|                            | Connectic          | ut Depa      | rtme           | nt of   | Public                 | : Health    | Dr     | inki        | ng W             | ater Se             | ection       |                     |
|----------------------------|--------------------|--------------|----------------|---------|------------------------|-------------|--------|-------------|------------------|---------------------|--------------|---------------------|
|                            |                    | ter Qual     |                |         |                        |             |        |             | 0                |                     | ••••         |                     |
| PWS ID                     | PWS Name           | ter Quar     |                | UIII    | or mg o                |             |        | sificatio   |                  |                     | ner Type P   | rimary Source       |
| CT1630024                  | FIRST CONGREG      | ATIONAL CH   |                |         | нам                    |             |        | NC          |                  | 25                  | P            | GW                  |
|                            | where applicable)  |              | 0              |         | Service                | Residen     |        | Comme       |                  | ndustrial           | Combined     |                     |
| WINDHAM CEN                | ,                  |              |                |         | Connectio              |             |        | 1           |                  |                     |              |                     |
| Towns Served:              |                    |              |                |         |                        |             |        |             |                  |                     |              |                     |
|                            |                    |              | M              | lonita  | oring Re               | quireme     | nts    |             |                  |                     |              |                     |
| Water System               | Facility: DISTR    |              |                |         |                        | quireine    |        | _           | _                |                     |              |                     |
| Total Coliforn             |                    |              |                | •       | •                      |             |        |             |                  | 1 roi               | utine (RT)   | per quarter         |
|                            | Point (Sampling P  | oint ID)     |                |         |                        | Monitori    | ing Pe | riod        | Collect          | tion Period         |              | iance Status        |
| Select from                | n Inventory of Act | ive Sampling | Points         |         |                        | 10/1/23 -   | 12/3   | 1/23        |                  |                     | Co           | omplete             |
|                            | -                  |              |                |         |                        | 1/1/24 -    | 3/31   | /24         |                  |                     |              |                     |
|                            |                    |              |                |         |                        | 4/1/24 -    | 6/30   | /24         |                  |                     |              |                     |
|                            |                    |              |                |         |                        | 7/1/24 -    | 9/30   | /24         |                  |                     |              |                     |
| <b>Physical Para</b>       | meters (PPS)       |              |                |         |                        |             |        |             |                  | 1 roi               | utine (RT)   | per quarter         |
| Sampling I                 | Point (Sampling P  | oint ID)     |                |         |                        | Monitori    | ing Pe | riod        | Collect          | tion Period         | Compl        | iance Status        |
| Select from                | n Inventory of Act | ive Sampling | Points         |         |                        | 10/1/23 -   | · 12/3 | 1/23        |                  |                     | Co           | omplete             |
|                            |                    |              |                |         |                        | 1/1/24 -    | 3/31   | /24         |                  |                     |              |                     |
|                            |                    |              |                |         |                        | 4/1/24 -    | 6/30   | /24         |                  |                     |              |                     |
|                            |                    |              |                |         |                        | 7/1/24 -    | 9/30   | /24         |                  |                     |              |                     |
| Water System               | Facility: ENTR     | Y POINT (W   | /SF ID: 0      | 0700)   |                        |             |        |             |                  |                     |              |                     |
| Nitrate And N              | Nitrite (NOX)      |              |                |         |                        |             |        |             |                  | 1                   | routine (    | RT) per year        |
| Sampling I                 | Point (Sampling P  | oint ID)     |                |         |                        | Monitori    | ing Pe | eriod       | Collect          | tion Period         | Compl        | iance Status        |
| ENTRY POI                  | INT (3)            |              |                |         |                        | 1/1/23 -    | 12/31  | 1/23        |                  |                     | Co           | omplete             |
|                            |                    |              |                |         |                        | 1/1/24 -    | 12/31  | 1/24        | _                |                     |              |                     |
|                            |                    |              |                |         |                        | 1/1/25 -    |        |             |                  |                     |              |                     |
|                            |                    | Water Sy     | /stem          | Facili  | ty and S               | Sampling    | Poi    | nt In       | vento            | ry                  |              |                     |
| Water                      | or System Easility |              | Campling       | Doint   | Campling               | Doint       |        |             | Total            | Lead and            |              | Channe              |
| System Wate<br>Facility ID | er System Facility |              | sumpning<br>ID |         | Sampling<br>Descriptio |             |        |             | .oiiform<br>Rule | Copper<br>Rule Tier | Ashestas     | Stage<br>WQP 2 DBPR |
|                            | RIBUTION SYSTEM    | 1            | 4              |         |                        | ION SYSTEM  |        | itatus<br>A | Ŷ                |                     | , 152 C5 C65 |                     |
|                            |                    |              |                | FRFAM   |                        | SERVICE CON |        | A           |                  |                     |              |                     |
|                            |                    |              | UPSTR          |         |                        | SERVICE CON |        | A           |                  |                     |              |                     |
| 00700 ENT                  | RY POINT           |              | 3              |         | ENTRY PO               |             |        | A           |                  |                     |              |                     |
| 22585 WEL                  |                    |              | 2              |         | WELL                   |             |        | A           |                  |                     |              |                     |
|                            |                    |              | -              |         |                        | ormation    |        |             |                  |                     |              |                     |
| Name                       |                    |              |                |         | ganization             |             |        |             |                  |                     | Job Title    |                     |
| Pastor James B             | eesley             |              |                |         | 0                      |             |        |             |                  |                     |              |                     |
| Mailing Address            |                    |              | Mailing        | Address | Line Two               |             |        |             | C                | ity                 | State        | Zip Code            |
| 4 Windham Cer              |                    |              |                |         |                        |             |        | Win         | dham             |                     | СТ           | 06280               |
| Business Pho               |                    | Fax          |                | Mobi    | le Phone               | Emergency   | Phor   |             |                  | SS                  |              |                     |
| 860-423-719                | 7                  |              |                |         |                        |             |        |             |                  | ation@sne           | t.net        |                     |
| Contact Role(s)            | Administrative     | Contact, Leg | al Conta       | ct      |                        |             |        |             |                  |                     |              |                     |
|                            | 4                  |              |                |         |                        |             |        |             |                  |                     |              |                     |

