	_										
	Connecticut D	epartment of	Public H	lealth	Dri	inkir	ng W	/ater	Se	ction	
	Water (	<b>Quality Monit</b>	oring an	d Com	iplia	ance	e Sch	iedul	le		
PWS ID	PWS Name				Class	ificatio	n Pop	ulation	Owr	ner Type P	rimary Source
CT1600044	15 RIVER ROAD PLAZA					NC		25		Р	GW
Local Addre	ess (where applicable)		Service	Resident	tial C	Comme	rcial	Industri	al	Combined	Agricultural
15 RIVER R	OAD - ROUTE 32		Connections			1					
Towns Serv	ved: WILLINGTON						·		·		
		Monito	oring Requ	ıiremeı	nts						
Water Sys	tem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
<b>Total Coli</b>	iform (3100)							1	l rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)	)		Monitorii	ng Pei	riod	Collec	ction Pe	riod	Compli	iance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 -	12/31	1/23				Co	mplete
				1/1/24 -	3/31/	/24					
				4/1/24 -	6/30/	/24					
				7/1/24 -	9/30/	/24					
<b>Physical F</b>	Parameters (PPS)							1	l rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)	)		Monitorii	ng Pei	riod	Collec	ction Pe	riod	Compli	iance Status
Select	from Inventory of Active Sam	npling Points		10/1/23 -	12/31	1/23				Co	mplete
				1/1/24 -	3/31/	/24					
				4/1/24 -	6/30/	/24					
				7/1/24 -	9/30/	/24					
Water Sys	tem Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)								1	routine (F	RT) per year
Sampl	ling Point (Sampling Point ID	)		Monitorin	ng Pei	riod	Collec	ction Pe	riod	Compli	iance Status
ENTRY	POINT (3)			1/1/23 - 3	12/31	./23				Co	mplete
				1/1/24 - 3	12/31	./24					
				1/1/25 - 3	12/31	/25	-				
	Wate	er System Facili	ity and Sar	npling	Poir	nt Inv	vento	ory			
Water							Total	Lead	and		
	Water System Facility	Sampling Point		nt		C	Coliforn				Stage
Facility ID		ID	Description		St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	J	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
22538	WELL	2	WELL			Α					
56134	TREATMENT PLANT										
		Con	tact Infori	mation							
Name			rganization							Joh Title	

			Co	ntact Inf	ormation				
Name				Organization	1	Job Title			
Ms. Amy Moore				American Ea	gle Cafe & Saloon		Facility Ma	nager	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
15 River Road						Willingto	on	СТ	06279
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address			
860-487-3501						mooresaloon1@gmail.com			
Contact Role(s): Ac	lministrative	Contact, Leg	al Contact, O	wner	•				

PWS ID	PWS Name					Classifi	nce S		Owner Type	Primary Source	
CT1600044	15 RIVER ROAD PLA	ZA				N	С	25	Р	GW	
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultural	
15 RIVER ROAD -	ROUTE 32			Connection	ns		1				
Γowns Served: <b>W</b>	ILLINGTON										
Name				Organization				Job Title			
308 Stafford Rd											
	ine One		Mailing Addre	ss Line Two				City	State	Zip Code	
Mailing Address							Storrs		CT	06268	
Mailing Address 1308 Stafford Rd											

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

End of schedule

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	Connecticut De	•				_		
	Water Q	uality Mo	nitoring and		<u> </u>			
PWS ID	PWS Name			(	Classification	Population O	wner Type P	rimary Sourc
CT160006		PGROUND			NC	25	Р	GW
Local Addr	ress (where applicable)		Service	Residenti	al Commer	cial Industrial	Combined	Agricultura
KECHKIS R			Connections		1			
Towns Ser	ved: WILLINGTON							
			nitoring Requ	iremen	its			
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (W	SF ID: 00600)					
	liform (3100)					1 r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	od Compli	ance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/24 - 6				
				7/1/24 - 9	9/30/24			
Physical	Parameters (PPS)					1 r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	g Period	Collection Perio	od Compli	ance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/24 - 6	5/30/24			
				7/1/24 - 9	9/30/24			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 007	700)					
Nitrate A	And Nitrite (NOX)						1 routine (F	RT) per year
Samp	oling Point (Sampling Point ID)			Monitorin	g Period	Collection Perio	-	ance Status
ENTR	Y POINT (3)			1/1/23 - 1	2/31/23		Co	mplete
				1/1/24 - 1	2/31/24			
				1/1/25 - 1	2/31/25			
		Public I	Notification R	equirer	ments			
			Compliance	Notice		Notification	PN Cer	<u>tification</u>
Violation/	Situation		Period	Tier	Required	-		_
Physical Pa	arameters M&R Violation		7/1/22 - 9/30/22	3	8/23/202	4	9/2/2024	
Total Colif	orm M&R Violation		7/1/22 - 9/30/22	3	8/23/202	4	9/2/2024	
Physical Pa	arameters M&R Violation		7/1/23 - 9/30/23	3	1/9/2025	)	1/19/2025	
Total Colif	orm M&R Violation		7/1/23 - 9/30/23	3	1/9/2025	)	1/19/2025	
	Wate	r System Fa	cility and Sar	npling F	Point Inv	entory		
Water		•	•			Total Lead ai	nd	
System	Water System Facility	Sampling P	oint Sampling Poi	nt	Co	oliform Coppe		Stage
Facility ID		ID	Description		Status	Rule Rule Ti	er Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Υ		
		DOWNSTRE	AM WITHIN 5 SER	VICE CON	Α			
		UPSTREA	M WITHIN 5 SER	VICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT		А			
22540	WELL	2	WELL		Α			
605/12	WELL #2	2	WELL #2		Α			
00342								
00342			Contact Inform	nation				
Name			Organization	nation			Job Title	

