

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0760014                        | CAMP LAURELWOOD |  |                     | NC             | 400        | P          | GW             |              |
| Local Address (where applicable) |                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 463 SUMMER HILL ROAD             |                 |  |                     |                | 1          |            |                |              |
| Towns Served: MADISON            |                 |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

| <u>Sampling Point (Sampling Point ID)</u>       | <u>Monitoring Period</u> | <u>Collection Period</u> | <u>Compliance Status</u> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

| <u>Sampling Point (Sampling Point ID)</u>       | <u>Monitoring Period</u> | <u>Collection Period</u> | <u>Compliance Status</u> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       | 10/1-11/5                |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

| <u>Sampling Point (Sampling Point ID)</u> | <u>Monitoring Period</u> | <u>Collection Period</u> | <u>Compliance Status</u> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### Other Compliance Schedules

| <u>Compliance Schedule Activity</u> | <u>Due Date</u> | <u>Achieved Date</u> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2026        |                      |

### Public Notification Requirements

| <u>Violation/Situation</u>   | <u>Compliance Period</u> | <u>Notice Tier</u> | <u>Public Notification</u> |                  | <u>PN Certification</u> |                 |
|------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                              |                          |                    | <u>Required</u>            | <u>Performed</u> | <u>Due to DPH</u>       | <u>Received</u> |
| Total Coliform M&R Violation | 10/1/23 - 12/31/23       | 3                  | 5/21/2025                  |                  | 5/31/2025               |                 |

### Water System Facility and Sampling Point Inventory

| <u>Water System Facility ID</u> | <u>Water System Facility</u> | <u>Sampling Point ID</u> | <u>Sampling Point Description</u> | <u>Status</u> | <u>Total Coliform Rule</u> | <u>Lead and Copper Rule Tier</u> | <u>Asbestos</u> | <u>Stage WQP 2 DBPR</u> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21322                           | WELL #2                      | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 51858                           | WELL #3                      | 2                        | WELL #3                           | A             |                            |                                  |                 |                         |
| 51860                           | WELL #4                      | 2                        | WELL #4                           | A             |                            |                                  |                 |                         |
| 51862                           | WELL #5                      | 2                        | WELL #5                           | A             |                            |                                  |                 |                         |
| 57515                           | ATMOSPHERIC STORAGE          |                          |                                   |               |                            |                                  |                 |                         |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0760014                        | CAMP LAURELWOOD |  |                     | NC             | 400        | P          | GW             |              |
| Local Address (where applicable) |                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 463 SUMMER HILL ROAD             |                 |  |                     |                | 1          |            |                |              |

Towns Served: MADISON

### Contact Information

| Name                     |  |           |                          | Organization    |              |                 | Job Title                   |       |          |
|--------------------------|--|-----------|--------------------------|-----------------|--------------|-----------------|-----------------------------|-------|----------|
| Mr. Jonathan Leff        |  |           |                          | Camp Laurelwood |              |                 | Operations Director         |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                 |              | City            |                             | State | Zip Code |
| 463 Summer Hill Road     |  |           |                          |                 |              | Madison         |                             | CT    | 06443    |
| Business Phone           |  | Extension | Fax                      |                 | Mobile Phone | Emergency Phone | Email Address               |       |          |
| 203-421-3736             |  |           | 203-421-3570             |                 |              |                 | jonathan@camplaurelwood.org |       |          |

Contact Role(s): **Administrative Contact**

| Name                     |  |           |                          | Organization    |              |         | Job Title       |       |                        |
|--------------------------|--|-----------|--------------------------|-----------------|--------------|---------|-----------------|-------|------------------------|
| Mr. Benjamin Chaback     |  |           |                          | Camp Laurelwood |              |         | Director        |       |                        |
| Mailing Address Line One |  |           | Mailing Address Line Two |                 |              | City    |                 | State | Zip Code               |
| 463 Summer Hill Rd       |  |           |                          |                 |              | Madison |                 | CT    | 06443                  |
| Business Phone           |  | Extension | Fax                      |                 | Mobile Phone |         | Emergency Phone |       | Email Address          |
| 203-421-3736             |  |           |                          |                 |              |         |                 |       | ben@camplaurelwood.org |

