 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1 12/3/2024 1	
Pu M&R Violation Violation M&R Violation Violation M&R Violation M&R Violation Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22	equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	Performed	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation M&R Violation Violation M&R Violation M&R Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 1/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22	equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation M&R Violation Violation WeR Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 10/1/22 - 12/31/22 10/1/22 - 12/31/22	equirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation M&R Violation Violation Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23 10/1/22 - 12/31/22	equirem Notice Tier 3 3 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation M&R Violation Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23 1/1/23 - 3/31/23	equirem Notice Tier 3 3 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation M&R Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23 1/1/23 - 3/31/23	equirem Notice Tier 3 3 3 3	Public No Required 11/23/2024 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024 12/3/2024 12/3/2024	
Pu M&R Violation Violation	Compliance Period 4/1/23 - 6/30/23 4/1/23 - 6/30/23	equirem Notice Tier 3 3	Public No Required 11/23/2024 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024	
Pu M&R Violation	Compliance Period 4/1/23 - 6/30/23	equiren Notice Tier 3	nents <u>Public No</u> Required 11/23/2024	-	Due to DPH Rec 12/3/2024 12/3/2024	
Pu	Compliance Period	equiren Notice Tier	nents <u>Public No</u> Required	-	Due to DPH Rec	
	Compliance	equiren	nents <u>Public No</u>	-		
	blic Notification R					
SURVEY REPORT		3/:	1/2024			
SURVEY REPORT			1/2023			
SURVEY REPORT						
SURVEY REPORT						
SURVEY REPORT						
e Activity		Du	e Date	Achieve	d Date	
	Other Compliance	Schedu	les			
						:
]						
				nection Perio		
		Monitoria	Deried C-			-
· · · · ·	D: 00700)				4 ··· (DT)	
		7/1/24 - 9/	/30/24			
					Complete	!
entory of Active Sampling Poin			· · ·		•	
(Sampling Point ID)		-		llection Perio		
ers (PPS)						
		7/1/24 - 9/	/30/24			
			•			
			-		Complete	:
ntory of Active Sampling Poin	ts 1	10/1/23 - 12	2/31/23		Complete	:
(Sampling Point ID)	1	Monitoring	Period Co	llection Perio	d Compliance S	tatus
100)				1 r	outine (RT) per qu	arter
ity: DISTRIBUTION SYSTE	M (WSF ID: 00600)					
	Monitoring Requ	irement	ts			
ON						
L ROAD	Connections		1			
e applicable)	Service	Residentia	l Commercia	I Industrial	Combined Agric	ultura
NITY GLEN-MCCA			NC			
					wner Type Primary	Sourc
^			U			
nnecticut Departn	nent of Public H	ealth I	Drinking	Water S	ection	
	Water Quality Name IITY GLEN-MCCA applicable) L ROAD DN ity: DISTRIBUTION SYSTE 00) (Sampling Point ID) ntory of Active Sampling Poin (Sampling Point ID) ntory of Active Sampling Poin ity: ENTRY POINT (WSF I e (NOX) (Sampling Point ID)) ity: ENTRY POINT (WSF I e (NOX) (Sampling Point ID))	Water Quality Monitoring and Name ITY GLEN-MCCA applicable) Service Connections DN Monitoring Requ ity: DISTRIBUTION SYSTEM (WSF ID: 00600) (300) (Sampling Point ID) I ntory of Active Sampling Points 1 rs (PPS) (Sampling Point ID) I ntory of Active Sampling Points 1 ity: ENTRY POINT (WSF ID: 00700) e (NOX) (Sampling Point ID) I o Other Compliance e Activity SURVEY REPORT SURVEY REPORT SURVEY REPORT SURVEY REPORT SURVEY REPORT	Water Quality Monitoring and Comparison ITTY GLEN-MCCA applicable) Service L ROAD Connections DN Monitoring Requirement ity: DISTRIBUTION SYSTEM (WSF ID: 00600) Connections Connections Monitoring Requirement ity: DISTRIBUTION SYSTEM (WSF ID: 00600) Connections Connections Monitoring Requirement ity: DISTRIBUTION SYSTEM (WSF ID: 00600) Connections (Sampling Point ID) Monitoring ntory of Active Sampling Points 10/1/23 - 1: 1/1/24 - 3; 4/1/24 - 6; 7/1/24 - 9; Monitoring 10/1/23 - 1: 1/1/24 - 3; 4/1/24 - 6; 7/1/24 - 9; (Sampling Point ID) Monitoring 1/1/23 - 12: 1/1/24 - 12: 1/1/2	Water Quality Monitoring and Compliance S Name Classification NC ITY GLEN-MCCA NC applicable) Service Connections 1 Monitoring Requirements ITY DISTRIBUTION SYSTEM (WSF ID: 00600) Monitoring Period Co ntory of Active Sampling Points 10/1/23 - 12/31/23 Monitoring Period Co ntory of Active Sampling Points 10/1/23 - 12/31/23 10/1/23 - 12/31/24 4/1/24 - 6/30/24 T/1/24 - 9/30/24 rs (PPS) (Sampling Point ID) Monitoring Period Co ntory of Active Sampling Points 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 ity: ENTRY POINT (WSF ID: 00700) Conther Compliance Schedules Activity Due Date SURVEY REPORT 3/1/2021	Water Quality Monitoring and Compliance Schedule Name Classification Population O ITY GLEN-MCCA NC 50 Industrial applicable) Service Residential Commercial Industrial L ROAD Connections 1 Industrial DN Monitoring Requirements 1 ity: DISTRIBUTION SYSTEM (WSF ID: 00600) 1 re 000 1 re Collection Period Collection Period 1/1/24 - 3/31/24 4/1/24 - 6/30/24 Collection Period Collection Period 1/1/24 - 3/31/24 10/1/23 - 12/31/23 1 re (Sampling Point ID) Monitoring Period Collection Period ntory of Active Sampling Points 10/1/23 - 12/31/23 1 re (Sampling Point ID) Monitoring Period Collection Period ntory of Active Sampling Points 10/1/23 - 12/31/24 2 (Sampling Point ID) Monitoring Period Collection Period ntory of Active Sampling Points 10/1/23 - 12/31/24 2 (Sampling Point ID) Monitoring Period Collection Period (Sampling Point ID)	Name Classification Population Owner Type Primary : ITTY GLEN-MCCA NC 50 P GW applicable) Service Residential Commercial Industrial Combined Agric L ROAD Connections 1 Industrial Combined Agric SN Monitoring Requirements Industrial Combined Agric SN Industrial Complete Collection Period Compliance St So 1 1 Industrial Compliance St So 1 1 Industrial Compliance St So 1 1 So Compliance St So 1 1 So Complete 1/124 - 6/30/24 - - Complete Sompling Point ID) Monitoring Period Compliance St Complete 1/1/24 - 3/31/24 Complete - - - Sompling Point ID) Monitoring Period Collection Period Compliance St Introv of Active Sampling Point St 10/1/23 - 12/31/23 Complete

