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

| PWS ID                           | WS ID PWS Name C |             |         |       |          | Population  | Owner Type | Primary Source  |
|----------------------------------|------------------|-------------|---------|-------|----------|-------------|------------|-----------------|
| CT1470014                        | CHUCKYS MOBIL    |             |         |       | NC       | 25          | Р          | GW              |
| Local Address (where applicable) |                  | Service     | Resider | itial | Commerci | al Industri | al Combine | ed Agricultural |
| 251 MAIN STREE                   | Т                | Connections |         |       | 1        |             |            |                 |

| Towns Served: VOLUNTOWN                           |                     |                          |                          |
|---|---------------------|--------------------------|--------------------------|
| Moni  | toring Requirements |                          |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF   | : ID: 00600)        |                          |                          |
| Total Coliform (3100)                             |                     | 1 rou                    | tine (RT) per month      |
| Sampling Point (Sampling Point ID)                | Monitoring Period   | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points   | 11/1/23 - 11/30/23  |                          | Complete                 |
|   | 12/1/23 - 12/31/23  |                          | Complete                 |
|   | 1/1/24 - 1/31/24    |                          | Complete                 |
|   | 2/1/24 - 2/29/24    |                          | Complete                 |
|   | 3/1/24 - 3/31/24    |                          |                          |
|   | 4/1/24 - 4/30/24    |                          |                          |
|   | 5/1/24 - 5/31/24    |                          |                          |
|   | 6/1/24 - 6/30/24    |                          |                          |
|   | 7/1/24 - 7/31/24    |                          |                          |
|   | 8/1/24 - 8/31/24    |                          |                          |
|   | 9/1/24 - 9/30/24    |                          |                          |
|   | 10/1/24 - 10/31/24  |                          |                          |
| Physical Parameters (PPS)                         |                     | 1 rou                    | tine (RT) per month      |
| Sampling Point (Sampling Point ID)                | Monitoring Period   | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points   | 11/1/23 - 11/30/23  |                          | Complete                 |
|   | 12/1/23 - 12/31/23  |                          | Complete                 |
|   | 1/1/24 - 1/31/24    |                          | Complete                 |
|   | 2/1/24 - 2/29/24    |                          | Complete                 |
|   | 3/1/24 - 3/31/24    |                          |                          |
|   | 4/1/24 - 4/30/24    |                          |                          |
|   | 5/1/24 - 5/31/24    |                          |                          |
|   | 6/1/24 - 6/30/24    |                          |                          |
|   | 7/1/24 - 7/31/24    |                          |                          |
|   | 8/1/24 - 8/31/24    |                          |                          |
|   | 9/1/24 - 9/30/24    |                          |                          |
|   | 10/1/24 - 10/31/24  |                          |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700 | 0)                  |                          |                          |
| Nitrate And Nitrite (NOX)                         |                     | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                | Monitoring Period   | <b>Collection Period</b> | Compliance Status        |
| ENTRY POINT (3)                                   | 1/1/23 - 12/31/23   |                          | Complete                 |
|   | 1/1/24 - 12/31/24   |                          | Complete                 |
|   | 1/1/25 - 12/31/25   |                          |                          |
| Water System Facility: WELL (WSF ID: 22460)       |                     |                          |                          |
| E. Coli (3014)                                    |                     | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                | Monitoring Period   | Collection Period        | Compliance Status        |
| WELL (2)  | 10/1/23 - 12/31/23  |                          | Complete                 |
|   | 1/1/24 - 3/31/24    |                          | Complete                 |
|   |                     | <u> </u>                 | <u> </u>                 |

4/1/24 - 6/30/24

| Water Quality Monitoring and Compliance Schedule |               |                |  |            |            |                |            |                 |  |  |  |
|--|---------------|----------------|--|------------|------------|----------------|------------|-----------------|--|--|--|
| PWS ID   |               | Classification |  | Population | Owner Type | Primary Source |            |                 |  |  |  |
| CT1470014  | CHUCKYS MOBIL |                |  |            | NC         | 25             | Р          | GW              |  |  |  |
| Local Address (where applicable) Service Resid   |               |                |  |            | Commercia  | al Industri    | al Combine | ed Agricultural |  |  |  |
| 251 MAIN STREE                                   | T             |                |  | 1          |            |                |            |                 |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: VOLUNTOWN

# **Monitoring Requirements**

Water System Facility: WELL (WSF ID: 22460)

E. Coli (3014)

Sampling Point (Sampling Point ID)

Monitoring Period Collection Period Compliance Status

7/1/24 - 9/30/24

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |     |                 |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | А      | Υ                         |                                 |          |     |                 |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |                                 |          |     |                 |  |  |  |
| 22460                          | WELL   | 2                    | WELL                       | Α      |                           |                                 |          |     |                 |  |  |  |

REATME - : UV DISINFECTION

| Name                  |                 |              |          | Organization     |                   |               | Job Title |          |
|-----------------------|-----------------|--------------|----------|------------------|-------------------|---------------|-----------|----------|
|                       |                 |              |          | Organization     |                   |               | Job Title |          |
| Mr. David L. Savin    |                 |              |          | Savin Gasolir    | ne Properties LLC | President     |           |          |
| Mailing Address Lin   | e One           |              | Mailing  | Address Line Two |                   | City          | State     | Zip Code |
| 77 Sterling Road      |                 |              |          |                  |                   | East Hartford | СТ        | 06108    |
| <b>Business Phone</b> | Extension       | Fax          |          | Mobile Phone     | Emergency Phone   | Email Address |           |          |
| 860-282-0651          |                 | 860-282-     | 0015     |                  | 860-282-0651      |               |           |          |
| Contact Role(s): A    | dministrative ( | Contact, Leg | al Conta | act              |                   |               |           |          |
| Name                  |                 |              |          | Organization     | l                 |               | Job Title |          |
| Savin Gasoline Prop   | perties LLC     |              |          |                  |                   |               |           |          |
| Mailing Address Lin   | e One           |              | Mailing  | Address Line Two |                   | City          | State     | Zip Code |
| 77 East Sterling Rd   |                 |              |          |                  |                   | East Hartford | СТ        | 06108    |
| Business Phone        | Extension       | Fax          |          | Mobile Phone     | Emergency Phone   | Email Address |           |          |