Contact Role(s): **Legal Contact**

#### Please note the following:

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

|  |                       |                            |                            |            |                     |                           |          |                  |
|--|-----------------------|----------------------------|----------------------------|------------|---------------------|---------------------------|----------|------------------|
| PWS ID   | PWS Name              | Classification             | Population                 | Owner Type | Primary Source      |                           |          |                  |
| CT0760024  | CIRCLE PIZZA          | NC                         | 25                         | P          | GW                  |                           |          |                  |
| Local Address (where applicable)                           | Service Connections   | Residential                | Commercial                 | Industrial | Combined            | Agricultural              |          |                  |
| 1278 DURHAM ROAD   |                       |                            | 1                          |            |                     |                           |          |                  |
| Towns Served: MADISON                                      |                       |                            |                            |            |                     |                           |          |                  |
| Monitoring Requirements                                    |                       |                            |                            |            |                     |                           |          |                  |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) |                       |                            |                            |            |                     |                           |          |                  |
| Total Coliform (3100)                                      |                       | 1 routine (RT) per quarter |                            |            |                     |                           |          |                  |
| Sampling Point (Sampling Point ID)                         | Monitoring Period     | Collection Period          | Compliance Status          |            |                     |                           |          |                  |
| Select from Inventory of Active Sampling Points            | 4/1/25 - 6/30/25      |                            | Complete                   |            |                     |                           |          |                  |
|  | 7/1/25 - 9/30/25      |                            | Complete                   |            |                     |                           |          |                  |
|  | 10/1/25 - 12/31/25    |                            |                            |            |                     |                           |          |                  |
|  | 1/1/26 - 3/31/26      |                            |                            |            |                     |                           |          |                  |
| Physical Parameters (PPS)                                  |                       | 1 routine (RT) per quarter |                            |            |                     |                           |          |                  |
| Sampling Point (Sampling Point ID)                         | Monitoring Period     | Collection Period          | Compliance Status          |            |                     |                           |          |                  |
| Select from Inventory of Active Sampling Points            | 4/1/25 - 6/30/25      |                            | Complete                   |            |                     |                           |          |                  |
|  | 7/1/25 - 9/30/25      |                            | Complete                   |            |                     |                           |          |                  |
|  | 10/1/25 - 12/31/25    |                            |                            |            |                     |                           |          |                  |
|  | 1/1/26 - 3/31/26      |                            |                            |            |                     |                           |          |                  |
| Water System Facility: ENTRY POINT (WSF ID: 00700)         |                       |                            |                            |            |                     |                           |          |                  |
| Nitrate And Nitrite (NOX)                                  |                       | 1 routine (RT) per year    |                            |            |                     |                           |          |                  |
| Sampling Point (Sampling Point ID)                         | Monitoring Period     | Collection Period          | Compliance Status          |            |                     |                           |          |                  |
| ENTRY POINT (3)  | 1/1/24 - 12/31/24     |                            | Complete                   |            |                     |                           |          |                  |
|  | 1/1/25 - 12/31/25     |                            | Complete                   |            |                     |                           |          |                  |
|  | 1/1/26 - 12/31/26     |                            |                            |            |                     |                           |          |                  |
| Water System Facility: WELL (WSF ID: 21323)                |                       |                            |                            |            |                     |                           |          |                  |
| E. Coli (3014)   |                       | 1 routine (RT) per quarter |                            |            |                     |                           |          |                  |
| Sampling Point (Sampling Point ID)                         | Monitoring Period     | Collection Period          | Compliance Status          |            |                     |                           |          |                  |
| WELL (2)   | 4/1/25 - 6/30/25      |                            | Complete                   |            |                     |                           |          |                  |
|  | 7/1/25 - 9/30/25      |                            |                            |            |                     |                           |          |                  |
|  | 10/1/25 - 12/31/25    |                            |                            |            |                     |                           |          |                  |
|  | 1/1/26 - 3/31/26      |                            |                            |            |                     |                           |          |                  |
| 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 WQP 2 DBPR |
| 00600  | DISTRIBUTION SYSTEM   | 4                          | DISTRIBUTION SYSTEM        | A          | Y                   |                           |          |                  |
|  |                       | DOWNSTREAM                 | WITHIN 5 SERVICE CON       | A          |                     |                           |          |                  |
|  |                       | UPSTREAM                   | WITHIN 5 SERVICE CON       | A          |                     |                           |          |                  |
| 00700  | ENTRY POINT           | 3                          | ENTRY POINT                | A          |                     |                           |          |                  |
| 21323  | WELL                  | 2                          | WELL                       | A          |                     |                           |          |                  |
| 60670  | TREATMENT PLANT       |                            |                            |            |                     |                           |          |                  |
| Contact Information  |                       |                            |                            |            |                     |                           |          |                  |
| Name   |                       |                            | Organization               |            |                     | Job Title                 |          |                  |
| Mr. Robert P. Sassi  |                       |                            | Circle Pizza               |            |                     | Owner                     |          |                  |
| Mailing Address Line One                                   |                       | Mailing Address Line Two   |                            | City       |                     | State                     | Zip Code |                  |
| 334 N. Durham Hill Rd                                      |                       | Durham, CT                 |                            | Durham     |                     | CT                        | 06414    |                  |