Mailing Address Line Two

**Mobile Phone** 

Zip Code

06279

State

CT

City

Willington

hasapes@att.net

Emergency Phone Email Address

Mailing Address Line One

**Business Phone** 

860-429-8528

Extension

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

Fax

PO Box 38

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

11 61001 & 6101110) 1 101111	8		- P		0220010		
PWS Name			Clas	ssification	Population	Owner Type	Primary Source
MOOSE MEADOW CAMPGROUND		NC	25	Р	GW		
here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
	Connections			1			
	PWS Name MOOSE MEADOW CAMPGROUND	PWS Name  MOOSE MEADOW CAMPGROUND  where applicable)  Service	PWS Name  MOOSE MEADOW CAMPGROUND  /here applicable)  Service Resider	PWS Name Class  MOOSE MEADOW CAMPGROUND  there applicable) Service Residential	PWS Name Classification  MOOSE MEADOW CAMPGROUND  /here applicable) Service Residential Commerci	PWS Name Classification Population  MOOSE MEADOW CAMPGROUND NC 25  there applicable) Service Residential Commercial Industria	MOOSE MEADOW CAMPGROUND  NC 25 P  There applicable)  Service Residential Commercial Industrial Combine

Towns Served: WILLINGTON

#### 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

· · · · · · · · · · · · · · · · · · ·				_			
PWS Name				ssification	Population	Owner Type	Primary Source
WILDERNESS LAKE CAMPGROUND & RE	SORT			NC	25	Р	GW
(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
150 VILLAGE HILL ROAD				1			
	Water Quality Mo PWS Name WILDERNESS LAKE CAMPGROUND & RE (where applicable)	Water Quality Monitoring and PWS Name WILDERNESS LAKE CAMPGROUND & RESORT (where applicable) Service	Water Quality Monitoring and Con  PWS Name  WILDERNESS LAKE CAMPGROUND & RESORT  (where applicable) Service Resider	Water Quality Monitoring and Complement PWS Name Claw WILDERNESS LAKE CAMPGROUND & RESORT Characteristics (where applicable) Service Residential	Water Quality Monitoring and Compliance S  PWS Name Classification  WILDERNESS LAKE CAMPGROUND & RESORT NC  (where applicable) Service Residential Commercia	Water Quality Monitoring and Compliance Schedul  PWS Name Classification Population WILDERNESS LAKE CAMPGROUND & RESORT NC 25  (where applicable) Service Residential Commercial Industri	WILDERNESS LAKE CAMPGROUND & RESORT NC 25 P  (where applicable) Service Residential Commercial Industrial Combine

Towns Served: WILLINGTON			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
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

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u> <u>PN Certifican</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	9/1/11 - 9/30/11	2	11/2/2011		11/12/2011					
Total Coliform M&R Violation	4/1/12 - 6/30/12	2	12/5/2012		12/15/2012					
Repeat Total Coliform M&R Violation	9/1/11 - 9/30/11	2	12/5/2012		12/15/2012					
Physical Parameters M&R Violation	4/1/12 - 6/30/12	3	11/5/2013		11/15/2013					

1/1/25 - 12/31/25

	Wat	ter System Facili	ty and Sampling P	oint Ir	nvento	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	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WL001	TANK RAW	Р					
		WL002	TANK TREATED	Р					
		WL003	MENS ROOM	Р	Υ				
		WL004	WOMANS ROOM	Р					
		WL005	KITCHEN	Р					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22541	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.

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

				1				
PWS ID	PWS Name			Classification	n Populati	on O	wner Type	Primary Source
CT1600074	WILDERNESS LAKE CAMPGROUND & RESORT	Γ		NC	25		Р	GW
Local Address (	where applicable)	Service	Resider	ntial Comme	rcial Indu	strial	Combine	ed Agricultural
150 VILLAGE H	LL ROAD	Connections		1				

Towns Served: WILLINGTON

# **Water System Facility and Sampling Point Inventory**

water			100	ai Leaa ana	
System Water System Facility	Sampling Point	Sampling Point	Colife	orm Copper	Stage
Facility ID	ID	Description	Status Rui	le Rule Tier	Asbestos WQP 2 DBPR

56410 WILDERNESS LAKE

**CAMPGROUND TREATMENT** 

Contact Information													
Name			Organization	ı		Job Title							
Mr. Raymond Cross	sen			Wilderness L	ake Campground								
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code					
150 Village Hill Road	b					Willingto	n	СТ	06279				
Business Phone Extension Fax			Мо	Mobile Phone Emergency Phone Email Address									
860-684-6352				0-982-8381	860-982-8381	crossenra							

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.
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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						Population	Owner Type	Primary Source
CT1600094 WILLINGTON MOBIL						25	Р	GW
Local Address (w	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
470 RIVER RD	Connections			1				

TO MIVER NO			
Towns Served: WILLINGTON			·
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	<u> </u>		
Total Coliform (3100)	<b>,</b>	1 rou	ıtine (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		•
, , ,	12/1/23 - 12/31/23		
	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	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		
	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)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<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: 22543)			
E. Coli (3014)		1 rou	ıtine (RT) per month
Sampling Point (Sampling Point ID)		Collection Period	Compliance Status
	Monitoring Period	Conection Feriou	compliance status
WELL (2)	<i>Monitoring Period</i> 11/1/23 - 11/30/23	Conection Feriou	compnance status
WELL (2)		Conection Period	compliance status

