	Connecticut D	*					0		ection		
	Water Q	Juality Monit	oring and	d Com	pli	ance	e Sch	edule			
PWS ID	PWS Name				Class	ificatio	on Popu	ulation Ow	ner Type F	Primary	/ Source
CT1429043	CIDER MILL CHRISTIAN	FELLOWSHIP				NC		30	Р	-	W
	s (where applicable)		Service	Resident	tial C	Comme	ercial II	ndustrial	Combined	l Agri	icultura
75 CIDER MIL	L ROAD		Connections	1							
Towns Served	d: TOLLAND										
		Monite	oring Requ	ireme	nts						
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Colifo	orm (3100)							1 ro	utine (RT)	per q	uarter
Samplin	g Point (Sampling Point ID,)		Monitoriı	ng Pe	riod	Collect	tion Period	l Compl	iance .	Status
Select fr	om Inventory of Active Sam	npling Points	:	10/1/23 -	12/3	1/23			C	omplet	te
				1/1/24 -	3/31,	/24					
				4/1/24 -	6/30,	/24					
				7/1/24 -	9/30,	/24					
-	rameters (PPS)							1 ro	utine (RT)	per q	uarter
	g Point (Sampling Point ID,	•		Monitoriı	-		Collect	tion Period	l Compl	iance :	Status
Select fr	om Inventory of Active Sam	npling Points		10/1/23 -					Co	omplet	te
				1/1/24 -	3/31,	/24					
				4/1/24 -							
				7/1/24 -	9/30/	/24					
Water Syste	m Facility: ENTRY POIN	IT (WSF ID: 00700)									
	l Nitrite (NOX)							1	routine (-
	g Point (Sampling Point ID))		Monitorii	_		Collect	tion Period			
ENTRY P	OINT (3)			1/1/23 - 1					Co	omplet	te
				1/1/24 - 1			_				
				1/1/25 - 1	12/31	./25					
		Other C	ompliance	Sched	ules	5					
Compliance S	Schedule Activity			Ĺ	Due D	ate		Achievea	Date		
DISTRIBUTION	N SYSTEM MATERIALS EVAL	UATION		6	/15/2	2020					
CROSS CONN	ECTION EXEMPTION			3	3/1/20	024					
	Wate	er System Facili	ity and Sar	npling	Poir	nt In	vento	ry			
Water							Total	Lead and	1		
	ater System Facility	Sampling Point		nt		(Coliform				Stage
Facility ID		ID	Description			tatus	Rule	Rule Tie	r Asbestos	WQP	2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
		DOWNSTREAM				А					
		MW001-H	MENS RESTRO		L	A	Y	N	Y	Y	
		MW002-H	WOMENS RES HALL	TROOM		A	Y	N			
		MW003	KITCHEN			А	Y	Ν		Y	
		MW003-LS	KITCHEN LEFT			A	Y	Ν			
		MW004-AP	SINK ACROSS			A	Y	N			
		MW017-131	BATHROOM 1			Α	Y	Ν			
		UPSTREAM	WITHIN 5 SER	VICE CON	l	A					
	ITRY POINT	3	ENTRY POINT			А					
10628 W	ELL #1	2	WELL #1			А					
1528 TR	EATMENT PLANT										

		रण रुववा				<u>- Pv</u>			0		
PWS ID P	WS Name					Classi	ication	Population	Owner Type	Primary Source	
CT1429043 C	DER MILL CHR	ISTIAN FELLO	WSHIP			١	IC	30	Р	GW	
Local Address (whe	ere applicable)			Service	Residen	tial Co	ommerci	al Industri	al Combin	ed Agricultural	
75 CIDER MILL ROA	٩D			Connection	IS 1						
Towns Served: TOI	LAND				÷	·			·	· ·	
			Con	ntact Info	rmatior	ı					
Name			0	rganization					Job Tit	е	
Pastor Jeff Roman			Fi	rst Baptist Ch	nurch of To	llan		Pastor			
Mailing Address Li	ne One	I	Mailing Addres	s Line Two				City	State	Zip Code	
175 Cider Mill Roa	d						Tollanc	ł	СТ	06084	
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	/ Phone	Email A	Address			
860-871-8192		860-871-8	192								

Contact Role(s): Legal Contact

	-									
Name				Organizatior	ו		Job Title			
Reverend Timothy	Vamosi			Cider Mill Ch	nristian Fellowshi					
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
75 Cider Mill Road						Tolland		СТ	06084	
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	dress			
860-871-0592						TIMVAM	OSI@GMAIL.C	DM		
Contact Role(s):	dministrative	Contact. Leg	al Contact. O	wner						

Please note the following:

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

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

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

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	Connecticut De	partment of	Public	Health	Dri	inkir	ισ Μ	ater S	ection	
		*					0		ection	
		uality Monit	oring at							uine a Counce
PWS ID CT1420034	PWS Name CRANDALLS LODGE					NC	-		L L	rimary Source GW
	where applicable)		Service	Residen		Comme		ndustrial	L Combined	-
64 CIDER MILL F			Connection			1		luustilai	Combined	Agricultural
Towns Served:	-					1				
Towns Served.		Monit	oring Req	uiromo	ntc					
Water System	Facility: DISTRIBUTIC		<u> </u>	laneme	iits			_	_	_
Total Coliforn		· · ·			_			1 rc	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collect	ion Perio		ance Status
Select fron	n Inventory of Active Sam	pling Points		10/1/23 -	12/3	1/23			Co	omplete
				1/1/24 -	3/31	/24			Co	omplete
				4/1/24 -	6/30	/24				
				7/1/24 -	9/30,	/24				
Physical Para								1 rc	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	-		Collect	ion Perio		ance Status
Select fron	n Inventory of Active Sam	pling Points		10/1/23 -						omplete
				1/1/24 -		-			Co	omplete
				4/1/24 -		-				
		- /		7/1/24 -	9/30,	/24				
-	Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate And N	• •				-				-	RT) per year
	Point (Sampling Point ID)			Monitori	-		Collect	ion Perio		ance Status
ENTRY POI	NI (3)			1/1/23 -						mplete
				1/1/24 - 1/1/25 -						mplete
	Wate	er System Facili	itv and Sa				vento	rv		
Water							Total	Lead an	d	
System Wate	er System Facility	Sampling Point				С	oliform	Copper	•	Stage
Facility ID		ID	Description			tatus	Rule	Rule He	er Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4 DOWNSTREAM				A	Y			
		UPSTREAM	WITHIN 5 SE			A A				
00700 ENTF	RY POINT	3	ENTRY POIN		N	A				
22337 WEL		2	WELL	• •		A				
22337 WEE	L			rmation						
			tact Info	rmation						
Name			rganization						Job Title	
Mr. Bruce Watt			olland Recrea	tion Depar	tment	ι		ector	Ctoto	Zip Code
Mailing Address 21 Tolland Gree		Mailing Addres	S LINE I WO			Ellin		ity	State CT	Zip Code 06084
Business Phor		Fax Mobi	ile Phone	Emergency	Phon	Elling	-	c c	CI	00064
860-870-361		870-6876	ile FIIUIIE	860-310-			tt@tolla			
	Administrative Contact			000-310-	0000	Uvva	CC CONA	110.01g		
contact hole(s).										