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

Schedule Generation Date: 10/3/2025

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                     |                     |              |                 |                   |
|--|---------------------|---------------------|--------------|-----------------|-------------------|
| PWS ID   | PWS Name            | Classification      | Population   | Owner Type      | Primary Source    |
| <b>CT0760024</b>   | <b>CIRCLE PIZZA</b> | <b>NC</b>           | <b>25</b>    | <b>P</b>        | <b>GW</b>         |
| Local Address (where applicable)                                     |                     | Service Connections | Residential  | Commercial      | Industrial        |
| 1278 DURHAM ROAD   |                     |                     | 1            |                 |                   |
| Towns Served: MADISON  |                     |                     |              |                 |                   |
| 234 N Parker Hill Rd   |                     |                     | Killingworth | CT              | 06419             |
| Business Phone   | Extension           | Fax                 | Mobile Phone | Emergency Phone | Email Address     |
|  |                     |                     |              |                 | RMsassi@gmail.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |                     |                     |              |                 |                   |

**Please note the following:**

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

|                                  |                     |                |            |            |                |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name            | Classification | Population | Owner Type | Primary Source |
| CT0760034                        | KLEINS GOLF RANGE   | NC             | 31         | P          | GW             |
| Local Address (where applicable) | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 391 DURHAM ROAD                  |                     |                | 1          |            |                |
| Towns Served: MADISON            |                     |                |            |            |                |

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per quarter

| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                   | Complete          |
|   | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   |                   |
|   | 1/1/26 - 3/31/26   |                   |                   |

Physical Parameters (PPS)

1 routine (RT) per quarter

| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period | Compliance Status |
|---|--------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                   | Complete          |
|   | 7/1/25 - 9/30/25   |                   | Complete          |
|   | 10/1/25 - 12/31/25 |                   |                   |
|   | 1/1/26 - 3/31/26   |                   |                   |

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)

1 routine (RT) per year

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                   | Complete          |
|                                    | 1/1/25 - 12/31/25 |                   | Complete          |
|                                    | 1/1/26 - 12/31/26 |                   |                   |

Water System Facility: DUG WELL (WSF ID: 21324)

E. Coli (3014)

1 routine (RT) per quarter

| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period | Compliance Status |
|------------------------------------|--------------------|-------------------|-------------------|
| WELL (2)                           | 4/1/25 - 6/30/25   |                   | Complete          |
|                                    | 7/1/25 - 9/30/25   |                   | Complete          |
|                                    | 10/1/25 - 12/31/25 |                   |                   |
|                                    | 1/1/26 - 3/31/26   |                   |                   |

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 WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21324                    | DUG WELL              | 2                 | WELL                       | A      |                     |                           |          |                  |
| 48155                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

Contact Information

|                          |                          |           |
|--------------------------|--------------------------|-----------|
| Name                     | Organization             | Job Title |
| Mr. David Klein          | Klein Family Lp          | Member    |
| Mailing Address Line One | Mailing Address Line Two | City      |
| 391 Durham Road          | Madison                  | CT 06443  |