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

|                    | Connecticut Do  | epartment of         | Public Healt            | h Drin             | ıking W              | ater Se      | ction      |                           |
|--------------------|---|----------------------|-------------------------|--------------------|----------------------|--------------|------------|---------------------------|
|                    |   | uality Monit         |                         |                    | U                    |              |            |                           |
| PWS ID             | PWS Name  | guarity Monne        | oring and do            |                    |                      |              | ner Tyne D | rimary Source             |
| CT147002           |   | N DI77A)             |                         | N                  |                      | 25           | P P        | GW                        |
|                    | ress (where applicable)                               | 14 11228)            | Service Reside          |                    |                      |              | Combined   |                           |
|                    | H POND ROAD   |                      | Connections             | eritiai Coi        | 1                    | Huustriai    | Combined   | Agricultural              |
|                    | rved: VOLUNTOWN                                       |                      |                         |                    | 1                    |              |            |                           |
| TOWIIS SE          | ived: VOLONTOWN                                       | Monite               | ring Boguirom           | onto               |                      |              |            |                           |
| Water Sv           | vstem Facility: DISTRIBUTION                          |                      | oring Requirem          | ents               |                      |              |            |                           |
| •                  | liform (3100)   | 510 515 1Em (1051 II | 2.00000,                |                    |                      | 1 rou        | tine (RT)  | per quarter               |
|                    | pling Point (Sampling Point ID)                       | )                    | Monito                  | ring Perio         | nd Collec            | tion Period  |            | iance Status              |
|                    | ct from Inventory of Active Sam                       |                      |                         | 3 - 12/31/         |                      |              |            | mplete                    |
| Sciet              | serion inventory of heave sum                         | ipinig i cinto       |                         | 1 - 3/31/2         |                      |              |            | mplete                    |
|                    |   |                      |                         | 1 - 6/30/2         |                      |              |            | inpiete                   |
|                    |   |                      |                         | 1 - 9/30/2         |                      |              |            |                           |
| Physical           | Parameters (PPS)                                      |                      | // 1/2-                 | + - 3/30/2         | <u> </u>             | 1 rou        | tine (RT)  | per quarter               |
| -                  | pling Point (Sampling Point ID)                       | )                    | Monito                  | ring Perio         | nd Collec            | tion Period  |            | iance Status              |
|                    | ct from Inventory of Active Sam                       |                      |                         | 3 - 12/31/         |                      | tion i criou |            | mplete                    |
| Scie               | terrom inventory of Active Sair                       | ipinig i onits       |                         | 1 - 3/31/2         |                      |              |            | mplete                    |
|                    |   |                      |                         | 1 - 6/30/2         |                      |              |            | присс                     |
|                    |   |                      |                         | 1 - 9/30/2         |                      |              |            |                           |
| Water Sv           | stem Facility: ENTRY POIN                             | IT (WSF ID: 00700)   | ,, 1, 2-                | + 3/30/2           | •                    |              |            |                           |
|                    | ,   | 11 (4431 15.00700)   |                         |                    |                      | 1            | routino /[ | PT) por voor              |
|                    | And Nitrite  (NOX)<br>pling Point (Sampling Point ID) | 1                    | Monito                  | ring Perio         | nd Collec            | tion Period  | =          | RT) per year iance Status |
|                    | RY POINT (3)  |                      |                         |                    |                      | tion Periou  |            |                           |
| EINTE              | RY POINT (3)  |                      |                         | - 12/31/2          |                      |              |            | mplete                    |
|                    |   |                      |                         | - 12/31/2          |                      |              |            | mplete                    |
|                    |   | Other Co             | ompliance Sche          | - 12/31/2<br>dules | .5                   |              |            |                           |
| Complian           | ce Schedule Activity                                  | Other C              | Jinphance Sche          | Due Dat            | · P                  | Achieved     | Date       |                           |
| -                  | TO SANITARY SURVEY                                    |                      |                         | 9/17/20:           |                      | Acmereu      |            |                           |
| INESI OND          |   | ar Sustam Fasili     | ty and Camplin          |                    |                      | . <b></b> .  |            |                           |
|                    | wate  | er System Facili     | ty and Samplin          | g Point            |                      |              |            |                           |
| Water              | Water System Facility                                 | Sampling Point       | Sampling Point          |                    | Total                | Lead and     |            | Charac                    |
| System Facility ID |   | ID                   | Description Description |                    | Coliform<br>tus Rule |              | Achestos   | Stage<br>WQP 2 DBPR       |
| 00600              | DISTRIBUTION SYSTEM                                   | 4                    | DISTRIBUTION SYSTE      | Sta                | LUS                  | Nuic Her     | ASSESTEDS  | WQI ZDDIN                 |
| 00000              | DISTRIBUTION STSTEM                                   |                      | WITHIN 5 SERVICE CO     |                    |                      |              |            |                           |
|                    |   |                      |                         |                    |                      |              |            |                           |
| 00700              | ENTRY DOINT   | UPSTREAM             | WITHIN 5 SERVICE CO     |                    |                      |              |            |                           |
| 00700              | ENTRY POINT   | 3                    | ENTRY POINT             | Α                  |                      |              |            |                           |
| 22461              | WELL  | 2                    | WELL                    | Α                  | 1                    |              |            |                           |
|                    |   |                      | tact Informatio         | n                  |                      |              |            |                           |
| Name               |   |                      | ganization              |                    |                      |              | Job Title  |                           |
| Kimon Da           |   |                      | wn Grill And Pizzeria   |                    |                      | vner         |            |                           |
|                    | ddress Line One                                       | Mailing Address      | Line Two                |                    |                      | City         | State      | Zip Code                  |
| 104 Beach          | n Pond Road, Unit 1                                   |                      |                         |                    | Voluntown            |              | CT         | 06384                     |

**Mobile Phone** 

Emergency Phone Email Address

jdafoulas@gmail.com

860-710-8425

**Business Phone** 

860-376-3378

Extension

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

Fax

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

|                                       | water quanty Monitoring and comphanic beneaute |             |       |           |             |            |                 |                |  |  |  |  |
|---------------------------------------|--|-------------|-------|-----------|-------------|------------|-----------------|----------------|--|--|--|--|
| PWS ID PWS Name                       |  |             |       |           | ssification | Population | Owner Type      | Primary Source |  |  |  |  |
| CT1470024 RIVERSIDE MALL (TOWN PIZZA) |  |             |       |           | NC          | 25         | Р               | GW             |  |  |  |  |
| Local Address                         | Service  | Resider     | ntial | Commercia | al Industri | al Combine | ed Agricultural |                |  |  |  |  |
| 104 BEACH PO                          | ND ROAD  | Connections |       |           | 1           |            |                 |                |  |  |  |  |
|                                       |  | •           |       |           |             |            |                 |                |  |  |  |  |

#### Please note the following:

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

End of schedule

|                | Connecticut Depa                        | artment       | t of Public H                  | [ealth               | Drinki      | ing '   | Water S          | Section       |                  |
|----------------|---|---------------|--------------------------------|----------------------|-------------|---------|------------------|---------------|------------------|
|                | •                                       |               | nitoring an                    |                      |             | _       |                  |               |                  |
| PWS ID         | PWS Name                                |               |                                |                      | Classificat | ion P   | opulation O      | wner Type Pr  | imary Source     |
| CT1470034      | SUNNYS MARKET                           |               |                                |                      | NC          |         | 25               | Р             | GW               |
| Local Address  | (where applicable)                      |               | Service                        | Resident             | ial Comm    | nercial | Industrial       | Combined      | Agricultural     |
| 129 MAIN STR   | EET                                     |               | Connections                    |                      | 1           | 1       |                  |               |                  |
| Towns Served:  | VOLUNTOWN                               |               |                                |                      |             |         |                  |               |                  |
|                |   |               | nitoring Requ                  | iiremer              | nts         |         |                  |               |                  |
| Water Systen   | •                                       | SYSTEM (W     | /SF ID: 00600)                 |                      |             |         |                  |               |                  |
| Total Colifor  |   |               |                                |                      |             |         |                  | outine (RT) լ | -                |
|                | Point (Sampling Point ID)               |               |                                | Monitorin            |             | Col     | lection Perio    |               | ance Status      |
| Select fro     | m Inventory of Active Samplin           | g Points      |                                | 10/1/23 -            |             |         |                  |               | mplete           |
|                |   |               |                                | 1/1/24 -             |             |         |                  | Со            | mplete           |
|                |   |               |                                | 4/1/24 -             |             |         |                  |               |                  |
| <b>DI</b>      | . (553)                                 |               |                                | 7/1/24 -             | 9/30/24     |         | _                | /             | _                |
| -              | ameters (PPS)                           |               |                                |                      |             |         |                  | outine (RT) լ | -                |
|                | Point (Sampling Point ID)               | - D-i!        |                                | Monitorin            |             | Col     | lection Perio    |               | ance Status      |
| Select fro     | m Inventory of Active Samplin           | g Points      |                                | 10/1/23 -            |             |         |                  |               | mplete           |
|                |   |               |                                | 1/1/24 -             |             |         |                  | Co            | mplete           |
|                |   |               |                                | 4/1/24 -<br>7/1/24 - |             |         |                  |               |                  |
| Water System   | n Facility: ENTRY POINT (               | WE ID: UU.    | 700)                           | 7/1/24-              | 3/30/24     |         |                  |               |                  |
|                | ,                                       | WSF ID. 00    | 700)                           |                      |             |         |                  | 1 vautina /D  | T) man           |
|                | Nitrite (NOX) Point (Sampling Point ID) |               |                                | Monitorin            | na Pariod   | Col     | lection Perio    | 1 routine (R  | ance Status      |
| ENTRY PC       |   |               |                                | 1/1/23 - 1           | _           | COI     | iection Ferio    |               | mplete           |
| LIVINITO       | ) (S)                                   |               |                                | 1/1/24 - 1           |             |         |                  |               | mplete           |
|                |   |               |                                | 1/1/25 - 1           |             | _       |                  |               | ilpiete          |
|                |   | Othe          | er Compliance                  |                      |             |         |                  |               |                  |
| Compliance Sc  | hedule Activity                         |               | •                              |                      | Due Date    |         | Achieve          | ed Date       |                  |
| RESPOND TO S   | SANITARY SURVEY                         |               |                                | 9,                   | /18/2017    |         |                  |               |                  |
| RESPOND TO S   | SANITARY SURVEY                         |               |                                | 7                    | //3/2022    |         |                  |               |                  |
|                |   | Public        | Notification R                 | equire               | ments       |         |                  |               |                  |
|                |   |               | Compliance                     | Notice               | Publ        | lic Not | <u>ification</u> | PN Cert       | <u>ification</u> |
| Violation/Situ |   |               | Period                         | Tier                 | Requi       |         | Performed        | Due to DPH    | Received         |
| Total Coliform | MCL Violation                           |               | 10/1/15 - 12/31/15             |                      | 1/14/2      |         |                  | 1/24/2016     |                  |
|                | Water 9                                 | system Fa     | acility and Sar                | npling               | Point Ir    | nven    | tory             |               |                  |
| Water          |   |               |                                |                      |             | Tota    |                  |               |                  |
|                | ter System Facility                     |               | oint Sampling Poi              | nt                   |             | Colifo  |                  |               | Stage            |
| Facility ID    | TRIBLITION CYCTER C                     | ID            | Description                    | L CVCTTT             | Status      |         |                  | er Asbestos   | WQP 2 DBPI       |
| 00600 DIS      | TRIBUTION SYSTEM                        | 4<br>DOWNSTRI | DISTRIBUTION                   |                      | A           | Y       |                  |               |                  |
|                |   |               | EAM WITHIN 5 SER               |                      |             |         |                  |               |                  |
| 00700 ENT      | TRY POINT                               | UPSTREA<br>3  | .M WITHIN 5 SEF<br>ENTRY POINT |                      | A<br>A      |         |                  |               |                  |
| 22462 WE       |   | 2             | WELL                           |                      | A           |         |                  |               |                  |
| ZZ4UZ VVE      |   |               |                                | matics               | A           |         |                  |               |                  |
| Nama           |   |               | Contact Infor                  | mation               |             |         |                  | tale mod      |                  |
| Name           | -l                                      |               | Organization                   | leat                 |             |         | O                | Job Title     |                  |
| Mr. Vinod Pat  | eı                                      |               | Sunny Supermar                 | кет                  |             |         | Owner            | G             |                  |

