Connecticut Departme	nt of Public H	ealth I	Orinking V	Vater S	ection	
Water Quality M			o e			
PWS ID PWS Name	ionitoring and		lassification Po		wner Tyne Pri	imary Source
CT1500024 295 NEW MILFORD TURNPIKE			NC NC	40	P	GW
Local Address (where applicable)	Service	Residentia		Industrial	Combined	Agricultural
295 NEW MILFORD TURNPIKE (ROUTE 202)	Connections		1			7.6
Towns Served: WASHINGTON						
N	onitoring Requ	iremen	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	I	Monitoring	Period Colle	ction Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points	1	10/1/23 - 1	2/31/23		Cor	nplete
		1/1/24 - 3			Cor	nplete
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Physical Parameters (PPS)					outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		ction Perio		ince Status
Select from Inventory of Active Sampling Points		10/1/23 - 1				nplete
		1/1/24 - 3			Cor	nplete
		4/1/24 - 6				
Maria Carta San Farillia - Entroy Donat Angelia		7/1/24 - 9	/30/24			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)	,	N 4 = 10 i4 = 11 in =	. David Calla		1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		ction Perio	•	nce Status
ENTRY POINT (3)		1/1/23 - 12 1/1/24 - 12				nplete nplete
		1/1/24 - 12 1/1/25 - 12	· · · -			iipiete
D., b.						
Publi	c Notification R	•				
Malatina (Cityatina	Compliance	Notice	Public Notif		PN Certi	
Violation/Situation E. Coli	Period 1/10/20 - 4/29/20	Tier 3		erformed	Due to DPH	Received
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	5/7/2021		5/17/2021	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/11/2024 7/11/2024		7/21/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/11/2024		7/21/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/11/2024		7/21/2024	
	Facility and San			orv	7/21/2024	
Water			Total		d	
	g Point Sampling Poin	nt	Colifor			Stage
Facility ID	Description		Status Rule		er Asbestos	_
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM	A Y			
00700 ENTRY POINT 3	ENTRY POINT		А			
22491 WELL 2	WELL		Α			
	Contact Inform	nation				

Organization Job Title Name Mr. Oscar Lopez The 202 Tavern Mailing Address Line One Mailing Address Line Two City State Zip Code 06776 143 Chestnut Land Road New Milford CT**Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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.

	dominectica	c Departme	one of a done in	Carti	וטו		, water	Decemon	
	Wate	er Quality N	Monitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT1500024	295 NEW MILFORI	D TURNPIKE				NC	40	Р	GW
Local Address (w	here applicable)		Service	Residen	esidential Comr		al Industri	al Combine	ed Agricultural
295 NEW MILFO	RD TURNPIKE (ROU	JTE 202)	Connections			1			
Towns Served: V									
000-212-2021	-					USCALIC	ppez_xi @yai	поо.сопт	

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

0064	COMMUNITY TABLE	NC.	25	Р	GW
)	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g Water	Section	

CT1500064	COMMUNITY TABLE				NC	25		Р		GW
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industri	al	Combine	d	Agricultural
223 LITCHFIELD	TURNPIKE (ROUTE 202)	Connections			1					

PWS ID

Monitor	ing Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete				
	1/1/24 - 3/31/24						
	4/1/24 - 6/30/24						
	7/1/24 - 9/30/24						
Physical Parameters (PPS)		1 routine (RT) per qu					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete				
	1/1/24 - 3/31/24						
	4/1/24 - 6/30/24						
	7/1/24 - 9/30/24						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete				
	1/1/24 - 12/31/24						
	1/1/25 - 12/31/25						

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	3/7/2020		3/17/2020					
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	3/7/2020		3/17/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	3/7/2020		3/17/2020					
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	3/7/2020		3/17/2020					
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	3/7/2020		3/17/2020					
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/6/2024		7/16/2024					
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/6/2024		7/16/2024					
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/6/2024		7/16/2024					
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/6/2024		7/16/2024					

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
00700	ENTRY POINT	3	ENTRY POINT	Α						
22495	WELL	2	WELL	Α						

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CT1500064	COMMUNITY TABLE	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g Water	Section	

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Connections

Towns Served: WASHINGTON

Local Address (where applicable)

223 LITCHFIELD TURNPIKE (ROUTE 202)

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Miss Joann Makovitzky Com				Comunity Ta	ble Resturant	Managing Partner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 446						Washington Depot CT		СТ	06794
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
860-868-9354					917-797-3157	joann@communitytablect.com			

Contact Role(s): Administrative Contact, Owner

Please note the following:

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring an	d Con	npl	liance S	chedul	le		
PWS ID	PWS Name				ssification	Population	Ow	ner Type	Primary Source
CT1500074	WHITE HORSE RESTAURANT				NC	25		Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	l Industri	ial	Combine	d Agricultural
258 NEW MILFO	ORD TURNPIKE (ROUTE 202)	Connections			1				

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060			
Total Coliform (3100)	,,,,	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	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	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	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)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Public Notification Requirements									
	Compliance	Notice	Public Notification		<u>PN Certi</u> j	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	1/1/23 - 1/31/23	3	7/6/2024		7/16/2024				
Total Coliform M&R Violation	8/1/22 - 8/31/22	3	7/6/2024		7/16/2024				
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	7/6/2024		7/16/2024				

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1500074	WHITE HORSE RESTAURANT				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
258 NEW MILFO	RD TURNPIKE (ROUTE 202)	Connections			1			

Public Notification Requirements								
	Compliance	Notice	Public No	<u>otification</u>	PN Certij	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	10/1/22 - 10/31/22	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	11/1/22 - 11/30/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	12/1/22 - 12/31/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	8/1/22 - 8/31/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	1/1/23 - 1/31/23	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	2/1/23 - 2/28/23	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	2/1/23 - 2/28/23	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	3/1/23 - 3/31/23	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	3/1/23 - 3/31/23	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	4/1/23 - 4/30/23	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	4/1/23 - 4/30/23	3	7/6/2024		7/16/2024			
Total Coliform M&R Violation	12/1/22 - 12/31/22	3	7/6/2024		7/16/2024			
Physical Parameters M&R Violation	6/1/23 - 6/30/23	3	8/14/2024		8/24/2024			
Total Coliform M&R Violation	5/1/23 - 5/31/23	3	8/14/2024		8/24/2024			
Total Coliform M&R Violation	6/1/23 - 6/30/23	3	8/14/2024		8/24/2024			
Physical Parameters M&R Violation	5/1/23 - 5/31/23	3	8/14/2024		8/24/2024			