Page 7 Schedule Generation Date: 4/3/2024

	Connectic	ut Depa	rtment of	f Public	Health	Drir	nking	wa Wa	ater	Section	
		•	lity Monit				_				
PWS ID	PWS Name					Classifi	cation	Popu	lation	Owner Type	Primary Source
CT1600094	WILLINGTON M	OBIL				N	С	2	25	Р	GW
Local Addre	ess (where applicable)			Service	Resider	tial Co	mmerci	ial In	dustria	I Combin	ed Agricultural
470 RIVER	RD			Connectio	ns		1				
Towns Serv	ed: WILLINGTON				,	,					
			Monit	oring Re	quireme	nts					
Water Sys	tem Facility: <b>WELL</b>	(WSF ID: 2	2543)								
E. Coli (3	014)								1	routine (R	T) per month
Samp	ling Point (Sampling P	oint ID)			Monitor	ing Perio	od C	ollecti	ion Peri	iod Com	pliance Status
					2/1/24						Complete
					3/1/24						
					4/1/24						
					5/1/24	5/31/2	4				
					6/1/24	6/30/2	4				
					7/1/24	7/31/2	4				
					8/1/24						
					9/1/24						
					10/1/24	10/31/	24				
		Water Sy	stem Facil	ity and S	ampling	Point	t Inve	ntor	<b>Y</b>		
Water							To	otal	Lead o	and	
*	Water System Facility		Sampling Point					iform	Сорр		Stage
Facility ID			ID	Descriptio		Sta	tus F	Rule	Rule 1	Tier Asbesto	os WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	l A	Ą	Υ			
			DOWNSTREAM	WITHIN 5	SERVICE COI	N A	4				
			UPSTREAM	WITHIN 5	SERVICE COI	N A	4				
00700	ENTRY POINT		3	ENTRY POI	NT	P	4				
22543	WELL		2	WELL		P	4				
54185	TREATMENT PLANT										
			Con	tact Info	ormation	1					
Name			0	rganization						Job Titl	е
Ms. Bonnie	e H. Krawiec		В	arnini Circle	Associates,	LLC		Mai	nager		
	dress Line One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
	Ocean Boulevard # 70	06			1		Boca R	aton		FL	33432
Business	Phone Extension	Fax		ile Phone	Emergency	<b>Phone</b>	Email A	Addres	SS		
			860-6	604-5431			bkrawi	iec@g	mail.co	m	
Contact Ro	le(s): Owner		1								
Name			О	rganization						Job Titl	e

Global Partners, Lp

Mailing Address Line Two

800 South Street, Suite 500

Mobile Phone

Env. Project Manager

MA

Zip Code

02453

City

jeff.mccullough@globalp.com

Waltham

Emergency Phone Email Address

Mr. Jeff McCullough

P.O. Box 549290

**Business Phone** 

781-250-7369

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

Fax

	Connecticut Department of Public Health Drinking Water Section													
	Wat	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	le					
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source				
CT1600094 V				N	IC	25	Р	GW						
Local Address (wh		Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural						
470 RIVER RD				Connection	ns		1							
Towns Served: WI	LLINGTON			1	"				1					
Name				Organization Job Title					е					
Mr. Jack Cerra			ı	Atlas Technical Consultants				Sr Environmental Tec						
Mailing Address Li	ine One		Mailing Addre	ess Line Two			City		State	Zip Code				
290 Roberts Stree	t		Suite 301				East Hartford		СТ	06108				
Business Phone Extension Fax M				bile Phone	Emergenc	y Phone	Email Address							
860-614-1983							jack.cer	ra@gmail.c	com					
Contact Role(s):	Administrative C	ontact	,											

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

End of schedule

	Connecticut Departmen	t of Public F	lealth D	rinkir	ισ Ι	Nater 9	Section	n	
	Water Quality Mo				_			11	
PWS ID	PWS Name	mitoring an		assificatio				ρ Dr	imary Sourc
CT1600124	12 TOLLAND TURNPIKE (ROUTE 74)		Cid	NC	11 1 0	25	P	70 11	GW
	where applicable)	Service	Residential		rcial	Industrial	Combi	ned	Agricultura
	JRNPIKE (ROUTE 74)	Connections	residential	1	roidi	maastrar		1100	7 igi roureur a
Towns Served:	<u>'</u>								
	Mo	onitoring Requ	uirements	S					
Water System	n Facility: DISTRIBUTION SYSTEM (V								
Total Colifor						1 r	outine (	RT) p	er quarter
	Point (Sampling Point ID)		Monitoring I	Period	Coll	ection Perio	-		nce Status
Select from	m Inventory of Active Sampling Points		10/1/23 - 12/	/31/23				Cor	nplete
			1/1/24 - 3/3	31/24				Cor	mplete
			4/1/24 - 6/3	30/24					
			7/1/24 - 9/3	30/24					
<b>Physical Para</b>	ameters (PPS)					1 r	outine (	RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring I	Period	Coll	ection Perio	od Co	mplic	nce Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12/	/31/23				Cor	mplete
			1/1/24 - 3/3	31/24				Cor	mplete
			4/1/24 - 6/3	30/24					
			7/1/24 - 9/3	30/24					
Water System	n Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrite (1041	-						-		er quarter
	Point (Sampling Point ID)		Monitoring I		Coll	ection Perio	od Co		ince Status
ENTRY PO	OINT (3)		10/1/23 - 12,						mplete
			1/1/24 - 3/3					Cor	mplete
			4/1/24 - 6/3	•					
			7/1/24 - 9/3	30/24					
	Nitrite (NOX)		Admin't desired	David d	C !!				T) per year
	Point (Sampling Point ID)		Monitoring I		Coll	ection Perio	od Co		nce Status
ENTRY PO	IINT (3)		1/1/23 - 12/	-					mplete
			1/1/24 - 12/					Cor	mplete
M/-1 6 -1	Facility AVELL (MICE ID 2004C)		1/1/25 - 12/	31/25					
•	n Facility: WELL (WSF ID: 22546)							·	
E. Coli (3014	-		Adamit - win	Davis d	C-11		-		er quarter
	Point (Sampling Point ID)		Monitoring I		Coll	ection Perio	od Col		nce Status
WELL (2)			10/1/23 - 12/						mplete
			1/1/24 - 3/3					COI	mplete
			4/1/24 - 6/3	50/24					

