# 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
CT1330062	AMGRAPH PACKAGING, INC.				NTNC	125	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
90 VERSAILLES R	OAD	Connections	1					

SO VERO/ WELES NO/ IS	-		
Towns Served: SPRAGUE			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WT WASH SINK (18WWAT)	1/1/23 - 12/31/23	9/1-9/30	Complete
	1/1/24 - 12/31/24	9/1-9/30	
	1/1/25 - 12/31/25	9/1-9/30	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
PLATE ROOM SINK (10PR)	1/1/23 - 12/31/23	9/1-9/30	Complete
	1/1/24 - 12/31/24	9/1-9/30	
	1/1/25 - 12/31/25	9/1-9/30	
Total Coliform (3100)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Total Coliform (3100)		1 rou	itine (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
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24	<del>-</del>	<u> </u>
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		·
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rou	itine (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	<del>_</del>	Complete

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	nnecticut Departme	nt of Public H	lealth	Drin	ıking	, Water	Se	ction	
	Water Quality M	lonitoring and	d Con	nplia	nce S	Schedul	le		
PWS ID PW	S Name			Classifi	cation	Population	Owr	ner Type Pr	imary Source
CT1330062 AM	GRAPH PACKAGING, INC.			NT	NC	125		Р	GW
Local Address (where	e applicable)	Service	Residen	tial Co	mmerci	al Industri	ial	Combined	Agricultura
90 versailles road	)	Connections	1						
Towns Served: SPRA	GUE								
	N	<b>Nonitoring Requ</b>	ireme	nts					
Water System Faci	lity: ENTRY POINT (WSF ID: 0	00700)							
<b>Inorganic Chemica</b>	als (IOCS)					1 ro	utine		hree years
Sampling Point	(Sampling Point ID)		Monitori	ing Perio	od C	ollection Pe	riod	Complic	ance Status
ENTRY POINT (3	3)		1/1/23 -	12/31/2	25				
			1/1/26 -	12/31/2	28				
<b>Nitrate And Nitrit</b>	e (NOX)						1	routine (R	T) per year
Sampling Point	(Sampling Point ID)		Monitori	ing Perio	od C	ollection Pe	riod	Complic	ance Status
ENTRY POINT (3	3)		1/1/23 -	12/31/2	23			Cor	mplete
			1/1/24 -	12/31/2	24				
			1/1/25 -	12/31/2	25				
Pesticides, Herbic	ides and PCBs-Phase II (SOC2)					1 ro	utine	e (RT) per t	hree years
Sampling Point	(Sampling Point ID)		Monitori	ing Perio	od C	ollection Pe	riod	Complia	ance Status
ENTRY POINT (3	3)		1/1/23 -						
			1/1/26 -	12/31/2	28				
Pesticides, Herbic	ides and PCBs-Phase V (SOC5)	)				1 ro	utine	e (RT) per t	hree years
Sampling Point	(Sampling Point ID)		Monitori	ing Perio	od C	ollection Pe	riod	Complic	ance Status
ENTRY POINT (3	3)		1/1/23 -	12/31/2	25				
			1/1/26 -	12/31/2	28				
<b>Organic Chemical</b>	s (VOCS)						1	routine (R	T) per year
Sampling Point	(Sampling Point ID)		Monitori	ing Perio	od C	ollection Pe	riod	Complic	ance Status
ENTRY POINT (3	3)		1/1/23 -					Cor	mplete
			1/1/24 -						
			1/1/25 -	12/31/2	25				
	<b>Monthly Water System</b>	Facility (WSF) L	.evel N	/lonit	oring	Require	me	nts	
Water System Faci	lity: ENTRY POINT (WSFID: 00	0700)							
Analyte	<b>Monitoring Requirement</b>	(Summary Type)	Ope	rating L	imit			Samples Re	q/Month
Chlorine	Entry Point RDC (EPRD)		Min	imum: (	0.55 M	6/L		Dai	ly
Start Date: 9/1/	2021	Complia	nce Histo	ory:	Op	erating Lim	it	Monitori	ing
		Monitor	ing Perio	d	Co	mpliance St	atus	Complia	nce Status:
		11/1/20				Υ			
		12/1/20				Υ			
		1/1/202				Υ			
		2/1/202							
		3/1/202							
	Otl	her Compliance	Sched	lules					
Compliance Schedul	<u> </u>			Due Dat		Achie	eved	Date	
SUBMIT LEAD SERVI	CE LINE INVENTORY		1	0/16/20	)24				

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.