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1420034	CRANDALLS LODGE			NC	25	L	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
64 CIDER MILL F	ROAD	Connections		1			
Towns Served:	FOLLAND	·					

Please note the following:

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

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

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

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	Connecticut De	^					0			ction	
	Water Q	uality Monit	oring and	d Com	ıpli	iance	e Scł	nedule	9		
PWS ID	PWS Name				Clas	sificatio	n Pop	oulation	Jwn	er Type Pr	imary Source
CT1420044	CRANDALLS PARK					NC		25		Р	GW
Local Addres	s (where applicable)		Service	Resident	tial	Comme	rcial	Industria	(Combined	Agricultural
120 CIDER N	ILL ROAD		Connections			1					
Towns Serve	d: TOLLAND										
		Monito	oring Requ	ireme	nts						
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colif	orm (3100)							1	rout	tine (RT) J	per quarter
Sampliı	ng Point (Sampling Point ID)			Monitoriı	ng Pe	eriod	Colle	c <mark>tion Pe</mark> ri	od	Complie	ance Status
Select f	rom Inventory of Active Samp	oling Points		10/1/23 -	10/3	31/23				Со	mplete
				4/1/24 -	6/30	0/24					
				7/1/24 -	9/30)/24					
Total Colif	orm (3100)							:	3 re	peat (RP)	per period
Samplir	ng Point (Sampling Point ID)			Monitoriı	-		Colle	c <mark>tion Pe</mark> ri	od	Complie	ance Status
Select f	rom Inventory of Active Samp	oling Points	1	0/20/23 -	10/	25/23				Со	mplete
Physical Pa	rameters (PPS)							1	rout	tine (RT) J	per quarter
Sampliı	ng Point (Sampling Point ID)			Monitoriı	ng Pe	eriod	Colle	ction Peri	od	Complie	ance Status
Select f	rom Inventory of Active Samp	oling Points	-	10/1/23 -	12/3	31/23	10	/1-10/31		Со	mplete
				4/1/24 -	6/30)/24					
				7/1/24 -	9/30)/24					
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate An	d Nitrite (NOX)								1 r	outine (R	T) per year
Sampliı	ng Point (Sampling Point ID)			Monitorii	ng Pe	e riod	Colle	ction Peri		-	ance Status
ENTRY I	POINT (3)			1/1/23 - 1	12/3	1/23				Co	mplete
				1/1/24 - 1	12/3	1/24			-		
				1/1/25 - 1	12/3	1/25					
Water Syste	em Facility: WELL (WSF I	D: 22338)									
E. Coli (30					_			1 t	rigg	ered (TG)	per period
•	ng Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Colle	ction Peri			ance Status
WELL (2	·)		1	0/19/23 -	10/	25/23				Со	mplete
	·	Other C	ompliance								
Compliance	Schedule Activity					D ate		Achiev	ed I	Date	
-	TART UP COMPLETION				5/1/2						
		r System Facili	ty and Sar				vento	ory			
Water							Total	Lead a	Ind		
	ater System Facility	Sampling Point		nt		C	oliforr				Stage
Facility ID		ID	Description			Status	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I	А					
		UPSTREAM	WITHIN 5 SER	VICE CON		А					
1											
00700 EI	NTRY POINT	3	ENTRY POINT			А					
	NTRY POINT	3	ENTRY POINT WELL			A A					

		· ·	0		1				
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT1420044	CRANDALLS PARK					NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
120 CIDER MILL	ROAD		Connections			1			
Towns Served:	ΓOLLAND		· · · · ·				·	·	

			C	Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Bruce Watt				Tolland Recr	eation Department	Director				
Mailing Address Line One Mailing Add				ress Line Two		Cit	y St	tate	Zip Code	
21 Tolland Green						Ellington	n CT 06084			
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Address				
860-870-3610		860-870-6	5876		860-310-6598	bwatt@tolland.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT1420064 THE QUARRY CAMPGROUND LLC (STORE) NC 27 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 704 SHENIPSIT LAKE ROAD Connections 1 Industrial Combined Agricultural Towns Served: TOLLAND Monitoring Requirements Industrial Compliance Status Inoutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24
PWS ID PWS Name Classification Population Owner Type Primary Source CT1420064 THE QUARRY CAMPGROUND LLC (STORE) NC 27 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 704 SHENIPSIT LAKE ROAD Connections 1 Industrial Combined Agricultural Towns Served: TOLLAND Monitoring Requirements Industrial Compliance Status Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) I routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24 I
CT1420064 THE QUARRY CAMPGROUND LLC (STORE) NC 27 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 704 SHENIPSIT LAKE ROAD Connections 1 I
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 704 SHENIPSIT LAKE ROAD 1
704 SHENIPSIT LAKE ROAD Connections 1 Towns Served: TOLLAND Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24
Towns Served: TOLLAND Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24 4/1/24 - 6/30/24
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusSelect from Inventory of Active Sampling Points10/1/23 - 12/31/234/1/24 - 6/30/24
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 4/1/24 - 6/30/24 4/1/24 - 6/30/24
4/1/24 - 6/30/24
7/1/24 - 9/30/24
Physical Parameters (PPS)1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 10/1-10/31
4/1/24 - 6/30/24 5/1-6/30
7/1/24 - 9/30/24
Water System Facility: ENTRY POINT (WSF ID: 00700)
Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
Sumpling Point (Sumpling Point ID)Information PeriodCompliance StatusENTRY POINT (3)1/1/23 - 12/31/23Complete
1/1/24 - 12/31/24
1/1/25 - 12/31/25
Other Compliance Schedules
Compliance Schedule Activity Due Date Achieved Date
SEASONAL START UP COMPLETION 5/1/2024
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Coliform Copper Stage Facility ID ID Description Control Rule Rule Rule Rule Tier Asbestos WOP 2 DBPR
Status and Status
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A
00700 ENTRY POINT 3 ENTRY POINT A
22340 WELL 2 WELL A
Contact Information
Name Organization Job Title
Ms. Brittany Mathis The Quarry Campground LLC Owner
Mailing Address Line One Mailing Address Line Two City State Zip Code
704 Shenipsit Lake Road CT 06084
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address
860-875-8325 401-632-8576 thequarrycampground@gmail.com
Contact Role(s): Administrative Contact, Owner