			7/1/24 - 9/	/30/24									
	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 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									
22546	WELL	2	WELL	Α									

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

PWS ID PWS Name Cla						opulation	Owner Type	Prima	ary Source
CT1600124	12 TOLLAND TURNPIKE (ROUTE 74)			NC		25	Р	(	GW
Local Address	Service	Residen	tial Comme	rcial	Industri	al Combin	ed Ag	gricultural	
12 TOLLAND T	Connections		1						

Towns Served: WILLINGTON

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					
60649 TREATMENT PLANT												

			Organization		Job Title					
			Willington Station, LLC			President				
Mailing Address Line One Mailing Add				ess Line Two			State	Zip Code		
					Willingto	n	СТ	06279		
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress				
	860-477-1	412		860-989-8001	office@c	ce@cenaxo.com				
		extension Fax	ne Mailing Addro	Mailing Address Line Two  Extension Fax Mobile Phone	Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone	me Mailing Address Line Two Willingto  Extension Fax Mobile Phone Emergency Phone Email Address Line Two	me Mailing Address Line Two City Willington Extension Fax Mobile Phone Emergency Phone Email Address	me Mailing Address Line Two City State Willington CT Extension Fax Mobile Phone Emergency Phone Email Address		

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

#### Please note the following:

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

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

End of schedule

	Connecticut Department	of Public H	ealth D	rinkin	g Wa	ter Se	ection	
	Water Quality Mo				_			
PWS ID	PWS Name	mtorms am		ssification			ner Type P	rimary Source
CT1600134	WILLINGTON REST AREA (I-84 E&W)			NC	25		S	GW
	s (where applicable)	Service	Residential	Commerc		lustrial	Combined	Agricultura
-84 (EASTBO		Connections		1				8
	d: WILLINGTON							
		nitoring Requ	irements					
Water Syste	m Facility: DISTRIBUTION SYSTEM (W							
Total Colifo	rm (3100)					1 rc	outine (RT)	per month
Samplin	g Point (Sampling Point ID)		Monitoring P	Period	Collectio	n Period	Compli	ance Status
Select fr	om Inventory of Active Sampling Points		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			Со	mplete
			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 Pa	rameters (PPS)					1 rc	outine (RT)	per month
Samplin	g Point (Sampling Point ID)		Monitoring F	Period	Collectio	n Period	Compli	ance Status
Select fr	om Inventory of Active Sampling Points		11/1/23 - 11/				Co	mplete
		-	12/1/23 - 12/				Со	mplete
			1/1/24 - 1/3					mplete
			2/1/24 - 2/2	9/24			Со	mplete
			3/1/24 - 3/3				Со	mplete
			4/1/24 - 4/3					
			5/1/24 - 5/3					
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3					
			9/1/24 - 9/3					
			10/1/24 - 10/	31/24				
Water Syste	m Facility: ENTRY POINT (WSF ID: 007	700)						
	l Nitrite (NOX)					1	=	RT) per year
	g Point (Sampling Point ID)		Monitoring F	Period	Collectio	n Period	Compli	ance Status
ENTRY P	OINT (3)		1/1/23 - 12/3	31/23				mplete
			1/1/24 - 12/3				Со	mplete
			1/1/25 - 12/3	31/25				

**Other Compliance Schedules** 

**Due Date** 

9/30/2023

3/1/2025

**Achieved Date** 

**Compliance Schedule Activity** 

RESPOND TO SANITARY SURVEY

CROSS CONNECTION SURVEY REPORT

	Connecticut Department o	I I ublic I	Cartii	ועו		vvatti	Section		
	Water Quality Moni	toring an	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Sou	ırce
CT1600134	WILLINGTON REST AREA (I-84 E&W)				NC	25	S	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultu	ural
I-84 (EASTBOU	IND)	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILLINGTON

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ			
		4-1	Men s Room East	Α	Υ			
		4-2	Women s Drinking Fou	Α	Υ			
		4-3	Men s Drinking Fount	Α	Υ			
		4-4	Women s Drinking Fou	Α	Υ			
		4-5	Men s Drinking Fount	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
		WIRR001	WOMENS RM	Р	Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α				
22547	WELL	2	WELL	Α				
C1177	ATMACCRUEDIC TANK							

61172 ATMOSPHERIC TANK

# **Certified Operator Information**

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

Facility Classification: DISTRIB	SUTION SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025

			Co	ontact Inf	ormation						
Name				Organization	1	Job Title					
Mr. Dana M. Arnolo	d .			CT Dept. of T	ransportation		Maint. Supervisor li				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State Z					
17 Flagler Street						Newingt	on	CT	06111		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	ne Email Address					
860-666-8568					860-250-7346	dana.arr	rnold@ct.gov				

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 Dublic H	[oalth	Dr	inkina	Water	Soction	n	
	Water Quality Mon				U			/11	
PWS ID	PWS Name			Clas	sification	Population	Owner Ty	pe Pr	imary Source
CT1600164	WILLINGTON PIZZA HOUSE				NC	25	Р		GW
Local Address (	where applicable)	Service	Residen	itial	Commercia	l Industria	al Comb	ined	Agricultural
RIVER ROAD (R	OUTE 32)	Connections			1				
Towns Served:	WILLINGTON			·		,			
	Mon	itoring Requ	iireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Colifor	m (3100)					1	routine	(RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	eriod Co	llection Per	riod Co	mplic	ince Status
Select from	m Inventory of Active Sampling Points	:	10/1/23 -	- 12/3	31/23			Cor	nplete
			1/1/24 -	- 3/31	L/24			Cor	nplete
			4/1/24 -	- 6/30	0/24				
			7/1/24 -	9/30	0/24				
<b>Physical Para</b>	meters (PPS)					1	routine	(RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	eriod Co	llection Per	riod Co	mplic	ince Status
Select from	m Inventory of Active Sampling Points		10/1/23 -	- 12/3	31/23			Cor	nplete
			1/1/24 -	- 3/31	L/2 <mark>4</mark>			Cor	nplete
			4/1/24 -	- 6/30	0/24				
			., -, -						
			7/1/24 -	- 9/30	0/24				

water system Facility: ENTRY POINT (WSFID: 00/00)			
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		

