Connecticut Department		· ·	ction
	nitoring and Compliance		T 0.
PWS ID PWS Name		-	ner Type Primary Source
CT1410044 KOINONIA SCHOOL OF SPORTS	NC Paridadial Canada	40	P GW
Local Address (where applicable) 240 COUNTY HOME ROAD	Service Residential Comme Connections 22		Combined Agricultural
Towns Served: THOMPSON	Connections 22		
	itavia - Danvius as suts		
Water System Facility: DISTRIBUTION SYSTEM (WS	litoring Requirements FID: 00600)		
Total Coliform (3100)		1 rou	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		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		
Physical Parameters (PPS)			tine (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		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24 1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		
Water System Facility: ENTRY POINT (WSF ID: 0070			
Nitrate And Nitrite (NOX)	,,,	1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	concedion i circu	Complete
2 (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Facility: WELL #1 (WSF ID: 22312)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
E. Coli (3014)		1 roi	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL (2)	7/1/24 - 7/31/24		Complete
	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		
	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved I	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		
CROSS CONNECTION SURVEY REPORT	3/1/2016		
RESPOND TO SANITARY SURVEY	1/27/2017		
CROSS CONNECTION SURVEY REPORT	3/1/2017		

Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Primary Source  CT1410044 KOINONIA SCHOOL OF SPORTS NC 40 P GW  Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura								
PWS ID	PWS Name			Classif	fication	Population	Owner Type	Primary Source
CT1410044	KOINONIA SCHOOL OF SPORTS			ı	NC	40	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Co	ommercia	al Industria	al Combine	ed Agricultural

22

Connections

Connecticut Department of Public Health Drinking Water Section

240 COUNTY HOME ROAD
Towns Served: THOMPSON

CROSS CONNECTION SURVEY REPORT  3/1/2020  RESPOND TO SANITARY SURVEY  9/12/2021											
Compliance Schedule Activity	Due Date	Achieved Date									
CROSS CONNECTION SURVEY REPORT	3/1/2018										
CROSS CONNECTION SURVEY REPORT	3/1/2019										
CROSS CONNECTION SURVEY REPORT	3/1/2020										
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	<u>Public No</u>	<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	

	W	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	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					

						-					
				Contact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Donald Brown				Thompson A	ssociates		Director				
Mailing Address Lin	ie One		Mailing	g Address Line Two			City	State	Zip Code		
240 County Home F	Road		P.O. Bo	ox 321		Thomps	on	СТ	06277		
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Address					
860-928-6420		860-928-0	0460		860-928-1606 koinonia.school@snet.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

		Connecticut Dej	partmer	nt of	f Public H	lealth	Dr	inkin	g W	ater	Se	ction					
		Water Qu	iality M	onit	oring and	d Com	pl	pliance Schedule									
PWS ID		PWS Name					Clas	sification	Popi	ulation	Owr	ner Type Pr	imary Source				
CT141005	4	773 QUINEBAUG ROAD						NC		37		Р	GW				
Local Addı	ress (v	vhere applicable)			Service	Resident	tial	Commerc	cial I	ndustria	I	Combined	Agricultural				
773 QUINI					Connections							3					
Towns Ser	rved: T	HOMPSON		_					_		_						
Mata G		Facility of DISTRIBUTION			oring Requ	iiremei	nts										
Total Co		Facility: DISTRIBUTION	I SYSTEIVI (	WSFI	ט: טטפטט)	1 routine (RT) per quarter											
		Point (Sampling Point ID)				Monitorii	na Pi	eriod (	Collec	tion Peri			ance Status				
		Inventory of Active Sampl	ing Points			4/1/24 -							mplete				
		, ,				7/1/24 -							mplete				
						10/1/24 -							-				
						1/1/25 -											
						4/1/25 -	6/30	)/25									
Physical	Parar	meters (PPS)								1	rou	tine (RT) բ	er quarter				
		Point (Sampling Point ID)				Monitorii			Collec	tion Peri	iod		ance Status				
Selec	t from	Inventory of Active Sampl	ing Points			4/1/24 -							mplete				
						7/1/24 -						Coi	mplete				
						10/1/24 -											
						1/1/25 -											
Mator Cu		Facility CNTDV DOINT	/WCF ID: 0	0700\		4/1/25 -	6/30	)/25									
		Facility: ENTRY POINT	(WSF ID: U	0700)							1	uantina (D	T\				
		litrite (NOX) Point (Sampling Point ID)				Monitorii	na D	eriod (	Collec	tion Peri		=	T) per year ance Status				
_	RY POII					1/1/23 - :			Conec	uon ren	ou		mplete				
	(1 1 011	(1)				1/1/24 - 1		•					Inpicto				
						1/1/25 - 1											
			Dublic	· Not	tification R												
			rubiit	1	ompliance	Notice		Public N	Votific	ation		DN Cort	ification				
Violation/	/Situat	tion			Period	Tier		Required	_	rformed	מו	ue to DPH	Received				
		1&R Violation		10/1	/15 - 12/31/15	2		5/5/2016		rjornica		5/5/2016	пссстиси				
		eters M&R Violation			/15 - 12/31/15			4/5/2017				4/5/2017					
•		Water	System	Facili	ity and Sar	npling				rv							
Water			<b>-</b>						otal	Lead a	ınd						
System	Wate	er System Facility	Sampling	Point	Sampling Poi	nt			liform				Stage				
Facility ID	)		ID		Description		9	Status	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPR				
00600	DISTE	RIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM		Α	Υ								
			4-1		Kitchen Hand	Sink		Α	Υ								
			4-2		Kitchen Sink			Α	Υ								
			4-3		Women s Res		1	A	Y								
			4-4		Men s Restro			A	Y								
					WITHIN 5 SER			A									
00700	ENITO	V DOINT	UPSTRE	AIVI	WITHIN 5 SER		N	Α									
00700	ENIK	Y POINT	3		ENTRY POINT			Α									

Α

WELL

22313 WELL

Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Primary Source  CT1410054 773 QUINEBAUG ROAD NC 37 P GW  Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural  773 QUINEBAUG ROAD Connections 3												
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source											
CT1410054	773 QUINEBAUG ROAD				NC	37	Р	GW				
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	d Agricultural				
773 QUINEBA	UG ROAD	Connections					3					

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

			Co	ontact Inf	ormation						
Name				Organization	1		Job Title				
Mr. Neil Patel				Quinebaug P	laza LLC		Owner				
Mailing Address Line	e One	Mailing Addr	ess Line Two		City	State	Zip Code				
773 Quinebaug Roa	d		P.O. Box 307			Thompso	on	СТ	06262		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress				
978-430-7290						neilmpatel@yahoo.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.

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 F	lealth	Dı	rinking	σW	Vater	Se	ection	
	Water Quality Mon					_				
PWS ID	PWS Name					_			ner Type P	rimary Source
CT1410114	QUINNATISSET COUNTRY CLUB				NC		25		Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commerc	ial	Industria	al	Combined	Agricultural
221 COUNTRY F		Connections			1					
Towns Served:	THOMPSON		I		<u> </u>					
	Mon	itoring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (WS									
<b>Total Coliforn</b>	n (3100)						1	ro	utine (RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ng P	Period C	Colle	ction Per	rioa	Compl	iance Status
Select from	n Inventory of Active Sampling Points		4/1/24 -	6/3	0/24				Co	mplete
			7/1/24 -	9/3	0/24				Co	mplete
			10/1/24 -	10/	31/24				Co	mplete
			1/1/25 -	3/3	1/25					
			4/1/25 -	6/3	0/25					
<b>Total Coliforn</b>	•							3 r	•	per period
	Point (Sampling Point ID)		Monitori			Colle	ction Per	rioa		iance Status
	Inventory of Active Sampling Points		10/9/24 -	10/						mplete
Total Coliforn	•						•	-	=	per month
	Point (Sampling Point ID)		Monitori			Colle	ction Per	rioa		iance Status
	Inventory of Active Sampling Points		11/1/24 -	11/	30/24					mplete
Physical Para										per quarter
	Point (Sampling Point ID)		Monitori			Colle	ction Per	100		iance Status
Select from	n Inventory of Active Sampling Points		4/1/24 -							mplete
			7/1/24 -							mplete
			10/1/24 -						Co	mplete
			1/1/25 -							
Matar Custom	Facility FAITRY POINT (MCF ID: 007)	20)	4/1/25 -	6/3	0/25					
•	Facility: ENTRY POINT (WSF ID: 0070	JU)								)T)
Nitrate And N	Point (Sampling Point ID)		Monitori	na B	Period (	Colle	ction Per		' <del>=</del> '	RT) per year iance Status
ENTRY POI			1/1/23 -			Julie	ction Per	IOU		mplete
LIVINI POI	(3)		1/1/24 -		-					mplete
			1/1/25 -						CC	присс
Water System	Facility: WELL (WSF ID: 22318)		1/1/23	12/5	71/23					
E. Coli (3014)							1 +	tria	gered (TG	per period
	Point (Sampling Point ID)		Monitori	na P	Period (	Collec	ction Per	_	•	iance Status
WELL (2)	ome (our pining to one 12)		10/8/24 -					100		mplete
	Other	Compliance								
Compliance Sch		Compliance			Date		Achie	vod	l Data	
_	TION SURVEY REPORT				2020		Acme	veu	Dute	
	TION SURVEY REPORT				2020					
	TION SURVEY REPORT				2021					
	TION SURVEY REPORT				2023					
	TION SURVEY REPORT				2024					
	Water System Fac	rility and Sau				nte	orv			
Mator	water system rat	cincy and Jai	Heimig	1 0				~ -	1	
Water	6 1 5 111	to 4 Comm. 11			T	otal	Lead	anc	ı	_