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

|                    |                   | · · · · · · · · · · · · · · · · · · · |              | 0            |          |       |            |              |            |                 |
|--------------------|-------------------|---------------------------------------|--------------|--------------|----------|-------|------------|--------------|------------|-----------------|
| PWS ID             | PWS Name          |                                       |              |              |          | Clas  | sification | Population   | Owner Type | Primary Source  |
| CT1630024          | FIRST CONGREGA    | TIONAL CH                             | IURCH OF WI  | NDHAM        |          |       | NC         | 25           | Р          | GW              |
| Local Address (w   | nere applicable)  |                                       |              | Service      | Reside   | ntial | Commerc    | ial Industri | al Combin  | ed Agricultural |
| WINDHAM CENT       | ER                |                                       |              | Connecti     | ons      |       | 1          |              |            |                 |
| Towns Served: W    | INDHAM            |                                       |              |              |          |       |            |              | 1          |                 |
| Name               |                   |                                       |              | Organization | ı        |       |            |              | Job Titl   | e               |
| First Congregatio  | nal Church of Wi  | ndham C                               |              |              |          |       |            |              |            |                 |
| Mailing Address I  | ine One           |                                       | Mailing Addr | ess Line Two |          |       |            | City         | State      | Zip Code        |
| P. O. Box 102, 4 \ | Vindham Rd        |                                       |              |              |          |       | Windh      | am           | СТ         | 06280           |
| Business Phone     | e Extension       | Fax                                   | Mo           | bile Phone   | Emergenc | y Pho | ne Email   | Address      |            |                 |
|                    |                   |                                       |              |              |          |       |            |              |            |                 |
| Contact Role(s):   | Legal Contact, Ov | vner                                  |              |              |          |       |            |              |            |                 |
| Please note the f  | ollowing:         |                                       |              |              |          |       |            |              |            |                 |