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
GROUNDWATER RULE TT Violation	7/4/22 - 9/5/22	2	7/8/2023		7/18/2023	

	W	ater System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22550	WELL	2	WELL	Α					
62503	TREATMENT PLANT								

				Contact Inf	ormation					
Name				Organization			Job Title			
Mr. Jeffrey Kelly				Willington Pizza			Owner			
Mailing Address Lin	Address Line One Mailing A			Address Line Two			City	State	Zip Code	
25 River Road						Willingto	n	СТ	06279	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Address			
860-429-7433		860-429-2	2273		860-872-8038	willingto	onpizza@aol.com			

(	Connectic	ut Depa	rtment of	Public F	lealth	Drin	king '	Water	Section	
		•	lity Monito				U			
PWS ID F	WS Name					Classifi	cation P	opulation	Owner Type	Primary Source
CT1600164 V	VILLINGTON PIZ	ZZA HOUSE				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Resident	ial Co	mmercial	Industria	l Combine	d Agricultural
RIVER ROAD (ROL	ITE 32)			Connections			1			
Towns Served: WI	LLINGTON				-			1		
Contact Role(s):	Legal Contact, (	Owner								
Name			Org	ganization					Job Title	
Mr. Rich Rogers			Wi	llington Pizza				Manager		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
25 River Road							Willingto	n	СТ	06279
Business Phone	Extension	Fax	Mobile	e Phone E	mergency	Phone	Email Ad	dress		
860-429-7433		860-429-2	2273		860-208-2	2703	willingto	npizza@ao	l.com	
Contact Role(s):	Administrative	Contact	-	+			-			
Name			Org	ganization					Job Title	
Ms. Tonja P Kelly			Wi	llington Pizza	House			Owner		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
25 River Rd							Willingto	n	СТ	06279
Business Phone	Extension	Fax	Mobile	e Phone E	mergency	Phone	Email Ad	dress		
Contact Role(s):	legal Contact (	Owner								

Contact Role(s): Legal Contact, Owner

#### Please note the following:

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

End of schedule

		_	CD 11- 5-		<b>D</b>	1.	***				
		Department of Puality Monit							ection	1	
PWS ID	PWS Name	1 Quality Monit	or mg am						mor Type	Drima	ry Source
CT160022					N		Population Ov		P		GW
			Comico	Docidont			_		-		
	ress (where applicable)		Service Connections	Resident	lai Co	mmercia	I IIIC	lustrial	Combin	eu Ag	gricultural
39 ADAM			Connections			1					
rowns se	rved: WILLINGTON	Monito	oring Requ	iremei	nts						
Water Sv	vstem Facility: DISTRIBU			in Cirici	163						
	oliform (3100)	•	•					1 ro	utine (R	T) per	quarter
	pling Point (Sampling Poin	t ID)								-	
	ct from Inventory of Active			· · · · · · · · · · · · · · · · · · ·							
00.0				10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24							
				4/1/24 -							
				7/1/24 - 9/30/24							
Physical	Parameters (PPS)			,, 1,24	3/30/2	7		1 ro	utina (R	T) nor	auarter
-	pling Point (Sampling Poin	t ID)		1 routine (RT) per qua  Monitoring Period Collection Period Compliance Sto							-
	ct from Inventory of Active			10/1/23 -			rectio	777 1700	Complete		
Sciev	ce mont inventory of Active	Sumpling Fornes	<u> </u>	1/1/24 -						compi	
				4/1/24 -							
				7/1/24 -							
Water Sv	stem Facility: ENTRY P	OINT (WSF ID: 00700)		7/1/27	3/30/2	<u> </u>					
•	And Nitrite (NOX)	0 (113. 12.00700)						1	routine	(RT) r	er vear
	pling Point (Sampling Poin	t ID)		Monitorir	na Perio	od Co	llectic	on Period			e Status
	RY POINT (3)	,		1/1/23 - 1						Compl	
	(0)			1/1/24 - 1							
				1/1/25 - 1					<u> </u>		
		Other C	ompliance								
Complian	ce Schedule Activity		•	_	Due Dat	te	,	Achieved	l Date		
RESPOND	TO SANITARY SURVEY			1,	/23/20:	19					
	W	ater System Facil	ity and Sar	npling	Point	t Inver	itory	У			
Water						Tot	al	Lead and	1		
System	Water System Facility	Sampling Point		nt		Colif		Copper			Stage
Facility II		ID	Description		Sta	tus Ru	le	Rule Tie	r Asbest	os WQ	P 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	A Y	′				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	l A	4					
		UPSTREAM	WITHIN 5 SER	VICE CON	l A	4					
00700	ENTRY POINT	3	ENTRY POINT		P	4					
23028	WELL #1	2	WELL #1		P	4					
		Con	tact Inforr	nation							
Name		0	rganization						Job Tit	le	
Mr. Arbei	n Tena	Hi	ill View Bar & G	irill			Own	er			
Mailing A	ddress Line One	Mailing Addres	s Line Two				Cit	У	State	Zip	Code
1						1.					