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1420064	THE QUARRY CAMPGROUND LLC (STORE)			NC	27	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commer	cial Industr	ial Combin	ed Agricultural
704 SHENIPSIT	LAKE ROAD	Connections		1			
Towns Served:	TOLLAND			1	1	1	

Please note the following:

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

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

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		t Department of				0			ction	
		er Quality Monit	oring and		<u> </u>					
PWS ID	PWS Name		.	C	Classifica	tion Pop		Own		rimary Sourc
CT142007		IPGROUND LLC (CAMPERS	-		NC		50		P	GW
	ress (where applicable)		Service Connections	Residentia			Industria		Combined	Agricultura
	IPSIT LAKE ROAD		connections			1				
TOWIIS SEI	IVEU. TOLLAND	Manit		•	•-					
Water Sv	stem Facility: DISTRI	BUTION SYSTEM (WSF II	oring Requ	iremen	ts	_	_	_	_	
	liform (3100)		D. 00000j				1	rout	tine (RT)	per quarte
	pling Point (Sampling Poi	int ID)		Monitoring	a Period	Colle	tion Per			iance Status
	ct from Inventory of Activ			1/1/23 - 1	-					
	,	1 0								
				7/1/24 - 9	/30/24					
Physical	Parameters (PPS)						1	rou	tine (RT)	per quartei
Samp	pling Point (Sampling Poi	int ID)		Monitoring	g Period	Colle	ction Per	riod	Compli	iance Status
Selec	ct from Inventory of Activ	e Sampling Points		LO/1/23 - 1	2/31/23	10	/1-10/31	L		
				4/1/24 - 6	/30/24					
				7/1/24 - 9	/30/24					
Water Sy	stem Facility: ENTRY	POINT (WSF ID: 00700)								
	And Nitrite (NOX)							1 1	-	RT) per yea
	pling Point (Sampling Poi	int ID)		Monitoring		Colle	ction Per	riod		iance Status
ENTR	RY POINT (3)			1/1/23 - 12					Co	omplete
				1/1/24 - 12						
		- .		1/1/25 - 12	2/31/25					
	stem Facility: WELL #	2 (WSF ID: 22341)								
E. Coli (3	•									per quarte
	pling Point (Sampling Poi	int ID)		Monitoring	-		ction Per		Compli	iance Status
WELL	L (2)		-	LO/1/23 - 1		10	/1-10/31			
				4/1/24 - 6						
			••	7/1/24 - 9	· ·					
		Other Co	ompliance	Schedu	iles					
Compliand	ce Schedule Activity				ue Date		Achie	ved L	Date	
SEASONAL	L START UP COMPLETION			5/	1/2024					
	V	Nater System Facili	ity and Sar	npling F	Point I	nvento	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point		nt		Colifor				Stage
Facility ID		ID	Description		Statu		Rule	Tier	Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y				
		DOWNSTREAM			A					
00700		UPSTREAM	WITHIN 5 SER	VICE CON	A					
00700		3	ENTRY POINT		A					
22341	WELL #2	2	WELL		A					
		Con	tact Inforr	nation						
Name			rganization						Job Title	
	iny Mathis		ne Quarry Cam	oground LL	C		wner			
	ddress Line One	Mailing Address	s Line Two				City		State	Zip Code
/04 Sheni	psit Lake Road				Тс	olland			СТ	06084

		C		0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ1420074	THE QUARRY CA	LLC (CAMPERS)	S)			NC	50	Р	GW	
Local Address (wi	nere applicable)			Service	Resider	ntial C	Commerci	ial Industri	ial Combine	ed Agricultural
704 SHENIPSIT LA		Connectio	ns		1					
Towns Served: TC	DLLAND								÷	÷
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	y Phon	e Email /	Address		
860-875-8325					401-632	-8576	thequa	arrycampgro	ound@gmail.c	om
Contact Role(s):	Administrative	Contact, Own	ner							

Please note the following:

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

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

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

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		ut Departmer					0			
		ter Quality M	onitoring	g ar		•				<u></u>
PWS ID	PWS Name		`		C		sification I NC	25		Primary Source GW
CT1420144		TAGE ROAD - TOLLAND	Service		Residentia		Commercia	-	P Combine	-
167 TOLLAND S	where applicable)		Conne	-			1	i industrial	COMDINE	a Agricultura
Towns Served:			conne		5		T			
Towns Serveu.	TOLLAND	5.4	onitoring	Dee		±				
Mator Systom	- Eacility: DISTR	IVI (BUTION SYSTEM)			Juirement	ts				
Total Colifor			W3F ID. 0000	00)		_		1 r	outine (RT) per quarter
	Point (Sampling P	oint ID)			Monitoring	a Pe	riod Co	llection Perio	-	per quarter
		ive Sampling Points			10/1/23 - 12	-				Complete
					1/1/24 - 3/					
					4/1/24 - 6/					
					7/1/24 - 9/		•			
Physical Para	ameters (PPS)				,,,,,			1 r	outine (RT) per quarter
-	Point (Sampling P	oint ID)			Monitoring	g Pe	riod Co	llection Perio	-	liance Status
Select fro	m Inventory of Act	ive Sampling Points			10/1/23 - 12	2/3	1/23		(Complete
					1/1/24 - 3/	/31,	/24			
					4/1/24 - 6/	/30,	/24			
					7/1/24 - 9/	/30,	/24			
Water System	n Facility: ENTR	Y POINT (WSF ID: 0	0700)							
Nitrate And	Nitrite (NOX)								1 routine	(RT) per year
Sampling	Point (Sampling P	oint ID)			Monitoring	g Pe	riod Co	llection Perio	od Com	oliance Status
ENTRY PO	0INT (3)				1/1/23 - 12	2/31	L/23		(Complete
					1/1/24 - 12	2/31	L/24			
					1/1/25 - 12	2/31	L/25			
		Public	Notificat	ion	Requirem	nei	nts			
			Compliar	nce	Notice		Public No	tification	PN Ce	ertification
Violation/Situe	ation		Period	d	Tier	F	Required	Performed	Due to DP	H Received
Total Coliform	M&R Violation		1/1/10 - 3/3	31/10	2	7	7/3/2010		7/13/201	C
Physical Param	eters M&R Violati	on	10/1/09 - 12	2/31/0	9 3	3,	/10/2011		3/20/201	1
Physical Param	eters M&R Violati	on	1/1/10 - 3/3	31/10	3	6	5/3/2011		6/13/201	1
		Water System	Facility an	id Sa	ampling P	oi	nt Inver	ntory		
Water							То	tal Lead a	nd	
	ter System Facility		Point Sampli	-			Colif			Stage
Facility ID		ID	Descriț			S	lulus		ier Asbesto	s WQP 2 DBP
00600 DIST	TRIBUTION SYSTEM				ON SYSTEM			(
			REAM WITHI				A			
		UPSTRE			RVICE CON		A			
	RY POINT	3	ENTRY	POIN			A			
22347 WEI	LL	2	WELL				A			
			Contact I	Info	rmation					
Name			Organizat	tion					Job Title	2
Ms. Debra B. B	Bahler							Owner		
Mailing Addres	ss Line One		ddress Line T	wo				City	State	Zip Code
PO Box 502	I	167 Tolla	nd Stage Rd				Tolland		СТ	06084-0502
Business Pho	one Extension	Fax	Mobile Phon	ne l	Emergency Pl	hon	ne Email A	ddress		
OCA OAC 170		ed to help owners and opera	ators of public wa	ater sus	tems maintain c	com	dobro@	monotecator	ing com	ina requirements

