	Connecticut Departmen	t of Public H	Iealth	Dr	rinkir	ng V	Nater S	Section	
	Water Quality Mo					_			
PWS ID	PWS Name	222002233	0. 0011	_		_			Primary Source
CT1410044	KOINONIA SCHOOL OF SPORTS				NC		40	P	GW
Local Address	(where applicable)	Service	Residen	itial	Comme	rcial	Industrial	Combine	d Agricultura
240 COUNTY I	HOME ROAD	Connections			22				
Towns Served	: THOMPSON	-							1
	Me	onitoring Requ	uireme	nts					
Water Systei	m Facility: DISTRIBUTION SYSTEM (\	WSF ID: 00600)							
Total Colifo	rm (3100)	·					1 r	outine (RT) per quarter
	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Perio	_	oliance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23			(Complete
			1/1/24 -	- 3/3	1/24			(Complete
			4/1/24 -	- 6/3	0/24				
			7/1/24 -	- 9/3	0/24				
Physical Par	ameters (PPS)						1 r	outine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Perio	d Comp	oliance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/3	31/23			(Complete
			1/1/24 -	- 3/3	1/24			(Complete
			4/1/24 -		-				
			7/1/24 -	- 9/3	0/24				
Water Systei	m Facility: ENTRY POINT (WSF ID: 00	700)							
	Nitrite (NOX)								(RT) per year
	Point (Sampling Point ID)		Monitori			Coll	ection Perio		oliance Status
ENTRY P	DINT (3)		1/1/23 -						Complete
			1/1/24 -						Complete
	5 111 MELL 114 (MAGELE 20040)		1/1/25 -	12/3	31/25				
•	m Facility: WELL #1 (WSF ID: 22312)								_, .
E. Coli (301						6 11			Γ) per month
	Point (Sampling Point ID)		Monitori			Coll	ection Perio		oliance Status
WELL (2)			11/1/23 -						Complete
			12/1/23 -						Complete
			1/1/24 -		-				Complete
			2/1/24 - 3/1/24 -						Complete Complete
			4/1/24 -					•	Joinpiete
			5/1/24 -			-		<u> </u>	
			6/1/24 -		-				
			0/1/24-	0/3					

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
CROSS CONNECTION SURVEY REPORT	3/1/2012									
CROSS CONNECTION SURVEY REPORT	3/1/2013									
CROSS CONNECTION SURVEY REPORT	3/1/2014									
CROSS CONNECTION SURVEY REPORT	3/1/2015									

7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24

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.

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

PWS ID	PWS Name			Classificati	n Po	pulation	Owner Type	Primary Source
CT1410044	KOINONIA SCHOOL OF SPORTS			NC		40	Р	GW
Local Address	where applicable)	Service	Resider	ntial Comm	ercial	Industria	al Combine	ed Agricultural
240 COUNTY H	OME ROAD	Connections		22				

Towns Served: THOMPSON

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2016								
RESPOND TO SANITARY SURVEY	1/27/2017								
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								
RESPOND TO SANITARY SURVEY	9/12/2021								
CROSS CONNECTION SURVEY REPORT	3/1/2022								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli M&R Violation	10/1/23 - 10/31/23	3	1/8/2025		1/18/2025	

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage ! 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				
22312	WFII #1	2	WFII	Α				

					<u> </u>	-				
				Contact Info	ormation					
Name Organization						Job Title				
Mr. Donald Brown				Thompson Associates						
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code	
240 County Home R	Road		P.O. Bo	x 321		Thompso	on	СТ	06277	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Email Address			
860-928-6420		860-928-0	0460		860-928-1606	koinonia	ia.school@att.net			

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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	epartmen	nt of Public H	ealth I	Orinkin	ig Wate	er S	ection			
	Water 0	uality Mo	onitoring and	d Comr	oliance	Schedi	ule				
PWS ID	PWS Name							wner Type Pi	er Type Primary Source		
CT1410054	773 QUINEBAUG ROAD				NC	37		Р	GW		
Local Address (v	where applicable)		Service	Residentia	l Comme	rcial Indus	trial	Combined	Agricultura		
773 QUINEBAUG	* * * * * * * * * * * * * * * * * * * *		Connections					3			
Towns Served: T	ГНОМРЅОМ										
		M	onitoring Requ	irement	ts						
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600)								
Total Coliform	n (3100)						1 rc	outine (RT)	per quarter		
Sampling F	Point (Sampling Point ID)			Monitoring	Period	Collection I	Perio	d Compli	ance Status		
Select from	n Inventory of Active Sam	pling Points	-	10/1/23 - 12	2/31/23			Со	mplete		
				1/1/24 - 3,	/31/24			Co	mplete		
				4/1/24 - 6,	/30/24						
				7/1/24 - 9,	/30/24						
Physical Para	meters (PPS)						1 rc	outine (RT)	per quarter		
Sampling F	Point (Sampling Point ID)		I	Monitoring	Period	Collection I	Perio	d Compli	ance Status		
Select from	n Inventory of Active Sam	pling Points	<u>-</u>	10/1/23 - 12	2/31/23			Со	mplete		
				1/1/24 - 3,	/31/24			Со	mplete		
				4/1/24 - 6,	/30/24						
				7/1/24 - 9,	/30/24						
Water System	Facility: ENTRY POIN	T (WSF ID: 00	0700)								
Nitrate And N	• •							1 routine (R	T) per year		
	Point (Sampling Point ID)			Monitoring		Collection I	Perio		ance Status		
ENTRY POI	NT (3)			1/1/23 - 12				Со	mplete		
				1/1/24 - 12	/31/24						
				1/1/25 - 12	./31/25						
		Public	Notification R	equiren	nents						
_			Compliance	Notice	<u>Public</u>	Notification	<u>1</u>	PN Cert	<u>ification</u>		
Violation/Situat			Period	Tier	Require		ned	Due to DPH	Received		
Total Coliform N			10/1/15 - 12/31/15	2	5/5/201			5/5/2016			
Physical Parame	eters M&R Violation		10/1/15 - 12/31/15	3	4/5/201	7		4/5/2017			
	Wate	er System F	acility and San	npling P	oint Inv	entory					
Water							ad an				
,	er System Facility		Point Sampling Point	nt		-	oppei		Stage		
Facility ID	DIDLITION CYCTT	ID	Description		Status		iie Tie	er Asbestos	WQP 2 DBP		
00600 DISTE	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y					
		4-1	Kitchen Hand	SINK	A	Y					
i		4-2	Kitchen Sink		Α	Υ					

Women s Restroom Sin

WITHIN 5 SERVICE CON

Men s Restroom Sink

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

ENTRY POINT

Α

Α

Α

Α

Α

Α

Υ

Υ

4-3

4-4

UPSTREAM

3

2

00700 ENTRY POINT

22313 WELL

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 S

PVV3 ID	PWS Name			Classification	Populati	יטן ווכ	wher Type	Primary Source
CT1410054	773 QUINEBAUG ROAD			NC	37		Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commer	cial Indus	trial	Combine	ed Agricultur
773 OUINEBAUG	G ROAD	Connections					3	

Towns Served: THOMPSON

DIA/C ID

			C	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Neil Patel				Quinebaug P	Quinebaug Plaza LLC Ow				
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code
773 Quinebaug Roa	d		P.O. Box 307	1		Thomps	on	СТ	06262
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
978-430-7290						neilmpa	tel@yahoo.d	com	

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

Please note the following:

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

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

End of schedule

	Connecticut Department of Public Health Drinking water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	S ID PWS Name Classification Population Owner Type Primar										
CT1410084	QUADDICK POND S.P./PARK WELL				NC	83	S		GW		
Local Address	Local Address (where applicable) Se				Commercia	l Industri	al Combir	ned	Agricultural		
QUADDICK TO	QUADDICK TOWN FARM ROAD										