Mobile Phone

South Windsor

BeniTena69@gmail.com

Emergency Phone | Email Address

 $\mathsf{CT}$ 

06074

148 Lisa Dr.

**Business Phone** 

860-716-5489

Extension

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

Fax

PWS ID	PWS Name	-			Classifi	cation	Population	Owner Type	Primary Source
T1600224	9 ADAMEC ROAD				N	С	25	Р	GW
ocal Address (wl	nere applicable)		Service	Resider	ntial Commer		al Industri	al Combine	ed Agricultura
39 ADAMEC ROA	)		Connectio	ns		1			
owns Served: W	ILLINGTON		·	·					·
Name			Organization					Job Title	9
8 Gray Rd									
Mailing Address I	ine One	Mailing Addre	ess Line Two				City	State	Zip Code
						South Windsor CT			06074
18 Gray Rd									

#### 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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End of schedule

Co		ut Department ter Quality Mon						ection	
PWS ID PW	/S Name	ter quarty mon	itoring t		Classific			vner Tyne F	rimary Source
	LLINGTON XT	RA MART			NC		25	P	GW
Local Address (whe			Service	Residentia			Industrial	Combined	
467 RIVER ROAD	re applicable)		Connectio		011	1	maastriar	Combined	Agriculturur
Towns Served: WILL	INGTON					-			
Towns served. Will		Mon	itoring Po	quiremen	+c				
Water System Fac	cility: DISTR	IBUTION SYSTEM (WS		quiremen	ıs				
Total Coliform (3	•						1 ro	utine (RT)	per quarter
Sampling Poin	-	oint ID)		Monitoring	g Perio	d Collec	ction Period		iance Status
		ive Sampling Points		10/1/23 - 1	2/31/2	.3		-	
	·			1/1/24 - 3				Co	omplete
				4/1/24 - 6					<u> </u>
				7/1/24 - 9					
Physical Paramet	ers (PPS)			, ,	<u> </u>		1 ro	utine (RT)	per quarter
Sampling Poin		oint ID)		Monitoring	g Perio	d Collec	ction Period		iance Status
		ive Sampling Points		10/1/23 - 1			•		
		1 0		1/1/24 - 3				Co	omplete
				4/1/24 - 6					
				7/1/24 - 9					
Water System Fac	cility: ENTR	Y POINT (WSF ID: 0070	0)						
Nitrate And Nitri	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,					1	routine (	RT) per year
Sampling Poin		oint ID)		Monitoring	a Perio	d Collec	ction Period	=	iance Status
ENTRY POINT (		·····		1/1/23 - 12					
2.11.11.1	<u> </u>			1/1/24 - 12				C	omplete
				1/1/25 - 12					
		Water System Fac	ility and S				ory		
Water		•				Total	Lead and	1	
System Water Sy	stem Facility	Sampling Poi	nt Sampling	Point		Coliforn	n Copper		Stage
Facility ID		ID	Descriptio	n	Stat	us Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1 4	DISTRIBUT	ION SYSTEM	Α	Υ			
		DOWNSTREA	M WITHIN 5	SERVICE CON	Α				
		UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY P	OINT	3	ENTRY PO	INT	Α				
23035 WELL #1		2	WELL #1		Α				
56409 TREATM	ENT PLANT								
		Co	ontact Info	ormation					
Name			Organization					Job Title	
Mr. Jeff McCulloug	h		Global Partne	ers, Lp		Er	nv. Project N		
Mailing Address Lin		Mailing Add	ess Line Two	, i			City	State	Zip Code
P.O. Box 549290			reet, Suite 500	)	,	Waltham	1	MA	02453
Business Phone	Extension		bile Phone	Emergency P			ess	.,,,,	
781-250-7369		1000					ough@globa	alp.com	
701 230 7303					J		24511651000	a.p.com	

Contact Role(s): Legal Contact

(	Connecticut	irtment o	f Public	Health	Drir	ıking	Water	Section		
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT1600234 \	WILLINGTON XTRA	MART				N	С	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultura
467 RIVER ROAD				Connection	ons		1			
Towns Served: W	ILLINGTON			,						
Name			C	Organization					Job Titl	e
Mr. Jack Cerra			ļ	Atlas Technica	al Consultar	its	Sr Environmental Tec			
Mailing Address L	ine One		Mailing Addre	ss Line Two			City State Z			Zip Code
290 Roberts Stree	et		Suite 301				East Ha	rtford	СТ	06108
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	/ Phone	Email A	ddress		
860-614-1983							jack.cei	ra@gmail.c	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.
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End of schedule