CT1420144 167 TOLLAND STAGE ROAD - TOLLAND NC 25 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult 167 TOLLAND STAGE ROAD Connections 1 I					0						
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult 167 TOLLAND STAGE ROAD Connections 1 <td< td=""><td>PWS ID</td><td>PWS Name</td><td></td><td></td><td></td><td></td><td>Class</td><td>sification</td><td>Population</td><td>Owner Type</td><td>Primary Source</td></td<>	PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
167 TOLLAND STAGE ROAD Connections 1 I Towns Served: TOLLAND	СТ1420144	167 TOLLAND STAG	E ROAD - TOLLA	ND				NC	25	Р	GW
Towns Served: TOLLAND 800-890-1709 depra@monetscatering.com	Local Address	(where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultura
aebra@monetscatering.com	167 TOLLAND	STAGE ROAD			Connections			1			
	Towns Served	: TOLLAND			1						
Contact Role(s): Administrative Contact, Legal Contact, Owner	000-030-11	09						uebrag	emonetscat	ening.com	
	Contact Role(s	s): Administrative Con	tact, Legal Cont	act, Own	er						

Please note the following:

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

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

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

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	Connectio							<u> </u>			ion	
	1	ter Qua	lity Monit	coring a	and Com							
PWS ID	PWS Name										Type F	Primary Source
CT1420184	SEVENTH DAY A		IURCH	- ·			NC		25	P		GW
	where applicable)			Service Connectio	Resident	cial C	omme	ercial I	ndustrial	I Co	mbined	Agricultural
9 HARTFORD TU				connectio	2115		1					
Towns Served: 1	IOLLAND				•							
Water System	Facility: DISTR				equireme	nts		_	_			_
Total Coliforn			(,					1	routin	e (RT)	per quarter
	Point (Sampling P	Point ID)			Monitorii	na Pei	riod	Collec	tion Peri			iance Status
	n Inventory of Act		Points		10/1/23 -	-						omplete
					1/1/24 -							p.ete
					4/1/24 -							
					7/1/24 -							
Physical Para	meters (PPS)				, , +, 27	5,507	- T		1	routin	e (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitorii	ng Per	riod	Collec	tion Peri			iance Status
	n Inventory of Act		Points		10/1/23 -	-						omplete
		0,9			1/1/24 -		-					le e
					4/1/24 -							
					7/1/24 -							
Water System	Facility: ENTR	Y POINT (V	SF ID: 00700									
Nitrate And N	•	(1 roi	ıtine (RT) per year
	Point (Sampling P	Point ID)			Monitorii	na Pei	riod	Collec	tion Peri		-	iance Status
ENTRY POI		,			1/1/23 -	-						omplete
	(-)				1/1/24 -						-	- -
					1/1/25 - 1			_				_
			Other C	ompliar	nce Sched		-					
Compliance Sch	edule Activity				L	Due D	ate		Achiev	ed Da	te	
RESPOND TO SA	NITARY SURVEY				9	/26/2	019					
		Water Sy	ystem Facil	ity and S	Sampling	Poir	nt In	vento	ry			
Water System Wate Facility ID	er System Facility	,	Sampling Point ID	Sampling Descriptio		St	atus	Total Coliform Rule		er	sbestos	Stage WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	Λ	4	DISTRIBUT	TION SYSTEM		А	Y				
			DOWNSTREAM	WITHIN 5	SERVICE CON		А					
			UPSTREAM	WITHIN 5	SERVICE CON		А					
00700 ENTF	RY POINT		3	ENTRY PO	INT		А					
22350 WELI	<u> </u>		2	WELL			А					
			Cor	ntact Inf	ormation							
Name				rganization						Jo	b Title	
Mr. Dale M. Flic	:k			-	Aventist Chu	rch		En	gineer			
Mailing Address	Line One		Mailing Addres						City	9	State	Zip Code
9 Hartford Turn			P.O. Box 309				Toll	and	-		СТ	06084-0309
Business Phor		Fax	+	ile Phone	Emergency	Phon	e Ema	ail Addre	ess	I	I	
800-269-999		860-440-		504-1967	860-569-			.flick@a				
	Administrative	1			1		1	-				

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1420184	SEVENTH DAY ADVENTIST CHURCH			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resident	tial Commerci	ial Industri	al Combin	ed Agricultural
9 HARTFORD TU	IRNPIKE	Connections		1			
Towns Served: 1		÷		·	Ċ	·	

Please note the following:

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

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

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

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Connectio	cut Department	of Public	Health I	Drink	king V	Vater Se	ction	
Wa	ter Quality Mon	itoring a	nd Com	olian	ce Scl	hedule		
PWS ID PWS Name		0		·			ner Type F	rimary Source
CT1420234 TOLLAND CITGO	0			NC		25	P	GW
Local Address (where applicable)	Service	Residentia	al Com	mercial	Industrial	Combined	
128 MERROW ROAD	/	Connectio			1			0
Towns Served: TOLLAND								
	Mon	itoring Re	quiremen	ts				
Water System Facility: DIST	RIBUTION SYSTEM (WS	F ID: 00600)	·					
Total Coliform (3100)		•				1 rou	utine (RT)	per quarter
Sampling Point (Sampling	Point ID)		Monitoring	y Period	l Colle	ection Period		iance Status
Select from Inventory of Ac	tive Sampling Points		10/1/23 - 1	2/31/23	3		C	omplete
			1/1/24 - 3	/31/24				
			4/1/24 - 6	/30/24				
			7/1/24 - 9					
Physical Parameters (PPS)				, ,		1 roi	utine (RT)	per quarter
Sampling Point (Sampling	Point ID)		Monitoring	a Period	l Colle	ection Period	• •	iance Status
Select from Inventory of Ac	-		10/1/23 - 1					omplete
,	1 0		1/1/24 - 3					
			4/1/24 - 6					
			7/1/24 - 9					
Water System Facility: ENTF	RY POINT (WSF ID: 0070	00)	.,_,	//				
Nitrate And Nitrite (NOX)						1	routine (RT) per year
Sampling Point (Sampling I	Point ID)		Monitoring	n Period	l Colle	ction Period	-	iance Status
ENTRY POINT (3)			1/1/23 - 12	·			comp	
			1/1/24 - 12					
			1/1/25 - 12					
	Water System Fac	cility and S				ory		
Water	-	-			Total	Lead and		
System Water System Facility	y Sampling Poi	int Sampling F	Point		Colifor	m Copper		Stage
Facility ID	ID	Description	า	Statu	_{is} Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	VI 4	DISTRIBUTI	ION SYSTEM	А	Y			
	DOWNSTREA	M WITHIN 5 S	SERVICE CON	А				
	UPSTREAM	1 WITHIN 5 S	SERVICE CON	А				
00700 ENTRY POINT	3	ENTRY POI	NT	А				
22353 WELL	2	WELL		А				
	C	ontact Info	ormation					
Name		Organization					Job Title	
Mr. Robert J. Guild		G & G Service	, Inc.					
Mailing Address Line One	Mailing Add	ress Line Two				City	State	Zip Code
P.O.Box 832	23 Tolland D			Т	olland		СТ	06084-0832
Business Phone Extension		obile Phone	Emergency P			ress		
860-871-7963	860-871-1664		- 3			landcitgo.con	n	
Contact Role(s): Legal Contact			<u> </u>					

		cer yaa					b.	lance		moad	U			
PWS ID	PWS Name						Clas	sification	Ρ	opulation	Owne	er Type	Primary Sou	urce
CT1420234	TOLLAND CITGO							NC		25		Р	GW	
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	cial	Industria	al C	Combine	ed Agricult	ural
128 MERROW RO	DAD				Connection	IS		1						
Towns Served: To	OLLAND													-
Name				Or	ganization							Job Title	5	
G&G Service, Inc	•													
Mailing Address	Line One		Mailing Add	dress	Line Two					City		State	Zip Code	ž
P.O.Box 832			P.O. Box 83	2				Tollan	nd			СТ	06084-083	32
Business Phone	e Extension	Fax	N	/lobil	e Phone	Emergenc	y Pho	ne Email	Ad	dress				-
860-871-7963		860-871-	1664											
Contact Role(s):	Legal Contact, C	Dwner	i		<u>i</u>									-
Name				Or	ganization							Job Title	5	
Ms. Elaine Cofra	ncesco			Tol	lland Citgo					Office Ma	nager			
Mailing Address	Line One		Mailing Add	dress	Line Two					City		State	Zip Code	ĩ
128 Merrow Roa	d							Tollan	nd			СТ	06084	
Business Phone	e Extension	Fax	N	/lobil	e Phone	Emergenc	y Pho	ne Email	Ad	dress				
860-871-7963			8	60-2	14-4074			elaine	ecot	francesco@	gma	il.com		
Contact Role(s):	Administrative	Contact	i											-
Please note the	following:													-

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

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

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

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

(Connecticut Depa					0		ection	
	Water Qua	ality Mo	nitoring and	l Comp	olianc	e Sche	edule		
PWS ID F	PWS Name			С	lassificati	on Popu	lation O	wner Type Pr	imary Source
СТ1600204 С	GIRL SCOUTS OF CT, INC. (D	INING ROOM	1)		NC	2	25	Р	GW
Local Address (wh	nere applicable)		Service	Residentia	l Comm	ercial In	dustrial	Combined	Agricultural
10 PLAINS ROAD			Connections		1				
Towns Served: TO	ILLAND								
		Mo	nitoring Requi	irement	ts				
Water System F	acility: DISTRIBUTION S	SYSTEM (W	SF ID: 00600)						
Total Coliform	(3100)						1	routine (RT)	per month
Sampling Po	int (Sampling Point ID)		I	Monitoring	Period	Collect	ion Perio	d Complie	ance Status
Select from I	nventory of Active Sampling	g Points		4/1/24 - 4/	/30/24				
				5/1/24 - 5/	/31/24				
				6/1/24 - 6/	/30/24				
				7/1/24 - 7/					
				8/1/24 - 8/					
				9/1/24 - 9/					
			1	0/1/24 - 10	0/31/24				
Physical Param	• •							routine (RT)	-
	int (Sampling Point ID)			Monitoring		Collect	ion Perio	d Complie	ance Status
Select from I	nventory of Active Samplin	g Points		4/1/24 - 4/					
				5/1/24 - 5/					
				6/1/24 - 6/					
				7/1/24 - 7/					
				8/1/24 - 8/		_			
				9/1/24 - 9/					
				0/1/24 - 10	0/31/24				
-	acility: ENTRY POINT (WSF ID: 007	'00)						
Nitrate And Nit	• •							1 routine (R	
	int (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status
ENTRY POIN	T (3)			L/1/23 - 12				Out c	of Service
				L/1/24 - 12					
				L/1/25 - 12	· ·				
		Othe	r Compliance	Schedu	les				
Compliance Schee				Du	e Date		Achieve	d Date	
SEASONAL START	UP COMPLETION			4/:	1/2024				
		Public N	Notification R	equiren	nents				
			Compliance	Notice		ic Notifica	ntion	PN Cert	ification
Violation/Situatio			Period	Tier	Requir		formed	Due to DPH	Received
REVISED TOTAL CO	OLIFORM RULE (RTCR)		5/16/22 - 6/16/22	3	10/15/2			10/25/2024	
	Water S	ystem Fa	cility and Sam	npling P	oint In	vento	ſY		
Water						Total	Lead an		
	System Facility		oint Sampling Poin	t		Coliform	Coppe		Stage
Facility ID		ID	Description	0.0775	Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRII	BUTION SYSTEM	4	DISTRIBUTION		A	Y			
		BJ10158			A	Y			
			AM WITHIN 5 SERV		A				
		UPSTREA	M WITHIN 5 SERV	ALE CON	A				