A CD blad Hall Datel to March Court

Towns Served: THOMPSON

Compliance Schedule Activity

22315

WELL

SEASONAL START UP COMPLETION

Towns Served: THUMPSON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
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	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		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete
	1/1/24 - 12/31/24	4/1-9/30	
	1/1/25 - 12/31/25	4/1-9/30	
Other Comp	oliance Schedules		

Due Date	Achieved Date

Α

Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point System Water System Facility **Coliform** Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 101 00600 DISTRIBUTION SYSTEM **EXTERIOR FAUCET** Υ 102 **WOMEN'S BATHROOM** Υ Α 103 MEN'S BATHROOM Α Υ 4 **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α

Contact Information										
Name Organization Job Title										
Mr. David Cooley				Deep-Engine	ering Unit	Supv Civil Engineer				
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City	State	Zip Code		
163 Great Hill Road						Portland		СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
000 242 2245		000 044	25.60	000 000 7000	000 424 2222					

WELL

2

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	Connecticut I	Jepartmen	t of Public H	ealth	. Di	rinking	g Water	Section	
	Water	Quality Mo	onitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name		Classification Population Owr			Owner Type	Primary Source		
CT1410084	QUADDICK POND S.P.	/PARK WELL			NC		83	S	GW
Local Address (v	where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
QUADDICK TOV	VN FARM ROAD		Connections	4					
Towns Served:	THOMPSON							,	
860-342-221	.5 86	0-344-2560	860-205-7552	860-424-	-333.	3 aavia.c	cooley@ct.g	OV	
Contact Role(s)	· Administrative Conta	act Legal Contact	Owner				·	·	·

. . . CD | lalta | Haalda | Datalita | Mara a Ca

Please note the following:

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

End of schedule

	Connecticut Dep	artment of	Public H	lealth	Dri	nki	ng W	/ater	Se	ction	
	*	ality Monit									
PWS ID	PWS Name	carey Prome	oring and	<u>u don</u>	Classi					er Type	Primary Source
CT1410114	QUINNATISSET COUNTRY	CLUB				NC		25		Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial C	omm	ercial	Industria	al	Combine	d Agricultura
221 COUNTRY H			Connections			1					
Towns Served: T	THOMPSON										
		Monito	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliform	n (3100)							1	rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng Per	riod	Colle	ction Per			liance Status
Select from	Inventory of Active Sampli	ng Points		10/1/23 -	12/31	L/23				C	omplete
	, ,			1/1/24 -							
				4/1/24 -							
				7/1/24 -							
Physical Parai	meters (PPS)			7, -, - :	3,00,			1	rou	tine (RT)	per quarter
_	Point (Sampling Point ID)			Monitori	na Per	riod	Colle	- ction Pei			liance Status
	Inventory of Active Sampli	ng Points		10/1/23 -			00		100		omplete
Sciect iron	i inventory of Active Sample	<u> </u>						ompiete			
				1/1/24 - 4/1/24 -							
				7/1/24 -							
Water System	Facility: ENTRY POINT	(WSF ID: 00700)		7/1/24	3,30,						
Nitrate And N	,	(11	outine (RT) per year
	Point (Sampling Point ID)			Monitori	ng Per	riod	Colle	ction Per		_	liance Status
ENTRY POI				1/1/23 -							omplete
	()			1/1/24 -		-					<u> </u>
				1/1/25 -							
		Other Co	ompliance								
Compliance Sch	edule Activity		op.ia.ioc		Due D			Achie	ved [Date	
-	TION SURVEY REPORT				3/1/20			7101110			
	TION SURVEY REPORT				3/1/20						
	TION SURVEY REPORT				3/1/20						
	TION SURVEY REPORT				3/1/20						
	TION SURVEY REPORT				3/1/20						
CROSS CONNEC		System Facili	ty and Sar				went)rv			
Water	water	System racin	ty and Sai	iipiiiig	1 011	16 11	Total		and		
	er System Facility	Sampling Point	Samplina Poi	nt			Colifori				Stage
Facility ID	,	ID	Description		C+	atus	Rule			Asbestos	WQP 2 DBP
	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				*
		DOWNSTREAM				Α	-				
		UPSTREAM	WITHIN 5 SER			Α					
00700 ENTR	Y POINT	3	ENTRY POINT			Α					
		2	WELL			A					
22318 WELI	- TMENT PLANT		***************************************			,,					

Operator Type

Water System Facility: TREATMENT PLANT (WSF ID: 55720)

Facility Classification:

Operator Name

Schedule Generation Date: 4/3/2024 Page 7

Certification(s)

Certification

Expiration

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source			
CT1410114	QUINNATISSET COUNTRY CLUB				NC 2		Р	GW		
Local Address (where applicable) Service Re					Commerci	al Industri	al Combin	ed Agricultural		
221 COUNTRY H	OME ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

TO MILLS COLLEGE MILLS									
			Cer	tified Operat	or Information				
Water System Fac	cility: TREAT	MENT PLAN	IT (W	SF ID: 55720)					
Facility Classification	n:								Certification
Operator Name			Oper	ator Type	Certification(s)				Expiration
LAFRAMBOISE, PAU	L F.	C	HIEF (OPERATOR	DISTRIBUTION SYS	ГЕМ ОРЕ	RATOR - CLA	SS I	9/30/2024
					WATER TREATMEN	T PLANT	OPERATOR	- CLASS II	9/30/2024
				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Michael Pizzett	i			Quinnatisset	Country Club		Manager		
Mailing Address Line One Mailing Address Line Tv							City	State	Zip Code
241 County Home R	load	P	O Bo	k 401		Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-928-7516		860-928-07	707		860-428-2207	QUINNN	NATISSETTPR	OSHOP@gm	ail.com
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	
Mr. Mark Brouillar	b			Quinnatisset	Country Club		Board Pres	ident	
Mailing Address Lin	e One	N	Mailing	Address Line Two			City	State	Zip Code
205 Country Home	Road					Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-928-7516		860-928-07	707						
Contact Role(s): Ac	dministrative (Contact, Lega	l Cont	act					

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

End of schedule

	C	onnectic	ut Dena	rtment c	of Public	Health	Drir	nking	Water ⁽	Section	
	C		•	lity Moni				U			
PWS ID	P'	WS Name	ter Qua.	iity 1410111	toring a	iid Coii			1		Primary Source
CT141012		HOMPSON ROL) & GUN CLU	JB			N		25	P	GW
Local Add	lress (who	ere applicable)		<u> </u>	Service	Residen		mmercial		Combine	ed Agricultural
93 BRAND					Connection	ns		1			8
Towns Se											
				Moni	toring Red	quireme	nts				
Water Sy	ystem Fa	cility: DISTR	IBUTION SY	YSTEM (WSF	ID: 00600)						
Total Co	oliform	3100)							1	routine (RT) per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Peri	od Com	oliance Status
Sele	ct from Ir	ventory of Acti	ve Sampling	Points		10/1/23 -	12/31/	23		(Complete
				1/1/24 -	3/31/2	4					
						4/1/24 -	6/30/2	4			
						7/1/24 -	9/30/2	4			
Physical	l Parame	eters (PPS)							1	routine (RT) per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Peri	od Com	oliance Status
Sele	Select from Inventory of Active Sampling Points						12/31/	'23		(Complete
						1/1/24 -	3/31/2	4			
				4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4			
Water Sy	ystem Fa	cility: ENTRY	POINT (W	VSF ID: 00700))						
Nitrate A	And Niti	ite (NOX)								1 routine	(RT) per year
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Peri	od Com	oliance Status
ENT	RY POINT	(3)				1/1/23 -	12/31/2	23		(Complete
						1/1/24 -	12/31/2	24			_
						1/1/25 -	12/31/2	25			
			Water Sy	ystem Faci	lity and S	ampling	Point	t Inven	tory		
Water								Tot	al Lead a	nd	
System		System Facility		Sampling Poin				Colife			Stage
Facility IL	ס			ID	Description	1	Sta	tus Ru	le Rule T	ier Asbesto	s WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM		4		ON SYSTEM		A Y			
				DOWNSTREAM				A			
				UPSTREAM		ERVICE CON	N /	4			
00700	ENTRY	POINT		3	ENTRY POI	VT	ŀ	4			
22319	WELL			2	WELL		ļ.	4			
				Co	ntact Info	rmation					
Name				(Organization					Job Title	9
Mr. Wilbe	er Cotnoi	r			Thompson Ro	d & Gun			President		
Mailing A	ddress Li	ne One		Mailing Addre	ss Line Two				City	State	Zip Code
110 Griffi	n St							Pascoag		RI	02859
Busines	ss Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress		