City

State

Zip Code

Mailing Address Line Two

Mailing Address Line One

|  | Connecticu<br>Wat | *   | rtment of<br>ity Monito |              |         |          | _       |                |      | tion   |                 |
|--|-------------------|-----|-------------------------|--------------|---------|----------|---------|----------------|------|--------|-----------------|
| PWS ID PWS Name Classification Population Owner Type F |                   |     |                         |              |         |          |         | Primary Source |      |        |                 |
| CT1470034 SUNNYS MARKET                                |                   |     |                         |              |         | ١        | ١C      | 25             |      | Р      | GW              |
| Local Address (v                                       | where applicable) |     |                         | Service      | Resider | itial Co | ommerci | al Industri    | al C | ombine | ed Agricultural |
| 129 MAIN STREI   | ET                |     |                         | Connection   | IS      |          | 1       |                |      |        |                 |
| Towns Served: \  | VOLUNTOWN         |     |                         |              |         |          |         | ,              |      |        |                 |
| PO Box 397   |                   |     |                         |              |         |          | Volunt  | own            |      | CT     | 06384           |
| Business Phor<br>860-376-312                           |                   | Fax | Mobile                  | lobile Phone |         |          |         |                |      |        |                 |

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

#### Please note the following:

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

End of schedule

| Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule |                         |         |         |       |           |             |         |      |               |  |  |  |
|---|-------------------------|---------|---------|-------|-----------|-------------|---------|------|---------------|--|--|--|
| PWS ID PWS Name Classification   Population   Owner Type   Primary Source                                       |                         |         |         |       |           |             |         |      | rimary Source |  |  |  |
| CT1470054   | NATURE'S CAMPSITES, LLC |         |         |       | NC        | 25          | Р       |      | GW            |  |  |  |
| Local Address   | (where applicable)      | Service | Residen | ntial | Commercia | al Industri | al Comb | ined | Agricultural  |  |  |  |
| 98 EKONK HIL  | L ROAD                  |         |         | 1     |           |             |         |      |               |  |  |  |
| Towns Served  | Towns Served: VOLUNTOWN |         |         |       |           |             |         |      |               |  |  |  |

| Towns Served: VOLUNTOWN                             |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Monitor   | ing Requirements         |                          |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600)                   |                          |                          |
| Total Coliform (3100)                               |                          | 1 rou                    | tine (RT) per month      |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |
| Select from Inventory of Active Sampling Points     | 5/1/24 - 5/31/24         |                          |                          |
|   | 6/1/24 - 6/30/24         |                          |                          |
|   | 7/1/24 - 7/31/24         |                          |                          |
|   | 8/1/24 - 8/31/24         |                          |                          |
|   | 9/1/24 - 9/30/24         |                          |                          |
|   | 10/1/24 - 10/31/24       |                          |                          |
| Physical Parameters (PPS)                           |                          | 1 rou                    | tine (RT) per month      |
| Sampling Point (Sampling Point ID)                  | Monitoring Period        | <b>Collection Period</b> | Compliance Status        |
| Select from Inventory of Active Sampling Points     | 5/1/24 - 5/31/24         |                          |                          |
|   | 6/1/24 - 6/30/24         |                          |                          |
|   | 7/1/24 - 7/31/24         |                          |                          |
|   | 8/1/24 - 8/31/24         |                          |                          |
|   | 9/1/24 - 9/30/24         |                          |                          |
|   | 10/1/24 - 10/31/24       |                          |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700)  |                          |                          |                          |
| Nitrate And Nitrite (NOX)                           |                          | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                  | Monitoring Period        | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                                     | 1/1/23 - 12/31/23        |                          | Complete                 |
|   | 1/1/24 - 12/31/24        |                          |                          |
|   | 1/1/25 - 12/31/25        |                          |                          |
| Other Cor   | mpliance Schedules       |                          |                          |
| Compliance Schedule Activity                        | Due Date                 | Achieved D               | ate                      |
| SEASONAL START UP COMPLETION                        | 5/1/2024                 |                          |                          |
| CROSS CONNECTION SURVEY REPORT                      | 3/1/2028                 |                          |                          |

| 0.1000 00                      | INNECTION SORVET REPORT |                      | ·                          | 1/2020  |                           |                                 |          |              |
|--------------------------------|-------------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|--------------|
|                                | Wat                     | er System Facili     | ity and Sampling P         | oint In | vento                     | Ύ                               |          |              |
| Water<br>System<br>Facility ID | Water System Facility   | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | tage<br>DBPR |
| 00600                          | DISTRIBUTION SYSTEM     | 4                    | DISTRIBUTION SYSTEM        | Α       | Υ                         |                                 |          |              |
|                                |                         | 4-1                  | Cabin #1/30                | Α       | Υ                         |                                 |          |              |
|                                |                         | 4-2                  | Playground                 | Α       | Υ                         |                                 |          |              |
|                                |                         | 4-3                  | Site 84                    | Α       | Υ                         |                                 |          |              |
|                                |                         | 4-4                  | Site 65                    | Α       | Υ                         |                                 |          |              |
|                                |                         | 4-5                  | #84                        | Α       | Υ                         |                                 |          |              |
|                                |                         | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |              |
|                                |                         | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |                                 |          |              |
| 00700                          | ENTRY POINT             | 3                    | ENTRY POINT                | Α       |                           |                                 | -        |              |

| CT1470054  | NATURE'S CAMPSITES, LLC | NC             | 25         | Р          | GW             |  |  |
|--|-------------------------|----------------|------------|------------|----------------|--|--|
| PWS ID   | PWS Name                | Classification | Population | Owner Type | Primary Source |  |  |
| Water Quality Monitoring and Compliance Schedule               |                         |                |            |            |                |  |  |
| Connecticut Department of Fublic Health Drinking Water Section |                         |                |            |            |                |  |  |

Connections

Service

Residential Commercial

1

Industrial

Combined

Agricultural

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: VOLUNTOWN

98 EKONK HILL ROAD

Local Address (where applicable)

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |              |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|--------------|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | tage<br>DBPR |
| 57422                          | PRESSURE STORAGE                                   |                      |                            |        |                           |                                 |          |              |
| 59873                          | WELL 250   | 2                    | WELL 250                   | Α      |                           |                                 |          |              |
| 59875                          | WELL 260   | 2                    | WELL 260                   | Α      |                           |                                 |          |              |
| 59877                          | ATMOSPHERIC TANK                                   |                      |                            |        |                           |                                 |          |              |
| 59879                          | PUMP STATION                                       |                      | ·                          |        | ·                         | ·                               |          |              |

| Certified ( | Operator | Information |
|-------------|----------|-------------|
|-------------|----------|-------------|