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

C	onnectic	•								_			ection		
	Wat	ter Qual	ity M	onit	oring a	nd Co									
PWS ID PV	/S Name						C	lassif	icatio	n Po	oulation	Owı	ner Type P	rimary Sou	
CT1410114 QU	JINNATISSET (	COUNTRY CL	UB					Ν	IC		25		Р	GW	
Local Address (whe	re applicable)				Service	Resid	entia	al Co	mmer	cial	Industria	al	Combined	Agricultu	
221 COUNTRY HOM	IE ROAD				Connection	ns			1						
Towns Served: THO	MPSON									<del></del>					
Facility ID	•		ID		Description	1		Sto	itus	Rule	Rule	Tier	Asbestos	WQP 2 DE	
00600 DISTRIBU	JTION SYSTEM	1	4		DISTRIBUT	ON SYSTE	EM		A	Υ					
			DOWNST	REAM	WITHIN 5 S	SERVICE C	ON		Α						
			UPSTRI	EAM	WITHIN 5 S	SERVICE C	ON		Α						
00700 ENTRY P	OINT		3		ENTRY POI	NT			A						
22318 WELL			2		WELL				A						
55720 TREATM	ENT PLANT														
			Cert	ified	Operato	r Infor	ma	tior	<b>1</b>						
Water System Fac	Silitar TDEAT	FNAENIT DI AI				1 111101	1114	CIOI	•						
•	•	IIVIENI PLAI	IVI (VVS	ר וט: ס	3720)										
Facility Classification	in:		Onover	or Turn		Contifica	<b></b>	(a)						Certification	
Operator Name			-	erator Type Certification(s)  OPERATOR DISTRIBUTION SYS						, DED 4	TOD CL	۸۲۲		9/30/202	
LAFRAMBOISE, PAU	LF.		CHIEF OF	EKATO						NT PLANT OPERATOR - CLASS II					
				_				IIVIEI	NI PLA	INT U	PERATOR	( - CI	LASS II	9/30/202	
				Con	tact Info	rmatic	on								
Name					rganization								Job Title		
Mr. Michael Pizzett	i				uinnatisset (	Country C	lub			Ν	1anager				
Mailing Address Lin	e One		Mailing A	Address	s Line Two						City		State	Zip Code	
241 County Home F	load		P O Box	401					Thon	npsor			СТ	06277	
Business Phone	Extension	Fax		Mobil	le Phone	Emerger	ncy P	hone	Emai	l Add	ress				
860-928-7516		860-928-0	707			860-42	28-22	207	QUIN	INNA	TISSETTP	ROS	HOP@gma	il.com	
Contact Role(s): Le	gal Contact														
Name				Or	rganization								Job Title		
Mr. Mark Brouillar	d		ı	Qι	uinnatisset (	Country C	lub			В	oard Pre	side	nt		
Mailing Address Lin	e One		Mailing A	Address	s Line Two						City		State	Zip Code	
205 Country Home	Road								Thon	npsor			СТ	06277	
Business Phone	Extension	Fax		Mobil	le Phone	Emerger	ncy P	hone	Emai	l Add	ress				
860-928-7516		860-928-0	707												
Contact Role(s): A	dministrative	Contact, Leg	al Contac	t				_							
Please note the fol	owing:				· · · · · ·										

- 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

	Conr		•			f Public coring a			`	_			ction		
PWS ID	PWS Na	ame						Classif	ication	Popu	ılation	Owi	ner Type	Prim	ary Source
CT1410124	тномі	PSON ROD	& GUN CLU	JB				N	С		25		Р		GW
Local Address (	(where ap	plicable)				Service	Residen	tial Co	mmerc	ial I	ndustri	al	Combine	d A	gricultural
93 BRANDY HIL						Connection	ns		1						
Towns Served:	THOMPS	ON										_		_	
				M	onit	oring Red	quireme	nts							
Water System	n Facility	: DISTR	BUTION S	YSTEM (	WSF I	D: 00600)									
<b>Total Colifor</b>	m (3100	))									1	rou	tine (RT	) pei	quarter
Sampling	Point (Sa	mpling Po	oint ID)				Monitori	ing Peri	od (	Collect	tion Pe	riod	Comp	lian	ce Status
Select fro	m Invento	ory of Acti	ve Sampling	Points			4/1/24 -							Comp	lete
							7/1/24 -							Comp	
							10/1/24 -						(	Comp	lete
							1/1/25 -								
							4/1/25 -	6/30/2	.5					_	
Physical Para			1-1-10				0.0			C - !!			<del>-</del>	•	quarter
Sampling				Dainta			Monitori			Collect	tion Pe	riod			ce Status
Select froi	m invento	ory of Acti	ve Sampling	Points			4/1/24 - 7/1/24 -							Comp	
							10/1/24 -							Comp	
							1/1/25 -							Jonn	nete
							4/1/25 -								
Water System	n Facility	: ENTRY	POINT (V	VSF ID: 0	0700)		1, 1, 23	0,30,2	.5						
Nitrate And												1	routine	(RT)	per year
Sampling	=	=	oint ID)				Monitori	ing Peri	od (	Collect	ion Pe			-	ce Status
ENTRY PO							1/1/23 -							Comp	
							1/1/24 -	12/31/2	24						
							1/1/25 -	12/31/2	25						
			Water Sv	vstem	Facil	ity and S	ampling	Poin	t Inve	ento	rv				
Water						-,	· 1 0			otal	Lead	and			
	ter Syster	n Facility		Sampling	Point	Sampling P	Point			liform					Stage
Facility ID				ID		Description	1	Sta	itus	Rule	Rule	Tier	Asbesto	s W	QP 2 DBPR
00600 DIST	TRIBUTIO	N SYSTEM		4		DISTRIBUTI	ON SYSTEM	1 /	4	Υ					
				DOWNST	REAM	WITHIN 5 S	SERVICE CO	N A	4						
				UPSTR	EAM	WITHIN 5 S	SERVICE CO	N A	4						
00700 ENT	TRY POINT	-		3		ENTRY POII	NT	A	4						
22319 WEI	LL			2		WELL		A	4						
					Con	tact Info	rmation	1							
Name					0	rganization							Job Title	<u> </u>	
Mr. Wilber Cot	tnoir				Tł	nompson Ro	d & Gun			Pre	esident				
Mailing Addres	ss Line On	е		Mailing A	Addres	s Line Two				C	ity		State	Zi	p Code
110 Griffin St									Pasco	ag			RI		02859
Business Pho	one Ex	tension	Fax		Mobi	le Phone	Emergency	/ Phone	Email	Addre	!SS				
Contact Role(s)	): Legal (	Contact, C	)wner	1					1						

	Connectic	*		of Public			U				
PWS ID	PWS Name	oor Quio	1109 1101			Classifi				Primary Source	
CT1410124	THOMPSON ROI	& GUN CL	UB			N	С	25	Р	GW	
Local Address (where applicable)  Service Residential Commercial Industrial Combined Agricultural											
93 BRANDY HILL	ROAD			Connectio	ns		1				
Towns Served: T	HOMPSON				·	·				·	
Name				Organization					Job Titl	е	
Mr. Nick Marco	ux			Thompson Ro	d And Gun	Club					
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code	
93 Brandy Hill Ro	b						Thomps	on	СТ	06277	
Business Phon	e Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	ddress			
860-208-6446	5		50	8-386-7900			Nichola	smarcoux1	@gmail.com		
Contact Role(s):	Administrative	Contact	,								