Contact Role(s): Legal Contact, Owner

	Connecticu	ıt Depa	rtment	of Public	Health	ı Dri	nking	g Watei	Section	n	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le		
PWS ID P	WS Name					Classi	fication	Population	Owner Typ	e Pr	imary Source
CT1410124 T	HOMPSON ROD	& GUN CLU	JB			1	١C	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommerci	ial Industr	ial Combi	ned	Agricultural
93 BRANDY HILL R	OAD			Connection	ns		1				
Towns Served: TH	OMPSON				'	'		1	,		
Name				Organization					Job Ti	tle	
Mr. Nick Marcoux	(Thompson Ro	d And Gun	Club					
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	9	Zip Code
93 Brandy Hill Rd							Thomp	oson	СТ		06277
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email /	Address			
860-208-6446			50	8-386-7900			Nichol	asmarcoux:	@gmail.com	1	
Contact Role(s):	Administrative C	ontact									

Contact Role(s): Administrative Contac

Please note the following:

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

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

End of schedule

	Conno	eticut Donartman	at of Dublic H	laalth l	Drinkii	ag Water 9	Section	
	Comile	cticut Departmen Water Quality Mo						
PWS ID	PWS Nam	<u> </u>	Jintornig and		4	n Population C		imary Source
CT1410194		ON HOUSE OF PIZZA			NC	25	P P	GW
Local Address (v			Service	Residenti			Combined	Agricultural
1139 RIVERSIDE		•	Connections	Residenti	1	irciai iridustriai	Combined	Agricultural
Towns Served:		<u>'</u>						
Towns serveu.			onitoring Requ	ıiremen	ts			
Water System	Facility:	DISTRIBUTION SYSTEM (\						
Total Coliforn	n (3100)					1 r	outine (RT) p	er quarter
	•	oling Point ID)		Monitoring	g Period	Collection Perio		ance Status
Select fron	n Inventory	of Active Sampling Points		10/1/23 - 1	2/31/23			mplete
	· · · · · ·			1/1/24 - 3				mplete
				4/1/24 - 6				
				7/1/24 - 9				
Physical Para	meters (P	PS)				1 r	outine (RT) p	er quarter
-	=	oling Point ID)		Monitoring	g Period	Collection Perio		ance Status
		of Active Sampling Points		10/1/23 - 1				mplete
				1/1/24 - 3	/31/24		Cor	mplete
				4/1/24 - 6				
				7/1/24 - 9	/30/24			
Water System	Facility:	ENTRY POINT (WSF ID: 00	0700)					
Nitrate And N	Nitrite (NC	OX)				1 r	outine (RT) p	er quarter
Sampling I	Point (Sam _l	oling Point ID)		Monitoring	g Period	Collection Perio	od Complic	ance Status
ENTRY POI	INT (3)			10/1/23 - 1	.2/31/23		Cor	mplete
				1/1/24 - 3	/31/24	_	Cor	mplete
				4/1/24 - 6	/30/24			
				7/1/24 - 9	/30/24			
	Mor	nthly Water System I	Facility (WSF) I	Level M	onitorir	ng Requirem	ents	
Water System	Facility: I	ENTRY POINT (WSFID: 00)	700)					
Analyte		Monitoring Requirement (S	Summary Type)	Opera	ting Limit		Samples Re	q/Month
pН		Entry Point pH Monitoring	` '		num: 7.0 P	Н	4	
Start Date:	4/1/2008		•	ince Histor	y:	Operating Limit	Monitori	•
			Monitor	ing Period		Compliance Stat	us: Complia	nce Status:
				23 - 11/30/				
				23 - 12/31/				
				4 - 1/31/20				
				4 - 2/29/20				
				4 - 3/31/20				
		Public	Notification R	equirer				
Minter for	**		Compliance	Notice	<u> </u>	Notification	PN Certi	_
Violation/Situa			Period	Tier	Require		Due to DPH	Received
Nitrate MCL Vic			1/1/06 - 3/31/06	1	3/10/20		3/20/2006	
Nitrate MCL Vic	piation		10/1/05 - 12/31/05		3/10/20		3/20/2006	
		Water System F	acility and Sar	npling F	oint In	ventory		

WaterTotalLead andSystemWater System FacilitySampling PointColiformCopperStageFacility IDIDDescriptionStatusRule Tier Asbestos WQP 2 DBPR

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification Population Owner Type Pr			Primary Source				
CT1410194	THOMPSON HOUSE OF PIZZA				NC	25	Р	GW		
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
1139 RIVERSIDE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Facility IL	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	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
22326	WELL	2	WELL	Α				
54609	TREATMENT PLANT							

			C	ontact int	ormation				
Name				Organization				Job Title	
Mr. Steve Gardner				Thompson H	ouse of Pizza		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1139 Riverside Drive	e					Thompso	on	СТ	06277
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
860-923-3018									
Contact Role(s): Ac	dministrative (Contact, Leg	al Contact, O	wner					
Name				Organization				Job Title	
Argyrioc Ddmopou	losliving Trust								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
L139 Riverside Drive	e					Thompso	on	СТ	06277
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress	-	
Contact Role(s): O	wner								

Please note the following:

Towns Served: THOMPSON

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

	Connecticut Do	epartment of	Public H	ealth	Drink	ing W	ater Se	ection	
		uality Monit							
PWS ID	PWS Name	<u> </u>	0					ner Type Pi	rimary Source
CT141020	4 THOMPSON SPEEDWAY	/ RESTAURANT			NC		25	Р	GW
Local Addı	ess (where applicable)		Service	Resident	tial Comn	nercial	Industrial	Combined	Agricultural
205 EAST	THOMPSON ROAD		Connections			1			
Towns Ser	ved: THOMPSON				<u> </u>	'	-		
		Monito	oring Requ	ireme	nts				
Water Sy	stem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID))		Monitorii	ng Period	Collec	tion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points		LO/1/23 -	12/31/23			Co	mplete
				1/1/24 -		Со	mplete		
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	:	LO/1/23 -	12/31/23			Со	mplete
				1/1/24 -				Со	mplete
				4/1/24 -					
				7/1/24 -	9/30/24				
	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
	And Nitrite (NOX)							-	RT) per year
_	oling Point (Sampling Point ID)				ng Period	Collec	tion Period		ance Status
ENTR	Y POINT (3)				12/31/23			Со	mplete
					12/31/24				
					12/31/25				
		Other C	ompliance	Sched	ules				
Compliand	ce Schedule Activity			L	Due Date		Achieved	Date	
RESPOND	TO SANITARY SURVEY			7	/25/2019				
	Wate	er System Facili	ity and Sar	npling	Point I	nvento	ory		
Water						Total	Lead and	I	
System	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			I A				
		MW001	KITCHEN SINK		Α	Υ			
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
22327	WELL	2	WELL		Α				
		Con	tact Inforr	nation					