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

| Facility Classification: DISTRIBUTION | ON SYSTEM         |   | Certification |
|---------------------------------------|-------------------|---|---------------|
| Operator Name                         | Operator Type     | Certification(s)                          | Expiration    |
| NIGRO, JR., VICTOR N.                 | CHIEF OPERATOR    | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024     |
|                                       |                   | DISTRIBUTION SYSTEM OPERATOR - CLASS III  | 6/30/2026     |
| NIGRO, SCOTT A.                       | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 6/30/2025     |
|                                       |                   | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026     |

|                                       |           |     | Co           | ntact Inf    | ormation        |                     |        |           |          |
|---------------------------------------|-----------|-----|--------------|--------------|-----------------|---------------------|--------|-----------|----------|
| Name                                  |           |     |              | Organization |                 |                     |        | Job Title |          |
| Mr. Nathan Lazourack                  |           |     |              | Nature's Can | npsites, LLC    |                     | Member |           |          |
| Mailing Address Line One Mailing Addr |           |     | Mailing Addr | ess Line Two |                 |                     | City   | State     | Zip Code |
| 96 Ekonk Hill Road                    |           |     |              |              |                 | Volunto             | wn     | СТ        | 06384    |
| Business Phone                        | Extension | Fax | Мо           | bile Phone   | Emergency Phone | Email Address       |        |           |          |
| 860-376-4203                          |           |     |              |              | 860-376-5114    | lazourack@gmail.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

End of schedule

| CT1470064  | VOLUNTOWN FIRE STATION | NC             | 25         | L          | GW             |  |  |  |
|--|------------------------|----------------|------------|------------|----------------|--|--|--|
| PWS ID   | PWS Name               | Classification | Population | Owner Type | Primary Source |  |  |  |
| Water Quality Monitoring and Compliance Schedule               |                        |                |            |            |                |  |  |  |
| Connecticut Department of Public Health Drinking Water Section |                        |                |            |            |                |  |  |  |

Connections

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Local Address (where applicable)

205 PRESTON CITY RD (RT 165)

| Towns Served: VOLUNTOWN                             |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Monitori  | ng Requirements          |                          |                          |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600)                   |                          |                          |
| Total Coliform (3100)                               |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points     | 10/1/23 - 12/31/23       |                          | Complete                 |
|   | 1/1/24 - 3/31/24         |                          | Complete                 |
|   | 4/1/24 - 6/30/24         |                          |                          |
|   | 7/1/24 - 9/30/24         |                          |                          |
| Physical Parameters (PPS)                           |                          | 1 rout                   | ine (RT) per quarter     |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from Inventory of Active Sampling Points     | 10/1/23 - 12/31/23       |                          | Complete                 |
|   | 1/1/24 - 3/31/24         |                          | Complete                 |
|   | 4/1/24 - 6/30/24         |                          |                          |
|   | 7/1/24 - 9/30/24         |                          |                          |
| Water System Facility: ENTRY POINT (WSF ID: 00700)  |                          |                          |                          |
| Nitrate And Nitrite (NOX)                           |                          | 1 r                      | outine (RT) per year     |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |
| ENTRY POINT (3)                                     | 1/1/23 - 12/31/23        |                          | Complete                 |
|   | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          |                          |
| Other Con   | npliance Schedules       |                          |                          |
| Compliance Schedule Activity                        | Due Date                 | Achieved D               | ate                      |
| RESPOND TO SANITARY SURVEY                          | 10/7/2023                |                          |                          |
|   |                          |                          |                          |

|                                | Water System Facility and Sampling Point Inventory |                      |                               |        |                           |                                 |          |     |                 |
|--------------------------------|--|----------------------|-------------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point<br>Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>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      |                           |                                 |          |     |                 |
| 22465                          | WELL   | 2                    | WELL                          | Α      |                           |                                 |          |     |                 |
| 55470                          | SOFTENER   |                      |                               |        |                           |                                 |          |     |                 |

|   |                  | Contact Inf  | ormation        |                   |       |           |       |
|---|------------------|--------------|-----------------|-------------------|-------|-----------|-------|
| Name  |                  | Organization | 1               |                   |       | Job Title |       |
| Mr. Joseph Grenier Voluntown Fire Department Fire Chief |                  |              |                 |                   |       |           |       |
| Mailing Address Line One                                | Address Line Two |              |                 | City              | State | Zip Code  |       |
| P.O. Box 10   | Preston          | City Road    |                 | Volunto           | wn    | СТ        | 06384 |
| Business Phone Extension F                              | ax               | Mobile Phone | Emergency Phone | Email Address     |       |           |       |
| 860-376-0475 860-3                                      | 76-0475          |              |                 | VFD53@COMCAST.NET |       |           |       |
| Contact Role(s): Administrative Contact,                | Legal Contac     | ct           |                 | •                 |       |           |       |

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

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

|                  | Water Quarty Monte     | or mg am    | u doll  | ipilanee       | belieud      |             |                       |
|------------------|------------------------|-------------|---------|----------------|--------------|-------------|-----------------------|
| PWS ID           | PWS Name               |             |         | Classification | Population   | Owner Type  | <b>Primary Source</b> |
| CT1470064        | VOLUNTOWN FIRE STATION |             |         | NC             | 25           | L           | GW                    |
| Local Address (v | where applicable)      | Service     | Residen | itial Commerc  | ial Industri | ial Combine | ed Agricultural       |
| 205 PRESTON C    | ITY RD (RT 165)        | Connections |         | 1              |              |             |                       |
| Towns Served: '  | VOLUNTOWN              |             |         | ·              |              |             |                       |

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| C                      | onnectic        | ut Departme         | ent of   | f Public    | Health D     | rir   | nking     | Wa       | ter S   | Secti  | on     |         |          |
|------------------------|-----------------|---------------------|----------|-------------|--------------|-------|-----------|----------|---------|--------|--------|---------|----------|
|                        | Wat             | ter Quality N       | Ionit    | coring a    | nd Comp      | lia   | nce S     | che      | dule    |        |        |         |          |
| PWS ID PV              | WS Name         |                     |          |             |              |       | ication F |          |         |        | ype P  | rimary  | Source   |
| CT1470074 VC           | OLUNTOWN TO     | OWN HALL            |          |             |              | N     | C         | 25       |         | L      |        | G'      | W        |
| Local Address (whe     | ere applicable) |                     |          | Service     | Residentia   | I Co  | mmercia   | l Ind    | ustrial | Com    | bined  | Agri    | cultural |
| 115 MAIN STREET        |                 |                     |          | Connection  | ns           |       | 1         |          |         |        |        |         |          |
| Towns Served: VOL      | UNTOWN          |                     |          |             |              |       |           |          |         |        |        |         |          |
|                        |                 | r                   | /lonit   | oring Red   | quirement    | :S    |           |          |         |        |        |         |          |
| Water System Fa        | cility: DISTR   | IBUTION SYSTEM      | (WSF I   | D: 00600)   |              |       |           |          |         |        |        |         |          |
| Total Coliform (       | 3100)           |                     |          |             |              |       |           |          | 1 r     | outine | (RT)   | per q   | uarter   |
| Sampling Poir          | nt (Sampling P  | oint ID)            |          |             | Monitoring   | Perio | od Co     | llectio  | n Perio | d (    | Compl  | iance : | Status   |
| Select from In         | ventory of Acti | ive Sampling Points |          |             | 10/1/23 - 12 | 2/31/ | '23       |          |         |        | Co     | mplet   | e        |
|                        |                 |                     |          |             | 1/1/24 - 3/  | 31/2  | .4        |          |         |        | Co     | mplet   | e        |
|                        |                 |                     |          |             | 4/1/24 - 6/  | 30/2  | .4        |          |         |        |        |         |          |
|                        |                 |                     |          |             | 7/1/24 - 9/  | 30/2  | .4        |          |         |        |        |         |          |
| <b>Physical Parame</b> | ters (PPS)      |                     |          |             |              |       |           |          | 1 r     | outine | (RT)   | per q   | uarter   |
| Sampling Poir          | nt (Sampling P  | oint ID)            |          |             | Monitoring   | Perio | od Co     | llectio  | n Perio | od (   | Compl  | iance : | Status   |
| Select from In         | ventory of Acti | ive Sampling Points |          |             | 10/1/23 - 12 | 2/31/ | '23       |          |         |        | Co     | mplet   | e        |
|                        |                 |                     |          |             | 1/1/24 - 3/  | 31/2  | 4         |          |         |        | Co     | mplet   | e        |
|                        |                 |                     |          |             | 4/1/24 - 6/  | '30/2 | .4        |          |         |        |        |         |          |
|                        |                 |                     |          |             | 7/1/24 - 9/  | '30/2 | .4        |          |         |        |        |         |          |
| Water System Fa        | cility: ENTRY   | Y POINT (WSF ID:    | 00700)   |             |              |       |           |          |         |        |        |         |          |
| Nitrate And Nitr       | ite (NOX)       |                     |          |             |              |       |           |          |         | 1 rout | ine (I | RT) pe  | r year   |
| Sampling Poir          | nt (Sampling P  | oint ID)            |          |             | Monitoring   | Perio | od Co     | llectio  | n Perio | od (   | Compl  | iance : | Status   |
| ENTRY POINT            | (3)             |                     |          |             | 1/1/23 - 12  | /31/2 | 23        |          |         |        | Co     | mplet   | e        |
|                        |                 |                     |          |             | 1/1/24 - 12  | /31/2 | 24        |          |         |        | Co     | mplet   | :e       |
|                        |                 |                     |          |             | 1/1/25 - 12  | /31/2 | 25        |          |         |        |        |         |          |
|                        |                 | Ot                  | her C    | ompliand    | ce Schedu    | les   |           |          |         |        |        |         |          |
| Compliance Schedu      | ule Activity    |                     |          |             | Du           | e Da  | te        | A        | Achieve | d Date | ı      |         |          |
| RESPOND TO SANIT       | TARY SURVEY     |                     |          |             | 11/2         | L4/20 | 019       |          |         |        |        |         |          |
|                        |                 | <b>Water System</b> | Facil    | ity and Sa  | ampling P    | oin   | t Inven   | ntory    | /       |        |        |         |          |
| Water                  |                 |                     |          |             |              |       | Tot       | tal L    | Lead ar | nd     |        |         |          |
| *                      | system Facility | -                   | -        | Sampling P  |              |       | Colife    |          | Coppe   |        |        |         | Stage    |
| Facility ID            |                 |                     | D        | Description |              | Sta   |           |          | Rule Ti | er Asb | estos  | WQP     | 2 DBPR   |
| 00600 DISTRIB          | UTION SYSTEM    |                     | 4        |             | ON SYSTEM    |       | A Y       | <b>′</b> |         |        |        |         |          |
|                        |                 |                     |          | WITHIN 5 S  |              | ļ     | 4         |          |         |        |        |         |          |
|                        |                 | UPST                | REAM     | WITHIN 5 S  | ERVICE CON   | - 1   | 4         |          |         |        |        |         |          |
| 00700 ENTRY P          | POINT           |                     | 3        | ENTRY POI   | NT           | - 1   | 4         |          |         |        |        |         |          |
| 22466 WELL             |                 | ;                   | 2        | WELL        |              | ŀ     | 4         |          |         |        |        |         |          |
|                        |                 |                     | Con      | tact Info   | rmation      |       |           |          |         |        |        |         |          |
| Name                   |                 |                     | 0        | rganization |              |       |           |          |         | Job    | Title  |         |          |
| Voluntown              |                 |                     |          |             |              |       |           |          |         |        |        |         |          |
| Mailing Address Lir    | ne One          | Mailing             | Addres   | s Line Two  |              |       |           | City     | /       | St     | ate    | Zip (   | Code     |
| Town Hall              |                 | 115 Ma              | in Stree | et          |              |       | Volunto   |          |         | (      | CT     |         |          |
| Business Phone         | Extension       | Fax                 | Mobi     | ile Phone   | Emergency Pl | none  | Email Ad  | ddress   |         |        |        |         |          |
| 860-376-4089           |                 | 860-376-3295        |          |             |              |       |           |          |         |        |        |         |          |