COMPLETE INITIAL LSL INVENTORY
CROSS CONNECTION SURVEY REPORT

10/16/2024

3/1/2025

## 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
CT1330062	AMGRAPH PACKAGING, INC.				NTNC	125	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
90 VERSAILLES	ROAD	Connections	1					

Towns Served: SPRAGUE

	V	Vater System Facili	ity and Sampling P	oint Ir	ventor	у		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	10PR	PLATE ROOM SINK	Α	Υ	N		Υ
		11CSIE	CSIE SINK	Α	Υ	3		
		12LDROM	LADIES ROOM SINK	Α	Υ	N		
		13MNRM	MENS ROOM SINK	Α	Υ	N		
		14WSLT	SLIT WASH UP SINK	Α	Υ	N		
		15CEO	CEO OFFICE SINK	Α	Υ	3		
		16WBRK	BREAK ROOM	Α	Υ	3		
		17WENT	ENTRANCE WASH SINK	Α	Υ	3		
		18WWAT	WT WASH SINK	Α	Υ	3		Υ
		19WOFF	OFFSET WASH SINK	Α	Υ	3		
		1-LDRM	LADIES ROOM SINK FLG	Α	Υ	3		
		20WELE	ELEC SHOP SINK	Α	Υ	3		
		21WM80	WM80 SINK	Α	Υ	3		
		2-KIT	KITCHEN SINK	Α	Υ	3		
		3-LDRM	LADIES ROOM SINK FLG	Α	Υ	3		
		4	DISTRIBUTION SYSTEM	Α	Υ			
		4-LKRM	LOCKER ROOM FLAG	Α	Υ			
		4-LOCKERRM	LOCKER ROOM	Α	Υ	3		
		5-MENSROOM	MENS ROOM FLAG	Α	Υ	3		Υ
		5-MNRM	MENS ROOM	Α	Υ	3	Υ	
		6FA	FIRST AID ROOM	Α	Υ	3		
		6LAB	LAB SINK	Α	Υ	N	Υ	
		7FAR	FIRST AID ROOM	Α	Υ	3		
		8MNRM	MENS ROOM SINK	Α	Υ	3	Υ	
		9LDRM	LADIES ROOM SINK	Α	Υ	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
61160	TREATMENT PLANT							
62639	WELL 4	2	WELL 4	Α				

### **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 61160)

EATMENT PLANT		Certification
Operator Type	Certification(s)	Expiration
CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2024
	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
	CHIEF OPERATOR	Operator Type Certification(s)  CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS III  ASSIGNED OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I

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

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT1330062	AMGRAPH PACKAGING, INC.				NTNC	125	Р	GW	
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
90 VERSAILLES R	Connections	1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: SPRAGUE

			Cert	ified Operat	or Information	ı		
Water System Fac	cility: TREAT	MENT PLA	NT (WS	F ID: 61160)				
Facility Classification	n: CLASS 2 TR	EATMENT PI	_ANT					Certification
Operator Name			Opera	tor Type	Certification(s)			Expiration
NIGRO, DAVID			ASSIGNE	D OPERATOR	WATER TREATMEN	T PLANT OPERATOR -	CLASS I	3/31/2025
				Contact Inf	formation			
Name				Organizatio	า		Job Title	
Mr. Kenneth Fonta	ine			Amgraph Pa	ckaging, Inc.	President		
Mailing Address Lin	e One		Mailing	Address Line Two		City	State	Zip Code
90 Papermill Road						Baltic	СТ	06330
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-822-2031		860-822-9	9941		860-961-3585	kafontai@amgraph.c	om	
Contact Role(s): Le	gal Contact, C	)wner						
Name				Organizatio	า		Job Title	
Ms. Pamela Thibea	ult			Amgraph Pa	ckaging, Inc.	Maint & Rel	i Manager	
Mailing Address Lin	e One		Mailing	Address Line Two		City	State	Zip Code
90 Papermill Rd						Baltic	СТ	06330
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-822-2043		860-822-6	6458		860-822-2000	pamela.thibeault@ai	mgraph.com	1
Contact Role(s): A	dministrative	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 Water Quality Monitoring and Con	_		LIUII	
	1	 		-