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

| Connecticut De                            | -                 |                  |              |             | -         |                    | ction      |                   |
|---|-------------------|------------------|--------------|-------------|-----------|--------------------|------------|-------------------|
| Water Q                                   | uality Monit      | oring and        | d Comp       | olianc      | e Sche    | edule              |            |                   |
| PWS ID PWS Name                           |                   |                  | Cl           | lassificati | on Popu   | lation Owr         | er Type    | rimary Source     |
| CT1630074 ST PAULS EPISCOPAL CH           | HURCH             |                  |              | NC          | 2         | 25                 | Р          | GW                |
| Local Address (where applicable)          |                   | Service          | Residentia   | l Comm      | ercial Ir | ndustrial          | Combined   | Agricultural      |
| 27 PLAINS ROAD                            |                   | Connections      |              | 1           |           |                    |            |                   |
| Towns Served: WINDHAM                     |                   |                  |              |             |           |                    |            |                   |
|   | Monito            | oring Requ       | irement      | ts          |           |                    |            |                   |
| Water System Facility: DISTRIBUTIC        | ON SYSTEM (WSF II | D: 00600)        |              |             |           |                    |            |                   |
| Total Coliform (3100)                     |                   |                  |              |             |           | 1 rou              | tine (RT)  | per quarter       |
| Sampling Point (Sampling Point ID)        | )                 | 1                | Monitoring   | Period      | Collect   | ion Period         |            | iance Status      |
| Select from Inventory of Active Sam       |                   |                  | LO/1/23 - 12 |             |           |                    |            | omplete           |
| · · · · · ·                               |                   |                  | 1/1/24 - 3/  |             |           |                    |            | omplete           |
|   |                   |                  | 4/1/24 - 6/  |             |           |                    |            |                   |
|   |                   |                  | 7/1/24 - 9/  | -           |           |                    |            |                   |
| Physical Parameters (PPS)                 |                   |                  |              |             |           | 1 rou              | tine (RT)  | per quarter       |
| Sampling Point (Sampling Point ID)        | )                 |                  | Monitoring   | Period      | Collect   | ion Period         |            | iance Status      |
| Select from Inventory of Active Sam       |                   |                  | LO/1/23 - 12 |             |           |                    |            | omplete           |
|   |                   |                  | 1/1/24 - 3/  |             |           |                    |            | omplete           |
|   |                   |                  | 4/1/24 - 6/  |             |           |                    |            |                   |
|   |                   |                  | 7/1/24 - 9/  |             |           |                    |            |                   |
| Water System Facility: ENTRY POIN         | T (WSF ID: 00700) |                  | <u> </u>     |             |           |                    |            |                   |
| Nitrate And Nitrite (NOX)                 | (                 |                  |              |             |           | 1                  | routine (I | RT) per year      |
| Sampling Point (Sampling Point ID)        | )                 |                  | Monitoring   | Period      | Collect   | ion Period         | -          | iance Status      |
| ENTRY POINT (3)                           |                   |                  | 1/1/23 - 12  |             |           |                    |            | omplete           |
|   |                   |                  | 1/1/24 - 12  |             |           |                    |            | omplete           |
|   |                   |                  | 1/1/25 - 12  | -           |           |                    |            |                   |
| Water System Facility: WELL (WSF          | ID: 22588)        |                  |              |             |           |                    |            |                   |
| E. Coli (3014)                            |                   |                  |              |             |           | 1 rou              | tine (RT)  | per quarter       |
| Sampling Point (Sampling Point ID)        | )                 |                  | Monitoring   | Period      | Collect   | ion Period         | • •        | iance Status      |
| WELL (2)                                  |                   |                  | LO/1/23 - 12 |             |           |                    | -          | omplete           |
|   |                   |                  | 1/1/24 - 3/  |             |           |                    |            | omplete           |
|   |                   |                  | 4/1/24 - 6/  |             |           |                    |            |                   |
|   |                   |                  | 7/1/24 - 9/  |             |           |                    |            |                   |
| W/ate                                     | er System Facili  |                  |              | •           | vonto     | ~~                 |            |                   |
|   | er system i dem   | ity and San      |              |             | Total     | -                  |            |                   |
| Water System Water System Facility        | Sampling Point    | Samplina Poir    | nt           |             | Coliform  | Lead and<br>Copper |            | Stage             |
| Facility ID                               | ID                | Description      |              | Status      | Rule      |                    | Asbestos   | WQP 2 DBPI        |
| 00600 DISTRIBUTION SYSTEM                 | 4                 | DISTRIBUTION     | SYSTEM       | A           | Y         |                    |            |                   |
|   | DOWNSTREAM        |                  |              | A           | ·         |                    |            |                   |
|   | UPSTREAM          | WITHIN 5 SER     |              | A           |           |                    |            |                   |
| 00700 ENTRY POINT                         | 3                 | ENTRY POINT      |              | A           |           |                    |            |                   |
| 22588 WELL                                | 2                 | WELL             |              | A           |           |                    |            |                   |
|   |                   |                  | notion       | ~           |           |                    |            |                   |
|   |                   | tact Inforn      | nation       |             |           |                    | A DOMEST   |                   |
| Name                                      |                   | ganization       | al Church    |             | <b>D</b>  | north Clart        | Job Title  |                   |
| Mr. James Russel                          |                   | . Paul's Episcop | al Church    |             |           | perty Chair        | Chata      | 7:0 (             |
| Mailing Address Line One<br>P. O. Box 247 | Mailing Address   | s Line Two       |              |             | ndham     | ty                 | State      | Zip Code<br>06280 |
|   |                   |                  |              |             |           |                    | CT         | 06780             |