22327 WELL			2	WELL	Į.	4			
				Contact Inf	formation				
Name				Organization	า			Job Title	
Mr. Donald Hoenig				Tri State Gol	lf Co. LLC		Owner/Pre	sident	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
125 Harrisville Road	k					Woodsto	ock	СТ	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-923-9591		860-923-9	9821		860-234-6722	dhoenig	@tristatego	lfcompany.co	m
Contact Role(s): A	dministrative	Contact, Lega	al Contact	. Owner	•				

	Lonnecticut	рера	irtment d	of Public	Health	Drii	nkıng	g Water	Section	
	Wate	r Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Sou
CT1410204	THOMPSON SPEED	WAY RES	TAURANT			N	IC	25	Р	GW
ocal Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	ial Industri	al Combine	ed Agricultu
205 EAST THOME	SON ROAD			Connectio	ns		1			
Towns Served: Th	HOMPSON				'	,		,		,
Name				Organization					Job Title	9
Raceway Golf Clu	ıb & Restaurant LLO	3								
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
205 East Thomps	on Rd						Thomp	son	СТ	06277
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Owner		'							

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

End of schedule

	C		ים ווי ביו	r - 141-	D	2.12	- TA7	-1 C		
	Connecticut D	•					_		ection	
	Water (Quality Monit	oring and	d Con	ıpl	iance	e Sche	edule		
PWS ID	PWS Name				Cla	ssificatio	n Popu	lation Ov	vner Type	Primary Source
CT1410234	VALLEY SPRINGS SPOR	TSMAN CLUB				NC	2	5	Р	GW
Local Addre	ss (where applicable)		Service	Residen	tial	Comme	ercial In	dustrial	Combine	d Agricultura
65 VALLEY F	ROAD		Connections			1				
Towns Serve	ed: THOMPSON									
		Monito	oring Requ	iireme	nts	;				
Water Syst	tem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Coli	form (3100)							1 rc	utine (RT) per quarter
	ing Point (Sampling Point ID			Monitori	ing P	Period	Collecti	on Perio	d Comp	oliance Status
Select	from Inventory of Active Sar	npling Points	:	10/1/23 -	· 12/	31/23				Complete
				1/1/24 -					(Complete
				4/1/24 -						
				7/1/24 -	9/3	0/24				
_	arameters (PPS)								=) per quarter
	ing Point (Sampling Point ID			Monitori			Collecti	ion Perio		oliance Status
Select	from Inventory of Active Sar	npling Points	:	10/1/23 -						Complete
				1/1/24 -					(Complete
				4/1/24 -						
				7/1/24 -	9/3	0/24				
*	tem Facility: ENTRY POIN	NT (WSF ID: 00700)								.
	nd Nitrite (NOX)	N		0.0 14 1	· 6	and and	C-11+			(RT) per year
	ing Point (Sampling Point ID	")		Monitori			Collecti	ion Perio		oliance Status
ENIKY	POINT (3)			1/1/23 -						Complete
				1/1/24 -			-			Complete
	101			1/1/25 -		•				
	Wat	er System Facili	ty and Sar	npling	Ро	int In	ventor	У		
Water		s !: 5 ! !	<i>c i</i> : <i>c</i> :					Lead an		
System \ Facility ID	Nater System Facility	Sampling Point ID	Description	nt			Coliform Rule	Copper		Stage s WQP 2 DBPI
	DICTRIBUTIONI CVCTEM			LCVCTEN		<u>Status</u>		Nuie He	ASDESIO	S WQF 2 DBFF
00600 L	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION			A	Υ			
		MW001	BAR SINK	VICE COI	N	A	Υ			
		MW002	BAR MENS RO	0014		Α				
						A	Y			
		MW003 MW004	BAR WOMEN: HALL MENS R			Α	Y Y			
		MW005	HALL WOMEN		ı	A A	Υ			
		UPSTREAM	WITHIN 5 SER			A	'			
00700 E	ENTRY POINT	3	ENTRY POINT	VICE COI	•	A				
22330 \		2	WELL			A A				
22330 \						^				
			tact Inform	nation						
Name	O		ganization		- 61	.1.			Job Title	2
	Grenier	Va	Illey Springs Sp	ortsman	s Clu	al	Adr	ninistrato	r	

City

North Grosvenordale

Emergency Phone Email Address

State

CT

Zip Code

06255-1822

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

65 Valley Road

Business Phone

860-923-9555

	Connecticut	Depa	irtment of	Public l	Health	Drir	iking	Water	Section	
	Water	Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT1410234	VALLEY SPRINGS SPO	ORTSMA	N CLUB			N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
55 VALLEY ROAD				Connections	S		1			
Towns Served: Th	HOMPSON					,			'	
Contact Role(s):	Administrative Con	tact								
Name			Or	ganization					Job Title	9
Valley Springs Sp	otsman Club									
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
55 Valley Rd							Thomp	son	СТ	06277
Business Phone	e Extension	Fax	Mobil	le Phone I	Emergency	Phone	Email A	Address		
Contact Role(s):	Legal Contact, Own	er	'				*			

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End of schedule

Connecticut Dep	artment of	Public He	ealth	Dr	inkii	ng W	ater	Sec	ction	
Water Qua	ality Monit	oring and	Con	npli	iance	e Sch	edule	9		
PWS ID PWS Name				Clas	sificatio	n Pop	ulation	Owne	er Type	Primary Sou
CT1410264 WEST THOMPSON LAKE CA	MPGROUND				NC		25		Р	GW
Local Address (where applicable)		Service	Residen	tial	Comme	ercial I	ndustria	I C	Combine	d Agricultu
REARDON ROAD		Connections			1					
Towns Served: THOMPSON								·		·
	Monito	oring Requi	reme	nts						
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliform (3100)							1	rout	ine (RT) per quarto
Sampling Point (Sampling Point ID)		N	1onitori	ing Po	eriod	Collec	tion Peri	iod	Comp	liance Statu
Select from Inventory of Active Samplin	ng Points	4	1/1/24 -	6/30	0/24					
		7	7/1/24 -	9/30	0/24					
Physical Parameters (PPS)							1	rout	ine (RT) per quarto
Sampling Point (Sampling Point ID)		N	1onitori	ing Po	eriod	Collec	tion Peri	iod	Comp	liance Statu
Select from Inventory of Active Samplin	ng Points	4	1/1/24 -	6/30	0/24					
		7	7/1/24 -	9/30	0/24					
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)								1 r	outine	(RT) per yea
Sampling Point (Sampling Point ID)		N	1onitori	ing Po	eriod	Collec	tion Peri	iod	Comp	liance Statu
ENTRY POINT (3)		1	/1/23 -	12/3	1/23				C	Complete
		1	/1/24 -	12/3	1/24					
		1	/1/25 -	12/3	1/25					
	Other C	ompliance S	Sched	lule	!S					
Compliance Schedule Activity			ı	Due l	Date		Achiev	ed D	ate	
SEASONAL START UP COMPLETION			5	5/15/	2024					
Water 9	System Facili	ity and Sam	pling	Poi	int In	vento	ry			
Water						Total	Lead a	ınd		
System Water System Facility	Sampling Point				(Coliform	Copp	er		Stag
Facility ID	ID	Description			Status	Rule	Rule 1	ier .	Asbesto	s WQP 2 DE
00600 DISTRIBUTION SYSTEM	4	CAMPSITE 16			Α	Υ				
	4HOST	HOST SITE #1			Α	Υ				
	4SHELT	EAST SIDE SHEL	.TER		Α	Υ				
	4SITE11	CAMPSITE 11			Α	Υ				
	4WS	WOMENS ROO	M SINK		Α	Υ				
	DOWNSTREAM	WITHIN 5 SERV	ICE CON	V	Α					
	UPSTREAM	WITHIN 5 SERV	ICE CON	N	Α					
00700 ENTRY POINT	3	ENTRY POINT			Α					
22333 WELL	2	WELL			Α					
62312 WELL 2	2	WELL 2			Α					
	Con	tact Inform	ation							
Name	0	rganization							Job Title	
Mr. Ed Greenough	U.	S. Army Corps o	f Engine	eers		Pro	oject Ma	nage	er	

Mailing Address Line One Mailing Address Line Two City State Zip Code West Thompson Lake 449 Reardon Rd CT06255 North Grosvenordale **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-923-2982 edward.p.greenough@usace.army.mil Contact Role(s): Legal Contact

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.