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage ! 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			·	
22496	WELL	2	WELL	Α				

 Information

			•						
Name				Organization	1		Job Title		
Mr. John Harris	White Horse Restaurant					Owner			
Mailing Address Line One Mailing Addr			ress Line Two		City	State	Zip Code		
258 New Milford Tu	ırnpike		P. O. Box 23	95		New Preston	СТ	06777	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-868-1496						whitehorsect@aol.com			
Carata at Dala/a).		C							

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

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

	Water Quarty From	or mg am	u 0011	TP.	idiioo t	oncadi	. —	
PWS ID	VS ID PWS Name			Classif		Population	Owner Type	Primary Source
CT1500074	00074 WHITE HORSE RESTAURANT				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
258 NEW MILFORD TURNPIKE (ROUTE 202)		Connections			1			
	<u> </u>							

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1500184	WASHINGTON GOLF CLUB				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
10 GOLF COURS	E ROAD	Connections			1			

Towns Served: WASHINGTON

Monitoring	Requirements
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Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

	3, =, = : 3, 33, = :		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		

Nater System Facility:	ENTRY POINT	(WSF ID: 00700)
-------------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX)	1 rc	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	10/15/2015	
RESPOND TO SANITARY SURVEY	1/2/2021	
SEASONAL START UP COMPLETION	5/15/2024	

Public Notification Requirements											
	Compliance Notice Public Notification PN Certi										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	2/28/2016		3/9/2016						
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	1/28/2017		2/7/2017						
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024						
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024						
Physical Parameters M&R Violation	8/1/23 - 8/31/23	3	10/15/2024		10/25/2024						
Physical Parameters M&R Violation	7/1/23 - 7/31/23	3	10/15/2024		10/25/2024						
Total Coliform M&R Violation	8/1/23 - 8/31/23	3	10/15/2024		10/25/2024						
Total Coliform M&R Violation	7/1/23 - 7/31/23	3	10/15/2024		10/25/2024						

Water System Facility and Sampling Point Inventory

water			lotai	Leaa ana	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	ctatus Rule	Rule Tier	Asbestos WOP 2 DBPR
NOTE: This information has been unresided to below			ata kanta manasa Italia ang asalikin alabah ili		Annual Control of the

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.

Page 8

Water Quality Monitoring and Compliance Schedule												
PWS ID		PWS Name				Cla	ssification	Population	Owner Type	Prin	nary Source	
CT150018	34	WASHINGTON GOLF CLUB					NC	25	Р		GW	
Local Add	ress (w	here applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed	Agricultural	
10 GOLF (COURSE	ROAD		Connections			1					
Towns Se	rved: W	/ASHINGTON						·	·	·		
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Υ				
			DOWNSTREAM	WITHIN 5 SER	VICE CON	N	Α					
			UPSTREAM	WITHIN 5 SER	VICE CON	V	Α					
00700	ENTR	Y POINT	3	ENTRY POINT			Α					
22504	WELL		2	WELL			Α					
57333	TREAT	TMENT PLANT										

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Gregory Seeley				Washington	Club, Inc.		President		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
37 Winston Drive						Washington Depot CT			06794
Business Phone	Extension	Fax	Me	obile Phone	Emergency Phone	Email A	ddress		
Contact Role(s): Le	gal Contact			Organization				Job Title	
Mr. Paul A Smith III				Washington Club			General Man	ager	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
92 Green Hill Road		·				Washing	gton	СТ	06793
Business Phone	Extension	Fax	Me	obile Phone	Emergency Phone	Email Ad	ddress		
860-868-0376	1				914-419-3302	gm@washingtonclub.net			

Contact Role(s): Administrative Contact

Please note the following:

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

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name Classification Population Owner Type Prim									
CT1500224	MARBLEDALE 151 CORP	NC	25	Р	GW					

Connections

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Local Address (where applicable)

210 NEW MILFORD TURNPIKE

1		
g Requirements		
600)		
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/23 - 11/30/23		Complete
12/1/23 - 12/31/23		Complete
1/1/24 - 1/31/24		Complete
2/1/24 - 2/29/24		Complete
3/1/24 - 3/31/24		Complete
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		
	3 re	peat (RP) per period
Monitoring Period	Collection Period	Compliance Status
11/15/23 - 11/20/23		Complete
12/7/23 - 12/12/23		Complete
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/23 - 11/30/23		Complete
12/1/23 - 12/31/23		Complete
1/1/24 - 1/31/24		Complete
2/1/24 - 2/29/24		Complete
3/1/24 - 3/31/24		Complete
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		
	1 r	outine (RT) per yea
Monitoring Period	Collection Period	Compliance Status
1/1/23 - 12/31/23		
1/1/24 - 12/31/24		
1/1/25 - 12/31/25		
	Requirements 600) Monitoring Period 11/1/23 - 11/30/23 12/1/24 - 1/31/24 2/1/24 - 2/29/24 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 Monitoring Period 11/15/23 - 11/20/23 12/7/23 - 12/12/23 Monitoring Period 11/123 - 11/30/23 12/1/23 - 12/31/24 2/1/24 - 2/29/24 3/1/24 - 1/31/24 2/1/24 - 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 Monitoring Period 1/1/23 - 12/31/24 4/1/24 - 4/30/24 5/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24	S Requirements 1 rou Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24 4/1/24 - 6/30/24 5/1/24 - 6/30/24 7/1/24 - 1/31/24 8/1/24 - 8/31/24 9/1/24 - 10/31/24 3 reg Monitoring Period 11/15/23 - 11/20/23 12/1/23 - 12/12/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24 2/1/24 - 2/29/24 3/1/24 - 3/31/24 2/1/24 - 3/31/24 2/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 4/1/24 - 3/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 8/1/24 - 8/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 10/1/24 - 10/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12/31/24 1/1/24 - 12