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

|                        |                  |                        |          |    | 0           |         | 1          |            |              |                |                 |
|------------------------|------------------|------------------------|----------|----|-------------|---------|------------|------------|--------------|----------------|-----------------|
| PWS ID                 | PWS Name         |                        |          |    |             | Clas    | sification | Population | Owner Type   | Primary Source |                 |
| СТ1630074              | ST PAULS EPISC   | PAULS EPISCOPAL CHURCH |          |    |             |         |            | NC         | 25           | Р              | GW              |
| Local Address (w       | here applicable) |                        |          |    | Service     | Resider | itial      | Commerc    | ial Industri | al Combine     | ed Agricultural |
| 27 PLAINS ROAD         | )                |                        |          |    | Connections |         |            | 1          |              |                |                 |
| Towns Served: <b>V</b> | VINDHAM          |                        |          |    |             |         |            |            |              |                |                 |
| 860-377-3687           | 7                |                        |          |    |             | 860-377 | -3687      | 7 james_   | _r_russel@ya | ahoo.com       |                 |
| Contact Role(s):       | Administrative   | Contact, Lega          | al Conta | ct |             |         |            |            |              |                |                 |
| Diagon noto the        | following        |                        |          |    |             |         |            |            |              |                |                 |

#### Please note the following:

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

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

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

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

| Connecticut De<br>Water Q                                   | •            |                   |                      | and Comp          | olia             | nce Sc            | chedule          | e            |                              |
|---|--------------|-------------------|----------------------|-------------------|------------------|-------------------|------------------|--------------|------------------------------|
| PWS ID PWS Name   |              |                   |                      | С                 |                  |                   |                  |              | Primary Source               |
| CT1630104 GAUTHIER FIELD                                    |              |                   |                      |                   | N                |                   | 25               | Р            | GW                           |
| Local Address (where applicable)                            |              |                   | Service<br>Connectio | Residentia        | al Cor           | mmercial          | Industria        | Combine      | d Agricultural               |
|   |              |                   | connectio            | 115               |                  | 1                 |                  |              |                              |
| Towns Served: WINDHAM                                       |              |                   |                      |                   | •-               |                   |                  |              |                              |
| Water System Facility DISTRIBUTIO                           |              |                   |                      | quiremen          | ts               |                   |                  |              |                              |
| Water System Facility: DISTRIBUTIC                          | VIN SYSTEIVI | (10255)           | D: 00600)            |                   |                  |                   | 1                | routino (PT) | nor quartar                  |
| Total Coliform (3100)<br>Sampling Point (Sampling Point ID) |              |                   |                      | Monitoring        | n Perio          | nd Coll           | L<br>ection Peri |              | per quarter<br>liance Status |
| Select from Inventory of Active Sam                         | nling Points |                   |                      | 4/1/24 - 6        |                  |                   | centrini         | ou comp      | nunce status                 |
| Physical Parameters (PPS)                                   |              |                   |                      | ,, _, _ , _ , _ , | ,00,2            | •                 | 1                | routine (RT  | per quarter                  |
| Sampling Point (Sampling Point ID)                          |              |                   |                      | Monitoring        | a Perio          | od Coll           | ection Peri      |              | liance Status                |
| Select from Inventory of Active Sam                         | pling Points |                   |                      | 10/1/23 - 1       | ·                |                   |                  |              |                              |
|   |              |                   |                      | 1/1/24 - 3        | /31/24           | 4                 |                  |              |                              |
|   |              |                   |                      | 4/1/24 - 6        | /30/24           | 4                 |                  |              |                              |
|   |              |                   |                      | 7/1/24 - 9        | /30/24           | 4                 |                  |              |                              |
| Water System Facility: ENTRY POIN                           | T (WSF ID:   | 00700)            |                      |                   |                  |                   |                  |              |                              |
| Nitrate And Nitrite (NOX)                                   |              |                   |                      |                   |                  |                   |                  | 1 routine (  | RT) per year                 |
