

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1520054	THE WILLIAMS SCHOOL BALLFIELD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120R BLOOMINGDALE ROAD				1			
Towns Served: WATERFORD							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/1/2024	
CROSS CONNECTION SURVEY REPORT	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	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WMISPIGOT	OUTSIDE SPIGOT	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22914	WELL #1	2	WELL #1	A				

Contact Information

Name			Organization			Job Title			
The Williams School									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
182 Mohegan Avenue						New London		CT	06320
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-443-5333									
Contact Role(s):		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.

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120R BLOOMINGDALE ROAD				1			

Towns Served: WATERFORD

Name	Organization	Job Title			
Ms. Kathy Trammell	The Williams School	Asst. Head of School			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
182 Mohegan Ave		New London	CT	06320	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-443-5333					ktrammell@williamsschool.org

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

Name	Organization	Job Title			
Mr. Mark Fader	The Williams School	Head of School			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
182 Mohegan Ave		New London	CT	06320	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-443-5333					mfader@williamsschool.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		
CT1521004	CONNECTICUT HUMANE SOCIETY - WATERFORD	NC	43	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
169 OLD COLCHESTER ROAD				2			
Towns Served: WATERFORD							

Monitoring Requirements

Water System Facility: WELL 1 (WSF ID: 00520)

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/6/19 - 9/21/21	2	2/15/2020		2/25/2020	

Water System Facility and Sampling Point Inventory

Water 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
00520	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				
62191	UV TREATMENT							

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169 OLD COLCHESTER ROAD				2			

Towns Served: WATERFORD

Contact Information

Name		Organization			Job Title		
Mr. Robert Tate		CT Humane Society			Facility Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
196 Old Colchest Road					Waterford	CT	06375
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-594-4500				860-978-1656	rtate@cthumane.org		

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

Name		Organization			Job Title		
Mr. Gregory Jandreau		Connecticut Humane Society			Chief Financial Offi		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
701 Russell Rd					Newington	CT	06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-594-4500	6315				gjandreau@cthumane.org		

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

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