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

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1500224	MARBLEDALE 151 CORP				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
210 NEW MILE	ORD TURNPIKE	Connections			1			

Towns Served: WASHINGTON

Physical Parameters M&R Violation

Physical Parameters M&R Violation

Monitoring Requirements

Water System Facility: WELL (WSF ID: 22508)

E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/14/23 - 11/20/23		Complete
	12/6/23 - 12/12/23		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
------------------------------	----------	---------------

L1 ASSESSMENT (MULTIPLE TC+) 9/16/2023

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) 1/8/2024

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	1/8/2015		1/18/2015					
Total Coliform M&R Violation	11/1/14 - 11/30/14	2	5/7/2015		5/17/2015					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/3/18 - 1/2/19	2	9/13/2018		9/23/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/1/18 - 1/2/19	2	1/9/2019		1/19/2019					
Total Coliform M&R Violation	2/1/23 - 2/28/23	3	5/25/2024		6/4/2024					
Total Coliform M&R Violation	4/1/23 - 4/30/23	3	5/25/2024		6/4/2024					
Physical Parameters M&R Violation	2/1/23 - 2/28/23	3	5/25/2024		6/4/2024					
Physical Parameters M&R Violation	4/1/23 - 4/30/23	3	5/25/2024		6/4/2024					
Total Coliform M&R Violation	3/1/23 - 3/31/23	3	5/25/2024		6/4/2024					
Physical Parameters M&R Violation	3/1/23 - 3/31/23	3	5/25/2024		6/4/2024					
Total Coliform M&R Violation	5/1/23 - 5/31/23	3	8/14/2024		8/24/2024					
Total Coliform M&R Violation	6/1/23 - 6/30/23	3	8/14/2024		8/24/2024					

Water System Facility and Sampling Point Inventory

8/14/2024

8/14/2024

3

8/24/2024

8/24/2024

5/1/23 - 5/31/23

6/1/23 - 6/30/23

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22508	WELL	2	WELL	Α					

Contact Information

Name	Organization	Job Title				
Mr. Mir S. Ahmed		Nazia Properties LLC.	Owner			
Mailing Address Line One Mailing Addre		ess Line Two		City	State	Zip Code
210 New Milford Tpke			Marble [Dale	СТ	06777

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.

(Connectic	ut Depa	rtme	nt of	Public	Health	Drir	nking	Water	Section		
	Wat	ter Qua	lity M	onito	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Sou	ırce
CT1500224	MARBLEDALE 15	1 CORP					N	C	25	Р	GW	
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultu	ural
210 NEW MILFOR	D TURNPIKE	Connection	ıs		1							
Towns Served: W	ASHINGTON									'		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress			
860-868-0005		860-868-	0005			203-300	-7987	sabbir3	21@hotma	il.com		
Contact Role(s):	Legal Contact, C)wner										
Name				Org	ganization					Job Titl	е	
Sandy Patel				Aa	ri Foods Inc.	•			Manager			
Mailing Address L	ine One		Mailing A	Address	Line Two				City	State	Zip Code	j
210 New Milford	Turnpike							New Pr	eston	СТ	06777	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress	,		
860-709-0264								smpate	el8510@gma	ail.com		
Contact Role(s):	Administrative (Contact										

Please note the following:

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

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

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

End of schedule

Connecticut Depar	tment of Public H	ealth Di	rinking	Water S	ection	
*	ty Monitoring and		Ŭ		CCCIOII	
PWS ID PWS Name	cy momeoring and				wner Type Pr	imary Source
CT1500244 G.W. TAVERN			NC	25	Р	GW
Local Address (where applicable)	Service	Residential	Commercia	Industrial	Combined	Agricultura
20 BEE BROOK ROAD	Connections		1			
Towns Served: WASHINGTON						
	Monitoring Requ	irements				
Water System Facility: DISTRIBUTION SYS	TEM (WSF ID: 00600)					
Total Coliform (3100)				1 :	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring P	eriod Co	llection Perio	d Compli	ance Status
Select from Inventory of Active Sampling P	oints	11/1/23 - 11/	30/23		Со	mplete
	:	12/1/23 - 12/	31/23		Со	mplete
		1/1/24 - 1/3	1/24		Со	mplete
		2/1/24 - 2/2	9/24		Со	mplete
		3/1/24 - 3/3	1/24			
		4/1/24 - 4/3	0/24			
		5/1/24 - 5/3	1/24			
		6/1/24 - 6/3	0/24			
		7/1/24 - 7/3	1/24			
		8/1/24 - 8/3	1/24			
		9/1/24 - 9/3	0/24			
		10/1/24 - 10/	31/24			
Physical Parameters (PPS)				1 ו	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring P	eriod Co	llection Perio	d Compli	ance Status
Select from Inventory of Active Sampling P	oints	11/1/23 - 11/	30/23		Со	mplete
	:	12/1/23 - 12/	31/23		Со	mplete
		1/1/24 - 1/3	1/24		Со	mplete
		2/1/24 - 2/2	9/24		Со	mplete
		3/1/24 - 3/3	1/24			
		4/1/24 - 4/3	0/24			
		5/1/24 - 5/3	1/24			
		6/1/24 - 6/3	0/24			
		7/1/24 - 7/3	1/24			
		8/1/24 - 8/3	1/24			
		9/1/24 - 9/3	0/24			
		10/1/24 - 10/	31/24			
Water System Facility: ENTRY POINT (WS	F ID: 00700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring P	Period Co	llection Perio	d Compli	ance Status
ENTRY POINT (3)		1/1/23 - 12/3	31/23		Со	mplete
		1/1/24 - 12/3	31/24		Со	mplete
		1/1/25 12/2	14 /25			

