182 Mohegan Aven Business Phone 860-443-5333 Contact Role(s): <b>O</b>	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	uures	5			
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	Jures	5			
				1 81	-	DI.	The state of the state	ططحمم				
1	ue		 	r			New Lor	ondon CT 06320				
Mailing Address Lin	e One		Mailing Addre	ss Line Two				Ci	ty	State	Zip Code	
The Williams Schoo	bl											
Name			C	Organization						Job Title		
			Со	ntact Info	ormation							
22914 WELL #1			2	WELL #1		/	A					
00700 ENTRY P	OINT		3	ENTRY POI	NT	1	A					
			WMISPIGOT	OUTSIDE SI	PIGOT	/	A ۱	(				
			UPSTREAM	WITHIN 5 S	SERVICE CON	/	A					
			DOWNSTREAM	A WITHIN 5 S	SERVICE CON		A					
-	JTION SYSTEM		4		ON SYSTEM		itus	(				
System Water S Facility ID	ystem Facility	-	Sampling Poin ID	t Sampling P Description		C+-	Colif ntus <sup>Ru</sup>		Copper Rule Tie	r Asbestos	Stage WQP 2 DBF	
Water							Tot		Lead and	1		
		Water Sy	/stem Faci	lity and S	ampling	Poin	t Inver	ntor	'Y			
CROSS CONNECTIO	N SURVEY REPO	ORT			3	/1/202	25					
SEASONAL START U		N			4/1/2024							
Compliance Schedu	le Activity			Due Date					Achieved Date			
			Other (	Complian	ce Sched	ules						
					1/1/25 - 1	12/31/2	25					
	. ,				1/1/24 - 1						•	
ENTRY POINT					1/1/23 - 12/31/23					-	omplete	
Nitrate And Nitr	ite (NOX) it (Sampling Po	pint ID)			Monitoriı	na Peri	od Co	llecti	1 on Period	-	RT) per yea <i>iance Status</i>	
Water System Fac	•	POINT (M	/SF ID: 00/00	0						routing /		
				.1	7/1/24 -	9/30/2	24					
					4/1/24 -							
Select from In	ventory of Activ	ve Sampling	Points		10/1/23 -					Co	omplete	
	nt (Sampling Po				Monitoriı	-		llection Period Compliance Sta				
Physical Parame	ters (PPS)								1 ro	utine (RT)	per quarte	
	,	I9			7/1/24 -							
	ventory of Activ	-	Points	Monitoring Period Collection Period Compliance State 4/1/24 - 6/30/24								
Total Coliform (	3100) nt (Sampling Po	oint (D)			Monitori	na Pori	ind Co	llecti			per quarter	
Water System Fac		IBUTION SY	STEM (WSF	ID: 00600)					-			
				toring Red	quiremei	nts						
Towns Served: WA	TERFORD		•		•	_						
120R BLOOMINGD				Connection	ns		1					
Local Address (whe	re applicable)			Service	Resident	ial Co	ommercia	l In	dustrial	Combined	Agricultur	
CT1520054 TH	IE WILLIAMS SO	CHOOL BALL	FIELD			N	IC	2	5	Р	GW	
PWS ID PV	VS Name			0	I	*				ner Type F	Primary Source	
				turing a	na com	plia	IILE D	LIIE	Juuic			
	Wat	er Qual	ity Moni	toringa	nd Com	nlia	ncoS	cho	aluba			

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. Schedule Generation Date: 4/3/2024 Page 1