	· · u	ter guun	cy monie	or mg u				I		
PWS ID	PWS Name					Classif	ication	Population C	Owner Type	Primary Source
CT1250104	TRINITY GLEN-M	ICCA				Ν	IC	50	Р	GW
Local Address (\	where applicable)			Service	Residen	tial Co	ommercia	Industrial	Combine	d Agricultural
149 WEST COR	NWALL ROAD			Connectior	าร		1			
Towns Served: S	SHARON			÷	·	·		·		
00600 DIST	RIBUTION SYSTEM	1	4		ON SYSTEM		A Y	Y		
00000 0131			- OWNSTREAM				¬ 4	I		
			UPSTREAM	WITHIN 5 S			¬ А			
00700 ENTF	RY POINT		3	ENTRY POI			<u> А</u>			
61769 WEL			2	WELL #2	NI		ч А			
01709 WEL	L #2						A			
			Con	tact Info	rmation					
Name			Or	rganization					Job Title	
Mr. Joseph S. S	ullivan		Tr	inity Glen-M	lcCa			President		
Mailing Address	s Line One	N	lailing Address	s Line Two				City	State	Zip Code
149 West Corw	all Road						Sharon		СТ	06069
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress		
860-672-668	9	860-672-30	21		860-672-	6680	jsullivar	n@mccaonlin	e.com	
Contact Role(s)	Legal Contact									
Name			Or	rganization					Job Title	
Mr. Fr. John J. H	Kreta		Tr	inity Glen-M	lcCa			Facility Dire	ector	
Mailing Address	s Line One	N	lailing Address	s Line Two				City	State	Zip Code
149 West Cornv	wall Road						Sharon		СТ	06069
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress		
860-672-668	9	860-672-30	21		860-672-	6680	JKRETA	@MCCAONLI	NE.COM	
Contact Role(s):	Administrative	Contact								
Name			Or	rganization					Job Title	
Mid-Western C	T Council On Alco	holism								
Mailing Address	s Line One	N	lailing Address	s Line Two				City	State	Zip Code
149 Cornwall Ro	d						Sharon		СТ	06069
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress		
Contact Role(s)										
Please note the						a aa ak +	atal aslif-			
	disinfectant concent							rm sample.		
	n Period is specified,							odulo is subis-	tto change -	nd any related
	n results, additional nce sent by the DWS									