1/1/25 - 12/31/25									
Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
RESPOND TO SANITARY SURVEY	10/11/2020								
RESPOND TO SANITARY SURVEY	10/11/2020								

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.

	dominous a character of Laborator 2 minutes a control									
	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e			
PWS ID PWS Name Classification Population Owner Type Primary So								Primary Source		
CT1500244	G.W. TAVERN			NC 25 P				GW		
Local Address	(where applicable)	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
20 BEE BROOK	ROAD			1						

Towns Served: WASHINGTON

	Water System Facility and Sampling Point Inventory										
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	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
22510	WELL 1	2	WELL	Α							
57182	WELL #2	2	WELL #2	Α							
57185	TREATMENT PLANT										

5/185 TREATIVI	ENTPLANT								
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Robert M. Margolis G.W. Tavern President									
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code
20 Bee Brook Rd	PO Box 397 Washington Depot CT				06794				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-868-6633		860-868-6	689			G_W_TA	VERN@sbcglo	bal.net	
Contact Role(s): Le	gal Contact, C)wner							
Name				Organization	1			Job Title	
Mr. John Vandenbo	osch			G.W. Tavern			General Man	ager	
Mailing Address Line One Mailing Addr				Idress Line Two		City	State	Zip Code	

Contact Role(s): Administrative Contact

Extension

Please note the following:

P.O. Box 397

Business Phone

860-868-6633

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

Mobile Phone

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

Fax

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

06794

CT

Washington Depot

john@gwtavern.com

Emergency Phone Email Address

	Connecticut Dep Water Qu							_			ection	
PWS ID	PWS Name	arrey 1.1.		oring and	u doi	_					vner Tyne Pr	imary Source
	INSTITUTE FOR AMERICAN	ΙΝΟΙΔΝ ST	IDIES			C	NC	tion i c	35	OV	P P	GW
Local Address (w		IIIDIAII SI	JUILS	Service	Reside	ntia	_	nercial	Industri	al	Combined	Agricultural
CURTIS ROAD	mere applicable)			Connections	ricsiac	Titia		1	maastri	u 1	combined	7 Gileatearai
Towns Served: V	VASHINGTON							_				
Towns served.	V/10/1111/01/01/	M	onit	oring Requ	iirom	ont	·c					
Water System	Facility: DISTRIBUTION					CIII						
Total Coliform	(3100)			·					1	. ro	utine (RT) բ	er quarter
	oint (Sampling Point ID)				Monito	ring	Period	Coll	ection Pe			ance Status
	Inventory of Active Samplin	ng Points			10/1/23							mplete
	<u> </u>				1/1/24	- 3/	/31/24					mplete
					4/1/24	- 6/	/30/24					
					7/1/24	- 9/	/30/24					
Physical Paran	neters (PPS)								1	. ro	utine (RT) բ	er quarter
Sampling P	oint (Sampling Point ID)				Monito	ring	Period	Coll	ection Pe	riod	l Compli	ance Status
Select from	Inventory of Active Samplin	ng Points			10/1/23	- 12	2/31/23				Co	mplete
					1/1/24	- 3/	/31/24				Co	mplete
					4/1/24	- 6/	/30/24					
					7/1/24	- 9/	/30/24					
Water System	Facility: ENTRY POINT	WSF ID: 0	0700)									
Nitrate And N	itrite (NOX)									1	l routine (R	T) per year
Sampling P	oint (Sampling Point ID)			_	Monito	ring	Period	Coll	ection Pe	rioc	l Compli	ance Status
ENTRY POIN	NT (3)				1/1/23	- 12	/31/23					
					1/1/24						Co	mplete
					1/1/25							
		Oth	er C	ompliance	Sche	du	les					
Compliance Sch							e Date		Achie	vec	Date	
	TION SURVEY REPORT						1/2021					
	TION SURVEY REPORT						1/2022					
	TION SURVEY REPORT						1/2023					
CROSS CONNECT	TION SURVEY REPORT						1/2024					
		Public	Not	ification R	equir	em	nents					
			C	ompliance	Notic				<u>fication</u>			<u>ification</u>
Violation/Situat				Period	Tie	r	Requ		Performe		Due to DPH	Received
Total Coliform M				/22 - 6/30/22	3		11/17/				11/27/2023	
Physical Parame	ters M&R Violation	_		/22 - 6/30/22	3		11/17/				11/27/2023	
	Water	System I	acili	ity and Sar	nplin	g P	oint I	nvent	tory			
Water System Wate Facility ID	r System Facility	Sampling ID	Point	Sampling Poil Description	nt		Status	Tota Colifo Rule	rm Cop	per		Stage WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEI	M	Α	Υ				
		DOWNST	REAM	WITHIN 5 SER	VICE CC	N	Α					
		UPSTRE	AM	WITHIN 5 SER	VICE CC	N	Α					
00700 ENTR	Y POINT	3		ENTRY POINT			Α					

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.

Α

WELL

2

22511

61658

WELL

TREATMENT PLANT

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name	PWS Name Classification Population Owner Type Primary Source								
CT1500254	INSTITUTE FOR AMERICAN INDIAN STUDIES NC 35 P GW									
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura							ed Agricultural			

Connections

1

Towns Served: WASHINGTON

CURTIS ROAD

				Contact Inf	formation					
Name				Organizatio	า		Job Title			
Mr. Chris Combs				Inst For Am	Indian Studies		Executive [Director		
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
38 Curtis Road						Washing	gton	СТ	06793	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-868-0518		860-868-2	1679			ccombs@iaismuseum.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