C	onnecticu	ıt Depa	rtment (of Public	Health	ı Drii	nking	, Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	fication	Population	Owner Type	Primary Source
CT1410264 W	EST THOMPSO	N LAKE CAN	/IPGROUND			N	1C	25	Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultural
REARDON ROAD				Connection	ns		1			
Towns Served: THO	OMPSON								<u>'</u>	1
Name				Organization					Job Titl	е
Ms. Michelle Cucc	hi			Us Army Corps	of Engine	ers		Park Rang	ger	
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
449 Reardon Road							North (Grosvenorda	ale CT	06255
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	Address		
860-923-2982							michel	le.l.cucchi@	usace.army.n	nil
Contact Role(s):	Administrative (Contact	, t	1			-			

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End of schedule

	Connecticut Dep	artment of	Public H	lealth	Dr	inki	ng V	Vater	Se	ction	
	Water Qu	ality Monit	oring and	d Com	pli	ianc	e Scł	nedul	le		
PWS ID	PWS Name				Clas	sification	on Pop	oulation	Owi	ner Type I	Primary Source
CT1410284	WHITE HORSE AT VERNON	I STILES INN				NC		25		Р	GW
Local Address (v	here applicable)		Service	Residen	tial	Comme	ercial	Industri	al	Combined	d Agricultural
351 THOMPSON	HILL ROAD (ROUTE 193)		Connections			1					
Towns Served: T	HOMPSON				,		,		,		
		Monito	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliform	(3100)							1	l rou	itine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Comp	liance Status
Select from	Inventory of Active Sampli	ng Points		10/1/23 -	12/3	31/23				С	omplete
				1/1/24 -		-				С	omplete
				4/1/24 -		-					
				7/1/24 -	9/30	0/24					
Physical Parar	• •							1	l rou		per quarter
	oint (Sampling Point ID)			Monitori			Colle	ction Pe	riod		liance Status
Select from	Inventory of Active Sampli	ng Points		10/1/23 -							omplete
				1/1/24 -						С	omplete
				4/1/24 -							
	F 111	(1.1.07.17. 00.700)		7/1/24 -	9/30)/24					
-	Facility: ENTRY POINT	(WSF ID: 00700)									_
Nitrate (1040	•					. ,	o "				per quarter
	oint (Sampling Point ID)			Monitori			Colle	ction Pe	rıoa		liance Status
ENTRY POII	N1 (3)		:	10/1/23 -							omplete
				1/1/24 -			_				omplete
				4/1/24 - 7/1/24 -							
Nitrite (1041)	1			//1/24 -	9/30	J/ Z4			1	routing (RT) per year
-	oint (Sampling Point ID)			Monitori	na Di	erind	Colle	ction Pe		=	liance Status
ENTRY POII				1/1/23 -			Cone	ction re	iiou		omplete
ENTITION	VI (3)			1/1/24 -							ompiete
				1/1/25 -							
	Water	System Facili			•		vent	orv			
Water		-	-,	P0			Total		and		
	r System Facility	Sampling Point	Sampling Poi	nt			Colifori				Stage
Facility ID		ID	Description		9	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700 ENTR	Y POINT	3	ENTRY POINT			Α					
22334 WELL		2	WELL			Α					
		Con	tact Inforr	nation							
Name		Or	ganization							Job Title	

Mailing Address Line Two

Mobile Phone

PO Box 402

Fax

White Horse At Vernon Stiles

President

State

Zip Code

06277

City

Thompson

Emergency Phone Email Address

Mr. Andrew Silverston

351 Thompson Road

Business Phone

Mailing Address Line One

Extension

(Connectic	ut Depa	rtme	ent of	f Public	Health	Dı	inking	g Water	Section	
	Wa	ter Qua	lity N	I onit	coring a	nd Con	npl	iance S	Schedul	le	
PWS ID	WS Name						Clas	ssification	Population	Owner Type	Primary Source
CT1410284	WHITE HORSE A	T VERNON S	TILES IN	N				NC	25	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
351 THOMPSON I	HILL ROAD (ROU	TE 193)			Connection	ıs		1			
Towns Served: Th	OMPSON					'			1	1	,
Contact Role(s):	Administrative	Contact, Ow	ner						•		
Name				0	rganization					Job Titl	е
Mr. Andrew Silve	rston			Lo	ord Thompso	n Manor, I	nc		President		
Mailing Address L	ine One		Mailing	Addres	s Line Two				City	State	Zip Code
236 Thompson Hi	ll Road		РО Вох	428				Thomp	son	СТ	06277
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	y Pho	ne Email A	Address		
860-923-3886		860-923-	9310					mail@	lordthomps	onmanor.com	
Contact Role(s):	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

		1101	201 601		. 0 1110	011118 011	10. 0011	-17	CHITCO	0011	0 01 011	_		
PWS ID	PWS	Name						Class	ification	Popu	ulation	Ow	ner Type	Primary Sourc
CT1410304	TEE F	REX							NC		45		Р	GW
Local Addre	ess (where	applicable)				Service	Residen	itial C	Commerc	cial I	ndustria	al	Combine	d Agricultura
274 RIVERS	IDE DRIVE					Connection	S		2					
Towns Serv	ed: THOM	PSON												
				N	1onit	oring Req	uireme	nts						
Water Sys	tem Facili	ty: DISTE	RIBUTION S	SYSTEM	(WSF I	D: 00600)								
Total Coli	form (31	00)									1	. roı	itine (RT)) per quarter
Sampl	ling Point (Sampling P	oint ID)				Monitori	ing Pe	riod	Collec	tion Pei	riod	Comp	liance Status
Select	from Inver	ntory of Act	tive Samplin	ng Points			4/1/24 -	- 6/30,	/24					
							7/1/24 -	9/30,	/24					
Physical P	Parametei	rs (PPS)									1	. roı	itine (RT)	per quarter
Sampl	ling Point (Sampling P	oint ID)				Monitori	ing Pe	riod	Collec	tion Pei	riod	Comp	liance Status
Select	from Inver	ntory of Act	tive Samplin	ng Points			4/1/24 -	- 6/30,	/24					
							7/1/24 -	9/30,	/24					
Water Sys	tem Facili	ty: ENTR	Y POINT (WSF ID: 0	00700)									
Nitrate A	nd Nitrite	(NOX)										1	routine (RT) per year
Sampl	ling Point (Sampling P	oint ID)				Monitori	ing Pe	riod	Collec	tion Pei	riod	Comp	liance Status
ENTRY	/ POINT (3)						1/1/23 -	12/31	L/23				C	Complete
							1/1/24 -	12/31	L/24					
							1/1/25 -	12/31	L/25					
				Ot	her C	omplianc	e Sched	lules	S					
Compliance	e Schedule	Activity						Due D	ate		Achie	ved	Date	
SEASONAL	START UP (COMPLETIC	N				5	5/15/2	2024					
			Water S	System	Facili	ity and Sa	mpling	Poi	nt Inve	ento	ry			
Water									7	otal	Lead	and		
System	Water Syst	em Facility	1	Sampling	g Point	Sampling Po	oint		Со	liform	Сор	per		Stage
Facility ID				IE)	Description		S	tatus	Rule	Rule	Tier	Asbesto	s WQP 2 DBP
00600 I	DISTRIBUTI	ON SYSTEN	1	4		DISTRIBUTIO	ON SYSTEM	1	Α	Υ				
00700 I	ENTRY POI	NT		3		ENTRY POIN	IT		Α					
22696	WELL			2		WELL			Α					
					Con	tact Info	rmation	1						
Name					0	rganization							Job Title	
Mr. Hany S	. Youssef													
Mailing Add	dress Line (One		Mailing	Addres	s Line Two				C	ity		State	Zip Code
64 Messier									North	Grosv	enor D	ale	СТ	06255
Business	Phone	Extension	Fax	х	Mobi	le Phone	Emergency	/ Phon	ne Email	Addre	ess.		1	
860-923	-3500				401-3	378-2558					yahoo.	com		
333 323	2200				.01	5 2550					,	55111		

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

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.