Contact Role(s): Owner

| (                 | Connecticu        | t Depa  | rtment      | of Public     | : Health | n Drii   | nking    | Water       | Section    |                 |
|-------------------|-------------------|---------|-------------|---------------|----------|----------|----------|-------------|------------|-----------------|
|                   | Wate              | er Qua  | lity Moi    | nitoring a    | and Cor  | nplia    | nce S    | chedul      | le         |                 |
| PWS ID F          | WS Name           |         |             |               |          | Classif  | ication  | Population  | Owner Type | Primary Source  |
| CT1470074 \       | OLUNTOWN TOV      | VN HALL |             |               |          | N        | 1C       | 25          | L          | GW              |
| Local Address (wh | ere applicable)   |         |             | Service       | Reside   | ntial Co | ommercia | al Industri | al Combine | ed Agricultural |
| 115 MAIN STREET   | •                 |         |             | Connection    | ons      |          | 1        |             |            |                 |
| Towns Served: VC  | LUNTOWN           |         |             | "             | 1        |          |          |             | 1          |                 |
| Name              |                   |         |             | Organization  |          |          |          |             | Job Title  | e               |
| Ms. Tracey Hanso  | n                 |         |             | Town of Volu  | intown   |          |          | First Selec | ctman      |                 |
| Mailing Address L | ine One           |         | Mailing Add | ress Line Two |          |          |          | City        | State      | Zip Code        |
| 115 Main Street   |                   |         | PO Box 96   |               |          |          | Volunto  | own         | СТ         | 06384           |
| Business Phone    | Extension         | Fax     | N           | lobile Phone  | Emergeno | y Phone  | Email A  | ddress      |            |                 |
| 860-376-5880      |                   |         |             |               |          |          | thansor  | n@voluntov  | wn.gov     |                 |
| Contact Role(s):  | Administrative Co | ntact   |             |               |          |          |          |             |            |                 |

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 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 D                                    | enartment        | t of Public H                  | ealth      | Drinkin     | g Water             | Section      |                                       |
|---------------------|--|------------------|--------------------------------|------------|-------------|---------------------|--------------|---------------------------------------|
|                     |  | •                | nitoring an                    |            | `           | _                   |              |                                       |
| PWS ID              | PWS Name   | edulity 1.10     | meoring and                    |            |             |                     |              | Primary Sourc                         |
| CT1470094           | VOLUNTOWN BAPTIST                                | CHURCH           |                                |            | NC          | 25                  | Р            | GW                                    |
| Local Addres        | ss (where applicable)                            |                  | Service                        | Resident   | ial Commerc | cial Industria      | al Combine   | d Agricultura                         |
| 52 MAIN STE         | REET   |                  | Connections                    |            | 1           |                     |              |                                       |
| Towns Serve         | ed: VOLUNTOWN                                    |                  |                                |            |             |                     |              |                                       |
|                     |  | Mo               | nitoring Requ                  | ireme      | nts         |                     |              |                                       |
| Water Syst          | em Facility: DISTRIBUTION                        | ON SYSTEM (W     | /SF ID: 00600)                 |            |             |                     |              |                                       |
|                     | orm (3100)                                       |                  |                                |            |             | 1                   | = :          | ) per quarter                         |
|                     | ng Point (Sampling Point ID)                     |                  |                                | Monitorir  | 3           | Collection Per      |              | liance Status                         |
| Select f            | from Inventory of Active Sam                     | pling Points     |                                | 10/1/23 -  |             |                     |              | Complete                              |
|                     |  |                  |                                | 1/1/24 -   |             |                     | C            | Complete                              |
|                     |  |                  |                                | 4/1/24 -   |             |                     |              |                                       |
| Dhysical D          | arameters (PPS)                                  |                  |                                | 7/1/24 -   | 9/30/24     | 1                   | routing /PT  | ) per quarter                         |
| •                   | arameters  (PPS)<br>ng Point (Sampling Point ID) | )                |                                | Monitorir  | na Period   | ⊥<br>Collection Per | = :          | ) per quarter<br><i>liance Status</i> |
|                     | from Inventory of Active Sam                     |                  |                                | 10/1/23 -  |             | concentration ren   | -            | Complete                              |
| 00.000              |  |                  |                                | 1/1/24 -   |             |                     |              | Complete                              |
|                     |  |                  |                                | 4/1/24 -   |             |                     |              | <u> </u>                              |
|                     |  |                  |                                | 7/1/24 -   |             |                     |              |                                       |
| Water Syst          | em Facility: ENTRY POIN                          | T (WSF ID: 00    | 700)                           |            |             |                     |              |                                       |
| Nitrate An          | d Nitrite (NOX)                                  |                  |                                |            |             |                     | 1 routine    | (RT) per year                         |
| Sampli              | ng Point (Sampling Point ID)                     | )                |                                | Monitorir  | ng Period ( | Collection Per      | iod Comp     | liance Status                         |
| ENTRY               | POINT (3)  |                  |                                | 1/1/23 - 1 | 2/31/23     |                     | C            | Complete                              |
|                     |  |                  |                                | 1/1/24 - 1 |             |                     |              | Complete                              |
|                     |  |                  |                                | 1/1/25 - 1 |             |                     |              |                                       |
|                     |  | Othe             | er Compliance                  | Sched      | ules        |                     |              |                                       |
| Compliance          | Schedule Activity                                |                  |                                |            | ue Date     | Achie               | ved Date     |                                       |
| RESPOND TO          | O SANITARY SURVEY                                |                  |                                | 7          | /3/2022     |                     |              |                                       |
|                     |  | Public           | Notification R                 | equire     | ments       |                     |              |                                       |
|                     |  |                  | Compliance                     | Notice     | Public N    | <u>Notification</u> | PN Ce        | <u>rtification</u>                    |
| Violation/Si        |  |                  | Period                         | Tier       | Required    | _                   |              |                                       |
| GROUNDWA            | ATER RULE TT Violation                           |                  | 2/6/18 - 3/14/18               | 2          | 7/5/2018    | _                   | 7/15/2018    | 3                                     |
|                     | Wate   | er System Fa     | acility and Sar                | npling     | Point Inve  | entory              |              |                                       |
| Water               |  |                  |                                |            |             | otal Lead           |              |                                       |
| •                   | Vater System Facility                            | Sampling P<br>ID | oint Sampling Poil Description | nt         |             | liform Copp         |              | Stage<br>s WQP 2 DBP                  |
| Facility ID 00600 D | DISTRIBUTION SYSTEM                              | 4                | DISTRIBUTION                   | LCVCTENA   | Jiuius      | Rule Rule           | Her Aspesto. | S WQP Z DBP                           |
| 00000 D             | JISTRIBUTION STSTEIN                             |                  | EAM WITHIN 5 SER               |            | A<br>A      | Ť                   |              |                                       |
|                     |  | UPSTREA          |                                |            |             |                     |              |                                       |
| 00700 E             | NTRY POINT                                       | 3                | ENTRY POINT                    |            | A           |                     |              |                                       |
|                     | VELL #1  | 2                | WELL                           |            | A           |                     |              |                                       |
|                     | VELL #2  | 2                | WELL #2                        |            | Α           |                     |              |                                       |
|                     |  |                  | Contact Inform                 | nation     |             |                     |              |                                       |
| Name                |  |                  |                                |            |             |                     | Job Title    |                                       |
| Name                |  |                  | Organization                   |            |             |                     | וווו מטנ     |                                       |