COTISO0264 MOUNT TOM STATE PARK Local Address (where applicable) MOUNT TOM ROAD MOUNT TOM ROAD MOUNT TOM ROAD MOUNT TOM ROAD TOWNS Served: WASHINGTON Mater System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points Monitoring Period Monitoring Period Monitoring Period Monitoring Period Collection Period Collection Period Compliance Status Select from Inventory of Active Sampling Points Monitoring Period Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points Af1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points Af1/23 - 1/3/30/24 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point ID Monitoring Period Collection Period Collection Period Compliance Status Sampling Point ID Sampling Point Sampling Point ID Monitoring Period Collection Period Compliance Status Complete 1 routine (RT) per ye Collection Period Collection Period Compliance Status Sampling Point ID Sampling Point ID Monitoring Period Collection Period Collection Period Collection Period Collection Period Collection Period Collection Period Compliance Status Sampling Point ID Sampling Point ID Sampling Point ID Sampling Point ID Description Sa		_					_		_			
PMS ID PWS Name Classification Population Owner Type Primary Sout CTIS00264 MOUNT TOM STATE PARK Service Connections NC 25 S GW			•				`			ection		
CTISOD264 MOUNT TOM STATE PARK Local Address (where applicable) Service Connections Connec			r Quality Monit	oring and	d Com	ıplia	ance :	Sch	<u>edule</u>			
Service Connections Service Connections Residential Commercial Industrial Combined Agricultum Agricultum Agricultum Connections Agricultum Connections Industrial Combined Agricultum Agricultum Agricultum Connections Industrial Combined	PWS ID	PWS Name				Classi	fication	Popu	lation O	wner Type	Primar	y Source
MOUNT TOM ROAD Connections 1	CT1500264	4 MOUNT TOM STAT	E PARK			ا	NC	2	25	S	G	Wí
Touris Served: WASHINGTON Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point 1D) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point 1D) Sampling Point (Sampling Point Sampling Points Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Point (Sampling Point ID) Select from Inventory Sampling Point (Sampling Point ID) Select from Inventory Sampling Point (Sampling Point ID) Select from Inventory Sel	Local Addr	ess (where applicable)			Resident	tial C	ommerc	ial In	dustrial	Combine	ed Agr	ricultural
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Troutine (RT) per quart Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Compliance Status Compliance Status Compliance Status Compliance Status Collection Period Collection Period Compliance Status Compliance St	MOUNT TO	OM ROAD		Connections			1					
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point ID) Monitoring Period A/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points A/1/24 - 6/30/24 T/1/24 - 9/30/24 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) A/1/24 - 1/21/25 - 1/21/21/25 Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Water System Facility Water System Facility Water System Facility Water System Facility Monitoring Period Collection Period Compliance Statu Compliance Statu Compliance Schedules Compliance Schedules Achieved Date Achieved Date Achieved Date Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Facility Water System Facility Sampling Point Description Status A Y DOWNSTRAM WITHIN S SERVICE CON A UPSTREAM WITHIN S SE	Towns Serv	ved: WASHINGTON										
Total Coliform (3100) Select from Inventory of Active Sampling Points			Monito	oring Requ	ireme	nts						
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Water System Facility Sampling Point Inventory	Complianc	e Schedule Activity			L	Due Do	ate		Achieve	d Date		
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Contact Information Name Organization Job Title Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer	00700	ENTRY POINT	3	ENTRY POINT			Α					
Name Organization Job Title Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer	22512	WELL	2	WELL			Α					
Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer			Con	tact Inform	nation							
	Name		0	rganization						Job Title	2	
Mailing Address Line One Mailing Address Line Two City State Zip Code	Mr. David	Cooley	De	eep-Engineerin	g Unit			Sup	v Civil En	gineer		
	Mailing Ad	dress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip	Code

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.

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

CT

06480

163 Great Hill Road

Business Phone

860-342-2215

Extension

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

Fax

860-344-2560

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

	Tractor & didirey 1 1011110	911118 6111	0. 0011	ip manieur	901100101		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1500264	500264 MOUNT TOM STATE PARK				25	S	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
MOUNT TOM R	Connections		1				
1							

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 Departme	ent of Publi	c Health I	Orinkin	g Water S	Section	
	Water Quality I	Monitoring	and Comp	oliance	Schedule	!	
PWS ID	PWS Name		С	lassification	Population C	wner Type Pr	imary Source
CT1500274	LAKE WARAMAUG COUNTRY CLUB			NC	25	Р	GW
Local Addre	ess (where applicable)	Service	Residentia	Commer	cial Industrial	Combined	Agricultural
22 GOLF LIN	NKS ROAD	Connecti	ions	1			
Towns Serv	ed: WASHINGTON	·	·				
		Monitoring R	equirement	ts			
Water Syst	tem Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)				
Total Coli	form (3100)				1 r	outine (RT)	er quarter
	ing Point (Sampling Point ID)		Monitoring	Period	Collection Perio		ance Status
Select	from Inventory of Active Sampling Points		10/1/23 - 1	2/31/23		Co	mplete
			1/1/24 - 3,	/31/24		Co	mplete
			4/1/24 - 6,	/30/24			
			7/1/24 - 9,	/30/24			
Physical P	Parameters (PPS)				1 r	outine (RT) բ	er quarter
Sampl	ing Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compli	ance Status
Select	from Inventory of Active Sampling Points		10/1/23 - 1	2/31/23		Co	mplete
			1/1/24 - 3,	/31/24		Co	mplete
			4/1/24 - 6,	/30/24			
			7/1/24 - 9,	/30/24			
Water Syst	tem Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate Ar	nd Nitrite (NOX)					1 routine (R	T) per year
Sampl	ing Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compli	ance Status
ENTRY	POINT (3)		1/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 12	/31/24		Co	mplete
			1/1/25 - 12	2/31/25			
	0	ther Complia	nce Schedu	les			
Compliance	Schedule Activity		Du	e Date	Achieve	ed Date	
RESPOND T	O SANITARY SURVEY		12/	/2/2006			·
CROSS CON	INECTION SURVEY REPORT		3/	1/2025			·
	Pub	lic Notificatio	n Requiren	nents			
		Compliance	Notice	Public	Notification Notification	PN Cert	<u>ification</u>
Violation/S	Situation	Period	Tier	Required	=	Due to DPH	Received
Total Colifo	rm M&R Violation	9/1/23 - 9/30,	/23 3	1/2/2025	-	1/12/2025	
	Water Systen	r Facility and	Sampling P	oint Inv	entory		
Water	•	•			Total Lead ai	nd	
System 1	Water System Facility Sampli	ng Point Sampling	y Point		oliform Coppe		Stage
Facility ID	1	Descripti	on	Status		er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DISTRIBU	TION SYSTEM	А	Υ		
	DOWN	STREAM WITHIN 5	SERVICE CON	Α			
	UPST	REAM WITHIN 5	SERVICE CON	Α			
00700 E	ENTRY POINT	3 ENTRY PO	TNIC	А			
22513 \	WELL	2 WELL		Α			

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.