Сс	onnecticut Depa	artment of	f Public	Health	Drin	king	, W	ater S	Section	
	Water Qua	lity Monit	oring a	nd Com	plia	nce S	Sch	edule		
PWS ID PW	/S Name	•		(Classifi	cation	Ρορι	lation 0	wner Type P	rimary Sourc
CT1600204 GII	RL SCOUTS OF CT, INC. (D	INING ROOM)			N	С	2	25	Р	GW
Local Address (whe	e applicable)		Service	Residenti	ial Cor	nmerci	al li	ndustrial	Combined	Agricultura
10 PLAINS ROAD			Connection	ns		1				
Towns Served: TOLI	AND									
	Water S	ystem Facil	ity and Sa	ampling I	Point	Inve	nto	ry		
Water		-	-			Тс	otal	Lead a	nd	
System Water Sy Facility ID	stem Facility	Sampling Point ID	Sampling P Description				iform ule		er ier Asbestos	Stage
00700 ENTRY P		3	ENTRY POI		<u>Star</u> A	lus	uic			
23010 WELL		2	WELL		^					
	HERIC TANK	2	VVLLL		A					
55258 BOUSTER	R PUMP STATION									
			tact Info	rmation						
Name	-	0	rganization						Job Title	
Girl Scouts of Amer						1				
Mailing Address Lin		Mailing Addres	s Line Two					ity	State	Zip Code
340 Washington Str						Hartfo			СТ	06106
Business Phone	Extension Fax	Mobi	ile Phone	Emergency I	Phone	Email A	Addre	SS		
860-522-0163										
Contact Role(s): O	wner								Lab. The la	
Name			rganization				Dura		Job Title	
Ms. Teresa C. Youn	-		irls Scouts of	r Ct, Inc.				esident	Stata	Zin Codo
Mailing Address Lin		Mailing Addres	s Line Two			Hartfoi		ity	State	Zip Code
Pcsw, 18-20 Trinity Business Phone		Achi	ile Phone	Emergency I					СТ	06106
Business Phone	Extension Fax		le Phone	Emergency	Phone	Email F	Addre	55		
Contact Role(s): Le	gal Contact									
Name	8	0	rganization						Job Title	
Ms. Mary Barneby			irl Scouts of (Ct. Inc			Ceo	C		
Mailing Address Lin	e One	Mailing Addres		,				ity	State	Zip Code
340 Washington Str		0				Hartfo		,	СТ	06106
Business Phone	Extension Fax	Mobi	ile Phone	Emergency I	Phone	Email A	Addre	SS		
800-922-2770	3246			<u> </u>				re@gsofc	ct.org	
Contact Role(s): Le	gal Contact		I							
Name		0	rganization						Job Title	
Ms. Deb Asetta		Gi	irl Scouts of (Connecticut			Ch	ef Financ	ial/Admi	
Mailing Address Lin	e One	Mailing Addres	s Line Two				С	ity	State	Zip Code
20 Washington Ave	nue					North I	Haver	า	СТ	06473
Business Phone	Extension Fax	Mobi	ile Phone	Emergency I	Phone	Email A	Addre	SS		
203-239-2922	3321					proper	ty@g	sofct.org		
Contact Role(s): O	wner	1	L							

				0		P-		1		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Sour
CT1600204	GIRL SCOUTS OF	CT, INC. (D	NING ROOM)				NC	25	Р	GW
Local Address (w	here applicable)			Service	Resi	dential	Commerc	cial Industr	ial Combin	ed Agricultu
10 PLAINS ROAD				Connecti	ions		1			
Towns Served: To	OLLAND									!
Name				Organizatio	n				Job Tit	е
Ms. Mary Beth C	orcoran			Girl Scouts o	of Connect	icut				
Mailing Address	Line One		Mailing Addr	ess Line Two)			City	State	Zip Code
20 Washington A	venue						North	Haven	СТ	06473
Business Phone	e Extension	Fax	Mc	bile Phone	Emerge	ency Pho	ne Email	Address		
203-239-2922	3321						prope	rty@gsofct.o	org	
Contact Role(s):	Administrative	Contact	k							
Please note the	following:									

the following:

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

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

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

	Connectio	ut Depa	rtment of	Public	Health	Drin	king '	Water	c Se	ction	
	Wa	ter Qual	lity Monit	oring a	nd Com	pliar	nce So	chedu	le		
PWS ID	PWS Name			0						ner Type P	rimary Source
СТ1600214	GIRL SCOUTS O	F CT, INC. (ST	ONE HOUSE)			NC		25		Р	GW
Local Address (\	where applicable)			Service	Residenti	al Con	nmercial	Industr	ial	Combined	Agricultura
353 PLAINS ROA	٨D			Connection	IS		1				
Towns Served:	TOLLAND			- i							l
			Monito	oring Rec	quiremen	ts					
Water System	Facility: DISTR	RIBUTION SY	STEM (WSF I	D: 00600)							
Total Coliforn	n (3100)								1 rou	tine (RT)	per quarter
	Point (Sampling P				Monitorin	g Perio	d Col	lection Pe	eriod	Compl	iance Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 - 1					Co	omplete
					1/1/24 - 3					Co	omplete
					4/1/24 - 6						
					7/1/24 - 9	/30/24	1				
Physical Para	• •										per quarter
	Point (Sampling F	-			Monitorin	-		lection Pe	eriod		iance Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 - 1						omplete
					1/1/24 - 3					Co	omplete
					4/1/24 - 6						
					7/1/24 - 9)/30/24	1				
-	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	• •									-	RT) per year
	Point (Sampling P	Point ID)			Monitorin			lection Pe	eriod		iance Status
ENTRY POI	NT (3)				1/1/23 - 1					Co	omplete
					1/1/24 - 1						
					1/1/25 - 1						
		Water Sy	/stem Facili	ity and Sa	ampling F	Point	Inven	tory			
Water								al Lead			
-	er System Facility		Sampling Point					rm Cop			Stage
Facility ID			ID	Description		Stat			e Tier	Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEN	Λ	4	DISTRIBUTIO	ON SYSTEM	A					
			BH75933	KITCHEN		A					
			DOWNSTREAM			A					
			UPSTREAM		ERVICE CON	A					
	RY POINT		3	ENTRY POIN	NT	A					
23011 WEL	L		2	WELL		A					
			Con	tact Info	rmation						
Name			O	rganization						Job Title	
Girl Scouts of A	merica, Inc.										
Mailing Address	Line One		Mailing Address	s Line Two				City		State	Zip Code
340 Washingtor							Hartford			СТ	06106
Business Phor	ne Extension	Fax	Mobi	le Phone	Emergency F	hone	Email Ad	dress			
860-522-016	3										
Contact Role(s):	Owner										