| Sampling Point (Sampling Point ID)                          |              |                   |                      | Monitoring        |                  |                   | ection Peri      |              | liance Status                |
| ENTRY POINT (3)   |              |                   |                      | 1/1/23 - 12       |                  |                   |                  | C            | omplete                      |
|   |              |                   |                      | 1/1/24 - 12       |                  |                   |                  |              |                              |
|   |              |                   |                      | 1/1/25 - 12       |                  | 25                |                  |              |                              |
|   | 0            | ther C            | omplian              | ice Schedu        | les              |                   |                  |              |                              |
| Compliance Schedule Activity                                |              |                   |                      | Du                | ie Dat           | e                 | Achiev           | ed Date      |                              |
| SEASONAL START UP COMPLETION                                |              |                   |                      | 4/2               | 28/202           | 24                |                  |              |                              |
|   | Pub          | lic No            | tificatior           | n Requiren        | nent             | :S                |                  |              |                              |
|   |              | 0                 | Compliance           | Notice            |                  | ublic Noti        | -                |              | <u>rtification</u>           |
| Violation/Situation   |              |                   | Period               | Tier              |                  |                   | Performed        |              |                              |
| REVISED TOTAL COLIFORM RULE (RTCR)                          | <b>C</b> 1   | -                 | 7/19 - 5/22/         |                   |                  | 0/2020            | •                | 6/9/2020     | _                            |
| Wate  | er Systen    | n Facil           | ity and S            | Sampling P        | oint             |                   | -                |              |                              |
| Water<br>System Water System Facility                       | Campli       | na Doint          | Sampling             | Doint             |                  | Toto              |                  |              | Charac                       |
| System Water System Facility Facility ID                    |              | ing Politit<br>ID | Descriptio           |                   | Charl            | Colifo<br>tus Rul |                  |              | Stage<br>s WQP 2 DBPR        |
| 00600 DISTRIBUTION SYSTEM                                   |              | 4                 |                      | TON SYSTEM        | <u>Stat</u><br>A | lus               |                  |              |                              |
|   | DOWN         |                   |                      | SERVICE CON       | A                |                   |                  |              |                              |
|   |              | REAM              |                      | SERVICE CON       | А                | <b>\</b>          |                  |              |                              |
| 00700 ENTRY POINT   |              | 3                 | ENTRY PO             | INT               | A                | ١                 |                  |              |                              |
| 22589 WELL  |              | 2                 | WELL                 |                   | А                | ١                 |                  |              |                              |
|   |              | Cor               | ntact Info           | ormation          |                  |                   |                  |              |                              |
| Name  |              |                   | rganization          |                   |                  |                   |                  | Job Title    |                              |
| Mr. Gregory Job   |              |                   | -                    | uth Organizatio   | on               |                   | President        |              |                              |
| Mailing Address Line One                                    | Mailin       |                   | s Line Two           | <u> </u>          |                  |                   | City             | State        | Zip Code                     |
| PO Box 371  |              |                   |                      |                   |                  | Windham           | 1                | СТ           | 06280                        |
| Business Phone Extension                                    | Fax          | Mob               | ile Phone            | Emergency P       | hone             | Email Ad          | dress            |              |                              |
| 860-456-7364  |              |                   |                      | 203-903-63        | 318              | wyoball2          | 008@aol.co       | om           |                              |
| Contact Role(s): Administrative Contact                     | 1 1          |                   |                      |                   |                  |                   |                  |              |                              |

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

| PWS ID           | PWS Name          |             |         | Classific | ation P  | Population  | Owner Type | Primary Source  |
|------------------|-------------------|-------------|---------|-----------|----------|-------------|------------|-----------------|
| CT1630104        | GAUTHIER FIELD    |             |         | NC        | :        | 25          | Р          | GW              |
| Local Address (v | vhere applicable) | Service     | Residen | tial Com  | nmercial | l Industria | al Combine | ed Agricultural |
| ROUTE 14         |                   | Connections |         |           | 1        |             |            |                 |
| Towns Served: V  | WINDHAM           | i.          |         |           |          |             |            |                 |