# Please note the following:

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

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

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

End of schedule

139 RIVERSIDE DRIVE (ROUTE 12)  Towns Served: THOMPSON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  4/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  11/1/25 - 3/31/25  Physical Parameters (PPS)  Sompling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  4/1/24 - 6/30/25  Physical Parameters (PPS)  Sompling Point (Sampling Point ID)  Monitoring Period  Collection Period Compliance Start  10/1/24 - 12/31/24  10/1/25 - 3/31/25  4/1/25 - 6/30/25  Physical Parameters (PPS)  Sompling Point (Sampling Point ID)  Monitoring Period  Collection Period Compliance Start  10/1/24 - 12/31/24  10/1/25 - 3/31/25  4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sompling Point (Sampling Point ID)  ENTRY POINT (3)  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Monitoring Requirement (Summary Type)  Phy Entry Point pH Monitoring (PHRD)  Start Date: 4/1/2008  Monitoring Requirement (Summary Type)  Phy Entry Point pH Monitoring (PHRD)  Start Date: 4/1/2008  Public Notification Requirements  Compliance Votice Public Notification PN Certification  PN Certification  PN Certification	Сс	onnecticut Departme							ction	
CT1410194   THOMPSON HOUSE OF PIZZA			omtoring and	a Com						
Local Address (where applicable)   Service Connections   Residential Commercial   Industrial   Combined   Agricul 1313 RIVERSIDE DRIVE (ROUTE 12)   Towns Served: THOMPSON							-	Owr		
Towns Served: THOMPSON   Monitoring Requirements			<u>.</u>					.	•	_
Towns Served: THOMPSON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Points	-			Resident	tial Cor		Industria	al	Combined	Agricultural
Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sompling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  7/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period  Select from Inventory of Active Sampling Points  4/1/24 - 6/30/24  Complete  7/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period Compliance State  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance State  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Compliance State  10/1/2024 - 1/31/2024  10/1/2024 - 7/31/2024  10/1/2024 - 7/31/2024  3/1/2024 - 7/31/2024  3/1/2024 - 7/31/2024  3/1/2024 - 7/31/2024  3/1/2024 - 7/31/2024  3/1/2024 - 7/31/2024  3/1/2024 - 9/30/2024  3/1/2024 - 9/30/2024  3/1/2024 - 9/30/2024  1/1/2024 - 10/31/2024  Public Notification Requirements  Notice Public Notification PNC extification			Connections			1				
Total Coliform (3100)  Total Coliform (3100)  Select from Inventory of Active Sampling Point ID)  Select from Inventory of Active Sampling Points  A/1/24 - 6/30/24  Select from Inventory of Active Sampling Points  A/1/24 - 9/30/24  10/1/24 - 12/31/24  11/1/25 - 3/31/25  4/1/25 - 6/30/25  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period  Select from Inventory of Active Sampling Point ID)  Monitoring Period  Select from Inventory of Active Sampling Point Sampling Point ID)  Monitoring Period  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  10/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  11/125 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  ENTRY POINT (3)  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/24  Complete  ENTRY POINT (3)  A/1/25 - 6/30/24  Complete  10/1/26 - 12/31/24  1/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont Point (Sumpliance Status: Compliance Sta	Towns Served: THO									
Total Coliform (3100)  Sempling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  A/1/24 - 6/30/24  10/1/24 - 12/31/24  10/1/25 - 6/30/25  Physical Parameters (PPS)  A/1/25 - 6/30/24  Select from Inventory of Active Sampling Point ID)  Monitoring Period  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  11/1/25 - 3/31/25  A/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  A/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type)  Derating Limit Samples Req/Mont Monitoring Period  Analyte Monitoring Requirement (Summary Type)  Derating Limit Samples Req/Mont Monitoring Period  A/1/2024 - 7/31/2024  B/1/2024 - 8/31/2024  B/1/2024 - 1/30/2024  Public Notification Requirements  Compliance Notice Voice in Period Collection Period Compliance Status: Compliance Stat		N	lonitoring Requ	ireme	nts					
Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Complete Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Complete 10/1/24 - 1/30/24 Complete 10/1/24 - 1/30/24 Complete 11/1/25 - 3/31/25 4/1/25 - 6/30/25  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State 10/1/24 - 6/30/24 Complete 10/1/24 - 1/30/24 Complete 10/1/24 - 1/30/24 Complete 10/1/25 - 3/31/25 4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State 10/1/24 - 1/3/31/25 4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Complete 10/1/24 - 1/3/31/25 4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Operating Limit Compliance States 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/204 - 1/31/2024 17/1/2024 - 1/31/2024 17/1/2024 - 1/31/2024 17/1/2024 - 1/31/2024 17/1/2024 - 1/31/2024 Public Notification Requirements	Water System Fac	ility: DISTRIBUTION SYSTEM (	(WSF ID: 00600)							
Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Complete  7/1/24 - 19/30/24 Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Physical Parameters (PPS)	Total Coliform (3	3100)					1	rou	tine (RT) p	er quarter
17/1/24 - 9/30/24   Complete	Sampling Poin	t (Sampling Point ID)		Monitorii	ng Perio	od Col	lection Per	iod	Complic	ınce Status
10/1/24 - 12/31/24	Select from Inv	rentory of Active Sampling Points		4/1/24 -	6/30/2	4			Cor	nplete
1/12/5 - 3/31/25   4/1/25 - 6/30/25   1 routine (RT) per quarters (PPS)   1 routine (RT) per quarters (PPS)   4/1/24 - 6/30/24   Complete   7/1/24 - 9/30/24   Complete   10/1/24 - 12/31/24   1/1/25 - 3/31/25   4/1/25 - 6/30/25   Complete   10/1/24 - 12/31/24   Complete   10/1/25 - 3/31/25   4/1/25 - 6/30/25    Water System Facility: ENTRY POINT (WSF ID: 00700)   Nitrate And Nitrite (NOX)   1 routine (RT) per quarters (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (NOX)   1 routine (RT) per quarters (Additionally and interest (Additionally and interest (RT) per quarters (Additionally and interest (RT				7/1/24 -	9/30/2	4			Cor	nplete
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Af1/24 - 6/30/24  Select from Inventory of Active Sampling Points  Af1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Af1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  Af1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  ENTRY POINT (3)  Af1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  11/1/25 - 3/31/25  Af1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte  Monitoring Requirement (Summary Type)  Ph  Entry Point pH Monitoring (PHRD)  Start Date: 4/1/2008  Monitoring Requirement (Summary Type)  Compliance History: Operating Limit Ompliance Status: Ompliance Status:  Af1/2024 - 8/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 8/31/2024  10/1/2024 - 1/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance  Notice  Public Notification  PN Certification			-	10/1/24 -	12/31/2	24				
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Select from Inventory of Active Sampling Points  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  11/125 - 3/31/25  A/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  ENTRY POINT (3)  A/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  Complete  Compliance State  ENTRY POINT (3)  A/1/25 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  A/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont PH Entry Point pH Monitoring (PHRD)  Start Date: 4/1/2008  Monitoring Period  Compliance History: Operating Limit Compliance Status: Operating Limit Compliance Status: Operating Limit Compliance Status: 1/1/2024 - 7/31/2024  B/1/2024 - 7/31/2024  B/1/2024 - 9/30/2024  B/1/2024 - 9/30/2024  B/1/2024 - 9/30/2024  B/1/2024 - 9/30/2024  D/1/2024 - 10/31/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification				1/1/25 -	3/31/2	5				
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  A(1)(24 - 6/30)(24 Complete  7/1/24 - 9/30/24 Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Collection Period  Complete  10/1/24 - 12/31/24  Complete  Complete  10/1/24 - 9/30/24  Complete  10/1/24 - 9/30/24  Complete  10/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont Ph Entry Point pH Monitoring (PHRD)  Start Date: 4/1/2008  Compliance History: Operating Limit Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 11/1/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification				4/1/25 -	6/30/2	5				
Select from Inventory of Active Sampling Points  4/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  10/1/24 - 6/30/24  ENTRY POINT (3)  4/1/24 - 6/30/24  ENTRY POINT (3)  4/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF)  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte  Monitoring Requirement (Summary Type)  PH  Entry Point pH Monitoring (PHRD)  Minimum: 7.0 PH  Start Date: 4/1/2008  Compliance History:  Operating Limit  Samples Req/Mont  Monitoring Period  Compliance History:  Operating Limit  Monitoring  Compliance Status:  Compliance Status:  Compliance Status:  10/1/2024 - 1/31/2024  10/1/2024 - 10/31/2024  Public Notification Requirements  PN Certification	<b>Physical Paramet</b>	ers (PPS)					1	rou	tine (RT) p	er quarter
7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period ENTRY POINT (3)  4/1/24 - 6/30/24  Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Start Date: 4/1/2008  Monitoring Period Compliance State: 7/1/2024 - 7/31/2024 8/1/2024 - 8/31/2024 8/1/2024 - 8/31/2024 10/1/2024 - 10/31/2024 11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification	Sampling Poin	t (Sampling Point ID)		Monitorii	ng Perio	od Col	lection Per	iod	Complic	ınce Status
10/1/24 - 12/31/24   1/1/25 - 3/31/25   4/1/25 - 6/30/25	Select from Inv	rentory of Active Sampling Points		4/1/24 -	6/30/2	4			Cor	nplete
1/1/25 - 3/31/25   4/1/25 - 6/30/25				7/1/24 -	9/30/2	4			Cor	nplete
Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  ENTRY POINT (3)  A/1/24 - 6/30/24  Complete  7/1/24 - 9/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008  Compliance History: Operating Limit Compliance Status: Compliance Status: Compliance Status: 1/1/2024 - 7/31/2024  8/1/2024 - 9/30/2024  8/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification			<u>.</u>	10/1/24 -	12/31/2	24				
Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Complete  ENTRY POINT (3)  4/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008  Monitoring Period Compliance History: Operating Limit Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Public Notification PN Certification				1/1/25 -	3/31/2	5				
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete  ENTRY POINT (3) 4/1/24 - 6/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700) Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 Start Date: 4/1/2008 Compliance History: Operating Limit Compliance Status: Compliance Status: T/1/2024 - 7/31/2024 8/1/2024 - 8/31/2024 8/1/2024 - 8/31/2024 9/1/2024 - 9/30/2024 10/1/2024 - 10/31/2024 11/1/2024 - 11/30/2024 Public Notification Requirements  Compliance Public Notification PN Certification				4/1/25 -	6/30/2	5				
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance State  ENTRY POINT (3)  4/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008  Compliance History: Operating Limit Compliance Status: Compliance Status: Compliance Status: Philosophy Monitoring Period Compliance Status: Compliance Status: Philosophy Monitoring Period Philosophy Philo	Water System Fac	ility: ENTRY POINT (WSF ID: 0	00700)							
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance State  ENTRY POINT (3)  4/1/24 - 6/30/24  Complete  10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008  Compliance History: Operating Limit Compliance Status: Compliance Status: Compliance Status: Philosophy Monitoring Period Compliance Status: Compliance Status: Philosophy Monitoring Period Philosophy Philosop	Nitrate And Nitri	te (NOX)					1	rou	tine (RT) p	er quarter
7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024 8/1/2024 - 8/31/2024 9/1/2024 - 10/31/2024 10/1/2024 - 10/31/2024 11/1/2024 - 11/30/2024 Public Notification Requirements  Compliance Notice Public Notification PN Certification				Monitorii	ng Perio	od Col				•
10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: Compliance Status: 1/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 10/31/2024  10/1/2024 - 10/31/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification	ENTRY POINT (	3)		4/1/24 -	6/30/2	4			Cor	nplete
10/1/24 - 12/31/24  1/1/25 - 3/31/25  4/1/25 - 6/30/25  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: Compliance Status: 1/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 10/31/2024  10/1/2024 - 10/31/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification				7/1/24 -	9/30/2	4			Cor	nplete
Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification										•
Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: T/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification				1/1/25 -	3/31/2	5				
Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification										
Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification		Monthly Water System	Facility (WSF) I	evel N	lonita	oring R	equirer	nei	nts	
Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 4/1/2008 Compliance History: Operating Limit Monitoring Monitoring Period Compliance Status: Compliance Status: 7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification	Water System Fac	<u> </u>		.cvci iv			equirei		1163	
PH   Entry Point pH Monitoring (PHRD)   Minimum: 7.0 PH   4	•	•	•	Once	rating Li	imit			Samples Po	a/Month
Compliance History:	-				_				-	q/ ivioritii
Monitoring Period   Compliance Status:   Compliance Status	•	, ,	, ,							
7/1/2024 - 7/31/2024  8/1/2024 - 8/31/2024  9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification	Start Date: 4/1	/ 2006	-		-	-	_			_
8/1/2024 - 8/31/2024 9/1/2024 - 9/30/2024 10/1/2024 - 10/31/2024 11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification						Com	pilance Sta	itus:	Compilal	ice Status.
9/1/2024 - 9/30/2024  10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification										
10/1/2024 - 10/31/2024  11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification										
11/1/2024 - 11/30/2024  Public Notification Requirements  Compliance Notice Public Notification PN Certification										
Public Notification Requirements  Compliance Notice Public Notification PN Certification										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>		Publi				:s				
				_			ification		PN Certi	fication
Violation/Situation Performed Due to DPH Received Development Developm	Violation/Situation		Period	Tier			<u>Performed</u>	d D	ue to DPH	Received
Nitrate MCL Violation 1/1/06 - 3/31/06 1 3/10/2006 3/20/2006				1						
Nitrate MCL Violation 10/1/05 - 12/31/05 1 3/10/2006 3/20/2006	Nitrate MCL Violatio	on		1						

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source				
CT1410194	THOMPSON HOUSE OF PIZZA				NC	25	Р	GW				
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural				
139 RIVERSIDE DRIVE (ROUTE 12) Connections 1												

Connecticut Department of Public Health Drinking Water Section

	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	WQP	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											

			С	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Steve Gardner				Thompson H	ouse of Pizza	(	Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
1139 Riverside Driv	e					Thompson	า	СТ	06277	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Add	lress			
860-923-3018										
Contact Role(s): A	dministrative Co	ontact, Leg	al Contact, (	Owner						
Name				Organization	l			Job Title		

Name	Organization	Job Title

Towns Served: THOMPSON

Argyrioc I	Ddmopoul	losliving Trust								
Mailing A	ddress Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
1139 Rive	rside Drive	2					Thompso	n	СТ	06277
Busines	s Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
1										