61940 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source			
CT1500274	LAKE WARAMAUG COUNTRY CLUB				NC	25	Р	GW			
Local Address (where applicable) Service F			Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
22 GOLF LINKS	ROAD	Connections			1						

Contact Information

Connecticut Department of Public Health Drinking Water Section

Name				Organization	1			Job Title	
Dr. Andrew Lecher				Country Club)	P	resident		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City State 2		
22 Golf Link Road			P O Box 25	19		New Preston CT			06777
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Add	ress		
860-868-1646		860-868-	1678						
Contact Role(s): Le	egal Contact		,						
Name				Organization	1			Job Title	
Mr. Todd Zorn				Lake Waram	aug Country Club	G	General Man	ager	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
22 Golf Links Road						Washingto	on	СТ	06777
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Add	ress		
860-868-9990				914-954-7862		tzorn@lak	ewaramaug	cc.com	
			<u> </u>		*				

Contact Role(s): Administrative Contact, Owner

Please note the following:

Towns Served: WASHINGTON

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

End of schedule

Conne	ecticut Departmer	nt of Public H	lealth l	Drinkin	g Water S	ection			
	Water Quality Mo				_				
PWS ID PWS Nam		officoring and			Population O		imary Source		
	OK FIRE HOUSE			NC	25		GW		
		Camataa	D = =! =l = == ±!			Canadainand	_		
Local Address (where appli	cable)	Service Connections	Residenti		cial Industrial	Combined	Agricultural		
109 BEE BROOK ROAD	ON.	Connections		1					
Towns Served: WASHINGT		onitorina Dos.	.:	4.0					
Water System Facility:	DISTRIBUTION SYSTEM (onitoring Requ	iiremen	LS					
	DISTRIBUTION STSTEIN (W3F ID. 00000)			1	outing (DT) s			
Total Coliform (3100)	nling Doint ID)		Manitaria	a Douis d		outine (RT) p	-		
Sampling Point (Samp			Monitoring	,	Collection Perio	-	ance Status		
Select from inventory	of Active Sampling Points		10/1/23 - 1				mplete		
			1/1/24 - 3			Cor	mplete		
			4/1/24 - 6						
			7/1/24 - 9	0/30/24					
Physical Parameters (P	•					outine (RT) p	-		
Sampling Point (Sam			Monitoring	,	Collection Perio		ance Status		
Select from Inventory	of Active Sampling Points		10/1/23 - 12/31/23				mplete		
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: 00	0700)							
Nitrate And Nitrite (NO	OX)					1 routine (R	T) per year		
Sampling Point (Sam	oling Point ID)		Monitoring	g Period	Collection Perio	d Complic	ance Status		
ENTRY POINT (3)			1/1/23 - 12	2/31/23		Cor	mplete		
			1/1/24 - 12	2/31/24		Cor	mplete		
			1/1/25 - 12	2/31/25			_		
Mor	nthly Water System	Facility (WSF) I	Level M	onitoring	g Requirem	ents			
Water System Facility: 1	ENTRY POINT (WSFID: 00	700)							
Analyte	Monitoring Requirement (S	Summary Type)	Opera	iting Limit		Samples Re	q/Month		
рН	Entry Point pH Monitoring	(PHRD)	Minim	num: 7 PH		4			
Start Date: 1/1/2014		Complia	nce Histor	y: o	perating Limit	Monitor	ing		
		Monitor	ing Period		ompliance Stati	ıs: Complia	nce Status:		
		11/1/20	23 - 11/30/	′2023					
		12/1/20	23 - 12/31/	′2023					
		1/1/202	4 - 1/31/20)24					
		2/1/202	4 - 2/29/20)24					
			4 - 3/31/20						
	Public	Notification R	eguirer	nents					
		Compliance	Notice	_	Notification	PN Certi	ification		
Violation/Situation		Period	Tier	Required		Due to DPH	Received		
Distribution Odor M&R Vic	plation	7/1/10 - 9/30/10	3	12/30/201		1/9/2012	//COCIVCU		
Distribution Color M&R Vid		7/1/10 - 9/30/10	3	12/30/201		1/9/2012			
Distribution Turbidity M&F		7/1/10 - 9/30/10	3	12/30/201		1/9/2012			

	Compilation	1400100	I done ito	tijication	<u>r iv certification</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Odor M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012					
Distribution Color M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012					
Distribution Turbidity M&R Violation	7/1/10 - 9/30/10	3	12/30/2011		1/9/2012					
Water System Facility and Sampling Point Inventory										

Water		To	otal	Lead and	
System Water System Facility	Sampling Point Samp	ling Point Col	liform	Copper	Stage
Facility ID	ID Desci	iption Status F	Rule	Rule Tier	Asbestos WQP 2 DBPR

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

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification P		Population	Owner Type	Primary Source			
CT1500314	BEE BROOK FIRE HOUSE				NC	25	L	GW			
Local Address (where applicable) Service Reside				ntial	Commerci	al Industri	al Combine	ed Agricultural			
109 BEE BROOI	(ROAD	Connections			1						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22728	WELL	2	WELL	Α								
55736	TREATMENT PLANT											

				Contact Inf	ormation				
Name				Organization	l			Job Title	
Washington									
Mailing Address Lin	e One		Mailing Add	dress Line Two	ress Line Two			State	Zip Code
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	ddress		
Contact Role(s): O	wner								
Name				Organization				Job Title	
Mr. Mark E. Lyon				Town of Was	shington	First Selectm		man	
Mailing Address Lin	e One		Mailing Add	dress Line Two		City		State	Zip Code
Bryan Memorial Town Hall 2 Bryan Plaza			za, P.O. Box 38	a, P.O. Box 383		gton Depot	СТ	06794	
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress		
860-868-2259		860-868-3	3103			mlyon@	washingtonct	.org	