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

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

End of schedule

	_							
		•	Public Health		_		ection	
		Quality Monit	oring and Con					
PWS ID	PWS Name				-			rimary Source
CT141033		ANOR		NC		25	Р	GW
	lress (where applicable)		Service Residen	tial Com	mercial I	ndustrial	Combined	l Agricultural
	MPSON HILL ROAD		Connections		1			
Towns Se	rved: THOMPSON							
		Monito	oring Requireme	nts				
Water Sy	stem Facility: DISTRIBUT	TION SYSTEM (WSF I	D: 00600)					
Total Co	oliform (3100)					1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point I	D)	Monitori	ng Period	Collec	tion Period	Compl	iance Status
Seled	ct from Inventory of Active Sa	ampling Points	10/1/23 -	12/31/23	3		C	omplete
			1/1/24 -	3/31/24			C	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 I	D)	Monitori	ng Period	Collec	tion Period	Compl	iance Status
Seled	ct from Inventory of Active Sa	ampling Points	10/1/23 -	12/31/23	3		C	omplete
			1/1/24 -	3/31/24			C	omplete
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (RT) per year
Sam	pling Point (Sampling Point I	D)	Monitori	ng Period	Collec	tion Period	Compl	iance Status
ENT	RY POINT (3)		1/1/23 -	12/31/23			C	omplete
			1/1/24 -	12/31/24			C	omplete
			1/1/25 -	12/31/25				_
	Wa	ter System Facili	ity and Sampling	Point I	Invento	ry		
Water					Total	Lead and		
-	Water System Facility		Sampling Point		-	Copper		Stage
Facility II	0	ID	Description	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A				
		UPSTREAM	WITHIN 5 SERVICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT	Α				
22925	WELL #1	2	WELL	Α				
59555	ATMOSPHERIC STORAGE							
		Con	tact Information					
Name		0	rganization				Job Title	
Mr. Andr	ew Silverston		hite Horse At Vernon St	iles	Pr	esident		
Mailing A	ddress Line One	Mailing Address	s Lino Two			City .	State	7in Code

Mailing Address Line One Mailing Address Line Two City State Zip Code 351 Thompson Road PO Box 402 Thompson CT06277 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-923-3886 860-923-9310 mail@lordthompsonmanor.com Contact Role(s): Administrative Contact, Legal Contact

(Connectic	ut Depa	rtmer	nt of	Public	Health	Dri	nking	Water	Section	
	Wat	ter Qua	lity M	onit	oring ai	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT1410334	ORD THOMPSO	N MANOR					N	IC	25	Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
286 THOMPSON	HILL ROAD				Connection	IS		1			
Towns Served: Th	IOMPSON					'				1	
Name				Or	ganization					Job Titl	e
Mr. Andrew Silve	rston			Lo	rd Thompso	n Manor, I	nc		President		
Mailing Address L	ine One		Mailing A	Address	Line Two				City	State	Zip Code
236 Thompson H	II Road		PO Box 4	28				Thomp	son	СТ	06277
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	ddress		
860-923-3886		860-923-	9310					mail@l	ordthomps	onmanor.com	1
Contact Role(s):	Owner										

Please note the following:

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

End of schedule

Connecticut Department o Water Quality Moni		O		ection	
PWS ID PWS Name			Population Ow	ner Type [Primary Source
CT1410344 ROLLIES VARIETY		NC	25	Р	GW
Local Address (where applicable)	Service Residential	_		Combined	
1213 THOMPSON ROAD	Connections	1	austriai	COMMONICO	, Agricultural
Towns Served: THOMPSON					
Moni	toring Requirement	S			
Water System Facility: DISTRIBUTION SYSTEM (WSF					
Total Coliform (3100)	•		1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period Co	llection Period		liance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12				omplete
	1/1/24 - 3/3				omplete
	4/1/24 - 6/				
	7/1/24 - 9/	30/24			
Physical Parameters (PPS)			1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period Co	llection Period	Comp	liance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12	/31/23		C	omplete
	1/1/24 - 3/3	31/24		C	omplete
	4/1/24 - 6/3	30/24			
	7/1/24 - 9/	30/24			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)			1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring	Period Co	llection Period	Comp	liance Status
ENTRY POINT (3)	1/1/23 - 12/	/31/23		C	omplete
	1/1/24 - 12/	/31/24		C	omplete
	1/1/25 - 12/	/31/25			
Water System Faci	lity and Sampling Po	oint Inver	ntory		
Water		Tot	tal Lead and	1	
	t Sampling Point	Colif			Stage
Facility ID ID	Description	Status Ru	le Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM	A Y	′		
DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT 3	ENTRY POINT	Α			
22939 WELL #1 2	WELL	A			
Со	ntact Information				
	Organization			Job Title	
	Rollies Variety	T	Legal Owner		
Mailing Address Line One Mailing Addre	ss Line Two		City	State	Zip Code
312 Rebecca Rd		Witinsvi		MA	01588
Business Phone Extension Fax Mol	pile Phone Emergency Ph	none Email Ad	ddress		

860-935-9043

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

774-368-3432

sejaljack@yahoo.com

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

PWS Name			Classification	Population	Owner Type	Primary Source
ROLLIES VARIETY			NC	25	Р	GW
here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
N ROAD	Connections		1			
	ROLLIES VARIETY where applicable)	ROLLIES VARIETY where applicable) Service	ROLLIES VARIETY where applicable) Service Residen	ROLLIES VARIETY where applicable) Service Residential Commerc	ROLLIES VARIETY NC 25 There applicable) Service Residential Commercial Industri	ROLLIES VARIETY NC 25 P where applicable) Service Residential Commercial Industrial Combine

Towns Served: THOMPSON

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

End of schedule

Co		•	rtment o				Ŭ				n	
	Wa	ter Qual	ity Monit	toring a	nd Com	plia	nce S	che	dule			
PWS ID PV	/S Name					Classifi	cation	Popula	ation C	wner Ty	pe P	rimary Sour
CT1419074 29	2 RIVERSIDE I	DRIVE - THON	1PSON			N	С	25	5	Р		GW
Local Address (whe	re applicable)			Service	Resident	ial Co	mmercia	l Inc	lustrial	Com	oined	Agricultur
				Connection	ns		1					
Towns Served: THO	MPSON											'
			Monit	oring Red	quireme	nts						
Water System Fac	cility: DISTE	RIBUTION SY	STEM (WSF	D: 00600)								
Total Coliform (3	3100)								1 r	outine	(RT)	per quarte
Sampling Poin	t (Sampling P	Point ID)			Monitorir	ng Perio	od Co	llectio	on Perio	od C	ompl	iance Status
Select from Inv	entory of Act	tive Sampling	Points		10/1/23 -	12/31/	23				Co	mplete
					1/1/24 -	3/31/2	4				Cc	mplete
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
Physical Paramet	ters (PPS)								1 r	outine	(RT)	per quarte
Sampling Poin	t (Sampling P	Point ID)			Monitorin	ng Perio	od Co	llectio	n Perio	od C	ompl	iance Status
Select from Inv	entory of Act	tive Sampling	Points		10/1/23 -	12/31/	23				Cc	mplete
					1/1/24 -	3/31/2	4				Cc	mplete
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate And Nitri	te (NOX)									1 routi	ne (F	RT) per yea
Sampling Poin	• •	Point ID)			Monitorir	ng Perio	od Co	llectio	on Perio		-	iance Status
ENTRY POINT (3)				1/1/23 - 1	12/31/2	23				Cc	mplete
					1/1/24 - 1	12/31/2	24				Cc	mplete
					1/1/25 - 1							•
		Water Sy	stem Facil	ity and S				ntory	У			
Water							То	tal	Lead aı	nd		
	ystem Facility	, ,	Sampling Point				Colif	form	Coppe			Stag
Facility ID			ID	Description	1	Sta	tus Ri	ıle	Rule Ti	er Asb	estos	WQP 2 DB
00600 DISTRIBU	JTION SYSTEN	Л	4	DISTRIBUTI	ON SYSTEM	A	λ,	Y				
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	4					
			UPSTREAM	WITHIN 5 S	SERVICE CON	A	4					
00700 ENTRY P	OINT		3	ENTRY POII	NT	Α	A					
57512 WELL 1			2	WELL 1		A	4					
			Cor	ntact Info	rmation							
Name			0	rganization						Job	Title	
Mr. Hany S. Yousse	f											
Mailing Address Lin	e One		Mailing Addres	s Line Two				Cit	У	Sta	te	Zip Code
64 Messier Road							North G	irosve	nor Dal	e C	Т	06255
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress	5			
000 000 0500			404	272 2552								