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

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

	Connecticut Department	of Public H	lealth	Drir	nking	Water	r Se	ction	
	Water Quality Mo	nitoring an	d Con	nplia	nce S	chedu	le		
PWS ID	PWS Name			Classif	ication	Population	Owr	er Type F	rimary Sourc
CT1250124	NATIONAL AUDUBON SOCIETY			N	С	25		Р	GW
Local Address	(where applicable)	Service	Resider	ntial Co	mmercia	al Industr	ial	Combined	Agricultur
325 CORNWAI	L BRIDGE ROAD	Connections						1	
Towns Served	SHARON			·			·		
	Мо	nitoring Requ	uireme	nts					
Water Syster	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifor	m (3100)						1 ro	utine (RT) per montl
Sampling	Point (Sampling Point ID)		Monitor	ing Peri	od Co	ollection Pe		-	iance Status
Select fro	m Inventory of Active Sampling Points		11/1/23	- 11/30/	23			Co	omplete
			12/1/23	- 12/31/	/23			Co	omplete
			1/1/24	- 1/31/2	4				omplete
			2/1/24						omplete
			3/1/24						omplete
			4/1/24						
			5/1/24						
			6/1/24						
			7/1/24						
			8/1/24						
			9/1/24						
			10/1/24						
Dhysical Dar	ameters (PPS)		10/1/24	10/51/	27		1 ro	itino (PT) per mont
•	Point (Sampling Point ID)		Monitor	ina Dori	od Co	ollection Pe		-	iance Status
	m Inventory of Active Sampling Points		11/1/23				nou		omplete
Jelett II t	in inventory of Active Sampling Founds		12/1/23						omplete
			1/1/24						omplete
			2/1/24						omplete
									-
			3/1/24					C	omplete
			4/1/24						
			5/1/24						
			6/1/24						
			7/1/24						
			8/1/24						
			9/1/24						
Mater Custor			10/1/24	- 10/31/	24				
	n Facility: ENTRY POINT (WSF ID: 007 Nitrite (NOX)	00)					1	outino (RT) per vez
	Point (Sampling Point ID)		Monitor	ing Dori	od C	ollection Pe		-	RT) per yea <i>iance Status</i>
				-		meetion Pe	nou		
ENTRY PC	כן ואות		1/1/23 -						omplete
			1/1/24 -						
Mater Syster	n Facility: WELL #1	(WSF ID: 47797)	1/1/25 -	12/31/2	20				
E. Coli (3014	,	(WSF1D. 4/797)					1 rou	tine (RT)	per quarte
=	•) • Point (Sampling Point ID)		Monitor	ina Peri	od Co	ollection Pe			iance Status
WELL (2)			10/1/23	-				comp	.ande status
VVLLL (Z)			1/1/24					C/	omplete
									mpiete
			4/1/24	- 0/30/2	.4				