Mailing Address Line Two

Voluntown Baptist Church

Pastor

City

State

Zip Code

**Reverend David Larsen** 

Mailing Address Line One

|                   | Connectic        | ut Depa     | rtment of       | Public     | Health    | Drir     | king     | Water     | Section    | l   |              |
|-------------------|------------------|-------------|-----------------|------------|-----------|----------|----------|-----------|------------|-----|--------------|
|                   | Wa               | ter Qua     | lity Monit      | oring a    | nd Con    | nplia    | nce S    | chedul    | e          |     |              |
| PWS ID            | PWS Name         |             |                 |            |           | Classifi | cation P | opulation | Owner Type | Pri | mary Source  |
| CT1470094         | VOLUNTOWN BA     | APTIST CHUR | RCH             |            |           | N        | С        | 25        | Р          |     | GW           |
| Local Address (w  | here applicable) |             |                 | Service    | Residen   | tial Co  | mmercial | Industri  | al Combin  | ed  | Agricultural |
| 52 MAIN STREET    |                  |             |                 | Connection | ns        |          | 1        |           |            |     |              |
| Towns Served: Vo  | OLUNTOWN         |             |                 | 1          | 1         |          |          | -1        |            |     |              |
| 52 Main Street    |                  |             | P O Box 508     |            |           |          | Volunto  | wn        | СТ         |     | 06384        |
| Business Phone    | Extension        | Fax         | Mobil           | le Phone   | Emergency | Phone    | Email Ac | ldress    | ·          |     |              |
| 860-376-9485      |                  | 860-376-7   | 7835            |            | 860-917-  | 6053     | vbcsecre | tary@sbc  | global.net |     |              |
| Contact Role(s):  | Administrative   | Contact     |                 | •          |           |          |          |           |            |     |              |
| Name              | 1                |             | Or              | ganization |           |          |          |           | Job Titl   | е   |              |
| Voluntown Bapt    | ist Church       |             |                 |            |           |          |          |           |            |     |              |
| Mailing Address I | Line One         |             | Mailing Address | Line Two   |           |          |          | City      | State      |     | Zip Code     |
| 52 Main Street    |                  |             | P O Box 508     |            |           |          | Volunto  | wn        | СТ         |     | 06384        |
| Business Phone    | Extension        | Fax         | Mobi            | le Phone   | Emergency | Phone    | Email Ac | ldress    | 1          |     | •            |
| 860-376-9485      |                  |             |                 |            |           |          |          |           |            |     |              |
|                   |                  |             |                 |            |           |          | +        |           |            |     | -            |

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

End of schedule

|                         | Connecticut Department of Water Quality Monito |         |         |       | _        |             |            |                 |
|-------------------------|--|---------|---------|-------|----------|-------------|------------|-----------------|
| PWS ID PWS Name Classif |  |         |         |       |          | Population  | Owner Type | Primary Source  |
| CT1470154               | PACHAUG S.F./MOUNT MISERY PUMP HOUS            | SE .    |         |       | NC       | 30          | S          | GW              |
| Local Address (w        | where applicable)                              | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| ROUTES 49 AND           | 138  | 5       |         |       |          |             |            |                 |
| Towns Served: \         | /OLUNTOWN                                      |         |         |       |          | ·           |            |                 |

| Towns Served: VOLUNTOWN                           |                   |              |         |                         |                         |
|---|-------------------|--------------|---------|-------------------------|-------------------------|
| N   | Monitoring Requ   | uirement     | :s      |                         |                         |
| Water System Facility: <b>DISTRIBUTION SYSTEM</b> | (WSF ID: 00600)   |              |         |                         |                         |
| Total Coliform (3100)                             |                   |              |         | 1 rc                    | outine (RT) per quarter |
| Sampling Point (Sampling Point ID)                |                   | Monitoring   | Period  | <b>Collection Perio</b> | d Compliance Status     |
| Select from Inventory of Active Sampling Points   |                   | 10/1/23 - 12 | 2/31/23 |                         | Complete                |
|   |                   | 1/1/24 - 3/  | 31/24   |                         | Complete                |
|   |                   | 4/1/24 - 6/  | 30/24   |                         |                         |
|   |                   | 7/1/24 - 9/  | 30/24   |                         |                         |
| Physical Parameters (PPS)                         |                   |              |         | 1 rc                    | outine (RT) per quarter |
| Sampling Point (Sampling Point ID)                |                   | Monitoring   | Period  | <b>Collection Perio</b> | d Compliance Status     |
| Select from Inventory of Active Sampling Points   |                   | 10/1/23 - 12 | 2/31/23 | _                       | Complete                |
|   |                   | 1/1/24 - 3/  | 31/24   |                         | Complete                |
|   |                   | 4/1/24 - 6/  | 30/24   |                         |                         |
|   |                   | 7/1/24 - 9/  | 30/24   |                         |                         |
| Water System Facility: ENTRY POINT (WSF ID:       | 00700)            |              |         |                         |                         |
| Nitrate And Nitrite (NOX)                         |                   |              |         |                         | 1 routine (RT) per year |
| Sampling Point (Sampling Point ID)                |                   | Monitoring   | Period  | Collection Perio        | d Compliance Status     |
| ENTRY POINT (3)                                   |                   | 1/1/23 - 12  | /31/23  |                         | Complete                |
|   |                   | 1/1/24 - 12  | /31/24  |                         | Complete                |
|   |                   | 1/1/25 - 12  | /31/25  |                         |                         |
| Publi   | ic Notification F | Requirem     | ents    |                         |                         |
|   | Compliance        | Notice       | Public  | c Notification          | PN Certification        |
| Violation/Situation                               | Period            | Tier         | Doguite | ad Daufauus - d         | Due to DDU Becomed      |

| Public                               | Notification R   | equiren | nents               |           |                  |          |  |
|--------------------------------------|------------------|---------|---------------------|-----------|------------------|----------|--|
|                                      | Compliance       | Notice  | Public Notification |           | PN Certification |          |  |
| Violation/Situation                  | Period           | Tier    | Required            | Performed | Due to DPH       | Received |  |
| Total Coliform M&R Violation         | 1/1/04 - 3/31/04 | 2       | 12/8/2004           |           | 12/18/2004       |          |  |
| Physical Parameters M&R Violation    | 1/1/04 - 3/31/04 | 3       | 11/8/2005           |           | 11/18/2005       |          |  |
| Distribution Turbidity MCL Violation | 7/1/10 - 9/30/10 | 2       | 3/27/2011           |           | 4/6/2011         |          |  |