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT1331033 MOHEGAN SUN CC PAUTIPAUG - CLUBHOUSE					NTNC	40	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combin	ed Agricultural
7 DOWS LANE		Connections			3			

Towns Served: SPRAGUE			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: CLUB HOUSE TREATMENT PLANT (WS	SF ID: 53250)		
Arsenic (1005)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
CLUBHOUSE TP ENTRY POINT (MSCC011)	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
CLUBHOUSE TP ENTRY POINT (MSCC011)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
CLUBHOUSE TP ENTRY POINT (MSCC011)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
CLUBHOUSE TP ENTRY POINT (MSCC011)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28	_	_
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status

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 Departme				ction
	Water Quality M	Ionitoring an	d Compliance	e Schedule	
PWS ID	PWS Name		Classification	on Population Own	er Type Primary Source
CT1331033	MOHEGAN SUN CC PAUTIPAUG - CLU	JBHOUSE	NTNC	40	P GW
Local Address	(where applicable)	Service	Residential Comme	ercial Industrial (	Combined Agricultural
7 DOWS LANE		Connections	3		
Towns Served	: SPRAGUE				·
		Monitoring Requ			
	m Facility: CLUB HOUSE TREATMEN	IT PLANT (WSF ID:	53250)		
_	emicals (VOCS)				tine (RT) per quarter
	g Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
CLUBHO	USE TP ENTRY POINT (MSCC011)		10/1/23 - 12/31/23		Complete
			4/1/24 - 6/30/24		
			7/1/24 - 9/30/24		
Water Syste	m Facility: MAINTENANCE BARN T	REATMENT PLANT	(WSF ID: 53251)		
Arsenic (10	•			1 rout	tine (RT) per quarter
	g Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
MAINTE	NANCE TP EP (MSCC012)		10/1/23 - 12/31/23		Complete
			4/1/24 - 6/30/24		
			7/1/24 - 9/30/24		
Di(2-Ethylhe	exyl) - Phthalate (2039)			1 rout	tine (RT) per quarter
Sampling	g Point (Sampling Point ID)		Monitoring Period	<b>Collection Period</b>	Compliance Status
MAINTE	NANCE TP EP (MSCC012)		10/1/23 - 12/31/23		Complete
			1/1/24 - 3/31/24		Complete
			4/1/24 - 6/30/24		
			7/1/24 - 9/30/24		
Inorganic Cl	nemicals (IOCS)			1 routine	(RT) per three years
Sampling	g Point (Sampling Point ID)		<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
MAINTE	NANCE TP EP (MSCC012)		1/1/23 - 12/31/25		Complete
			1/1/26 - 12/31/28		
Nitrate And	Nitrite (NOX)			1 r	outine (RT) per year
Sampling	g Point (Sampling Point ID)		Monitoring Period	<b>Collection Period</b>	Compliance Status
MAINTE	NANCE TP EP (MSCC012)		1/1/23 - 12/31/23		Complete
			1/1/24 - 12/31/24		
			1/1/25 - 12/31/25		
Pesticides, I	Herbicides and PCBs - Phase II & V(	SOCS)		1 routine	(RT) per three years
	g Point (Sampling Point ID)		Monitoring Period	<b>Collection Period</b>	Compliance Status
MAINTE	NANCE TP EP (MSCC012)		1/1/23 - 12/31/25		
			1/1/26 - 12/31/28		
Organic Che	emicals (VOCS)		·	1 rout	tine (RT) per quarter
_	g Point (Sampling Point ID)		Monitoring Period	<b>Collection Period</b>	Compliance Status
	NANCE TP EP (MSCC012)		10/1/23 - 12/31/23		Complete
	•		4/1/24 - 6/30/24		<u> </u>
			7/1/24 - 9/30/24		
	Ot	her Compliance			
	Ot Ot	ner compliance	. Jeneuales		

SEASONAL START UP COMPLETION

4/1/2024

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

**Compliance Schedule Activity** 

CROSS CONNECTION SURVEY REPORT

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

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**Due Date** 

3/1/2024

**Achieved Date** 

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

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1331033 MOHEGAN SUN CC PAUTIPAUG - CLUBHOUSE					NTNC	40	Р	GW
Local Address (v	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural	
7 DOWS LANE		Connections			3			