thehon21@yahoo.com

401-378-2558

860-923-3500

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

	Connecticut Departme	ent of Public	Health	ı Di	rinking	Water	Section	
	Water Quality M	Monitoring a	nd Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1419074	292 RIVERSIDE DRIVE - THOMPSON				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industria	al Combine	ed Agricultural

Connections

1

Towns Served: THOMPSON

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

End of schedule

*	ent of Public Health Di		ction
water Quality I	Monitoring and Compl		
PWS ID PWS Name	Cla	ssification Population Owr	ner Type Primary Source
CT1419084 THOMPSON SPEEDWAY-CONCESSION	ON	NC 25	P GW
Local Address (where applicable)	Service Residential	Commercial Industrial	Combined Agricultural
205 EAST THOMPSON ROAD	Connections		1
Towns Served: THOMPSON			
	Monitoring Requirements	3	
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)		
Total Coliform (3100)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring F	Period Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/	31/23	Complete
	4/1/24 - 6/3	0/24	
	7/1/24 - 9/3	0/24	
Physical Parameters (PPS)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring F		Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/	31/23	Complete
	4/1/24 - 6/3	0/24	<u> </u>
	7/1/24 - 9/3	0/24	
Water System Facility: ENTRY POINT-CONCESS	SION STAND (WSF ID: 00700)		
Nitrate (1040)	,	1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring F		Compliance Status
EP-CONCESSSION (3)	10/1/23 - 12/		Complete
	4/1/24 - 6/3		
	7/1/24 - 9/3		
Nitrite (1041)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring F		Compliance Status
EP-CONCESSSION (3)	1/1/23 - 12/3		Complete
El CONCESSION (5)	1/1/24 - 12/3		complete
	1/1/25 - 12/3		
	ther Compliance Schedule		
Compliance Schedule Activity		Date Achieved	Date
RESPOND TO SANITARY SURVEY		/2019	
SEASONAL START UP COMPLETION	4/1/	2024	
Water Systen	n Facility and Sampling Po	int Inventory	
Water		Total Lead and	
System Water System Facility Sampli	ng Point Sampling Point	Coliform Copper	Stage
Facility ID	ID Description	Status Rule Rule Tier	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION SYSTEM	Α	
DOWN	STREAM WITHIN 5 SERVICE CON	Α	
MV	V001 GARAGE	I Y	
UPST	TREAM WITHIN 5 SERVICE CON	Α	
00700 ENTRY POINT-CONCESSION	3 EP-CONCESSSION	А	

Α

WELL 1

2

STAND
58807 CONCESSION WELL 1

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIAG N	Cl :t: 1:	D 1.00	o =	D :

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1419084	THOMPSON SPEEDWAY-CONCESSION				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural
205 EAST THO	MPSON ROAD	Connections					1	

Towns Served: THOMPSON

				Contact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Donald Hoenig				Tri State Gol	f Co. LLC	C	Owner/Presi	ident	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
125 Harrisville Road						Woodstoo	:k	СТ	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	ress		
860-923-9591		860-923-9	9821		860-234-6722	dhoenig@	tristategolf	company.cc	m

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

	Connecticut Do	nautmant.	of Dublic II	loolth D	nin lrin	~ Matar	, Co	ation	
	Connecticut De	•			`			ection	
		iality Mon	itoring and				_		
PWS ID	PWS Name			Cla		-	Ow		mary Source
CT1419093	TRI-STATE BAPTIST CHUR	СН			NC	157		Р	GW
Local Address (where applicable)		Service	Residential	Commerc	ial Industr	ial	Combined	Agricultural
386 QUINEBAU	IG RD		Connections		2				
Towns Served:	THOMPSON								
		Mon	itoring Requ	irement	S				
Water System	•	N SYSTEM (WS	F ID: 00600)						
Total Coliforn	•						1 ro	utine (RT) p	-
Sampling	Point (Sampling Point ID)			Monitoring	Period (Collection Pe	riod	Complia	ince Status
Select fror	m Inventory of Active Samp	ling Points		10/1/23 - 12,					nplete
				1/1/24 - 3/3				Cor	nplete
				4/1/24 - 6/3					
				7/1/24 - 9/3	30/24				
-	meters (PPS)						1 ro	utine (RT) p	er quarter
	Point (Sampling Point ID)			Monitoring I		Collection Pe	riod		ince Status
Select fror	m Inventory of Active Samp	ling Points		10/1/23 - 12,				Cor	nplete
				1/1/24 - 3/3	31/24			Cor	nplete
				4/1/24 - 6/3					
				7/1/24 - 9/3	30/24				
Water System	Facility: ENTRY POINT	(WSF ID: 0070	0)						
Nitrate And I	Nitrite (NOX)						1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring I	Period (Collection Pe	riod	Complia	ınce Status
ENTRY PO	INT (3)			1/1/23 - 12/	31/23			Cor	nplete
				1/1/24 - 12/	31/24			Cor	nplete
				1/1/25 - 12/	31/25				
		Other	Compliance	Schedul	es				
Compliance Scl	hedule Activity			Due	Date	Achie	eved	Date	
RESPOND TO SA	ANITARY SURVEY			12/2	0/2020				
		Public N	otification R	equirem	ents				
			Compliance	Notice	Public N	lotification		PN Certi	<u>fication</u>
Violation/Situa	ntion		Period	Tier	Required	Performe	ed L	Due to DPH	Received
Nitrate And Nit	rite M&R Violation	1/	1/15 - 12/31/15	2	6/10/2016	5		6/20/2016	
Total Coliform I	M&R Violation	10	/1/15 - 12/31/15	2	6/10/2016	5		6/20/2016	
Physical Param	eters M&R Violation	10	/1/15 - 12/31/15	3	5/11/2017	,		5/21/2017	
	Water	System Fac	ility and Sar	npling Po	oint Inve	entory			
Water						otal Lead	and		
System Wat	ter System Facility	Sampling Poi	nt Sampling Poi	nt	Co	liform Cop	per		Stage
Facility ID		ID	Description		Status	Rule Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α				
		DOWNSTREA	M WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER						

ENTRY POINT

WELL #1

3 2

00700 ENTRY POINT

59648 WELL #1

Α

Α

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1419093	TRI-STATE BAPTIST CHURCH				NC	157	Р	GW			
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combin	ed Agricultural			