	IIA	<u></u>	<u> </u>	ionicor ing c		<u></u>	Pila		onouu			
PWS ID	PWS Name					(Classifi	cation I	Population	Owner	Type F	rimary Source
CT1600214	GIRL SCOUTS OF	CT, INC. (ST	ONE HO	DUSE)			Ν	С	25	Р		GW
Local Address (w	here applicable)			Service	Re	esidenti	ial Co	mmercia	l Industri	ial Co	mbined	Agricultural
353 PLAINS ROA	D			Connectio	ons			1				
Towns Served: T	OLLAND			L								1
Name				Organization	n					Jc	ob Title	
Ms. Teresa C. Yo	unger			Girls Scouts o	of Ct, In	c.			President			
Mailing Address	Line One		Mailing	g Address Line Two					City		State	Zip Code
Pcsw, 18-20 Trin	ity Street							Hartford	ł		СТ	06106
Business Phon	e Extension	Fax		Mobile Phone	Emer	gency F	Phone	Email A	ddress			
Contact Role(s):	Legal Contact			1								
Name				Organization	n					Jo	ob Title	
Ms. Deb Asetta				Girl Scouts o	f Conne	ecticut			Chef Fina	ncial/Ac	dmi	
Mailing Address	Line One		Mailing	g Address Line Two					City		State	Zip Code
20 Washington A	Avenue							North H	aven		СТ	06473
Business Phon	e Extension	Fax		Mobile Phone	Emer	gency F	Phone	Email A	ddress			
203-239-2922	3321							propert	y@gsofct.c	org		
Contact Role(s):	Owner				·							
Name				Organization	n					Jo	ob Title	
Ms. Mary Beth C	Corcoran			Girl Scouts o	f Conne	ecticut						
Mailing Address	Line One		Mailing	g Address Line Two					City		State	Zip Code
20 Washington A	Avenue							North H	aven		СТ	06473
Business Phon	e Extension	Fax	·	Mobile Phone	Emer	gency F	Phone	Email A	ddress			
203-239-2922	3321							propert	y@gsofct.c	org		
Contact Role(s):	Administrative	Contact		1				1				
Please note the	following:											
1. The residual d	isinfectant concent	tration must b	oe measu	red at the same locat	tion and	time as	each to	otal colifo	rm sample.			
2. If a Collection	Period is specified,	all water qua	ality samp	oles must be collected	d during	the spee	cified p	eriod.				

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.

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Connecticut Dep	partment of	Public H	lealth	Drink	ing W	/ater	Sec	tion	
*	ality Monit				0				
PWS ID PWS Name	5	0						r Type I	Primary Source
CT1429204 404 MERROW ROAD - TOI	LAND			NC		33		P	GW
Local Address (where applicable)		Service	Residenti	ial Comn	nercial	Industri	al C	ombined	Agricultural
		Connections		:	1				
Towns Served: TOLLAND									
	Monite	oring Req	uiremen	its					
Water System Facility: DISTRIBUTION									
Total Coliform (3100)		•					1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Pe		-	iance Status
Select from Inventory of Active Sampli	ng Points		11/1/23 - 1	_					omplete
	0		12/1/23 - 1						omplete
			1/1/24 - 1						omplete
			2/1/24 - 2						omplete
			3/1/24 - 3						-
			4/1/24 - 4						
			5/1/24 - 5						
			6/1/24 - 6	5/30/24					
			7/1/24 - 7	7/31/24					
			8/1/24 - 8	3/31/24					
			9/1/24 - 9	9/30/24					
			10/1/24 - 1	10/31/24					
Physical Parameters (PPS)							1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Pe	riod	Comp	iance Status
Select from Inventory of Active Sampli	ng Points		11/1/23 - 1	11/30/23				C	omplete
			12/1/23 - 1	12/31/23				C	omplete
			1/1/24 - 1	1/31/24				C	omplete
			2/1/24 - 2	2/29/24				C	omplete
			3/1/24 - 3	3/31/24					
			4/1/24 - 4						
			5/1/24 - 5	5/31/24					
			6/1/24 - 6	5/30/24					
			7/1/24 - 7	7/31/24					
			8/1/24 - 8						
			9/1/24 - 9						
			10/1/24 - 1	10/31/24					
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)								-	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	-	Colle	ction Pe	riod		iance Status
ENTRY POINT (3)			1/1/23 - 1					C	omplete
			1/1/24 - 1						
			1/1/25 - 1						
Water	System Facili	ity and Sa	mpling I	Point li	nvento	ory			
Water	_			_	Total			_	
System Water System Facility	Sampling Point		int		Colifor			a . L	Stage
	ID	Description		Status	Rule	Kule	lier A	4 <i>SDestos</i>	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4			A					
	DOWNSTREAM	WITHIN 5 SE	RVICE CON	A					

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source 404 MERROW ROAD - TOLLAND Ρ CT1429204 NC 33 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: TOLLAND Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facilitv ID Rule Rule Tier Asbestos WQP 2 DBPR Status UPSTREAM WITHIN 5 SERVICE CON Δ 00700 ENTRY POINT 3 ENTRY POINT A 2 WELL 1 Α 53169 WELL 1 62507 TREATMENT PLANT **Contact Information** Organization Name Job Title Hz & Ung,LLC Mr. Azkar Chaudhry Mailing Address Line One Mailing Address Line Two Zip Code City State 404 Merrow Rd 06084 Tolland СТ **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-871-7788 860-205-0362 tollandgolf@att.net Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