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

		· · · · ·		- 0 -		1			-		
PWS ID	PWS Name	Image: Solution of the							er Type	Primary Source	
CT1520054	THE WILLIAMS S	CHOOL BAL	LFIELD				NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	Residential Cor		nmercial Industri		Combined	d Agricultural
120R BLOOMING	DALE ROAD			Connection	15		1				
Towns Served: W	/ATERFORD										
Name			01	rganization						Job Title	
Ms. Kathy Tramr	mell		Th	ne Williams S	chool			Asst. Hea	d of Sc	hool	
Mailing Address	s Line Two				City			Zip Code			
182 Mohegan Av	/e						New Lo	New London			06320
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phor	e Email A	ddress			
860-443-5333					ktramm	ell@williamsschool.org					
Contact Role(s):	Administrative	Contact		I							
Name			OI	rganization						Job Title	
Mr. Mark Fader			Tł	ne Williams S	chool			Head of S	chool		
Mailing Address	Line One		Mailing Address	ss Line Two				City		State	Zip Code
182 Mohegan Av	/e						New Lo	ndon		СТ	06320
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phor	e Email A	ddress			
860-443-5333							mfader	mfader@williamsschool.org			
Contact Role(s):	Legal Contact										
Please note the	following:										
1. The residual di	isinfectant concen	tration must b	be measured at the	e same locatio	n and time a	as each	total colifo	orm 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 Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule         PWS ID       PWS Name       Classification       Population       Owner Type       Primary Source         CT1521004       CONNECTICUT HUMANE SOCIETY - WATERFORD       NC       43       P       GW         Local Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agricultur         169 OLD COLCHESTER ROAD       Connections       2       Combined       Agricultur         Towns Served: WATERFORD         Water System Facility: WELL 1       (WSF ID: 00520)
PWS ID       PWS Name       Classification       Population       Owner Type       Primary Source         CT1521004       CONNECTICUT HUMANE SOCIETY - WATERFORD       NC       43       P       GW         Local Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agricultur         169 OLD COLCHESTER ROAD       Q       Connections       2       Combined       Agricultur         Towns Served:       WATERFORD       Monitoring Requirements       Water System Facility:       WELL 1       (WSF ID: 00520)
CT1521004       CONNECTICUT HUMANE SOCIETY - WATERFORD       NC       43       P       GW         Local Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agricultur         169 OLD COLCHESTER ROAD       Connections       2       Image: Combined       Agricultur         Towns Served: WATERFORD       Water System Facility:       WELL 1       (WSF ID: 00520)       Image: Combined Served Serve
169 OLD COLCHESTER ROAD       Connections       2       Image: Connection of the second sec
Towns Served: WATERFORD  Monitoring Requirements Water System Facility: WELL 1 (WSF ID: 00520)
Monitoring Requirements       Water System Facility:     WELL 1 (WSF ID: 00520)
Water System Facility: WELL 1 (WSF ID: 00520)
E. Coli (3014) 1 routine (RT) per quarte
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status
WELL 1 (2)         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: DISTRIBUTION SYSTEM (WSF ID: 00600)
Total Coliform (3100) 1 routine (RT) per quarte
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusSelect from Inventory of Active Sampling Points10/1/23 - 12/31/23Complete
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 routine (RT) per quarte
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 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 yea
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 Nation Dublic Notification DN Contification
Compliance         Notice         Public Notification         PN Certification
Violation/Situation Period Tier Required Performed Due to DPH Received
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020Water System Facility and Sampling Point Inventory
Violation/Situation       Period       Tier       Required       Performed       Due to DPH       Received         REVISED TOTAL COLIFORM RULE (RTCR) TT Violation       12/6/19 - 9/21/21       2       2/15/2020       2/25/2020         Water System Facility and Sampling Point Inventory         Water
Violation/Situation       Period       Tier       Required       Performed       Due to DPH       Received         REVISED TOTAL COLIFORM RULE (RTCR) TT Violation       12/6/19 - 9/21/21       2       2/15/2020       2/25/2020         Water System Facility and Sampling Point Inventory         Water       Total       Lead and         System       Water System Facility       Sampling Point       Coliform       Copper       Stag         Service       ID       Description       Stag       Stag       Stag       Stag
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020Water System Facility and Sampling PointTotalLead andSystem Water System FacilitySampling PointSampling PointColiformCopperStagFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 DB
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020Water System Facility and Sampling Point InventoryWaterSampling PointSampling PointColiformCopperStagStatusRuleRuleRule TierAsbestosWQP 2 DBL00520WELL 12WELL 1AAA
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/20202/25/2020Water System Facility and Sampling Point InventoryWaterSampling PointSampling PointColiformCopperStaggFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 DB00520WELL 12WELL 1AAA
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020Water System Facility and Sampling PointSampling PointInventoryWaterSampling PointSampling PointColiformCopperStaggFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 DB00520WELL 12WELL 1AVAYAY
Violation/SituationPeriodTierRequiredPerformedDue to DPHReceivedREVISED TOTAL COLIFORM RULE (RTCR) TT Violation12/6/19 - 9/21/2122/15/20202/25/2020Water System Facility and Sampling PointSampling PointSampling PointColiformCopperStagSystemWater System FacilitySampling PointSampling PointColiformCopperStagFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 DB00520WELL 12WELL 1AVDOWNSTREAMVITHIN 5 SERVICE CONAY

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. Schedule Generation Date: 4/3/2024

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

		V	0						
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1521004	CONNECTICUT HUMA	TY - WATERFO	RD			NC	43	Р	GW
Local Address (w	here applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
169 OLD COLCHI	ESTER ROAD		Connections			2			
Towns Served: V	VATERFORD						·		
		Cont	act Infor	mation					

ionno servear ma										
			C	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Robert Tate		CT Humane S	Society		Facility Manager					
Mailing Address Line One Mailing A				ress Line Two		City		State	Zip Code	
196 Old Colchest Road					Waterford		СТ	06375		
<b>Business Phone</b>	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress			
860-594-4500					860-978-1656	rtate@cthumane.org				
Contact Role(s): A	dministrative	Contact								
Name				Organization	1		Job Title			
Mr. Gregory Jandre	au			Connecticut	Humane Society		Chief Financ	ial Offi		
Mailing Address Lin	e One	ress Line Two		City		State	Zip Code			
701 Russell Rd						Newington		СТ	06111	
Business Phone Extension Fax Mo			bbile Phone Emergency Phone Em			mail Address				
860-594-4500	6315			gjandreau@cthumane.org						
								-	-	

## Contact Role(s): Legal Contact

## Please note the following:

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

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

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

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

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

End of schedule