### Please note the following:

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

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

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

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

| Сс                      | onnecticut Depa            |                 |             |             |          | U       |          |           | ction      |               |
|-------------------------|----------------------------|-----------------|-------------|-------------|----------|---------|----------|-----------|------------|---------------|
|                         | Water Qua                  | lity Monit      | oring a     | nd Com      | plia     | nce S   | che      | dule      |            |               |
| PWS ID PW               | /S Name                    | -               |             |             | Classifi | ication | Popula   | ation Ow  | ner Type P | rimary Source |
| CT1630154 NC            | ORTH WINDHAM FIRE DEP      | ARTMENT         |             |             | N        | IC      | 25       | 5         | L          | GW            |
| Local Address (when     | re applicable)             |                 | Service     | Resident    | tial Co  | mmercia | al Inc   | dustrial  | Combined   | Agricultural  |
| 603 BOSTON POST F       | ROAD                       |                 | Connection  | าร          |          | 1       |          |           |            |               |
| Towns Served: WIN       | DHAM                       |                 |             |             |          |         |          |           |            |               |
|                         |                            | Monito          | oring Red   | quireme     | nts      |         |          |           |            |               |
| Water System Fac        | cility: DISTRIBUTION S     | YSTEM (WSF I    | D: 00600)   |             |          |         |          |           |            |               |
| Total Coliform (3       | (100)                      |                 |             |             |          |         |          | 1 rou     | utine (RT) | per quarter   |
| Sampling Poin           | t (Sampling Point ID)      |                 |             | Monitori    | ng Perio | od Co   | ollectio | on Period | Compl      | iance Status  |
| Select from Inv         | entory of Active Sampling  | g Points        |             | 10/1/23 -   | 12/31/   | /23     |          |           | Co         | omplete       |
|                         |                            |                 |             | 1/1/24 -    | 3/31/2   | 24      |          |           | Co         | omplete       |
|                         |                            |                 |             | 4/1/24 -    | 6/30/2   | 24      |          |           |            |               |
|                         |                            |                 |             | 7/1/24 -    |          |         |          |           |            |               |
| <b>Physical Paramet</b> | ers (PPS)                  |                 |             |             |          |         |          | 1 rou     | utine (RT) | per quarter   |
|                         | t (Sampling Point ID)      |                 |             | Monitori    | ng Perio | od Co   | ollectio | on Period | • •        | iance Status  |
| Select from Inv         | ventory of Active Sampling | Points          |             | 10/1/23 -   | -        |         |          |           |            | omplete       |
|                         |                            | -               |             | 1/1/24 -    | 3/31/2   | 24      |          |           | Co         | omplete       |
|                         |                            |                 |             | 4/1/24 -    |          |         |          |           |            | •             |
|                         |                            |                 |             | 7/1/24 -    |          |         |          |           |            |               |
| Water System Fac        | ility: ENTRY POINT (V      | VSF ID: 00700)  |             | , ,         |          |         |          |           |            |               |
| Nitrate And Nitri       | · · ·                      | ,               |             |             | _        |         | _        | 1         | routine (  | RT) per year  |
|                         | t (Sampling Point ID)      |                 |             | Monitori    | na Perio | od Co   | ollectio | on Period | -          | iance Status  |
| ENTRY POINT (           |                            |                 |             | 1/1/23 -    | -        |         |          |           |            | omplete       |
|                         | - /                        |                 |             | 1/1/24 - 1  |          |         |          |           |            | omplete       |
|                         |                            |                 |             | 1/1/25 - 1  |          |         |          |           |            |               |
|                         | Water S                    | ystem Facili    | ity and Sa  |             |          |         | ntor     | y         |            |               |
| Water                   |                            | -               | -           |             |          | То      | tal      | Lead and  |            |               |
| System Water Sy         | stem Facility              | Sampling Point  | Sampling P  | oint        |          | Colij   | form     | Copper    |            | Stage         |
| Facility ID             |                            | ID              | Description | 1           | Sta      | itus Ri | ule      | Rule Tier | Asbestos   | WQP 2 DBPR    |
| 00600 DISTRIBL          | JTION SYSTEM               | 4               | DISTRIBUTI  | ON SYSTEM   | A        | Α '     | Y        |           |            |               |
|                         |                            | DOWNSTREAM      | WITHIN 5 S  | ERVICE CON  | I A      | Ą       |          |           |            |               |
|                         |                            | UPSTREAM        | WITHIN 5 S  | ERVICE CON  | I A      | Ą       |          |           |            |               |
| 00700 ENTRY PO          | JINT                       | 3               | ENTRY POIN  | NT          | A        | Ą       |          |           |            |               |
| 23069 WELL #1           |                            | 2               | WELL #1     |             | A        | Ą       |          |           |            |               |
|                         |                            | Con             | tact Info   | rmation     |          |         |          |           |            |               |
| Name                    |                            | 01              | ganization  |             |          |         |          |           | Job Title  |               |
| Mr. Miles Raymond       | 1                          |                 | orth Windha | m Fire Depa | artment  | t       |          |           |            |               |
| Mailing Address Line    |                            | Mailing Address |             |             |          |         | Cit      | у         | State      | Zip Code      |
| P.O. Box 41             |                            |                 |             |             |          | North V |          |           | СТ         | 06256         |
| Business Phone          | Extension Fax              | Mobi            | le Phone    | Emergency   | Phone    |         |          |           |            |               |
| 860-423-6432            |                            |                 |             | - 091       |          |         |          |           |            |               |
|                         | dministrative Contact, Leg | al Contact      |             |             |          |         |          |           |            |               |
|                         | , -0                       | -               |             |             |          |         |          |           |            |               |