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	Connectic	*					0			ction	
		ter Qual	ity Monit	oring a							
PWS ID	PWS Name CROSS FARMS C				C	lassifi N		opulatio 27	n Ow	P P	Primary Sourd GW
CT1429224	vhere applicable)	OIVIPLEX		Service	Residentia		c mmercial	1	trial	Combine	-
167 RHODES RD				Connectio			Innercial	muus	uiai	1	u Agricultui
Towns Served:										-	
			Monit	oring Re	quirement	ts					
Water System	Facility: DISTR				4						
Total Coliforn	n (3100) Point (Sampling P	Point ID)			Monitoring	Perio	nd Col	llection I) per quarte <i>liance Status</i>
	n Inventory of Act		Points								omplete
	,				4/1/24 - 6/						
					7/1/24 - 9/	/30/2	4				
Physical Para	meters (PPS)								1 rou	itine (RT)	per quarte
	Point (Sampling P				Monitoring			llection l			liance Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 - 12			10/1-10,	/31	C	omplete
					4/1/24 - 6/						
			(CE ID: 00700)		7/1/24 - 9/	/30/2/	4				
	Facility: ENTR	Y POINT (M	(SF ID: 00700)								
Nitrate And N	Point (Sampling P	oint ID)			Monitoring	Perio	nd Col	llection I		-	RT) per yea liance Status
ENTRY POI		onnenoy			1/1/23 - 12				criou		omplete
	(-)				1/1/24 - 12						
					1/1/25 - 12						
			Other C	omplian	ce Schedu	les					
Compliance Sch						e Dat	-	Ach	ieved	Date	
SEASONAL STAF	T UP COMPLETIC			•		1/202					
		Water Sy	stem Facil	ity and S	Sampling P	oint	Inven	tory			
Water	ar Custom Facility		Commission Doint	Compliant	Doint		Tot		d and		<u>Ctore</u>
System Wate Facility ID	er System Facility		Sampling Point ID	Descriptio		Char	Colife tus Ru		opper le Tier	Asbesto	Stag s WQP 2 DBI
	RIBUTION SYSTEM	1	4		ION SYSTEM	Sta A	lus				· · · · ·
			DOWNSTREAM			Д	\				
			UPSTREAM	WITHIN 5	SERVICE CON	Д	\				
00700 ENTF	RY POINT		3	ENTRY PO	INT	А	\				
60033 WEL	L 1		2	WELL 1		Д	۱				
62157 IRON	FILTER										
62158 WAT	ER SOFTENER										
			Cor	itact Info	ormation						
Name				rganization						Job Title	
Mr. Bruce Watt					ation Departm	ent		Directo	r		
Mailing Address			Mailing Addres	s Line Two				City		State	Zip Code
21 Tolland Gree		Fact	N A = I-	ilo Dhora	Emorgoner	hana	Ellingtor			СТ	06084
Business Phor 860-870-361		Fax 860-870-6		ile Phone	Emergency Pl 860-310-65		Email Ac bwatt@		vra		
000-070-301		000-070-0	010		000-210-02	00	มพลแพ	conanu.C	чĸ		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
СТ1429224	CROSS FARMS COMPLEX			NC	27	Р	GW	
Local Address (Service	Service Resider		ial Industri	al Combine	ed Agricultural		
167 RHODES RE	Connections				1			
Towns Served:	TOLLAND			·		·		

Please note the following:

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

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

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

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(Connectic Wa	-		t of Publi mitoring			-		ection		
PWS ID F	WS Name					Classific	ation Po	pulation O	wner Type	Primary Source	
CT1429234 F	ROCKVILLE FISH	AND GAME	- CLUBHOU	JSE		NC		42	Р	GW	
Local Address (wh	ere applicable)			Service	Resident	ial Con	nmercial	Industrial	Combined	d Agricultura	
47 FISH AND GAN	1E ROAD			Connect	ions		1				
Towns Served: TC	OLLAND										
			Mo	onitoring R	equiremer	nts					
Water System F	acility: DISTR	IBUTION SY	(STEM (V	VSF ID: 00600)						
Total Coliform Sampling Po	(3100) int (Sampling P	oint ID)			Monitorin	ng Perio	d Colle	1 ro ection Perio		per quarter <i>liance Status</i>	
	nventory of Act		Points		10/1/23 -	-			omplete		
	·				1/1/24 - 3					omplete	
					4/1/24 -	6/30/24	ļ				
					7/1/24 -						
Physical Param	eters (PPS)							1 ro	outine (RT)	per quarter	
Sampling Po	int (Sampling P	oint ID)			Monitorin	ng Perio	d Colle	ection Perio	tion Period Compliance Sto		
Select from I	nventory of Act	ive Sampling	Points		10/1/23 -	12/31/2	23		Complete		
					1/1/24 - 1	3/31/24		C	omplete		
					4/1/24 -						
					7/1/24 -	9/30/24	ļ				
Water System F	acility: ENTR	Y POINT (V	/SF ID: 00	700)							
Nitrate And Nit									-	RT) per year	
Sampling Point (Sampling Point ID)					Monitoring Period			ection Perio		liance Status	
ENTRY POIN		1/1/23 - 1			C	omplete					
					1/1/24 - 1						
					1/1/25 - 1		5				
			Oth	er Complia	nce Sched	ules					
Compliance Sche	dule Activity					oue Date		Achieve	d Date		
CROSS CONNECTI	ON EXEMPTION	l			3	/1/2029	9				
		Water Sy	ystem F	acility and	Sampling	Point	Invent	ory			
Water							Tota				
	System Facility			Point Sampling			Colifor			Stage	
Facility ID		_	ID	Descript		Stat		e Rule Tie	er Asbestos	WQP 2 DBP	
00600 DISTRI	BUTION SYSTEM	1	4		JTION SYSTEM	A					
			CH1	_		A					
			CH2		'S ROOM SINK	A					
	DOINT		CH3	KITCHEN		A					
00700 ENTRY 60761 WELL 2			3	ENTRY P		A					
			Z	VVELL I		A					
61755 TREAT	MENT PLANT			• • • •	,						
				Contact In							
Name				Organizatio					Job Title		
	1.				sh And Game C	lub	1	LSt Vp			
				deress Line Twe				City	State	Zip Code	
Mailing Address L			Mailing Ad	adress Line Two	,		-				
Mr. Peter E Kasad Mailing Address L 94 Seagraves Rd	ine One						Coventry		СТ	06238	
Mailing Address L	ine One	Fax		Mobile Phone 860-377-8902	Emergency 860-377-8	Phone	Email Add	lress cek@gmail.c	I I	06238	

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source				
CT1429234	ROCKVILLE FISH A	ND GAME	- CLUBHOUSE				NC	42	Р	GW		
Local Address (w	here applicable)			Service	Reside	ntial	Commerci	al Industri	ial Combin	ed Agricultural		
47 FISH AND GAN	AE ROAD			Connectio	ons		1					
Towns Served: To	OLLAND									1		
Contact Role(s):	Administrative C	ontact										
Name		Drganization Job Title					le					
Mr. Greg Thoma	S			Rockville Fish	n & Game Cl	ub		Trustee				
Mailing Address Line One Mailing Addr				ess Line Two	ine Two City State				Zip Code			
P.O. Box 211							Vernor	I	СТ	06066		
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phoi	ne Email A	l Address				
860-610-8150					860-818	8-8903	gregth	gregthomas686@gmail.com				
Contact Role(s):	Legal Contact				-							
Please note the	ollowing:											
1. The residual di	sinfectant concentr	ation must h	e measured at t	he same locat	ion and time	as eacl	n total colif	orm sample.				

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

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

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