0		L D			יו ו ח'	II 1:1		.1 .			a at t	
L	onnectic								U			
	Wa	ter Qual	ity M	onit	oring a	nd Com	plia	nce	e Sch	edule		
PWS ID PV	/S Name					(Classif	icatio	n Popu	ulation O	wner Type	Primary Sourc
CT1250124 NA	TIONAL AUD	UBON SOCIE	Y				N	IC		25	Р	GW
Local Address (whe	re applicable)				Service	Residenti	ial Co	omme	rcial II	ndustrial	Combine	d Agricultura
325 CORNWALL BR	DGE ROAD				Connection	าร					1	
Towns Served: SHA	RON				1	1					1	
			N	Ionito	oring Re	quiremen	its					
Water System Fac	cility: WELL	#1		(W:	SF ID: 4779	7)						
E. Coli (3014)										1 re	outine (RT) per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitorin	g Peri	iod	Collect	tion Perio	-	liance Status
						7/1/24 - 9	9/30/2	24				
			Oth	ner Co	omplian	ce Schedu	ules					
Compliance Schedu	le Activity						ue Da	te		Achieve	d Date	
CROSS CONNECTIO	N SURVEY REP	ORT				3,	/1/202	25				
		Water Sy	stem	Facili	ity and S	ampling I	Point	t Inv	vento	ry		
Water		•			•	1 0			Total	Lead an	nd	
System Water S	ystem Facility	9	Sampling	Point	Sampling F	Point		C	Coliform	Coppe	r	Stage
Facility ID			ID		Description	ו	Sta	atus	Rule	Rule Tie	er Asbesto	s WQP 2 DBP
00600 DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM	ļ	A	Y			
			DOWNST	rream	WITHIN 5 S	ERVICE CON	ļ	A				
			UPSTR	EAM	WITHIN 5 S	ERVICE CON	A	A				
00700 ENTRY P	OINT		3		ENTRY POI	NT	A	A				
47797 WELL #1			2		WELL		ŀ	A				
				Con	tact Info	rmation						
Name				Or	ganization						Job Title	
Mr. Mike Dudek				Na	ational Audu	ibon Society			Lar	nd-Faciliti	es Mgr	
Mailing Address Lin	e One		Mailing	Address	s Line Two				С	ity	State	Zip Code
325 Cornwall Bridge	e Road							Shar	on		СТ	06069
Business Phone	Extension	Fax		Mobi	le Phone	Emergency I	Phone	Ema	il Addre	SS		
860-364-0520		860-364-1	921	860-4	92-0112	860-364-0	520	mdu	ıdek@aı	udubon.o	rg	
Contact Role(s): A	dministrative	Contact										
Name				Or	rganization						Job Title	
Ms. Charlotte Your	g			Na	ational Audu	ibon Society			Ge	neral Cou	insel	
Mailing Address Lin	e One		Mailing	Address	s Line Two				С	ity	State	Zip Code
National Audubon S	Society		225 Vari	ck Stree	et, 7Th Floo				/ York		NY	10014
Business Phone	Extension	Fax		Mobi	le Phone	Emergency I	Phone					
212-979-3075								char	lotte.yo	ung@aud	dubon.org	
Contact Role(s): Le	-											
Please note the fol	-											
1. The residual disin										ample.		
2. If a Collection Per												
Depending on res	ults. additional	monitoring ma	ay be requ	uired (i.e	e, repeat or co	onfirmation sa	mples)	. This	schedule	e is subject	t to change, a	ind any related