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

Schedule Generation Date: 10/3/2025

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                          |                     |                          |                 |                       |
|--|--------------------------|---------------------|--------------------------|-----------------|-----------------------|
| PWS ID   | PWS Name                 | Classification      | Population               | Owner Type      | Primary Source        |
| <b>CT0760034</b>   | <b>KLEINS GOLF RANGE</b> | <b>NC</b>           | <b>31</b>                | <b>P</b>        | <b>GW</b>             |
| Local Address (where applicable)   |                          | Service Connections | Residential              | Commercial      | Industrial            |
| 391 DURHAM ROAD  |                          |                     |                          | <b>1</b>        |                       |
| Towns Served: MADISON  |                          |                     |                          |                 |                       |
| 391 Durham Road  |                          |                     | Madison                  | CT              | 06443                 |
| Business Phone   | Extension                | Fax                 | Mobile Phone             | Emergency Phone | Email Address         |
| 203-245-1139   |                          |                     | 860-908-3176             | 860-572-9744    | dklein@kleinsgolf.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>   |                          |                     |                          |                 |                       |
| Name   |                          |                     | Organization             |                 | Job Title             |
| <b>Kleins Golf Range LLC / Klein Family Lp</b>   |                          |                     |                          |                 |                       |
| Mailing Address Line One   |                          |                     | Mailing Address Line Two |                 | City                  |
| 391 Durham Road  |                          |                     |                          |                 | Madison               |
| Business Phone   | Extension                | Fax                 | Mobile Phone             | Emergency Phone | State                 |
| 203-245-1139   |                          |                     |                          |                 | CT                    |
| Contact Role(s): <b>Owner</b>  |                          |                     |                          |                 |                       |
| <b>Please note the following:</b> <ol style="list-style-type: none"> <li>The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |                          |                     |                          |                 |                       |

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name      |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0769153                        | CHRIST CHAPEL |  |                     | NC             | 30         | P          | GW             |              |
| Local Address (where applicable) |               |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1185 DURHAM ROAD                 |               |  |                     | 1              |            |            |                |              |
| Towns Served: MADISON            |               |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                         | Complete          |
|                                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| CROSS CONNECTION EXEMPTION   | 3/1/2016   |               |
| RESPOND TO SANITARY SURVEY   | 10/31/2021 |               |
| CROSS CONNECTION EXEMPTION   | 3/1/2025   |               |

### 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 WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 001               | NEW LADIES ROOM            | A      |                     | 2                         |          |                  |
|                          |                       | 002               | NEW MENS ROOM              | A      |                     | 2                         |          |                  |
|                          |                       | 003               | UP STAIRS KIT. SINK        | A      | Y                   | 2                         |          |                  |
|                          |                       | 004               | DOWNSTAIRS KITCHEN         | A      |                     | 2                         |          |                  |
|                          |                       | 005               | JANITOR CLOSET             | A      |                     | 2                         |          |                  |
|                          |                       | 4                 | GENERIC DISTRIBUTION       | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 10758                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 46413                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name      |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0769153                        | CHRIST CHAPEL |  |                     | NC             | 30         | P          | GW             |              |
| Local Address (where applicable) |               |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1185 DURHAM ROAD                 |               |  |                     | 1              |            |            |                |              |
| Towns Served: MADISON            |               |  |                     |                |            |            |                |              |

### Contact Information

| Name                                |           |     |                          | Organization    |                            |         | Job Title |       |          |
|-------------------------------------|-----------|-----|--------------------------|-----------------|----------------------------|---------|-----------|-------|----------|
| Christ Chapel Board of Trustees     |           |     |                          |                 |                            |         |           |       |          |
| Mailing Address Line One            |           |     | Mailing Address Line Two |                 |                            | City    |           | State | Zip Code |
| C/O Christ Chapel Board of Trustees |           |     | 1185 Durham Road         |                 |                            | Madison |           | CT    | 06443    |
| Business Phone                      | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address              |         |           |       |          |
| 203-421-4667                        |           |     |                          |                 | churchoffice1185@gmail.com |         |           |       |          |