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

Towns Served: WASHINGTON

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

End of schedule

Co		•	rtment of							ı
		ter Qual	ity Monit	oring ar						
PWS ID PV	/S Name				C	lassifi	cation Po	pulation	Owner Type	Primary Source
CT1501144 9 I	MAIN STREET					N	С	25	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Cor	mmercial	Industria	al Combin	ned Agricultural
9 MAIN STREET				Connections	S		1			
Towns Served: WAS	SHINGTON					'				
				oring Req	uiremen	ts				
Water System Fac	•	RIBUTION SY	STEM (WSF I	D: 00600)						
Total Coliform (3	-							1	=	T) per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od Coll	ection Per	iod Con	npliance Status
Select from Inv	entory of Act	ive Sampling I	Points		10/1/23 - 1	2/31/2	23			Complete
					1/1/24 - 3	/31/2	4			Complete
					4/1/24 - 6	/30/2	4			
					7/1/24 - 9	/30/2	4			
Physical Paramet	ters (PPS)							1	routine (R	T) per quarter
Sampling Poin	• •	oint ID)			Monitoring	, Perio	d Coll	ection Per	-	npliance Status
Select from Inv			Points		10/1/23 - 1					Complete
	,	1 0			1/1/24 - 3					Complete
					4/1/24 - 6					
					7/1/24 - 9					
Water System Fac	ility: ENTD	V DOINT (\A/	SE ID: 00700\		7/1/24 3	75072	<u> </u>			
Nitrate And Nitri		110111 (00	31 1D. 00700)						1 routing	(PT) por year
Sampling Poin	• •	oint ID)			Monitoring	n Doric	nd Call	ection Per		e (RT) per year
		לטוונ וטן			_			ection Per	iou Con	•
ENTRY POINT (.3)				1/1/23 - 12					Complete
					1/1/24 - 12					_
					1/1/25 - 12					
		Water Sy	stem Facili	ity and Sa	impling P	oint	Invent	tory		
Water							Tota	ıl Lead (and	
,	ystem Facility	S	ampling Point		oint		Colifo			Stage
Facility ID			ID	Description		Sta	tus Rul	e Rule	Tier Asbes	tos WQP 2 DBPR
00501 WELL 1			2	WELL 1		А	ı			
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUTIO	ON SYSTEM	А	. Y			
		[OWNSTREAM	WITHIN 5 SE	RVICE CON	А	<u>.</u>			
			UPSTREAM	WITHIN 5 SE	RVICE CON	А				
00700 ENTRY P	OINT		3	ENTRY POIN	ΙΤ	А	.			
	ENT PLANT									
02200			Con	tact Infor	rmation					
Name			Oı	rganization					Job Tit	le
Ms. Joline Audet				Main Assoc Ll	LC			Manger		
Mailing Address Lin	e One	ı	Mailing Address					City	State	Zip Code
	- -		. 6	· · · ·						-
69 Whittlesey Rd							New Pres	ton	CT	06777

860-248-1209

Contact Role(s): Administrative Contact, Legal Contact

Schedule Generation Date: 4/3/2024 Page 23

860-868-7172

jsaudet@hotmail.com

Connecticut Department of Public H	ealth Drinking Water Section
Water Quality Monitoring and	d Compliance Schedule
PWS Name	Classification Population Owner Type Prin

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	imary Source
CT1501144	9 MAIN STREET				NC	25	Р		GW
Local Address (w	here applicable)	Service	Resider	itial	Commercia	al Industri	al Combine	ed	Agricultural
9 MAIN STREET		Connections			1				

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

End of schedule

	Connecticut Depart	men	t of Pul	blic H	lealth	Dr	inking	Water	Section	
	Water Qualit						Ŭ			
PWS ID	PWS Name	9 1 10	7111001111	-8 411					Owner Type Pr	imary Source
CT1501164	INSTITUTE FOR AMERICAN IND	IAN S RI	ESEARCH				NC	35	Р	GW
Local Address (\	where applicable)		Servi	ce	Resident	tial	Commercia	al Industria	l Combined	Agricultural
38 CURTIS ROAI	<u> </u>		Conn	ections					1	
Towns Served: \	WASHINGTON									
		Mo	onitoring	g Requ	ıiremeı	nts				
Water System	Facility: DISTRIBUTION SYST	TEM (V	VSF ID: 006	600)						
Total Coliforn	n (3100)							1	routine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)				Monitorin	ng Pe	eriod Co	ollection Peri	od Complid	ance Status
Select fron	n Inventory of Active Sampling Po	ints			10/1/23 -	12/3	31/23		Cor	mplete
					1/1/24 -	3/31	L/24		Cor	mplete
					4/1/24 -	6/30	0/24			
					7/1/24 -	9/30)/24			
Physical Para	meters (PPS)							1	routine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)				Monitorii	ng Pe	eriod Co	ollection Peri	od Complic	ance Status
Select fron	n Inventory of Active Sampling Po	ints			10/1/23 -	12/3	31/23		Coi	mplete
					1/1/24 -	3/31	L/24		Coi	mplete
					4/1/24 -	6/30	0/24			
					7/1/24 -	9/30	0/24			
Water System	Facility: ENTRY POINT (WSF	D: 00	700)							
Nitrate And N	litrite (NOX)								1 routine (R	T) per year
Sampling I	Point (Sampling Point ID)				Monitorin	ng Pe	eriod Co	ollection Peri	od Complia	ance Status
ENTRY POI	NT (3)				1/1/23 - 3	12/3	1/23			
					1/1/24 - 3	12/3	1/24		Coı	mplete
					1/1/25 - 3	12/3	1/25			
	P	ublic	Notifica	tion R	equire	me	nts			
			Compli		Notice		Public No	<u>otification</u>	PN Certi	<u>fication</u>
Violation/Situa			Perio		Tier		Required	Performed		Received
Total Coliform N			4/1/22 - 6		3		1/17/2023		11/27/2023	
Physical Parame	eters M&R Violation		4/1/22 - 6		3		1/17/2023		11/27/2023	
	Water Syst	tem F	acility a	nd Sar	npling	Poi	int Inve	ntory		
Water								tal Lead o		
7	er System Facility Sai		Point Samp	_	nt		-	form Copp		Stage
Facility ID	DIDUTION CYCTES A	ID		ription	CVCTT		iatus		ier Asbestos	WQP Z DBPR
00600 DIST	RIBUTION SYSTEM	4			SYSTEM			Υ		
			REAM WITH				A			
00700 587		JPSTRE/			VICE CON	V	Α			
	RY POINT	3		Y POINT			A			
61618 WEL		2	WELL	. 1			Α			
61659 TREA	ATMENT SYSTEM									