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 Juality Monit				0			ction		
DIALC ID			or mg and	I						Duisse	Carrie
PWS ID	PWS Name	POAD		CI		on Pop		Uwi	ner Type		
CT1259134		KUAD	Comise		NC		35	 	P	GW	
Local Addro	ess (where applicable)		Service I Connections	Residentia	I Comme	ercial	Industri	lai	Combine	d Agric	cultural
Towns Sen	/ed: SHARON		connections		1						
TOWIS SER		Monit	oring Requi	rement	·c						
Water Sys	tem Facility: DISTRIBUTIC					_	_	_			
	iform (3100)						1	1 rou	itine (RT) per au	arter
	ling Point (Sampling Point ID)		N	Ionitoring	Period	Colle	ction Pe		-	liance St	
	from Inventory of Active Sam	pling Points)/1/23 - 12							
			1	/1/24 - 3/	/31/24				(Complete	2
			2	/1/24 - 6/	/30/24						
			7	/1/24 - 9/	/30/24						
Physical I	Parameters (PPS)						1	1 rou	itine (RT) per qu	arter
-	ling Point (Sampling Point ID)		N	Ionitoring	Period	Colle	ction Pe		-	liance St	
Select	from Inventory of Active Sam	pling Points	10)/1/23 - 12	2/31/23						
			1	/1/24 - 3/	/31/24				(Complete	ž
			Ĺ	/1/24 - 6/	/30/24						
			7	/1/24 - 9/	/30/24						
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)							1	routine	(RT) per	' year
Samp	ling Point (Sampling Point ID)			lonitoring		Colle	ction Pe	riod	Сотр	liance St	tatus
ENTRY	Y POINT (3)		1	/1/23 - 12,	/31/23				(Complete	į
			1	/1/24 - 12,	/31/24				(Complete	j
			1	/1/25 - 12,	/31/25						
		Other C	ompliance S	Schedul	les						
Complianc	e Schedule Activity			Du	e Date		Achie	eved	Date		
SANITARY I	DEFECT CORRECTIVE ACTION			11/2	22/2023						
SANITARY I	DEFECT CORRECTIVE ACTION			11/2	22/2023						
SANITARY I	DEFECT CORRECTIVE ACTION			11/2	22/2023						
	Wate	er System Facili	ity and Sam	pling P	oint In	vente	ory				
Water						Total	Lead	and			
-	Water System Facility	Sampling Point			(Coliforı		-			Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbesto	s WQP	2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А						
			WITHIN 5 SERV	ICE CON	А						
		UPSTREAM	WITHIN 5 SERV	ICE CON	Α						
	ENTRY POINT	3	ENTRY POINT		Α						
52006	WELL 1	2	WELL 1		А						
57108	TREATMENT PLANT										
57109	ATMOSPHERIC TANK										
		Con	tact Inform	ation							
Name		0	rganization						Job Title		
Mr. Jeff M	cCullough		obal Partners, L)		E	nv. Proje	ect N	lanager		
	dress Line One	Mailing Addres					City		State	Zip Co	ode
P.O. Box 54		800 South Stree			Wa	ltham			MA	0245	
NOTE: This in	formation has been provided to help			s maintain c	ompliance v	with drin	king wate	er qua	lity monitor	ing require	ements.

				0			F			-	
PWS ID	PWS Name						Classifi	cation	Population	Owner Type	Primary Source
CT1259134	607 CORNWALL	BRIDGE ROA	٩D		NC		С	35	Р	GW	
Local Address (w	here applicable)			Service		Resident	ial Co	mmercia	al Industri	al Combin	ed Agricultural
				Connect	ions			1			
Towns Served: SH	HARON										l
Business Phone	e Extension	Fax	M	obile Phone	Em	nergency	Phone	Email A	ddress		
781-250-7369								jeff.mc	cullough@g	lobalp.com	
Contact Role(s):	Legal Contact										
Name				Organizatio	n					Job Tit	e
Mr. Jack Cerra				Atlas Techn	ical Co	onsultant	S		Sr Enviror	mental Tec	
Mailing Address I	Line One		Mailing Add	ress Line Two)				City	State	Zip Code
290 Roberts Stre	et		Suite 301					East Ha	rtford	СТ	06108
Business Phone	e Extension	Fax	М	obile Phone	Em	nergency	Phone	Email A	ddress	i	
860-614-1983								jack.ce	rra@gmail.c	om	
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