Contact Role(s): **Legal Contact**

|                          |  |           |                          |               |              |                 |                            |       |          |
|--------------------------|--|-----------|--------------------------|---------------|--------------|-----------------|----------------------------|-------|----------|
| Name                     |  |           |                          | Organization  |              |                 | Job Title                  |       |          |
| Miss Dorothy Becker      |  |           |                          | Christ Chapel |              |                 | Admin Contact              |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |               |              | City            |                            | State | Zip Code |
| 1185 Durham Road         |  |           |                          |               |              | Madison         |                            | CT    | 06443    |
| Business Phone           |  | Extension | Fax                      |               | Mobile Phone | Emergency Phone | Email Address              |       |          |
| 203-710-4342             |  |           |                          |               |              |                 | churchoffice1185@gmail.com |       |          |

Contact Role(s): **Administrative Contact**

#### Please note the following:

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                             |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--------------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0769204                        | CHURCH OF LATTER DAY SAINTS, MADISON |  |                     | NC             | 172        | P          | GW             |              |
| Local Address (where applicable) |                                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 275 WARPAS ROAD                  |                                      |  |                     |                | 1          |            |                |              |
| Towns Served: MADISON            |                                      |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            |                   |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            |                   |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/24 - 12/31/24 |                         | Complete          |
|                                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |

### 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 WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00501                    | WELL #1               | 2                 | WELL #1                         | A      |                     |                           |          |                  |
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM             | A      | Y                   |                           |          |                  |
|                          |                       |                   | DOWNSTREAM WITHIN 5 SERVICE CON | A      |                     |                           |          |                  |
|                          |                       |                   | UPSTREAM WITHIN 5 SERVICE CON   | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                     | A      |                     |                           |          |                  |
| 61496                    | ATMOSPHERIC STORAGE   |                   |                                 |        |                     |                           |          |                  |

### Contact Information

|                          |                      |              |                          |                                |                 |                                    |           |       |          |
|--------------------------|----------------------|--------------|--------------------------|--------------------------------|-----------------|------------------------------------|-----------|-------|----------|
| Name                     |                      |              |                          | Organization                   |                 |                                    | Job Title |       |          |
| Mr. Roy B. McDaniel      |                      |              |                          | Natural Resources-Special Proj |                 |                                    | Manager   |       |          |
| Mailing Address Line One |                      |              | Mailing Address Line Two |                                |                 | City                               |           | State | Zip Code |
| 50 East North Temple St  |                      |              | Mfd 12Th Floor           |                                |                 | Salt Lake City                     |           | UT    | 84150    |
| Business Phone           | Extension            | Fax          | Mobile Phone             |                                | Emergency Phone | Email Address                      |           |       |          |
| 801-240-4656             |                      | 801-240-2913 |                          |                                |                 | mcdanielrb@churchofjesuschrist.org |           |       |          |
| Contact Role(s):         | Legal Contact, Owner |              |                          |                                |                 |                                    |           |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |   |                               |              |                     |                                   |
|--|---|-------------------------------|--------------|---------------------|-----------------------------------|
| PWS ID   | PWS Name                                    | Classification                | Population   | Owner Type          | Primary Source                    |
| <b>CT0769204</b>                               | <b>CHURCH OF LATTER DAY SAINTS, MADISON</b> | <b>NC</b>                     | <b>172</b>   | <b>P</b>            | <b>GW</b>                         |
| Local Address (where applicable)               |   | Service Connections           | Residential  | Commercial          | Industrial                        |
| 275 WARPAS ROAD                                |   |                               |              | <b>1</b>            |                                   |
| Towns Served: MADISON                          |   |                               |              |                     |                                   |
| Name   |   | Organization                  |              | Job Title           |                                   |
| <b>Ms. Christine Spencer</b>                   |   | Church of Jesus Christ of Lds |              | Hartford Admin Asst |                                   |
| Mailing Address Line One                       |   | Mailing Address Line Two      |              | City                | State                             |
| 130 South St                                   |   |                               |              | Cromwell            | CT                                |
| Business Phone                                 | Extension                                   | Fax                           | Mobile Phone | Emergency Phone     | Email Address                     |
| 959-230-1116                                   | 2   | 860-835-4036                  |              |                     | spencerca@churchofjesuschrist.org |
| Contact Role(s): <b>Administrative Contact</b> |   |                               |              |                     |                                   |

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***