Contact Role(s): Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality 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 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 of	Public H	lealth	Dr	inkin	g W	Vater	Se	ction	
Water Quality Monito	oring an	d Con	ıpli	iance	Sch	nedul	e		
PWS ID PWS Name			_		_			er Type Pr	imary Source
CT1410204 THOMPSON SPEEDWAY RESTAURANT				NC		25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	cial	Industria	al	Combined	Agricultural
205 EAST THOMPSON ROAD	Connections			1					
Towns Served: THOMPSON	1	1							
Monito	ring Requ	iireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	D: 00600)								
Total Coliform (3100)						1	rou	tine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod	Colle	ction Per	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/24 -	6/30	/24			_	Co	mplete
		7/1/24 -	7/31	./24				Co	mplete
Total Coliform (3100)						1	1 rou	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod	Colle	ction Per	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		12/1/24 -	12/3	31/24					
		1/1/25 -	1/31	./25					
Total Coliform (3100)								•	per period
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Per	riod		ance Status
Select from Inventory of Active Sampling Points		8/1/24							mplete
		9/25/24	- 9/30	0/24					mplete
Total Coliform (3100)							-		per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Per	riod	Compli	ance Status
Select from Inventory of Active Sampling Points		8/1/24 -							
		10/1/24 -	10/3	31/24		_			mplete
Physical Parameters (PPS)				. ,	c "				per quarter
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Per	100		ance Status
Select from Inventory of Active Sampling Points		4/1/24 -							mplete
Dhysical Dayanataya (DDC)		7/1/24 -	9/30	1/24			1		mplete
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)		Monitori	na Da	eriod	Calle	ction Per		• •	per month
Select from Inventory of Active Sampling Points		12/1/24 -			Cone	ction Fer	iou	Compile	ance Status
Select from inventory of Active Sampling Foints		1/1/25 -		•					
Water System Facility: ENTRY POINT (WSF ID: 00700)		1/1/23	1/31	./23					
Nitrate And Nitrite (NOX)							1.	outino /D	T) per year
Sampling Point (Sampling Point ID)		Monitori	na Da	eriod i	Colle	ction Per		· ·	ance Status
ENTRY POINT (3)		1/1/23 -			COIIC	ction rer	iou		mplete
LIVINI FORM (3)		1/1/24 -		•					mplete
		1/1/25 -							Inpiete
Water System Facility: WELL (WSF ID: 22327)		_, _, _,	,	_,					
E. Coli (3014)						1 t	trigg	ered (TG)	per period
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod	Colle	ction Per			ance Status
WELL (2)		7/31/24							mplete
		9/24/24	- 9/30	0/24				Co	mplete
Other Co	mpliance	Sched	lule	S					
Compliance Schedule Activity			Due L			Achie	ved L	Date	
RESPOND TO SANITARY SURVEY		7	7/25/2	2019					
1.0. ACCESCA AENIT (A.M.H.TIDLE TO			- 1	10001					

10/28/2024

Schedule Generation Date: 12/18/2024

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)

	Connecticut D	epartment of	f Public H	lealth	l Di	rinking	g W	ater	Se	ction	
	Water (	Quality Monit	coring and	d Con	npl	liance	Sch	edul	e		
PWS ID	PWS Name				_					ner Type Pi	rimary Source
CT141020	4 THOMPSON SPEEDWA	Y RESTAURANT				NC		25		Р	GW
Local Addı	ress (where applicable)		Service	Residen	ntial	Commerc	ial lı	ndustria	al	Combined	Agricultural
205 EAST	THOMPSON ROAD		Connections			1					
Towns Ser	rved: THOMPSON								·		
		Public Not	ification R	equire	eme	ents					
		С	ompliance	Notice	2	<u>Public</u> N	otific	<u>ation</u>		PN Cert	ification
Violation/	/Situation		Period	Tier		Required	Pe	rformed	d D	ue to DPH	Received
REVISED T	OTAL COLIFORM RULE (RTCR)	TT Violation 1	.0/29/24 -	2		12/26/2024	1		-	1/5/2025	
	Wat	er System Facil	ity and Sar	npling	Po	int Inve	ento	ry			
Water						Τ	otal	Lead o	and		
System	Water System Facility	Sampling Point		nt			iform				Stage
Facility ID	)	ID	Description			Status I	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	1	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CO	N	Α					
		MW001	KITCHEN SINK			Α	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CO	N	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
22327	WELL	2	WELL			Α					
		Con	tact Inforr	nation	1						
Name		0	rganization							Job Title	

Name				Organization		Job Title				
Mr. Donald Hoenig				Tri State Golf	f Co. LLC	Owner/President				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
125 Harrisville Road	ł				Woods			СТ	06281	
<b>Business Phone</b>	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ac	ddress			
860-923-9591		860-923-9	9821		860-234-6722	dhoenig	@tristatego	lfcompany.co	m	
Contact Role(s): A	dministrative	Contact, Leg	gal Contact, (	Owner						
Name				Organization	l	Job Title				
Raceway Golf Club	& Restaurant	LLC								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
205 East Thompson	Rd					Thomps	on	СТ	06277	
Business Phone	Extension	Fax	M	lobile Phone Emergency Phone En			ddress	·		

Contact Role(s): 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

	Connecticut De	<b>.</b>								ction		
	Water Qu	uality Monit	oring and	d Con	nplia	anc	e Scł	nedu	le			
PWS ID	PWS Name				Class	ificatio	on Pop	ulation	Owr	er Type	Primary	Source
CT141023	VALLEY SPRINGS SPORTS	MAN CLUB				NC		25		Р	G۱	Ν
Local Add	ress (where applicable)		Service	Residen	tial C	Commo	ercial	Industr	ial	Combine	d Agri	cultural
65 VALLEY	Y ROAD		Connections			1						
Towns Ser	rved: THOMPSON		1	I								
		Monite	oring Requ	iireme	nts							
Water Sy	stem Facility: <b>DISTRIBUTION</b>				1103							
	liform (3100)							:	1 rou	tine (RT		
	pling Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Comp	liance S	Status
Selec	ct from Inventory of Active Samp	ling Points		4/1/24 -							Complet	e
				7/1/24 -	9/30/	/24				(	Complet	e
				10/1/24 -	12/31	1/24				(	Complet	e
				1/1/25 -	3/31/	/25						
				4/1/25 -	6/30/	/25						
Physical	Parameters (PPS)							:	1 rou	tine (RT	) per qı	uarter
Samp	pling Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Pe	riod	Comp	liance S	Status
Selec	ct from Inventory of Active Samp	ling Points		4/1/24 -	6/30/	/24				(	Complet	e
				7/1/24 -	9/30/	/24				(	Complet	e
				10/1/24 -	12/31	1/24				(	Complet	e
				1/1/25 -	3/31/	/25						
				4/1/25 -	6/30/	/25						
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)										
	•								1	routine	(RT) no	
	ann Milrii e (MCJX)											rvear
	And Nitrite (NOX)			Monitori	na Pei	riod	Colle	ction Pe				-
Samp	pling Point (Sampling Point ID)			<i>Monitori</i> 1/1/23 -			Colle	ction Pe		Comp	liance S	Status
Samp				1/1/23 -	12/31	/23	Colle	ction Pe		Comp	oliance S Complet	Status e
Samp	pling Point (Sampling Point ID)			1/1/23 - 1/1/24 -	12/31 12/31	/23 /24	Colle	ction Pe		Comp	liance S	Status e
Samp	pling Point (Sampling Point ID) RY POINT (3)	4 Cychona Facili		1/1/23 - 1/1/24 - 1/1/25 -	12/31 12/31 12/31	/23 /24 /25				Comp	oliance S Complet	Status e
Samp	pling Point (Sampling Point ID) RY POINT (3)	r System Facili		1/1/23 - 1/1/24 - 1/1/25 -	12/31 12/31 12/31	/23 /24 /25	vento	ory	eriod	Comp	oliance S Complet	Status e
Samp ENTR	Pling Point (Sampling Point ID) RY POINT (3)  Water		ity and Sar	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b>	12/31 12/31 12/31	/23 /24 /25 nt In	vento	ory Lead	eriod	Comp	oliance S Complet	e e
Samp ENTR Water System	Water System Facility	Sampling Point	ity and Sar	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b>	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b>	vento Total Coliforn	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID	ity and Sar Sampling Poil Description	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b>	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 nt In	Total Coliforr Rule	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System	Water System Facility	Sampling Point ID 4	ity and Sar  Sampling Poil  Description  DISTRIBUTION	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> nt	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b>	vento Total Coliforn	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM	ity and Sar  Sampling Poil Description  DISTRIBUTION WITHIN 5 SER	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> nt	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A	Total Total Coliforr Rule Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM MW001	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> <b>nt</b> N SYSTEM	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A A	Total Coliforr Rule Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM MW001 MW002	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO	1/1/23 - 1/1/24 - 1/1/25 - mpling nt N SYSTEM EVICE CON	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A	Total Coliforn Rule Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM MW001 MW002 MW003	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN:	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> nt N SYSTEM EVICE CON	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A A	Total Coliforr Rule Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> nt N SYSTEM EVICE CON DOM S ROOM OOM	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A A A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004  MW005	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN:	1/1/23 - 1/1/24 - 1/1/25 - <b>mpling</b> nt N SYSTEM EVICE CON DOM S ROOM OOM	12/31 12/31 12/31 <b>Poir</b>	/23 /24 /25 <b>nt In</b> tatus A A A A	Total Coliforr Rule Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON DOM S ROOM OOM NS ROOM	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus A A A A A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID	Water System Facility	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004  MW005	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON  OOM S ROOM OOM NS ROOM EVICE CON	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> **A A A A A A A A A A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Samp ENTR Water System Facility ID 00600	Water Water System Facility DISTRIBUTION SYSTEM	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004  MW005  UPSTREAM	Sampling Poin Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R HALL WOMEN WITHIN 5 SER	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON  OOM S ROOM OOM NS ROOM EVICE CON	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus  A  A  A  A  A  A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Water System Facility ID 00600	Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT	Sampling Point ID  4  DOWNSTREAM  MW001  MW002  MW003  MW004  MW005  UPSTREAM  3 2	Sampling Point Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS ROBAR WOMEN: HALL MENS R HALL WOMEN: WITHIN 5 SER	1/1/23 - 1/1/24 - 1/1/25 - npling nt N SYSTEM EVICE CON S ROOM OOM NS ROOM NS ROOM	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus  A  A  A  A  A  A  A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Complet Complet	e e Stage
Water System Facility ID 00600	Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT	Sampling Point ID  4  DOWNSTREAM MW001 MW002 MW003 MW004 MW005 UPSTREAM 3 2  Con	Sampling Poin Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R HALL WOMEN WITHIN 5 SER ENTRY POINT	1/1/23 - 1/1/24 - 1/1/25 - npling nt N SYSTEM EVICE CON S ROOM OOM NS ROOM NS ROOM	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus  A  A  A  A  A  A  A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	eriod and	Comp	Scomplet Complet	e e Stage
Samp ENTR Water System Facility ID 00600	Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL	Sampling Point ID  4  DOWNSTREAM MW001 MW002 MW003 MW004 MW005 UPSTREAM 3 2  Con	Sampling Poin Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R HALL WOMEN: WITHIN 5 SER ENTRY POINT WELL	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON  DOM S ROOM OOM NS ROOM EVICE CON	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus  A  A  A  A  A  A  A	Total Coliforn Rule Y Y Y Y Y	<b>Dry</b> Lead n Cop	and oper Tier	Asbesto	Scomplet Complet	e e Stage
Water System Facility ID 00600 00700 22330 Name Mr. Jean F	Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL	Sampling Point ID  4  DOWNSTREAM MW001 MW002 MW003 MW004 MW005 UPSTREAM 3 2  Con	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R HALL WOMEN WITHIN 5 SER ENTRY POINT WELL Tact Inforr rganization alley Springs Sp	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON  DOM S ROOM OOM NS ROOM EVICE CON	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus  A  A  A  A  A  A  A	Y Y Y Y Y Y A A	Dry Lead m Cop Rule	and oper Tier	Asbesto	Scomplet Complet	Stage 2 DBPR
Water System Facility ID 00600 00700 22330 Name Mr. Jean F	Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL  P. Grenier ddress Line One	Sampling Point ID  4  DOWNSTREAM MW001 MW002 MW003 MW004 MW005 UPSTREAM 3 2  Con	Sampling Poil Description DISTRIBUTION WITHIN 5 SER BAR SINK BAR MENS RO BAR WOMEN: HALL MENS R HALL WOMEN WITHIN 5 SER ENTRY POINT WELL Tact Inforr rganization alley Springs Sp	1/1/23 - 1/1/24 - 1/1/25 - mpling  nt  N SYSTEM EVICE CON  DOM S ROOM OOM NS ROOM EVICE CON	12/31 12/31 12/31 Poir	/23 /24 /25 <b>nt In</b> tatus A A A A A A A	Total Coliforr Rule Y Y Y Y Y	Dry  Lead  m Cop  Rule	and per Tier	Asbesto  Job Title	Complet Somplet	Stage 2 DBPR