	Connecticut De	partment of uality Monit					U			ection	
			or mg and	u Coll							
PWS ID CT1259143	PWS Name SHARON COUNTRY CLUI	>			Clas	ssificatio NC	on Pop	120	Ow	P	mary Source GW
			Service	Resident	Hal		orcial	Industria		-	
2 GOLF DR	ess (where applicable)		Connections	Resident	lidi	Comme	ercial	muustii	dI	Combined 2	Agricultural
	ved: SHARON									2	
TOWINS SEL		N/amit	oring Door		-						
Water Sys	stem Facility: DISTRIBUTIO		oring Requ D: 00600)	ireme	nts	_	_	_	_	_	_
Total Col	iform (3100)							1	. rou	utine (RT) p	er guarter
	ling Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe			ince Status
Select	t from Inventory of Active Sam	oling Points		10/1/23 -	12/3	31/23				Cor	nplete
				1/1/24 -	3/3	1/24				Cor	nplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Physical	Parameters (PPS)							1	. rou	utine (RT) p	er quarter
Samp	ling Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction Pe	riod	Complia	ince Status
Select	t from Inventory of Active Sam	oling Points		10/1/23 -	12/3	31/23				Cor	nplete
				1/1/24 -	3/3	1/24				Cor	nplete
				4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Water Sys	stem Facility: ENTRY POIN	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)								1	routine (R	T) per year
	ling Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod	Complia	ince Status
ENTR	Y POINT (3)			1/1/23 - 1						Cor	nplete
				1/1/24 -							
				1/1/25 - 1	12/3	31/25					
		Other C	ompliance	Sched	ule	es					
Complianc	e Schedule Activity			L	Due	Date		Achie	ved	Date	
CROSS CON	NNECTION SURVEY REPORT				3/1/	2024					
	Wate	r System Facili	itv and Sar	npling	Ро	int In	vent	orv			
Water							Total	-	and		
	Water System Facility	Sampling Point	Sampling Poi	nt			Colifori				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	А					
		SCC001	KITCHEN HAN	ID SINK		А	Y				
		SCC002	DISHWASHER	SINK 1		А	Y				
		SCC003	DISHWASHER	SINK 2		Α	Y				
		SCC004	CHEF SINK			А	Y				
		SCC005	MEN'S ROOM			А	Y				
		SCC006	WOMEN'S RC	OM SINK		A	Y				
		SCC007	BAR SINK			Α	Y				
		UPSTREAM	WITHIN 5 SER		J	Α					
	ENTRY POINT	3	ENTRY POINT			Α					
61120	WELL 1	2	WELL 1			А					
61179	TREATMENT PLANT										

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source SHARON COUNTRY CLUB Ρ CT1259143 NC 120 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 2 GOLF DRIVE 2 Towns Served: SHARON **Contact Information** Organization Name Job Title Ms. Dawn Shepard Sharon Country Club Office Manager Mailing Address Line One Mailing Address Line Two State Zip Code City 2 Golf Drive 06069 Sharon CT **Business Phone Mobile Phone Emergency Phone** Email Address Extension Fax 860-364-0298 officemanager@sharonclub.com Contact Role(s): Administrative Contact Name Organization Job Title Ms. Jennifer Dillon Sharon Country Club Owner Mailing Address Line One Mailing Address Line Two Zip Code City State 2 Golf Drive Sharon CT 06069 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): Legal Contact, Owner Please note the following:

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

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

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

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

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

	Connecticut Department		Ŭ	ection
	Water Quality Mo	nitoring and Compliar		
PWS ID	PWS Name	Classific	cation Population Ow	ner Type Primary Source
СТ1259144	2 ROUTE 7 BAKERY	NC		P GW
Local Address (where applicable)		nmercial Industrial	Combined Agricultura
2 ROUTE 7 (SHA	ARON, CT)	Connections		1
Towns Served:	SHARON			
	Мо	nitoring Requirements		
	Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)		
Total Coliforn	• •			utine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Perio		Compliance Status
	m Inventory of Active Sampling Points	10/1/23 - 11/30/2		Complete
Total Coliforn	• •			outine (RT) per month
	Point (Sampling Point ID)	Monitoring Perio		Compliance Status
Select fror	m Inventory of Active Sampling Points	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		
Total Californ	- (2100)	10/1/24 - 10/31/2		anast (DD) new newiod
Total Coliforn	Point (Sampling Point ID)	Monitoring Perio		epeat (RP) per period Compliance Status
	n Inventory of Active Sampling Points	11/18/23 - 11/23/		Complete
Select II OI	in inventory of Active Sampling Points	12/8/23 - 12/13/2		Complete
Total Coliforr	n (3100)	12/0/25 - 12/13/2		outine (TR) per month
	Point (Sampling Point ID)	Monitoring Perio	• •	
	n Inventory of Active Sampling Points	12/1/23 - 12/31/2		Complete
		1/1/24 - 1/31/24		Complete
Physical Para	meters (PPS)	_,_,, _, _, _, _, _, _, _, _, _, _, _, _,		utine (RT) per quarter
-	Point (Sampling Point ID)	Monitoring Perio		Compliance Status
	n Inventory of Active Sampling Points	10/1/23 - 12/31/2		Complete
	meters (PPS)		1 ro	outine (RT) per month
•	Point (Sampling Point ID)	Monitoring Perio		Compliance Status
Select fror	n Inventory of Active Sampling Points	2/1/24 - 2/29/24	4	Complete
		3/1/24 - 3/31/24	4	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	1	
		8/1/24 - 8/31/24	1	
		9/1/24 - 9/30/24	1	
		10/1/24 - 10/31/2	24	
Water System	Facility: ENTRY POINT (WSF ID: 007	700)		
Nitrate And N	Nitrite (NOX)		1	routine (RT) per year
Sampling	Point (Sampling Point ID)	Monitoring Perio	d Collection Period	Compliance Status
ENTRY PO	INT (3)	1/1/23 - 12/31/2	3	Complete

	Connec	ticut Depa	artment of	f Public	Health	Drir	nking	Water	Sec	tion	
	V	Vater Qua	lity Monit	oring ar	nd Com	plia	nce So	chedul	e		
PWS ID	PWS Name	č								r Type P	rimary Source
CT1259144	2 ROUTE 7 E	BAKERY					IC	28		P	GW
Local Addre	ess (where applica	ble)		Service	Resident	ial Co	mmercial	Industri	al C	ombined	Agricultural
2 ROUTE 7	(SHARON, CT)			Connections						1	
Towns Serv	ed: SHARON							1			
			Monit	oring Req	uiremer	nts					
Water Syst	tem Facility: EN	NTRY POINT ()	NSF ID: 00700)								
Nitrate A	nd Nitrite (NOX)							1 rc	outine (F	T) per year
Sampl	ing Point (Sampli	ng Point ID)			Monitorin	ng Peri	od Col	lection Pe	riod	Compli	ance Status
					1/1/24 - 1	12/31/2	24			Co	mplete
					1/1/25 - 1	12/31/2	25				
Water Syst	tem Facility: 🛛 🛛	ELL (WSF ID:	62278)								
E. Coli (3	014)							1	trigge	red (TG)	per period
Sampl	ing Point (Sampli	ng Point ID)			Monitorin	n <mark>g Peri</mark>	od Col	lection Pe	riod	Compli	ance Status
WELL	(2)		11/17/23 - 11/23/23							Co	mplete
				12/7/23 - 12/13/23 Complete							mplete
			Other C	omplianc	e Sched	ules					
Compliance	Schedule Activity	V			Ľ	Due Da	te	Achie	ved Do	ate	
SAMPLING	SITE PLAN				1	/5/202	24				
		Water S	ystem Facil	ity and Sa	mpling	Poin	t Inven	tory			
Water							Tote				
	Water System Fac	cility	Sampling Point		oint		Colifo				Stage
Facility ID			ID	Description			ntus Rul	e Rule	Tier A	Asbestos	WQP 2 DBPR
00600 1	DISTRIBUTION SYS	TEM	4				A Y				
			DOWNSTREAM				A				
00700			UPSTREAM	WITHIN 5 SE			A				
			3	ENTRY POIN	1		A				
62278	WELL		2	WELL			A				
				tact Info	rmation						
Name			0	rganization					J	lob Title	
Mr. Daniel	Kramp			ys, LLC			-1			,	
	ress Line One		Mailing Addres	s Line Two				City		State	Zip Code
2 Route 7							Sharon			СТ	06069
Business	Phone Extensi	on Fax	Mobi	ile Phone	Emergency	Phone					
							bluegate	farmct@g	mail.co	om	
	e(s): Administra	tive Contact, Le	gal Contact								
Please note	e 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