Towns Served: SPRAGUE

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						

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		Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MSCC 004X	CLUB KITCHEN #1	1	Υ	2	Υ		
		MSCC 007X	MENS ROOM SINK DS	1	Υ	2			
		MSCC 008X	MENS ROOM SINK US	1	Υ	2			
		MSCC 009X	MAIN BLDG SINK #1	1	Υ	2			
		MSCC001	MSCC 001	1	Υ				
		MSCC002	MSCC 002	1	Υ				
		MSCC003	MSCC 003	1	Υ				
		MSCC004	CLUB KITCHEN #1	Α	Υ	2	Υ		
		MSCC005	CLUB KITCHEN #2	Α	Υ	2			
		MSCC006	CLUBHOUSE BAR	Α	Υ	2			
		MSCC007	CLUB MENS D-STAIRS	Α	Υ	2			
		MSCC008	CLUB MENS U-STAIRS	Α	Υ	2			
		MSCC009	MAINT SINK #1	Α	Υ	2			
		MSCC010	TRIPLE T KITCHEN SIN	Α	Υ	2			
		MSCC011	GENERATED BY BATCH	Α	Υ				
		MSCC012	GENERATED BY BATCH	Α	Υ				
		MSCC015	TRIPLE T MENS ROOM	Α		2			
		MSCC016	TRIPLE T WOMENS ROOM	Α	Υ	2			
		MSCC017	TRIPLE T KITCHEN SIN	Α	Υ	2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
53250	CLUB HOUSE TREATMENT PLANT	MSCC002	EP - CLUB HOUSE TP	1					
		MSCC011	CLUBHOUSE TP ENTRY P	Α					
53251	MAINTENANCE BARN TREATMENT PLANT	MSCC003	EP - MAINT BARN TP	I					
		MSCC012	MAINTENANCE TP EP	Α					
58758	WELL 14	MSCC014	WELL 14	Α					
58760	WELL 7	MSCC013	WELL 7	Α					
61687	ATMOSPHERIC STORAGE TANKS (5)								

### **Certified Operator Information**

	Connecticut Depart	incirc of I ublic I	Carti	עו.	בווואווון ו	5 vvater	occuon	
	Water Qualit	y Monitoring and	d Con	npl	liance S	Schedul	le	
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT1331033 MOHEGAN SUN CC PAUTIPAUG - CLUBHOUSE					NTNC	40	Р	GW
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
7 DOWS LANE		Connections			3			
- 6 1	CDD 4 CLUE	·						

Connecticut Department of Public Health Drinking Water Section

Towns Served: SPRAGUE

			Certi	ified Operat	or Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM (	WSF ID: 00600)					
Facility Classification	n: SMALL WA	TER SYSTEM							Certification
Operator Name			Operat	or Type	ype Certification(s)				Expiration
CLARK, CHRIS C.		(	CHIEF OP	PERATOR	DISTRIBUTION SYST	ГЕМ ОРЕІ	RATOR - CLAS	SS I	6/30/2024
				Contact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Chris C. Clark				Mohegan Ut	ility Authority		Operations	Mng	
Mailing Address Lin	e One		Mailing <i>A</i>	Address Line Two			City	State	Zip Code
3 Crow Hill Road						Uncasvil	le	СТ	06382
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-862-6280		860-862-6	-6367 860-204-4008			cclark@moheganmail.com			
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	
Ms. Marcia Seligma	n			Mohegan Su	n				
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
1 Mohegan Sun Blv	d					Uncasvil	le	СТ	06382
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-862-7108					860-862-7108				
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Mr. Raymond Pinea	ault			Mohegan Go	olf, LLC		Owner		
Mailing Address Lin	e One		Mailing <i>A</i>	Address Line Two			City	State	Zip Code
One Mohegan Sun I	Boulevard					Uncasvil	le	СТ	06382
Business Phone Extension Fax M		Mobile Phone	Emergency Phone Email Address						
860-862-6339 860-862-3100				860-961-2263	rpineault@moheganmail.com				
Contact Role(s): O	wner								

#### 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