	Lonnectic	ut Depa	rtment o	of Public	c Health	Dr	inking	g water	Secti	on	
	Wa	ter Qual	lity Moni	toring a	and Con	npli	ance S	Schedul	e		
PWS ID	PWS Name					Class	sification	Population	Owner T	ype	Primary Source
CT1410234	VALLEY SPRINGS	SPORTSMA	N CLUB				NC	25	Р		GW
Local Address (w	here applicable)			Service	Residen	ntial (	Commerci	al Industri	al Con	nbine	d Agricultural
65 VALLEY ROAD				Connectio	ons		1				
Towns Served: Th	HOMPSON			·	·				·		
860-923-9555											
Contact Role(s):	Administrative	Contact									
Name			(	Organization					Job	Title	
Valley Springs Sp	otsman Club										
Mailing Address	Line One		Mailing Addre	ss Line Two				City	St	tate	Zip Code
65 Valley Rd							Thomp	son	(	СТ	06277
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	/ Phor	ne Email A	Address			
Contact Role(s):	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

	Connecticut I	Departmen	t of	Public	Health	Di	rink	ing W	ater	Se	ction	
		Quality Mo						_				
PWS ID	PWS Name			<u> </u>		_					ner Type P	rimary Source
CT141026	4 WEST THOMPSON LA	KE CAMPGROUNI	D				NC		25		P	GW
Local Addı	ress (where applicable)			Service	Residen	tial	Comm	nercial	ndustri	al	Combined	Agricultura
REARDON				Connection	S		1	L				
Towns Ser	ved: THOMPSON											
		Mo	onito	oring Req	uireme	nts						
Water Sy	stem Facility: DISTRIBUT											
<b>Total Co</b>	liform (3100)								1	. rou	itine (RT)	per quarter
Samp	oling Point (Sampling Point I	D)			Monitori	ng F	Period	Collec	tion Pe	riod	Compli	ance Status
Selec	t from Inventory of Active Sa	mpling Points			4/1/24 -	6/3	0/24				Co	mplete
					7/1/24 -	9/3	0/24				Cc	mplete
					4/1/25 -	6/3	0/25					
Physical	Parameters (PPS)								1	. rou	itine (RT)	per quarter
	oling Point (Sampling Point I	-			Monitori			Collec	tion Pe	riod		ance Status
Selec	t from Inventory of Active Sa	mpling Points			4/1/24 -		-					mplete
					7/1/24 -		-				Co	mplete
					4/1/25 -	6/3	0/25					
Water Sy	stem Facility: ENTRY POI	INT (WSF ID: 00	700)									
Nitrate A	And Nitrite (NOX)									1	routine (F	RT) per year
Samp	oling Point (Sampling Point I	D)			Monitorii	ng F	Period	Collec	tion Pe	riod	Compli	ance Status
ENTR	Y POINT (3)				1/1/23 -						Co	mplete
					1/1/24 -	12/3	31/24				Co	mplete
					1/1/25 - :	12/3	31/25					
	Wat	ter System F	acili	ity and Sa	mpling	Po	int Ir	nvento	ry			
Water								Total	Lead	and		
System	Water System Facility		Point	Sampling Po	oint			Coliforn				Stage
Facility ID		ID		Description			Status		Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4		CAMPSITE 1			Α	Υ				
		4HOS	Γ	HOST SITE #	1		Α	Υ				
		4SHEL	Т	EAST SIDE SI	HELTER		Α	Υ				
		4SITE1	1	CAMPSITE 1	1		Α	Υ				
		4WS		WOMENS R	OOM SINK		Α	Υ				
		DOWNSTR	REAM	WITHIN 5 SE	ERVICE CON	1	Α					
		UPSTREA	ΔM	WITHIN 5 SE	RVICE CON	I	Α					
00700	ENTRY POINT	3		ENTRY POIN	T		Α					
22333	WELL	2		WELL			Α					
62312	WELL 2	2		WELL 2			Α					
			Con	tact Info	mation							
Name			Or	rganization							Job Title	
Mr. Ed Gr	eenough		U.	S. Army Corp	s of Engine	ers		Pr	oject M	anag	ger	
Mailing Ad	ddress Line One	Mailing Ad	ddress	s Line Two				(	City		State	Zip Code
West Thor	mpson Lake	449 Reard	lon Ro	t			No	rth Gros	venorda	ale	СТ	06255
Business		Fax	Mobi	le Phone	Emergency	Pho	one Em	nail Addr	ess			
860-92	3-2982									gh@	usace.arm	/.mil
Contact Ro	ole(s): Legal Contact											
	· 1 -											

	Connectic	ut Depa	ii tillelit ol	Public	пеани	שו	rmkmg	, water	<b>3e</b> 0	Juon	
	Wat	ter Qua	lity Monit	oring a	nd Con	np]	liance S	Schedul	le		
PWS ID	PWS Name					Cla	ssification	Population	Own	er Type F	Primary Source
CT1410264	WEST THOMPSO	N LAKE CAI	MPGROUND				NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	ial (	Combined	d Agricultural
REARDON ROAD				Connection	ns		1				
Towns Served: TI	HOMPSON								,		
Name			Or	ganization						Job Title	
Ms. Michelle Cu	cchi		Us	Army Corps	of Engine	ers		Park Rang	ger		
Mailing Address	Line One		Mailing Address	s Line Two				City		State	Zip Code
449 Reardon Roa	ıd						North (	Grosvenorda	ale	СТ	06255
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address		·	
860-923-2982							michel	le.l.cucchi@	usace	.army.mi	l
Contact Role(s):	Administrative	Contact									

Connecticut Department of Public Health Drinking Water Section

# Contact Role(s): Administrative Contact

# Please note the following:

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

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

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

End of schedule

Connecticut Don	autus aut al	f Dublia Haaltk	Dwinle	in a IAI	oton C	o ation	
Connecticut Dep						ection	
Water Qua	ality Monit	coring and Cor	npliano	ce Sch	edule		
PWS ID PWS Name			Classificat	ion Popu	ılation Ov	vner Type P	rimary Source
CT1410284 WHITE HORSE AT VERNON	STILES INN		NC	2	25	Р	GW
Local Address (where applicable)		Service Resider	ntial Comn	nercial Ir	ndustrial	Combined	Agricultural
351 THOMPSON HILL ROAD (ROUTE 193)		Connections		1			
Towns Served: THOMPSON							
	Monito	oring Requireme	ents				
Water System Facility: <b>DISTRIBUTION</b> 9	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	d Compli	ance Status
Select from Inventory of Active Samplin	g Points	4/1/24	- 6/30/24			Co	mplete
		7/1/24	- 9/30/24			Co	mplete
		10/1/24	- 12/31/24			Со	mplete
		1/1/25	- 3/31/25				
		4/1/25	- 6/30/25				
Physical Parameters (PPS)					1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	d Compli	ance Status
Select from Inventory of Active Samplin	g Points	4/1/24	- 6/30/24			Со	mplete
		7/1/24	- 9/30/24			Со	mplete
		10/1/24	- 12/31/24			Со	mplete
		1/1/25	- 3/31/25				
		4/1/25	- 6/30/25				
Water System Facility: ENTRY POINT (	WSF ID: 00700)						
Nitrate (1040)					1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	l Compli	ance Status
ENTRY POINT (3)		4/1/24	- 6/30/24			Со	mplete
		7/1/24	- 9/30/24			Со	mplete
		10/1/24	- 12/31/24			Со	mplete
		1/1/25	- 3/31/25				
		4/1/25	- 6/30/25				
Nitrite (1041)					1	routine (R	RT) per year
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	d Compli	ance Status
ENTRY POINT (3)		1/1/23 -	12/31/23			Со	mplete
		1/1/24 -	12/31/24			Со	mplete
		1/1/25 -	12/31/25				
Water S	System Facili	ity and Sampling	Point I	nvento	ry		
Water				Total	Lead and	1	
System Water System Facility		Sampling Point		Coliform			Stage
Facility ID	ID	Description	Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
		WITHIN 5 SERVICE CO					
	UPSTREAM	WITHIN 5 SERVICE CO	N A				
00700 ENTRY POINT	3	ENTRY POINT	Α				

Α

WELL

2

22334 WELL

	Water Quality Monit	toring an	d Con	npl	liance S	chedul	.e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1410284	WHITE HORSE AT VERNON STILES INN				NC	25	Р	GW
Local Address	(where applicable)	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural	
351 THOMPSO	N HILL ROAD (ROUTE 193)			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Andrew Silvers	ton			White Horse	At Vernon Stiles		President		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
351 Thompson Road	d		PO Box	402		Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ad	ddress		
860-923-3886		860-923-	9310			mail@lc	rdthompsonn	nanor.com	
Contact Role(s): Ac	dministrative	Contact, Ow	ner						
Name				Organization	1			Job Title	
Mr. Andrew Silvers	ton			Lord Thomp	son Manor, Inc		President		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
236 Thompson Hill I	Road		PO Box	428		Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ad	ddress		
860-923-3886		860-923-	9310			mail@lc	rdthompsonn	nanor.com	
Contact Role(s): Le	gal 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