|             |                       | , ,                | // -                 | , ,     | _        |           | 7 - 7 -  |     |        |
|-------------|-----------------------|--------------------|----------------------|---------|----------|-----------|----------|-----|--------|
|             | Wa                    | ater System Facili | ity and Sampling P   | oint Ir | ventor   | у         |          |     |        |
| Water       |                       |                    |                      |         | Total    | Lead and  |          |     |        |
| System      | Water System Facility | Sampling Point     | Sampling Point       |         | Coliform | Copper    |          |     | Stage  |
| Facility ID |                       | ID                 | Description          | Status  | Rule     | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600       | DISTRIBUTION SYSTEM   | 101                | YOUTH CAMPING TAP    | Α       | Υ        |           |          |     |        |
|             |                       | 102                | RESIDENCE SINK       | Α       | Υ        |           |          |     |        |
|             |                       | 103                | RESIDENCE BR SINK    | Α       | Υ        |           |          |     |        |
|             |                       | 4                  | DISTRIBUTION SYSTEM  | Α       | Υ        |           |          |     |        |
|             |                       | DOWNSTREAM         | WITHIN 5 SERVICE CON | Α       |          |           |          |     |        |
|             |                       | UPSTREAM           | WITHIN 5 SERVICE CON | Α       |          |           |          |     |        |
| 00700       | ENTRY POINT           | 3                  | ENTRY POINT          | Α       |          |           |          |     |        |
| 22472       | WELL                  | 2                  | WELL                 | Α       |          |           |          |     |        |

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

| PWS ID              | PWS Name                            |             |         | Clas  | sification | Population  | Owner Type | Primary Source  |
|---------------------|-------------------------------------|-------------|---------|-------|------------|-------------|------------|-----------------|
| CT1470154           | PACHAUG S.F./MOUNT MISERY PUMP HOUS | SE          |         |       | NC         | 30          | S          | GW              |
| Local Address (     | where applicable)                   | Service     | Resider | ntial | Commerci   | al Industri | al Combine | ed Agricultural |
| <b>ROUTES 49 AN</b> | D 138                               | Connections | 5       |       |            |             |            |                 |

|                                       |           |           |  | Со           | ntact Info                     | ormation   |                     |       |          |       |
|---------------------------------------|-----------|-----------|--|--------------|--------------------------------|------------|---------------------|-------|----------|-------|
| Name                                  |           |           |  |              | Organization                   |            | Job Title           |       |          |       |
| Mr. David Cooley                      |           |           |  |              | Deep-Engine                    | ering Unit | Supv Civil Engineer |       |          |       |
| Mailing Address Line One Mailing Addr |           |           | Addre  | ess Line Two |                                |            | City                | State | Zip Code |       |
| 163 Great Hill Road                   |           |           |  |              |                                |            | Portland            |       | СТ       | 06480 |
| Business Phone                        | Extension | Fax       |  | Mo           | Mobile Phone Emergency Phone E |            | e Email Address     |       |          |       |
| 860-342-2215                          |           | 860-344-2 | .560 860-205-7552 860-424-3333 david.cooley@ct.gov |              |                                |            |                     |       |          |       |

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

## Please note the following:

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

End of schedule

| Conne                         | ecticut Depar           |                 |             |             |          | _         |           |        | ction     |               |
|-------------------------------|-------------------------|-----------------|-------------|-------------|----------|-----------|-----------|--------|-----------|---------------|
|                               | Water Quali             | ty Monit        | oring a     | nd Com      | plia     | nce Sc    | hedul     | le     |           |               |
| PWS ID PWS Nam                | ne                      |                 |             |             | Classifi | cation Po | pulation  | Own    | er Type P | rimary Source |
| CT1470184 CIRCLE "C           | C" CAMPGROUND - W       | /ELL #3         |             |             | N        | С         | 25        |        | Р         | GW            |
| Local Address (where appl     | icable)                 |                 | Service     | Resident    | ial Co   | mmercial  | Industri  | ial    | Combined  | Agricultural  |
| 21 BAILEY POND ROAD           |                         |                 | Connectio   | ns          |          | 1         |           |        |           |               |
| Towns Served: VOLUNTOV        | VN                      |                 |             |             |          |           |           |        |           |               |
|                               |                         | Monito          | oring Re    | quireme     | nts      |           |           |        |           |               |
| Water System Facility:        | <b>DISTRIBUTION SYS</b> | STEM (WSF I     | D: 00600)   |             |          |           |           |        |           |               |
| Total Coliform (3100)         |                         |                 |             |             |          |           | 1         | L rout | tine (RT) | per quarter   |
| Sampling Point (Sam           | pling Point ID)         |                 |             | Monitorir   | ng Perio | od Colle  | ection Pe | riod   | Compli    | iance Status  |
| Select from Inventory         | of Active Sampling P    | oints           |             | 4/1/24 -    | 6/30/2   | 4         |           |        |           |               |
|                               |                         |                 |             | 7/1/24 -    | 9/30/2   | 4         |           |        |           |               |
| <b>Physical Parameters (F</b> | PPS)                    |                 |             |             |          |           | 1         | L rou  | tine (RT) | per quarter   |
| Sampling Point (Sam           | pling Point ID)         |                 |             | Monitorir   | ng Perio | od Colle  | ection Pe | riod   | Compli    | iance Status  |
| Select from Inventory         | of Active Sampling P    | oints           |             | 4/1/24 -    | 6/30/2   | 4         |           |        |           |               |
|                               |                         |                 |             | 7/1/24 -    | 9/30/2   | 4         |           |        |           |               |
| Water System Facility:        | ENTRY POINT (WS         | SF ID: 00700)   |             |             |          |           |           |        |           |               |
| Nitrate And Nitrite (No       | OX)                     |                 |             |             |          |           |           | 1 r    | outine (F | RT) per year  |
| Sampling Point (Sam           | pling Point ID)         |                 |             | Monitorin   | ng Perio | od Colle  | ection Pe | riod   | Compli    | iance Status  |
| ENTRY POINT (3)               |                         |                 |             | 1/1/23 - 1  | 12/31/2  | 23        |           |        | Co        | mplete        |
|                               |                         |                 |             | 1/1/24 - 1  | 12/31/2  | 24        |           |        |           |               |
|                               |                         |                 |             | 1/1/25 - 1  | 12/31/2  | 25        |           |        |           |               |
|                               |                         | Other Co        | omplian     | ce Sched    | ules     |           |           |        |           |               |
| Compliance Schedule Acti      | vity                    |                 |             | E           | Due Dat  | te        | Achie     | eved L | Date      |               |
| SEASONAL START UP COM         | PLETION                 |                 |             | 4           | /1/202   | .4        |           |        |           |               |
|                               | Water Sys               | stem Facili     | ty and S    | ampling     | Point    | t Invent  | ory       |        |           |               |
| Water                         |                         |                 |             |             |          | Tota      | l Lead    | and    |           |               |
| System Water System I         | Facility Sc             | ampling Point   | Sampling I  | Point       |          | Colifo    |           | per    |           | Stage         |
| Facility ID                   |                         | ID              | Description | n           | Sta      | tus Rule  | e Rule    | Tier   | Asbestos  | WQP 2 DBPR    |
| 00600 DISTRIBUTION S          | SYSTEM                  | 4               | DISTRIBUT   | ION SYSTEM  | Α        | Y         |           |        |           |               |
|                               | D                       | OWNSTREAM       | WITHIN 5 9  | SERVICE CON | A        | 4         |           |        |           |               |
|                               |                         | UPSTREAM        | WITHIN 5 S  | SERVICE CON | Α        | 4         |           |        |           |               |
| 00700 ENTRY POINT             |                         | 3               | ENTRY POI   | NT          | A        | 4         |           |        |           |               |
| 57005 WELL 3                  |                         | 2               | WELL 3      |             | Δ        | ١         |           |        |           |               |
|                               |                         | Con             | tact Info   | rmation     |          |           |           |        |           |               |
| Name                          |                         | O               | ganization  |             |          |           |           |        | Job Title |               |
| Ms. Michelle S. Botelho       |                         | Ca              | mpground    |             |          | (         | Owner - P | Presid | ent       |               |
| Mailing Address Line One      | N                       | Mailing Address | Line Two    |             |          |           | City      |        | State     | Zip Code      |
| 21 Bailey Pond Road           |                         |                 |             |             |          | Voluntow  | 'n        |        | СТ        | 06384         |
| Business Phone Exte           | nsion Fax               | Mobi            | le Phone    | Emergency   | Phone    | Email Add | dress     |        |           |               |
| 860-564-4534                  | 860-564-45              | 534             |             |             |          | circlec@c | omcast.n  | et     |           |               |
| Contact Polo(s): Administ     | trativa Cantact Lagal   | Contact Own     |             |             |          |           |           |        |           |               |