	C	+ Dayt		C D1-1:	II. alul.	D:	1-2	T A 7		C 1			
	Connecticu	•									ion		
	Wate	er Quality	Monit	coring a	<u>nd Com</u>	plia	nce So	che	edule	<u>)</u>			
PWS ID	PWS Name				(	Classifi	cation P	opu	lation	Owner	Type F	rimary S	Source
CT1609124	WILLINGTON PUB	SLIC LIBRARY				N	С	5	0	L		GW	!
Local Address (wi	nere applicable)			Service	Residenti	al Co	mmercial	In	dustrial	l Co	mbined	l Agrico	ultural
7 RUBY ROAD				Connection	ns		1						
Towns Served: W	ILLINGTON												
			Monit	oring Red	quiremen	ts							
Water System F	acility: DISTRII	BUTION SYSTEM	1 (WSF I	D: 00600)									
<b>Total Coliform</b>	(3100)								1	routir	ie (RT)	per qu	arter
Sampling Po	oint (Sampling Po	int ID)			Monitorin	g Perio	od Col	lecti	on Peri	od	Compl	iance St	atus
Select from	Inventory of Activ	e Sampling Points	i		10/1/23 - 3	L2/31/	23				Co	omplete	
					1/1/24 - 3	3/31/2	4				Co	omplete	
					4/1/24 - 6	5/30/2	4						
					7/1/24 - 9	9/30/2	4						
<b>Physical Param</b>	eters (PPS)								1	routir	ie (RT)	per qu	arter
Sampling Po	oint (Sampling Po	int ID)			Monitorin	g Perio	od Col	lecti	on Peri	od	Compl	iance St	atus
Select from	Inventory of Activ	e Sampling Points	i		10/1/23 - 1	L2/31/	23				Co	omplete	
					1/1/24 - 3	3/31/2	4				Co	omplete	
					4/1/24 - 6								
					7/1/24 - 9	9/30/2	4						
Water System F	acility: ENTRY	POINT (WSF ID	: 00700)										
Nitrate And Ni	trite (NOX)									1 ro	utine (I	RT) per	year
Sampling Po	oint (Sampling Po	int ID)			Monitorin	g Perio	od Col	lecti	on Peri	od	Compl	iance St	atus
ENTRY POIN	T (3)				1/1/23 - 1	2/31/2	23				Co	omplete	
					1/1/24 - 1	2/31/2	24				Co	omplete	
					1/1/25 - 1	2/31/2	25						
	\	<b>Nater Syster</b>	n Facil	ity and Sa	ampling I	Point	t Inven	tor	У				
Water							Tot	al	Lead a	nd			
- /	System Facility	Sampl	_	Sampling P					Coppe				Stage
Facility ID			ID	Description		Sta		le	Rule 1	ier A	sbestos	WQP 2	! DBPR
00600 DISTRI	BUTION SYSTEM	5000	4	DISTRIBUTION		A							
				WITHIN 5 S		A							
		UPS	TREAM		ERVICE CON	P							
	POINT		3	ENTRY POIN	NT	A							
52749 WELL			2	WELL #1		P	4						
53203 TREAT	MENT PLANT												
			Con	tact Info	rmation								
Name			0	rganization						Jo	b Title		
Ms. Erika Wiecer	iski		To	own of Willin	gton			Firs	t Select	man			
Mailing Address I	ine One	Mailir	g Addres	s Line Two				Ci	ty	!	State	Zip Co	de
40 Old Farms Rd							Willingto	n			СТ	0627	'9
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency I	Phone	Email Ad	dres	SS				

860-465-7951

ewiecenski@willingtonct.org

860-487-3103

860-487-3100

Contact Role(s): Administrative Contact, Owner

Connecticut Department of Public Health Water Quality Monitoring and Con				
water Quality Monitoring and Con	ipilalice i	Scheuul	C	
DIAIC NI	Cl:f:+:	Demodel at an	O	D.,

	200000		FF					
PWS ID	Clas	ssification	Population	Owner Type	Primary Source			
CT1609124 WILLINGTON PUBLIC LIBRARY					NC	50	L	GW
Local Address (v	Local Address (where applicable)			tial Commerc		al Industri	al Combine	ed Agricultural
7 RUBY ROAD		Connections			1			

Towns Served: WILLINGTON

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

End of schedule

	Connecticut De	nartment of	F Dublic H	alth D	rinki	na W	lator S	oction		
		uality Monit						ection		
PWS ID	PWS Name	uanty Monit	ornig and		ssificati			vner Type P	rimary Source	
CT160913					NC		25	Р	GW	
Local Addı	ress (where applicable)		Service	Residential	Comm		Industrial	Combined	Agricultural	
	R ROAD (ROUTE 32)		Connections		1				- Greenen	
	rved: WILLINGTON				_					
		Monite	oring Requ	irements	3					
Water Sy	stem Facility: DISTRIBUTIO									
Total Co	liform (3100)						1 rc	utine (RT)	per quarter	
	pling Point (Sampling Point ID)			Monitoring F	Period	Collec	tion Perio			
Selec	ct from Inventory of Active Sam	oling Points	:	10/1/23 - 12/	/31/23	Co	mplete			
				1/1/24 - 3/3		Co	mplete			
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical	Parameters (PPS)						1 rc	outine (RT)	per quarter	
Samp	pling Point (Sampling Point ID)			Monitoring F	Period	Collec	tion Perio	d Compl	iance Status	
Selec	ct from Inventory of Active Sam	oling Points	:	10/1/23 - 12/	/31/23			Co	mplete	
				1/1/24 - 3/3	31/24			Co	mplete	
				4/1/24 - 6/3	80/24					
				7/1/24 - 9/3	80/24					
Water Sy	stem Facility: ENTRY POINT	Γ (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)						:	1 routine (I	RT) per year	
Samp	pling Point (Sampling Point ID)			Monitoring F	Period	Collec	tion Period	d Compl	iance Status	
ENTR	RY POINT (3)			1/1/23 - 12/3	31/23			Co	mplete	
			_	1/1/24 - 12/3	31/24			Co	mplete	
				1/1/25 - 12/3	31/25					
	Wate	r System Facili	ity and Sar	npling Po	int In	vento	ry			
Water							Lead an			
-	Water System Facility	Sampling Point		nt		_	n Copper		Stage	
Facility ID		ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α					
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER		A					
00700	ENTRY POINT	3	ENTRY POINT		A					
53553	WELL 1	2	WELL 1		Α					
60657	ATMOSPERIC STORAGE									
62744	UV/CARTRIDGE FILTER									
		Con	tact Inforr	mation						
Name		0	rganization					Job Title		
Ms. Carol	Schofield	Sc	chofield Spring,	LLC		Ov	wner			
Mailing Ad	ddress Line One	Mailing Address	s Line Two			(	City	State	Zip Code	
109 Schof	ield Road				Wil	lington		СТ	06279	