		•		of Public			`				ection		
	Wa	ter Qual	ity Mo	nitoring ar	id Con	_							
PWS ID	PWS Name					Classif	ication	Popu	ulation	Ow	ner Type	Primar	y Source
CT1410304	TEE REX					N	IC		45		Р	G	SW .
Local Address (w	vhere applicable)			Service	Residen	itial Co	mmerc	ial I	ndustri	al	Combine	d Agr	ricultura
274 RIVERSIDE D	DRIVE			Connection	5		2						
Towns Served: T	HOMPSON												
			Mo	nitoring Req	uireme	nts							
Water System	Facility: <b>DISTR</b>	RIBUTION SY	STEM (W	/SF ID: 00600)									
<b>Total Coliform</b>	n (3100)								1	rou	ıtine (RT	) per c	quarter
Sampling P	Point (Sampling P	Point ID)			Monitor	ing Peri	od C	Collec	tion Pe	riod	Comp	oliance	Status
Select from	Inventory of Act	ive Sampling	Points		4/1/24 -	- 6/30/2	.4				(	Comple	te
					7/1/24 -	9/30/2	4				(	Comple	te
					4/1/25 -	- 6/30/2	:5						
<b>Physical Parar</b>	meters (PPS)								1	rou	ıtine (RT	) per c	quarter
Sampling P	Point (Sampling P	Point ID)			Monitor	ing Peri	od C	Collec	tion Pe	riod	Comp	oliance	Status
Select from	Inventory of Act	ive Sampling	Points		4/1/24 -	- 6/30/2	.4				(	Comple	te
					7/1/24 -	9/30/2	.4				(	Comple	te
					4/1/25 -	- 6/30/2	:5						
Water System	Facility: ENTR	Y POINT (W	/SF ID: 007	700)									
Nitrate And N	itrite (NOX)									1	routine	(RT) p	er year
Sampling P	Point (Sampling P	Point ID)			Monitor	ing Peri	od (	Collec	tion Pe	riod	Comp	oliance	Status
ENTRY POI	NT (3)				1/1/23 -	12/31/2	23				(	Comple	te
					1/1/24 -	12/31/2	24				(	Comple	te
					1/1/25 -	12/31/2	25						
		Water Sy	stem Fa	acility and Sa	mpling	Poin	t Inve	ento	ry				
Water								otal	Lead	and			
	er System Facility	,		oint Sampling Po	oint			iform					Stage
Facility ID			ID	Description			itus	Rule	Rule	Tier	Asbesto	s WQF	P 2 DBPI
	RIBUTION SYSTEM	1	4	DISTRIBUTIO	N SYSTEM	1 /	4	Υ					
00700 ENTR	Y POINT		3	ENTRY POIN	Т	- /	4						
22696 WELL	-		2	WELL		,	4						
			(	Contact Infor	mation	1							
Name				Organization							Job Title		
Mr. Hany S. You	ssef												
Mailing Address	Line One		Mailing Ad	dress Line Two				C	City		State	Zip	Code
64 Messier Road	<u> </u>						North	Grosv	venor D	ale	СТ	06	255
Business Phon	e Extension	Fax	N	Mobile Phone I	Emergency	/ Phone	Email	Addre	ess				
860-923-3500	)			101-378-2558			theho	n21@	yahoo.	com			
Contact Role(s):	Administrative	Contact, Leg	al Contact,	Owner									
Please note the	following:			·									·

Connecticut Department of Public Health Drinking Water Section

# 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

(		ut Departm								ection	
		er Quality l	MOIIIU	oring an	ia Con	_				_ 1-	
	PWS Name					Clas		ion Pop			Primary Source
	ORD THOMPSO	N MANOR					NC		25	P	GW
Local Address (wh				Service	Resident	tial			Industrial	Combined	I Agricultural
286 THOMPSON H				Connections	S		1	L			
Towns Served: TH	IOMPSON					_					
			Monite	oring Req	uireme	nts					
Water System F	acility: DISTR	BUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Coliform</b>	(3100)								1 ro	utine (RT)	per quarter
	oint (Sampling Po	oint ID)			Monitorii	ng P	eriod	Collec	ction Period		iance Status
Select from I	nventory of Acti	ve Sampling Points			4/1/24 -	6/30	0/24			C	omplete
	•				7/1/24 -	9/30	0/24			C	omplete
					10/1/24 -		-				omplete
					1/1/25 -						•
					4/1/25 -						
Physical Param	eters (PPS)					•	•		1 ro	utine (RT)	per quarter
•	oint (Sampling Po	oint ID)			Monitori	ng P	eriod	Collec	ction Period		iance Status
		ve Sampling Points			4/1/24 -					C	omplete
	·				7/1/24 -						omplete
					10/1/24 -						omplete
					1/1/25 -						
					4/1/25 -		-				
Water System F	acility: ENTRY	POINT (WSF ID:	: 00700)		-, -,	-,-	-,				
Nitrate And Nit	-								1	routine (	RT) per year
	inte (NOX) oint (Sampling Po	oint ID)			Monitori	na P	eriod	Collec	ction Period	<del>-</del>	iance Status
ENTRY POIN		,,,,,,			1/1/23 - :			Conce			omplete
LIVITATION	1 (3)				1/1/24 - :						omplete
					1/1/25 - :					Ci	ompiete
		Motor System	a Facili	ity and Ca				wonte	> K1 /		
		Water Systen	n raciii	ity and Sa	mpiing	PO	IIIL II			,	
Water	System Facility	Campli	na Point	Samplina Da	oint.			Total	Lead and		Ctara
System Water Facility ID	System Facility		ng Point ID	Sampling Po	oint		_	Coliforn Rule			Stage WQP 2 DBPR
	BUTION SYSTEM		4	•	NI CVCTENA		<u>Status</u> ^	Y	Nuie He	ASDESIUS	WQF 2 DDFK
00600 DISTRII	BUTION SYSTEM			DISTRIBUTIO			A	Y			
				WITHIN 5 SE			A				
00700 FNTDV	DOINT	UPSI	rream	WITHIN 5 SE		ı	Α				
00700 ENTRY			3	ENTRY POIN	l		Α				
22925 WELL #			2	WELL			Α				
59555 ATMOS	SPHERIC STORAC	GE									
			Con	tact Infor	mation						
Name			Oı	rganization						Job Title	
Mr. Andrew Silve	erston		W	hite Horse At	: Vernon St	iles		Pr	resident		
Mailing Address L	ine One	Mailin	g Addres	s Line Two					City	State	Zip Code
351 Thompson Ro	oad	PO Bo	x 402				Th	ompson		СТ	06277
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho	ne Em	nail Addr	ess		
860-923-3886		860-923-9310							thompsonn	nanor.com	
Contact Role(s):	Administrative (	Contact, Legal Cont	tact						<u> </u>		
		*									

Connecticut Department of Public Health Drinking Water Section														
Water Quality Monitoring and Compliance Schedule														
PWS ID PWS Name Classification Population Owner Type Primary Source														
CT1410334 L	ORD THOMPSO	N MANOR						NC	25	Р		GW		
Local Address (where applicable)  Service Residential Commercial Industrial Combined Agricultura														
286 THOMPSON HILL ROAD Connections 1														
Towns Served: TH	Towns Served: THOMPSON													
Name				Org	ganization					Job Tit	le			
Mr. Andrew Silve	rston			Lor	rd Thompso	n Manor, II	nc		President					
Mailing Address L	ine One		Mailing	Address	Line Two				City	State		Zip Code		
236 Thompson Hi	ll Road		РО Вох	428				Thomp	son	СТ		06277		
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Pho	one Email A	Address	·				
860-923-3886	860-923-3886 860-923-9310 mail@lordthompsonmanor.com													
Contact Role(s):	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

	Co	nnectic	ut Depa	rtme	nt of	Public	Health	Drin	nking	Wat	er S	ection	
		Wat	ter Qua	lity M	onit	oring a	nd Con	iplia	nce So	chec	dule		
PWS ID	PW	S Name		<i></i>		0		_				ner Type F	Primary Source
CT1410344	ROI	LLIES VARIET	1						IC	25		Р	GW
Local Addre	ess (wher	e applicable)				Service	Residen	tial Co	mmercial	Indu	ustrial	Combined	l Agricultural
1213 THOM	1PSON RO	DAD				Connectio	ns		1				_
Towns Serve	ed: THO	MPSON											
				M	lonit	oring Re	quireme	nts					
Water Syst	tem Faci	lity: DISTR	IBUTION S	STEM (	WSF I	D: 00600)							
<b>Total Colif</b>	=	=										= =	per quarter
		(Sampling P					Monitori			lection	n Period		iance Status
Select	from Inv	entory of Acti	ve Sampling	Points			4/1/24 -						omplete
							7/1/24 -					Co	omplete
							10/1/24 -						
							1/1/25 -						
							4/1/25 -	6/30/2	!5				
Physical P													per quarter
		(Sampling P					Monitori			lection	n Period		iance Status
Select	from Inv	entory of Acti	ve Sampling	Points			4/1/24 -						omplete
							7/1/24 -					Co	omplete
							10/1/24 -						
							1/1/25 -						
							4/1/25 -	6/30/2	!5				
Water Syst	tem Faci	lity: ENTRY	POINT (V	/SF ID: 0	0700)								
Nitrate Ar		• •									1	=	RT) per year
		(Sampling P	oint ID)				Monitori			lection	n Period	l Compl	iance Status
ENTRY	POINT (3	3)					1/1/23 -					Co	omplete
							1/1/24 -	12/31/2	24			Co	omplete
							1/1/25 -	12/31/2	25				
			Water Sy	stem	Facili	ity and S	ampling	Poin	t Inven	tory			
Water									Tot		ead and	1	
System V	Nater Sy	stem Facility		Sampling	Point	Sampling I	Point		Colife	orm (	Copper		Stage
Facility ID				ID		Description	n	Sta	itus Ru	le F	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4		DISTRIBUT	ION SYSTEM		A Y				
				DOWNST	REAM	WITHIN 5	SERVICE CON	۱ /	A				
				UPSTRI	EAM	WITHIN 5	SERVICE CON	۱ /	А				
00700 E	ENTRY PC	DINT		3		ENTRY POI	NT	/	А				
22939 V	WELL #1			2		WELL		1	А				
					Con	tact Info	rmation						
Name						rganization						Job Title	
Mr. Jigar Pa	atel					ollies Variety	/			Legal	Owner	110	
Mailing Add		one		Mailing A		s Line Two	1			City		State	Zip Code
312 Rebecca		·		,					Witinsvil			MA	01588
				L						-			
Business F	Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	ldress			