Connections

2

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

386 QUINEBAUG RD

			•	Contact Inf	ormation				
Name			Organization	1		Job Title			
Mr. Frank Morrison				Tri-State Bap	otist Church				
Mailing Address Line One Mailing Addr				dress Line Two			City	State	Zip Code
386 Quinebaug Rd						Thompso	on	СТ	06277
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	Address		
			4	401-862-3770		frank@n	norrison.ph		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

	Connecticut De	enartment of	Public H	ealth	Dr	inkin	σW	ater	Se	ction		
		uality Monit					_			CCIOII		
PWS ID	PWS Name	joining 1 101110	011118 0111		_		_			er Type	Primary Source	
CT141909	4 ROUTE 193 LLC RESTAU	RANT				NC		25		P	GW	
Local Addr	ress (where applicable)		Service	Resident	tial	Commer	cial I	ndustri	al	Combine	d Agricultura	
49 THOME	PSON ROAD		Connections							1		
Towns Ser	ved: THOMPSON										1	
		Monito	oring Requ	ireme	nts							
Water Sy:	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Col	liform (3100)							1	. rou	tine (RT	per quarter	
Samp	oling Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collect	tion Pe	riod	Comp	liance Status	
Selec	t from Inventory of Active Sam	pling Points	;	10/1/23 -	12/3	31/23				C	Complete	
				1/1/24 -	3/31	/24				C	Complete	
				4/1/24 -	6/30)/24						
				7/1/24 -	9/30)/24						
Physical	Parameters (PPS)							1	. rou	tine (RT	per quarter	
Samp	oling Point (Sampling Point ID)			eriod	Collect	tion Per	riod	Compliance Status				
Selec	t from Inventory of Active Sam	pling Points	<u> </u>	31/23				C	Complete			
				1/1/24 -	3/31	L/24				C	Complete	
				4/1/24 -		•						
				7/1/24 -	9/30)/24						
Water Sy:	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
	And Nitrite (NOX)								1		RT) per year	
	oling Point (Sampling Point ID)		Monitoring Period				Collect	tion Per	riod	Compliance Status		
ENTR	Y POINT (3)		1/1/23 - 12/31/23								Complete	
				1/1/24 - :							Complete	
				1/1/25 - :								
	Wate	er System Facili	ity and Sar	npling	Poi	nt Inv	ento	ry				
Water							Total	Lead				
System		Sampling Point ID	Sampling Poil Description	nt			liform			A = b = = 4 =	Stage	
Facility ID			•	LCVCTENA		itutus	Rule	Kuie	rier	Aspesto	s WQP 2 DBP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
		DOWNSTREAM UPSTREAM	WITHIN 5 SER			A ^						
00700	ENTRY POINT	3	ENTRY POINT	VICE CUIV	٧	A A						
60978	WELL 1	2	WELL 1			A						
60980	STORAGE TANK		AAFFF Ţ									
	TREATMENT PLANT											
00302	THE THE PERSON OF THE PERSON O	Com	toot lefa	notic:								
Name -			tact Inform	nation						Inh Titl		
Name	oth Laicalla	Oi	rganization				0	mor		Job Title		
	eth Loiselle	Mailing Address	s Lino Two					ner		Ctata	7in Codo	
	ddress Line One	Mailing Address	s Line TWO			Dowf		ity		State	Zip Code	
PO Box 21	3					Pomf	et			CT	06259	

Emergency Phone Email Address

kenloisellel@aol.com

Mobile Phone

Business Phone

401-529-2788

Extension

Contact Role(s): Administrative Contact, Owner

Fax

DIA/C NI	Cl:f:+:	Daniel Latine	O	D.:
Water Quality Monitoring and Con	npliance S	Schedul	e	
Connecticut Department of Public Health	Drinking	y Water	Section	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1419094	ROUTE 193 LLC RESTAURANT			NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
49 THOMPSON F	ROAD	Connections				1	

Towns Served: THOMPSON

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

End of schedule

	Co	nnectic	ut Depa	rtme	nt of	Public	Health I	Orin	king	, Wa	ater S	ection	
		Wat	ter Qua	lity M	lonit	oring a	nd Com	olia	nce S	Sche	edule		
PWS ID	PW	/S Name				0						vner Type	Primary Source
CT141910		OMPSON SPE	FDWAY-GAI	RAGE				N			25	P	GW
		e applicable)	LDWAI GAI	NAGE.		Service	Residentia		mmerci		ndustrial	Combine	
LOCAL AUUI	ress (wrier	e applicable)				Connection		ii Coi	iiiiieici	ai III	luustriai		u Agriculturai
Taura Car	nua di TUO	MADCON				Connection	13					1	
Towns Ser	vea: THO	WIPSON			• • • •	• • • •	•						
							quiremen	ts					
		ility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)							. .
Total Col	-	-) per quarter
		t (Sampling P					Monitoring			ollecti	ion Period		oliance Status
Selec	t from Inv	entory of Acti	ve Sampling	Points			10/1/23 - 1					(Complete
							1/1/24 - 3	•					
							4/1/24 - 6						
							7/1/24 - 9	/30/2	4				
Physical	Paramet	ers (PPS)									1 ro	utine (RT) per quarter
		t (Sampling P					Monitoring			ollect	ion Period	d Comp	oliance Status
Selec	t from Inv	entory of Acti	ve Sampling	Points			10/1/23 - 1	2/31/	23			(Complete
							1/1/24 - 3	/31/2	4				
							4/1/24 - 6	/30/2	4				
							7/1/24 - 9	/30/2	4				
Water Sy:	stem Fac	ility: ENTRY	POINT (V	VSF ID:	00700)								
Nitrate A	And Nitri	te (NOX)									1	Lroutine	(RT) per year
Samp	oling Poin	t (Sampling P	oint ID)				Monitoring	Perio	od C	ollect	ion Period	d Comp	oliance Status
ENTR	Y POINT (3)					1/1/23 - 12	2/31/2	23			(Complete
							1/1/24 - 12	2/31/2	24				
							1/1/25 - 12	2/31/2	25				_
			Water S	ystem	Facili	ity and Sa	ampling P	oint	Inve	ntor	rv		
Water				•		•				otal	Lead and	<u>-</u>	
System	Water Sy	stem Facility		Samplin	g Point	Sampling P	Point				Copper		Stage
Facility ID				IL)	Description	1	Sta	tus R	ule	Rule Tie	r Asbesto	s WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM		4	ļ	DISTRIBUTION	ON SYSTEM	Α	١	Υ			
				DOWNS	TREAM	WITHIN 5 S	ERVICE CON	Α	١	Υ			
				UPSTF	REAM	WITHIN 5 S	ERVICE CON	A	١				
00700	ENTRY PO	DINT		3	}	ENTRY POIN	NT	Α	١				
61752	GARAGE	WELL		2	<u>)</u>	GARAGE W	ELL	Α	١				
					Con	tact Info	rmation						
Name						rganization						Job Title	1
Mr. Donal	ld Hoeniø					i State Golf (Co. LLC			Ow	ner/Presid		-
Mailing Ac		e One		Mailing		s Line Two					ity	State	Zip Code
125 Harris									Woods		1	CT	06281
Business		Extension	Fax	1	Mohi	le Phone	Emergency P	hone			ss.	Ci	00201
Dusiness	3 7 HOHE	LACCIDION	1 01		IVIUDI	ic i none	Entire Belley F	Hone	Linaii F	taur es			

860-234-6722

dhoenig@tristategolfcompany.com

860-923-9821

Contact Role(s): Administrative Contact, Legal Contact

860-923-9591

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

PWS ID	PWS Name			Classi	ification F	Population	Owner Type	Primary Source
CT1419104	THOMPSON SPEEDWAY-GARAGE			1	NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial Co	Commercia	l Industria	al Combine	ed Agricultural
		Connections					1	

Towns Served: THOMPSON

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End of schedule