Emergency Phone Email Address

cschof@att.net

**Mobile Phone** 

**Business Phone** 

860-966-6939

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-684-7362

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

	110002 6000		• • • • • • • • • • • • • • • • • • • •	-P	9 0 1 1 0 01 01 1		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1609134	SCHOFIELD SPRING	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	ial Combin	ed Agricultural
666 RIVER ROAD	Connections		1				
Towns Served: V	VILLINGTON						

#### Please note the following:

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

End of schedule

(	Connectic	ut Departme	nt of	Public	Health l	Drin	king	Wa	ter S	Section	n	
		ter Quality M					U					
PWS ID P	WS Name	ter quarty is	101110	, or mg a							e Pr	imary Source
CT1609154 V	VILLINGTON DU	JNKIN DONUTS				NO		25		P		GW
Local Address (wh	ere applicable)			Service	Residenti	al Cor	nmercia	l Ind	ustrial	Combi	ned	Agricultural
333 RIVER ROAD	7			Connectio			1					
Towns Served: WI	LLINGTON											
		N	/lonit	oring Re	quiremen	ts						
Water System Fa	acility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
<b>Total Coliform</b>	(3100)								1 r	outine (F	RT) į	er quarter
Sampling Pol	int (Sampling P	oint ID)			Monitoring	g Perio	d Co	llectio	n Perio	od Cor	npli	ance Status
Select from I	nventory of Act	ive Sampling Points			10/1/23 - 1	2/31/2	23				Со	mplete
					1/1/24 - 3	/31/24	1				Со	mplete
					4/1/24 - 6	/30/24	1					
					7/1/24 - 9	/30/24	4					
Physical Parame	eters (PPS)								1 r	outine (F	RT) į	er quarter
Sampling Pol	int (Sampling P	oint ID)			Monitoring	g Perio	d Co	llectio	n Perio	od Cor	npli	ance Status
Select from I	nventory of Act	ive Sampling Points			10/1/23 - 1	2/31/2	23				Со	mplete
	1/1/24 - 3/31/24				1				Со	mplete		
					4/1/24 - 6	/30/24	1					
					7/1/24 - 9	/30/24	1					
Water System Fa	acility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And Nit	rite (NOX)									1 routin	e (R	T) per year
Sampling Pol	int (Sampling P	oint ID)			Monitoring	g Perio	d Co	llectio	n Perio	od Cor	npli	ance Status
ENTRY POINT	(3)				1/1/23 - 1	2/31/2	3				Со	mplete
					1/1/24 - 1	2/31/2	4				Со	mplete
					1/1/25 - 1	2/31/2	5					_
		Water System	Facil	ity and S	ampling F	oint	Inver	ntory	,			
Water							To	tal I	ead ar	nd		
•	System Facility		_	Sampling I			Colif		Coppe			Stage
Facility ID		IL	)	Description		Stat	tus Ri	ıle	Rule Ti	er Asbes	tos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM				ION SYSTEM	Α						
					SERVICE CON	Α						
		UPSTF	REAM	WITHIN 5	SERVICE CON	Α						
00700 ENTRY	POINT	3	}	ENTRY POI	NT	Α	ı					
59941 WELL 1		2	<u>-</u>	WELL# 1		Α	ı					
59944 TREATI	MENT PLANT											
			Con	tact Info	ormation							
Name			0	rganization						Job Ti	tle	
Mr. Dimitrios Mo	utoudis		To	oudis LLC				Man	ager			
Mailing Address Li	ne One	Mailing	Addres	s Line Two				City	,	State	е	Zip Code
483 Providence Ro	oad						Brookly	n		СТ		06234
Business Phone	Extension	Fax	Mobi	le Phone	Emergency F	hone	Email A	ddress				
000 054 1010												

dmoutoudis@aol.com

860-654-1819

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

Connecticut Department of Public Health	<b>Drinking Water Section</b>
Water Quality Monitoring and Com	ipliance Schedule

PWS ID PWS Name			sification	Population	Owner Type	Primary Source	
CT1609154 WILLINGTON DUNKIN DONUTS			NC	25	Р	GW	
Service	Resider	ntial Commerci		l Industria	al Combine	ed Agricultural	
Connect	ctions		1				
J	Service		JNKIN DONUTS  Service Residential	NC Service Residential Commercia	Service Residential Commercial Industria	Service Residential Commercial Industrial Combine	

Towns Served: WILLINGTON

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End of schedule

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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1609164	DOLLAR GENERAL WILLINGTON				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial (	Commercia	al Industri	al Combine	ed Agricultural
22 TOLLAND TU	RNPIKE (RTE 74), WILLINGTON	Connections			1			

Towns Served: WILLINGTON			,
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<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		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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24	<del>-</del>	Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

PWS ID	PWS Name			Classifica	ation Po	opulation	Owner Type	Primary Source
CT1609164	DOLLAR GENERAL WILLINGTON			NC		25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Com	mercial	Industria	al Combine	ed Agricultural
22 TOLLAND TU	JRNPIKE (RTE 74), WILLINGTON	Connections			1			

Towns Served: WILLINGTON

	Water System Facility and Sampling Point Inventory									
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage	
Facility ID	•	ID	Description	Status	Dula		Asbestos	WQP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ					
		DOWNSTREAM	5 SEVICE CONNECTIONS	Α	Υ					
		UPSTREAM	5 SEVICE CONNECTIONS	Α	Υ					
00700	ENTRY POINT	3	ENTRY POINT	Α						
61352	WELL	2	WELL	Α						

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Alan Luke				106-108 Bay	ard Corp		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
60 East 8Th Street			Apt 31A			New Yor	·k	NY	10003
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	ne Email Address			
917-846-3802						lukereal	tymgt@iclou	ıd.com	

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

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End of schedule

Schedule Generation Date: 4/3/2024

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