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

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

ı				0		1			
	PWS ID	PWS Name				Classification	Population	Owner Type	<b>Primary Source</b>
	CT1410344	ROLLIES VARIETY				NC	25	Р	GW
	Local Address (w	here applicable)		Service	Residen	ntial Commerc	cial Industri	al Combine	ed Agricultural
	1213 THOMPSO	N ROAD		Connections		1			
- [									

Towns Served: THOMPSON

# 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

Co	onnectic	•						_				ction	
	Wa	ter Qual	lity Mo	nit	oring a	nd Con	ıplia	ance S	Sche	edul	e		
PWS ID PW	/S Name						Classi	fication	Popu	ation	Own	er Type P	rimary Source
CT1419074 29	2 RIVERSIDE D	ORIVE - THON	/IPSON				1	NC	2	5		Р	GW
Local Address (whe	re applicable)				Service	Residen	tial C	ommerci	al In	dustria	al	Combined	Agricultural
					Connectio	ns		1					
Towns Served: THO	MPSON												
						quireme	nts						
Water System Fac	•	RIBUTION SY	STEM (W	/SF II	D: 00600)								
Total Coliform (3	<u>-</u>												per quarter
Sampling Poin						Monitori			ollecti	on Per	iod		ance Status
Select from Inv	entory of Act	ive Sampling	Points			4/1/24 -							mplete
						7/1/24 -						Со	mplete
						10/1/24 -							
						1/1/25 -							
						4/1/25 -	6/30/	25					
<b>Physical Paramet</b>										1	rou		per quarter
Sampling Poin	t (Sampling P	Point ID)				Monitori	ng Per	iod C	ollecti	on Per	iod	Compli	ance Status
Select from Inv	entory of Act	ive Sampling	Points			4/1/24 -	6/30/	24				Co	mplete
						7/1/24 -	9/30/	24				Co	mplete
						10/1/24 -	12/31	/24					
						1/1/25 -	3/31/	25					
						4/1/25 -	6/30/	25					
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 007	700)									
Nitrate And Nitri	•	`		•							1 r	routine (F	RT) per year
Sampling Poin	•	Point ID)				Monitori	na Per	riod C	ollecti	on Per		<del>-</del>	ance Status
ENTRY POINT (		<u> </u>				1/1/23 -							mplete
Ziviivi i Oiivi i	,					1/1/24 -							mplete
						1/1/25 -							inpiete
		<b>M</b>		•1•									
		Water Sy	stem Fa	acili	ity and S	ampling	Poir	it inve	ntor	<b>y</b>			
Water									otal	Lead (			
	stem Facility			oint	Sampling I				form	Copp			Stage
Facility ID			ID		Description			utus	ule	Kule	Her	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4			ION SYSTEM			Υ				
						SERVICE CON		Α					
			UPSTREA	M		SERVICE CON		Α					
00700 ENTRY P	OINT		3		ENTRY POI	NT		Α					
57512 WELL 1			2		WELL 1			Α					
				Con	tact Info	rmation							
Name					rganization							Job Title	
Mr. Hany S. Yousse	f				J							323	
Mailing Address Lin			Mailing Ad	dres	s Line Two				Ci	tv		State	Zip Code
64 Messier Road				J. C.J.	J 1 WO			North (		•	ale	CT	06255
Business Phone	Extension	Fax		Mohi	le Phone	Emergency	Phone				۵.۰	Ç1	00233
860-923-3500	LACCIOUII	гах			378-2558	Lineigency	THORK	thehon			om		
000-323-3300				+OT-2	10-2330			uienon	ızıwy	anou.	JUIII		

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

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

PWS ID	PWS Name			Classi	ification I	Population	Owner Type	Primary Source
CT1419074	292 RIVERSIDE DRIVE - THOMPSON			ı	NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial C	Commercia	l Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: THOMPSON

### 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 Dep	artment of	Public H	ealth	Drink	ing V	Vater	Se	ction	
	•	ality Monit				_				
PWS ID	PWS Name		<u>-</u>		<u> </u>			_	ner Type P	rimary Source
CT1419084	THOMPSON SPEEDWAY-C	ONCESSION			NC		25		Р	GW
Local Address (v	where applicable)		Service	Resident	ial Comn	nercial	Industri	al	Combined	Agricultural
205 EAST THON	/IPSON ROAD		Connections						1	
Towns Served:	THOMPSON									
		Monito	oring Requ	iremer	nts					
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)							
<b>Total Coliforn</b>	•									per quarter
	Point (Sampling Point ID)			Monitorin		Colle	ction Pe	riod		ance Status
Select fror	m Inventory of Active Sampli	ng Points		4/1/24 -						mplete
				7/1/24 -						mplete
			=	10/1/24 -					Со	mplete
	f N			4/1/25 -	6/30/25					
-	meters (PPS)									per quarter
	Point (Sampling Point ID)	B	l	Monitorin		Colle	ection Pe	riod		ance Status
Select from	n Inventory of Active Sampli	ng Points		4/1/24 -						mplete
				7/1/24 - 1 10/1/24 -						mplete
				4/1/25 -					Co	mplete
Mater System	Eacility: ENTRY DOINT	CONCESSION STA	AND MACE ID		0/30/23					
	Facility: ENTRY POINT-	CONCESSION STA	אואט (אטארוט	. 00700)					tine (DT)	
Nitrate (104)	O) Point (Sampling Point ID)			Monitorin	a Period	Colle	ction Pe			per quarter ance Status
EP-CONCE				4/1/24 -		Cone	ction re	Hou		mplete
LF-CONCE	33310N (3)			7/1/24 -						mplete
				10/1/24 -						mplete
			•	4/1/25 -						mpiete
Nitrite (1041	1			7/ 1/ 23	0/30/23			1	routine (R	RT) per year
=	· I Point (Sampling Point ID)			Monitorin	a Period	Colle	ction Pe		<del>-</del>	ance Status
EP-CONCE				1/1/23 - 1						mplete
				1/1/24 - 1						mplete
										<u> -</u>
		Other Co	ompliance	· ·	· ·					
Compliance Sch	nedule Activity		•		ue Date		Achie	eved i	Date	
	ANITARY SURVEY			7,	/25/2019					
	Water	System Facili	tv and Sar			nvent	orv			
Water		<b>-</b>	<b>c,</b> and car	b0		Total	•	and		
	er System Facility	Sampling Point	Sampling Poi	nt		Colifor				Stage
Facility ID	<u> </u>	ID	Description		Status	D. J.		•	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		MW001	GARAGE		1	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 ENTI	RY POINT-CONCESSION ND	3	EP-CONCESSS	ION	Α					

Α

WELL 1

2

58807 CONCESSION WELL 1

2/1	THOMPSON SPEEDWAY CONCESSION	NC	25	D	G/M
	PWS Name	Classification	Population	Owner Type	<b>Primary Sour</b>
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	שוואווועו	, water	Section	

						-			-
CT1419084	THOMPSON SPEEDWAY-CONCESSION				NC	25	Р		GW
Local Address (w	here applicable)	Service	Residen	tial	Commercial	Industria	al Co	nbined	d Agricultural
205 FAST THOM	PSON ROAD	Connections						1	

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: THOMPSON

PWS ID

				Contact Info	ormation				
Name				Job Title					
Mr. Donald Hoenig				Owner/President					
Mailing Address Lin	e One		Mailing	g Address Line Two		City		State	Zip Code
125 Harrisville Road						Woodsto	ock	СТ	06281
Business Phone	Extension	Emergency Phone	Email Ac	ldress					
860-923-9591		860-923-9	9821		860-234-6722	dhoenig	@tristatego	lfcompany.co	m

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

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

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

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

	Connecticut Depa	artmer	nt of	Public H	lealth	Dr	inking	Water S	Section	
	Water Qua						•			
PWS ID	PWS Name			011118 0111		_			wner Type Pri	imary Source
CT1419093	TRI-STATE BAPTIST CHURCH	<u> </u>					NC	157	P	GW
Local Address	s (where applicable)			Service	Residen	tial	Commercia	I Industrial	Combined	Agricultural
386 QUINEBA	AUG RD			Connections			2			_
Towns Served	d: THOMPSON				1					
		M	onito	oring Requ	iireme	nts				
Water Syste	em Facility: DISTRIBUTION S	YSTEM (	WSF II	D: 00600)						
Total Colifo	orm (3100)							1 r	outine (RT) p	er quarter
	g Point (Sampling Point ID)				Monitori			llection Perio		ince Status
Select fr	om Inventory of Active Sampling	g Points			4/1/24 -	-	<u> </u>			nplete
					7/1/24 -		•		Cor	nplete
					10/1/24 -					
					1/1/25 -					
					4/1/25 -	6/30	0/25			
-	rameters (PPS)								outine (RT) p	•
-	g Point (Sampling Point ID)				Monitori			llection Perio		ince Status
Select fr	om Inventory of Active Sampling	g Points			4/1/24 -					nplete
					7/1/24 -		-		Cor	nplete
					10/1/24 -					
					1/1/25 -					
\	Facility FAITDY DOINT ()	NCE ID: 0	22001		4/1/25 -	· b/3l	J/25			
-	em Facility: ENTRY POINT (\	WSF ID: U	0700)						4	F\
	d Nitrite (NOX)				Manitari	D	ariad Ca	llection Perio	1 routine (R	
-	POINT (3)				<i>Monitori</i> 1/1/23 -			mection Perio		nplete
LININIF	OINT (3)				1/1/24 -					nplete
					1/1/25 -				COI	пріесе
		Oth	0 M C	- mulion co						
- "		Oth	er Co	ompliance						
	Schedule Activity					Due l		Achieve	ed Date	
RESPOND TO	SANITARY SURVEY			-			/2020			
		Public	Not	ification R	Require	eme	ents			
			C	ompliance	Notice		<u>Public No</u>		PN Certi	
Violation/Sit				Period	Tier		Required	Performed	Due to DPH	Received
	Nitrite M&R Violation			15 - 12/31/15	2		5/10/2016		6/20/2016	
	n M&R Violation			'15 - 12/31/15			6/10/2016		6/20/2016	
Physical Para	meters M&R Violation			15 - 12/31/15			5/11/2017		5/21/2017	
	Water S	ystem F	acili	ty and Sar	mpling	Poi	int Inver	ntory		
Water								tal Lead a		
-	ater System Facility		Point	Sampling Poi	nt		Colif			Stage
Facility ID	CTRURUTION OVER	ID		Description			Stutus	ile Rule T	ier Asbestos I	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DE * * *	DISTRIBUTION			A			
				WITHIN 5 SEF			A			
00700	ITDV BOINT	UPSTRE	AM	WITHIN 5 SEF		V	Α			
00700 EN	NTRY POINT	3		ENTRY POINT			Α			

Α

WELL #1

2

59648

WELL #1

	Water Quality Monito	oring and	d Con	npli	iance S	Schedul	e	
WS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
T1419093	TRI-STATE BAPTIST CHURCH				NC	157	Р	GW
ocal Address (w	rhere applicable)	Service	Residen	itial	Commercia	al Industria	al Combine	ed Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: THOMPSON

386 QUINEBAUG RD

Contact Information												
Name				Organization			Job Title					
Mr. Frank Morrison	1			Tri-State Bap	Tri-State Baptist Church							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
386 Quinebaug Rd						Thompso	n	СТ	06277			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address						
			40	1-862-3770		frank@morrison.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.