Contact Information Organization Job Title Name Mr. Chris Combs Inst For Am Indian Studies **Executive Director** Mailing Address Line One Mailing Address Line Two City Zip Code State 06793 38 Curtis Road Washington CT**Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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.

					O			
	Water Quality Moni	toring an	d Con	nplian	ce S	Schedul	e	
PWS ID	PWS Name			Classifica	ation	Population	Owner Type	Primary Source
CT1501164	T1501164 INSTITUTE FOR AMERICAN INDIAN S RESEARCH					35	Р	GW
Local Address (w	Local Address (where applicable) Service Resid				nmercial Industri		al Combine	ed Agricultural
38 CURTIS ROAD)	Connections					1	
Towns Served: V	WASHINGTON							
900-909-031	000-000-1079			C	comus	<u>@iaisinuse</u>	ım.org	
Contact Role(s):	Administrative Contact, Legal Contact							

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End of schedule

	Connecticut Departm	nent of Public H	lealth [rinking	Water S	Section	
	Water Quality	Monitoring an	d Comp	oliance S	Schedule		
PWS ID	PWS Name		C	lassification	Population O	wner Type Pr	imary Sourc
CT1500284	LAKE WARAMAUG/MAINTENANG	CE TENNIS & BEACH		NC	40	Р	GW
Local Address	(where applicable)	Service	Residentia	l Commerci	al Industrial	Combined	Agricultura
22 GOLF LINKS	ROAD	Connections		1			
Towns Served:	WASHINGTON						
		Monitoring Requ	uirement	ts			
Water Syster	m Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)					
Total Colifor	m (3100)				1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio		ance Status
Select fro	m Inventory of Active Sampling Poin	its	10/1/23 - 12	2/31/23		<u> </u>	
			4/1/24 - 6,	/30/24			
			7/1/24 - 9/	/30/24			
Physical Par	ameters (PPS)			•	1 r	outine (RT) p	er guarter
-	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio		ance Status
, ,	m Inventory of Active Sampling Poin	nts	10/1/23 - 12		10/1-10/31	•	
	, ,		4/1/24 - 6/		5/1-6/30		
			7/1/24 - 9/		-, -,		
Water Syster	m Facility: ENTRY POINT (WSF I	D: 00700)	., _, ,				
	Nitrite (NOX)					1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compli	ance Status
ENTRY PO	DINT (3)		1/1/23 - 12	/31/23	5/1-10/31	Cor	mplete
			1/1/24 - 12	/31/24	5/1-10/31		
			1/1/25 - 12	/31/25	5/1-10/31		
	Monthly Water Syste	em Facility (WSF)	Level Mo	nitoring	Requirem	ents	
Water Syster	m Facility: ENTRY POINT (WSFIE	D: 00700)					
Analyte	Monitoring Requireme		Opera	ting Limit		Samples Re	a/Month
рН	Entry Point pH Monito		_	um: 7 PH		4	
· ·	: 12/1/2021	= :	ance History		erating Limit	Monitor	inσ
	, _, _,	· ·	ring Period	O.	mpliance State		nce Status:
)23 - 11/30/2		inpliance state	<u>us p</u>	
)23 - 12/31/2				
			24 - 1/31/202				
			 24 - 2/29/202				
			24 - 3/31/202				
		Other Compliance	Schedu	les			
Compliance So	chedule Activity			e Date	Achieve	ed Date	
ADDRESS CON	TAMINATION		11/2	22/2023	10/26,	/2023	
SEASONAL STA	ART UP COMPLETION		5/:	1/2024			
	Pu	blic Notification F	Requiren	nents			
		Compliance	Notice		<u>otification</u>	PN Certi	<u>ification</u>
Violation/Situ	ation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform	M&R Violation	7/1/22 - 9/30/22	3	7/6/2024		7/16/2024	
Physical Paran	neters M&R Violation	7/1/22 - 9/30/22	3	7/6/2024		7/16/2024	
Physical Paran	neters M&R Violation	10/1/23 - 12/31/23	3	1/21/2025		1/31/2025	
		1					

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name				1			Primary Source				
CT1500284	LAKE WARAMAUG/MAINTENANCE 1	TENNIS & BEACH			NC 40		Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
22 GOLF LINKS	ROAD	Connections			1							

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
62115	WELL	2	WELL	Α								
62271	TREATMENT VESSEL (APPEARS TO BE CALCITE)											

	- /											
Contact Information												
Name				Organization				Job Title				
Mr. Keith Angell				Lake Waram	aug Country Club	President						
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code			
22 Gulf Links Rd						Washingt	on	СТ	06777			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	Iress					
860-818-9990						president@lakewaramaugcc.com						

Contact Role(s): Legal Contact, Owner

Name		Organization	1	Job Title					
Mr. Mauro Piccinin	Mauro Piccininni				General Manager				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
22 Golf Links Road						Washing	ton	СТ	06777
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-868-9990						mauro@	lakewarama	ugcc.com	

Contact Role(s): Administrative Contact

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Towns Served: WASHINGTON

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