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

| Connecticut Department of Public Health | Drinking   | g Water | Section |   |
|---|------------|---------|---------|---|
| Water Quality Monitoring and Con        | npliance S | Schedul | e       |   |
| DIA/C AL                                | Cl :t: 1:  | D 1.00  | o =     | _ |

|                                  |                    |            | <u> </u>    |         |               | 1              |            |                 |                       |
|----------------------------------|--------------------|------------|-------------|---------|---------------|----------------|------------|-----------------|-----------------------|
| PWS ID                           | PWS Name           |            |             |         |               | Classification | Population | Owner Type      | <b>Primary Source</b> |
| CT1470184                        | CIRCLE "C" CAMPGRO | OUND - WEL | L #3        |         |               | NC             | 25         | Р               | GW                    |
| Local Address (where applicable) |                    |            | Service     | Resider | ntial Commerc | ial Industri   | al Combine | ed Agricultural |                       |
| 21 BAILEY POND ROAD              |                    |            | Connections |         | 1             |                |            |                 |                       |
|                                  |                    |            |             |         |               |                |            |                 |                       |

#### Please note the following:

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

End of schedule

|                                | Connecticut De                  | epartment of         | F Public H    | ealth            | Drir    | nking                   | Wa      | iter S                        | ection     |                       |  |  |
|--------------------------------|---------------------------------|----------------------|---------------|------------------|---------|-------------------------|---------|-------------------------------|------------|-----------------------|--|--|
|                                |                                 | uality Monit         |               |                  |         | Ŭ                       |         |                               | 0001011    |                       |  |  |
| PWS ID                         | PWS Name                        | dancy 1-10111c       |               | a dom            |         |                         |         |                               | wner Type  | Primary Source        |  |  |
| CT147902                       |                                 |                      |               |                  | N       |                         | 29      |                               | Р          | GW                    |  |  |
| Local Addı                     | ress (where applicable)         |                      | Service       | Residen          | tial Co | mmercia                 | l Ind   | dustrial                      | Combine    | d Agricultura         |  |  |
|                                | MAIN STREET                     | Connections          |               |                  | 2       |                         |         |                               |            |                       |  |  |
| Towns Ser                      | ved: VOLUNTOWN                  |                      |               |                  |         |                         |         |                               |            |                       |  |  |
|                                |                                 | Monito               | oring Requ    | ireme            | nts     |                         |         |                               |            |                       |  |  |
| Water Sy                       | stem Facility: DISTRIBUTIO      | N SYSTEM (WSF I      | D: 00600)     |                  |         |                         |         |                               |            |                       |  |  |
| Total Co                       | liform (3100)                   |                      |               |                  |         |                         |         | 1 rc                          | outine (RT | ) per quarter         |  |  |
| Samp                           | oling Point (Sampling Point ID) |                      |               | Monitori         | ng Peri | od Co                   | llectio | on Perio                      | d Comp     | liance Status         |  |  |
| Selec                          | t from Inventory of Active Sam  | oling Points         | :             | 10/1/23 -        | 12/31/  | 23                      |         |                               | C          | Complete              |  |  |
|                                |                                 |                      |               | 1/1/24 -         | 3/31/2  | 4                       |         |                               |            |                       |  |  |
|                                |                                 |                      |               | 4/1/24 -         | 6/30/2  | 4                       |         |                               |            |                       |  |  |
|                                |                                 |                      |               | 7/1/24 -         | 9/30/2  | 4                       |         |                               |            |                       |  |  |
| Physical                       | Parameters (PPS)                |                      |               |                  |         |                         |         | 1 rc                          | outine (RT | ) per quarter         |  |  |
| Samp                           | oling Point (Sampling Point ID) |                      |               | Monitori         | ng Peri | od Co                   | llectio | on Perio                      | d Comp     | Compliance Status     |  |  |
| Selec                          | t from Inventory of Active Sam  | oling Points         |               | 10/1/23 -        | 12/31/  | '23                     |         |                               | C          | Complete              |  |  |
|                                |                                 |                      |               | 1/1/24 -         | 3/31/2  | 4                       |         |                               |            |                       |  |  |
|                                |                                 |                      |               | 4                |         |                         |         |                               |            |                       |  |  |
|                                |                                 |                      |               | 7/1/24 - 9/30/24 |         |                         |         |                               |            |                       |  |  |
| Water Sy                       | stem Facility: ENTRY POIN       | Γ (WSF ID: 00700)    |               |                  |         |                         |         |                               |            |                       |  |  |
| Nitrate A                      | And Nitrite (NOX)               |                      |               |                  |         |                         |         | :                             | 1 routine  | (RT) per year         |  |  |
| Samp                           | oling Point (Sampling Point ID) |                      |               | Monitori         | ng Peri | od Co                   | llectio | on Perio                      | d Comp     | liance Status         |  |  |
| ENTR                           | RY POINT (3)                    |                      |               | 1/1/23 -         | 12/31/2 | 23                      |         |                               | C          | Complete              |  |  |
|                                |                                 |                      |               | 1/1/24 -         | 12/31/2 | 24                      |         |                               |            |                       |  |  |
|                                |                                 |                      |               | 1/1/25 -         | 12/31/2 | 25                      |         |                               |            |                       |  |  |
|                                | Wate                            | r System Facili      | ity and Sar   | npling           | Poin    | t Inven                 | itor    | у                             |            |                       |  |  |
| Water<br>System<br>Facility ID | Water System Facility           | Sampling Point<br>ID | Sampling Poil | nt               | Sto     | Tot<br>Colife<br>tus Ru | orm     | Lead an<br>Copper<br>Rule Tie | •          | Stage<br>s WQP 2 DBPI |  |  |
| 00600                          | DISTRIBUTION SYSTEM             | 4                    | DISTRIBUTION  | SYSTEM           |         |                         |         |                               |            |                       |  |  |
|                                |                                 | DOWNSTREAM           | WITHIN 5 SER  | VICE CON         | 1 /     | A                       |         |                               |            |                       |  |  |
|                                |                                 | UPSTREAM             | WITHIN 5 SER  | VICE CON         | 1 /     | A                       |         |                               |            |                       |  |  |
| 00700                          | ENTRY POINT                     | 3                    | ENTRY POINT   |                  | A       | 4                       |         |                               |            |                       |  |  |
| 58907                          | WELL 1                          | 2                    | WELL 1        |                  | A       | A                       |         |                               |            |                       |  |  |
| 58977                          | BLADDER TANK                    |                      |               |                  |         |                         |         |                               |            |                       |  |  |
| 58979                          | TREATMENT PLANT                 |                      |               |                  |         |                         |         |                               |            |                       |  |  |
|                                |                                 | Con                  | tact Inforr   | nation           |         |                         |         |                               |            |                       |  |  |
| Name                           |                                 |                      | rganization   |                  |         |                         |         |                               | Job Title  |                       |  |  |
| Mrs. Shell                     | y Grillo                        |                      | riswold Plaza |                  |         |                         |         |                               |            |                       |  |  |
|                                | ddress Line One                 | Mailing Address      |               |                  |         |                         | Cit     | У                             | State      | Zip Code              |  |  |
|                                | ntown Road                      | J st                 |               |                  |         | Griswold                |         | •                             | СТ         | 06351                 |  |  |
|                                |                                 |                      |               |                  |         |                         |         |                               |            |                       |  |  |

**Mobile Phone** 

**Business Phone** 

860-639-6955

Extension

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

Fax

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Emergency Phone Email Address

Gpaula4@yahoo.com

860-639-6955

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

|                                  |                    |             |         | 0       |              |      |             |            |                 |                |
|----------------------------------|--------------------|-------------|---------|---------|--------------|------|-------------|------------|-----------------|----------------|
| PWS ID                           | PWS Name           |             |         |         |              | Clas | ssification | Population | Owner Type      | Primary Source |
| CT1479024                        | 144&166 MAIN STREE | Т           |         |         |              |      | NC          | 29         | Р               | GW             |
| Local Address (where applicable) |                    |             | Service | Resider | tial Commerc |      | al Industri | al Combine | ed Agricultural |                |
| 144 & 166 MAIN STREET            |                    | Connections |         |         | 2            |      |             |            |                 |                |
|                                  |                    |             |         |         |              |      |             |            |                 |                |

#### 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