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

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

End of schedule

Schedule Generation Date: 12/18/2024

Page 29

	Conne	cticut [	Depai	rtment of	f Public	Health	Drir	ıking '	Wat	ter Se	ction	
		Water	Oual:	ity Monit	oring ar	nd Com	plia	nce So	chec	dule		
PWS ID	PWS Nam		<b>C</b> 3333		8		<u> </u>				ner Type P	rimary Source
CT1419094	ROUTE 19	3 LLC RESTA	URANT				N		25		Р	GW
	ess (where appli				Service	Resident		mmercial		ustrial	Combined	T
49 THOMPS					Connection					3501101	1	7.81.104.141
	red: THOMPSON	J									-	
				Monit	oring Req	uiromo	atc					
Water Sys	tem Facility:	DISTRIBUT	ION SY			uneme	its					
<b>Total Coli</b>	form (3100)									1 rou	itine (RT)	per quarter
Sampl	ling Point (Sam <sub>l</sub>	oling Point II	D)			Monitorin	ng Perio	od Col	lectior	n Period	Compl	iance Status
Select	from Inventory	of Active Sa	mpling I	Points		4/1/24 -	6/30/2	4			Co	mplete
						7/1/24 -	9/30/2	4			Co	mplete
						10/1/24 -	12/31/	24			Co	mplete
						1/1/25 -	3/31/2	5				
						4/1/25 -						
Physical F	Parameters (P	PS)								1 rou	itine (RT)	per quarter
•	ling Point (Sam	-	D)			Monitorin	ng Perio	od Col	lection	n Period		iance Status
Select	from Inventory	of Active Sa	mpling I	Points		4/1/24 -						mplete
						7/1/24 -	9/30/2	4			Co	mplete
						10/1/24 -						mplete
						1/1/25 -						•
						4/1/25 -						
Water Sys	tem Facility:	ENTRY POI	NT (W	SF ID: 00700)		, .						
•	nd Nitrite (NC		•	<b>,</b>						1	routine (I	RT) per year
	ling Point (Sam	-	D)			Monitorin	na Perio	od Col	lection	n Period	-	iance Status
	POINT (3)	J	_,			1/1/23 - 1						mplete
LIVIIVI	10111 (3)					1/1/24 - 1						mplete
						1/1/25 - 1					CC	implete
		201							•			
		wa	ter Sy	stem Facili	ity and Sa	impling	Poin	inven	tory			
Water			_					Tota		ead and		
	Water System F	acility	5	ampling Point		oint		Colifo		Copper		Stage
Facility ID											A - I L	
00000	DICTOIS! IT: S. : -			ID	Description		Sta			Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION S	SYSTEM		4	DISTRIBUTIO		F	Y		Rule Tier	Asbestos	WQP 2 DBPK
00600	DISTRIBUTION S	YSTEM	Г	4 DOWNSTREAM	DISTRIBUTION S SE	ERVICE CON	l A	A Y		Rule Tier	Asbestos	WQP 2 DBPR
		SYSTEM	[	4 DOWNSTREAM UPSTREAM	DISTRIBUTION S SE	ERVICE CON ERVICE CON		A Y A		Rule Tier	Asbestos	WQP 2 DBPR
00700	ENTRY POINT	SYSTEM	С	4 DOWNSTREAM UPSTREAM 3	DISTRIBUTION S SE	ERVICE CON ERVICE CON	l A	A Y A		Rule Tier	Asbestos	WQP 2 DBPR
00700		YSTEM	[	4 DOWNSTREAM UPSTREAM	DISTRIBUTION S SE	ERVICE CON ERVICE CON		A Y A		Rule Tier	Asbestos	WQP 2 DBPR
00700 60978	ENTRY POINT		[	4 DOWNSTREAM UPSTREAM 3	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	ERVICE CON ERVICE CON		A Y A		Rule Tier	Asbestos	WQP 2 DBPR
00700 60978 60980	ENTRY POINT WELL 1		[	4 DOWNSTREAM UPSTREAM 3	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	ERVICE CON ERVICE CON		A Y A		Rule Tier	Asbestos	WQP 2 DBPK
00700 60978 60980	ENTRY POINT WELL 1 STORAGE TANK			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	ERVICE CON ERVICE CON IT		A Y A		Rule Tier	Asbestos	WQP 2 DBPK
00700 60978 60980 60982	ENTRY POINT WELL 1 STORAGE TANK			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	ERVICE CON ERVICE CON IT		A Y A		Rule Tier		WQP 2 DBPR
00700 60978 60980 60982	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	ERVICE CON ERVICE CON IT		A Y A			Job Title	WQP 2 DBPK
00700 60978 60980 60982 Name	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SEE WITHIN 5 SEE ENTRY POIN WELL 1	ERVICE CON ERVICE CON IT		A Y A	Owne	er.	Job Title	
00700 60978 60980 60982 Name Mr. Kennet	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA  th Loiselle dress Line One			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTION WITHIN 5 SEE WITHIN 5 SEE ENTRY POIN WELL 1	ERVICE CON ERVICE CON IT		A Y A A		er.	Job Title State	Zip Code
00700 60978 60980 60982 Name Mr. Kennet Mailing Add PO Box 213	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA  th Loiselle dress Line One	ANT		4 DOWNSTREAM UPSTREAM 3 2  Con On Mailing Address	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1  Itact Information s Line Two	ervice con ervice con it rmation		Pomfret	Owne City	er.	Job Title	
00700 60978 60980 60982 Name Mr. Kennet Mailing Add PO Box 213 Business	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA  th Loiselle dress Line One B Phone Exter	ANT		4 DOWNSTREAM UPSTREAM 3 2  Con On Mailing Address	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1  Itact Information s Line Two	ERVICE CON ERVICE CON IT		Pomfret Email Ad	Owne City dress	er	Job Title State	Zip Code
00700 60978 60980 60982 Name Mr. Kennet Mailing Add PO Box 213 Business 401-529	ENTRY POINT WELL 1 STORAGE TANK TREATMENT PLA  th Loiselle dress Line One B Phone Exter	ANT	Fax	4 DOWNSTREAM UPSTREAM 3 2  Con On Mailing Address	DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1  Itact Information s Line Two	ervice con ervice con it rmation		Pomfret	Owne City dress	er	Job Title State	Zip Code

Page 30

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

		_			_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	<b>Primary Source</b>
CT1419094	ROUTE 193 LLC RESTA	URANT			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
49 THOMPSON	ROAD		Connections				1	

Towns Served: THOMPSON

# 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

	Connection	cut Department of	f Public I	Health	Drin	ıking	Wa	ater	Se	ction		
	Wa	nter Quality Monit	coring an	nd Com	plia	nce S	che	edul	e			
PWS ID	PWS Name					Population Owner Type Pi			Primary Source			
CT1419104	THOMPSON SP	EEDWAY-GARAGE			N		2			P	GW	
Local Addr	ess (where applicable	)	Service	Resident	ial Coi	mmercia	l In	dustri	al	Combined	Agricultural	
		,	Connections							1		
Towns Ser	ved: THOMPSON											
		Monit	oring Req	uiremei	nts							
Water Sys	stem Facility: <b>DIST</b> I	RIBUTION SYSTEM (WSF I	D: 00600)									
Total Col	iform (3100)							1	. rou	tine (RT)	per quarter	
Samp	ling Point (Sampling I	Point ID)		Monitoring Period Collection Period					riod	l Compliance Status		
Select	t from Inventory of Ac	tive Sampling Points		4/1/24 - 6/30/24						Complete		
				7/1/24 -	9/30/2	4				C	omplete	
				10/1/24 -							omplete	
				1/1/25 -							·	
				4/1/25 -								
Physical	Parameters (PPS)			, =, =0	,,			1	rou	tine (RT)	per quarter	
_	ling Point (Sampling I	Point ID)		Monitorii	na Perio	od Co	llecti	on Pei			iance Status	
	t from Inventory of Ac			4/1/24 -							omplete	
30.00	enom inventory or ric	are sampling rounts		7/1/24 -							omplete	
				10/1/24 -							omplete	
				1/1/25 -							ompiete	
Water Sv	stem Facility: FNT	RY POINT (WSF ID: 00700)	1	4/1/25 -	6/30/2	5						
•	and Nitrite (NOX)	(110111 (1131 12:00700)	<u>'</u>						1	routine (	RT) per year	
	ling Point (Sampling I		Monitoring Period			Collection Period			Compliance Status			
				1/1/23 - 12/31/23			necer	011 1 61	1104		omplete	
ENTRY POINT (3)			1/1/24 - 12/31/24								omplete	
				1/1/25 - 12/31/25						C	Jilipiete	
		Water System Facil	ity and Sa	mpling	Point	Inver	ntor	У				
Water						Tot		Lead				
System	Water System Facility			oint		Colif		Cop			Stage	
Facility ID		ID	Description		Sta	tus Ru	ıle	Rule	Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	M 4	DISTRIBUTIO	N SYSTEM	Α	١ ١	1					
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	Ι Δ	١ ١	1					
		UPSTREAM	WITHIN 5 SE	RVICE CON	Ι Δ	١						
00700	ENTRY POINT	3	ENTRY POIN	Т	Д	١						
61752	GARAGE WELL	2	GARAGE WE	LL	Α	١						
		Con	tact Infor	mation								
Name		0	rganization							Job Title		
				te Golf Co. LLC			Owi	ner/Pr	eside	ent		
	dress Line One	Mailing Addres	s Line Two				Cit			State	Zip Code	
125 Harris		<u> </u>				Woodst				СТ	06281	
Business		Fax Mobi	ile Phone E	Emergency	Phone			S		-		
860-923		860-923-9821		860-234-6					olfco	mpany.co	m	
555 525	- / -   A   ! - ! - ! - !	Contrat Land Contra		555 E57 (	<b></b>	J001118	,		, , , , , ,			

Schedule Generation Date: 12/18/2024 Page 32

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name			Classifica	ition F	Population	Owner Type	Primary Source
CT1419104	T1419104 THOMPSON SPEEDWAY-GARAGE			NC		25	Р	GW
Local Address (w	Service	Resider	ntial Comr	mercia	l Industri	al Combine	ed Agricultural	
		Connections					1	

Towns Served: THOMPSON

# 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