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

| PWS ID           | PWS Name                      |             |         | Classification | Population   | Owner Type | Primary Source  |
|------------------|-------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| CT1630154        | NORTH WINDHAM FIRE DEPARTMENT |             |         | NC             | 25           | L          | GW              |
| Local Address (v | vhere applicable)             | Service     | Residen | tial Commerc   | ial Industri | al Combin  | ed Agricultural |
| 603 BOSTON PC    | ST ROAD                       | Connections |         | 1              |              |            |                 |
| Towns Served: \  | VINDHAM                       |             |         | ÷              |              | ·          |                 |

### Please note the following:

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

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

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

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

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

|                      | Connecticut De                                 | partmer     | nt of Public H      | ealth E                               | )rinkin       | g Water S               | Section       |              |
|----------------------|--|-------------|---------------------|---------------------------------------|---------------|-------------------------|---------------|--------------|
|                      | Water Q  | uality Mo   | onitoring and       | l Comp                                | oliance       | Schedule                |               |              |
| PWS ID               | PWS Name                                       |             |                     | C                                     | lassification | Population O            | wner Type Pr  | imary Source |
| CT1631214            | APOLLO RESTAURANT AI                           | ND PIZZA    |                     |                                       | NC            | 25                      | Р             | GW           |
| Local Address (      | (where applicable)                             |             | Service             | Residentia                            | I Commer      | cial Industrial         | Combined      | Agricultural |
| 685 WINDHAM          |  |             | Connections         |                                       | 1             |                         |               |              |
| Towns Served:        | WINDHAM  |             |                     |                                       |               |                         |               |              |
|                      |  | M           | onitoring Requ      | irement                               | s             |                         |               |              |
| Water System         | n Facility: DISTRIBUTIO                        | N SYSTEM (  | WSF ID: 00600)      |                                       |               |                         |               |              |
| <b>Total Colifor</b> | • •  |             |                     |                                       |               |                         | outine (RT) p | -            |
|                      | Point (Sampling Point ID)                      |             |                     | Monitoring                            |               | <b>Collection Perio</b> | -             | ance Status  |
| Select fro           | m Inventory of Active Samp                     | ling Points | 1                   | .0/1/23 - 12                          |               |                         |               | mplete       |
|                      |  |             |                     | 1/1/24 - 3/                           | •             |                         | Сог           | mplete       |
|                      |  |             |                     | 4/1/24 - 6/                           |               |                         |               |              |
|                      |  |             |                     | 7/1/24 - 9/                           | /30/24        |                         |               |              |
| -                    | ameters (PPS) <i>Point (Sampling Point ID)</i> |             |                     | Monitoring                            | Deried        | 1 r<br>Collection Perio | outine (RT) p | -            |
|                      | m Inventory of Active Samp                     | ling Points |                     | <b>Monitoring</b><br>.0/1/23 - 12     |               | Conection Perio         |               | mplete       |
| Select II O          | In inventory of Active Samp                    | ing Points  |                     | 1/1/24 - 3/                           |               |                         |               | mplete       |
|                      |  |             |                     | 4/1/24 - 6/                           |               |                         | 0             | Inpiete      |
|                      |  |             |                     | 7/1/24 - 9/                           |               |                         |               |              |
| Water System         | n Facility: ENTRY POINT                        | (WSF ID: 00 | 0700)               | .,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                         |               |              |
|                      | Nitrite (NOX)                                  | •           | •                   |                                       |               |                         | 1 routine (R  | T) per vear  |
|                      | Point (Sampling Point ID)                      |             | 1                   | Monitoring                            | Period        | <b>Collection Perio</b> |               | ance Status  |
| ENTRY PO             | DINT (3)                                       |             |                     | 1/1/23 - 12                           | /31/23        |                         | Сог           | mplete       |
|                      |  |             |                     | 1/1/24 - 12                           | /31/24        |                         | Сог           | mplete       |
|                      |  |             |                     | 1/1/25 - 12                           | /31/25        |                         |               |              |
|                      |  | Oth         | er Compliance       | Schedu                                | les           |                         |               |              |
| Compliance Sc        | hedule Activity                                |             | -                   | Du                                    | e Date        | Achieve                 | d Date        |              |
| CROSS CONNE          | CTION EXEMPTION                                |             |                     | 3/2                                   | L/2019        |                         |               |              |
|                      |  | Public      | Notification R      | eauiren                               | nents         |                         |               |              |
|                      |  |             | Compliance          | Notice                                | 1             | Notification            | PN Cert       | ification    |
| Violation/Situa      | ation  |             | Period              | Tier                                  | Required      |                         | Due to DPH    | Received     |
| Total Coliform       | M&R Violation                                  |             | 7/1/13 - 9/30/13    | 3                                     | 3/27/201      |                         | 4/6/2014      |              |
|                      | Wate   | r System F  | acility and San     | npling P                              | oint Inv      | entory                  |               |              |
| Water                |  | •           | •                   |                                       |               | Total Lead ar           | nd            |              |
|                      | ter System Facility                            | Sampling    | Point Sampling Poin | nt                                    | Co            | oliform Coppe           |               | Stage        |
| Facility ID          |  | ID          | Description         |                                       | Status        | Rule Rule Ti            | er Asbestos   | WQP 2 DBPF   |
| 00600 DIST           | TRIBUTION SYSTEM                               | 4           | DISTRIBUTION        |                                       | А             |                         |               |              |
|                      |  |             | REAM WITHIN 5 SER   |                                       | A             |                         |               |              |
|                      |  | UPSTRE      |                     | VICE CON                              | A             |                         |               |              |
|                      | RY POINT                                       | 3           | ENTRY POINT         |                                       | A             |                         |               |              |
| 53244 WEI            | LL 1A  | 2           | WELL 1A             |                                       | Р             |                         |               |              |
|                      |  |             | Contact Inform      | nation                                |               |                         |               |              |
| Name                 |  |             | Organization        |                                       |               |                         | Job Title     |              |
| Mr. Chris Dala       |  |             | Apollo Restauran    | t & Pizza                             |               |                         |               |              |
| Mailing Addres       | ss Line One                                    |             | ddress Line Two     |                                       |               | City                    | State         | Zip Code     |
| P.O. Box 58          |  | 685 Wind    | lham Road           |                                       | South         | n Windham               | СТ            | 06266        |

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

| PWS ID           | PWS Name         | VS Name             |          |           |          |       |              | opulation | Owner Type | <b>Primary Source</b> |
|------------------|------------------|---------------------|----------|-----------|----------|-------|--------------|-----------|------------|-----------------------|
| СТ1631214        | APOLLO RESTAU    | RANT AND PIZZA      |          |           |          |       | NC           | 25        | Р          | GW                    |
| Local Address (w | here applicable) |                     |          | Service   | Resider  | ntial | Commercial   | Industri  | al Combine | ed Agricultural       |
| 685 WINDHAM I    | ROAD             |                     |          | Connectio | ns       |       | 1            |           |            |                       |
| Towns Served: V  | VINDHAM          |                     |          |           |          |       |              |           |            |                       |
| Business Phon    | e Extension      | Fax                 | Mobil    | e Phone   | Emergenc | y Pho | one Email Ad | dress     |            |                       |
| 860-456-2755     | 5                | 860-456-8171        |          |           | 860-933  | -046  | 7 mdalard    | has@yaho  | o.com      |                       |
| Contact Role(s): | Administrative   | Contact, Legal Cont | act, Own | er        |          |       |              |           |            |                       |
| Place note the   | following        |                     |          |           |          |       |              |           |            |                       |

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

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