|  |  | ut Departme  |                       |  |  |  |   | _                                       |                                |                                     | ion                               |   |
|--|--|--|-----------------------|--|--|--|---|---|--------------------------------|-------------------------------------|-----------------------------------|---|
|  | Wat  | ter Quality M  | Ionit                 | oring a  | nd Con   | ıplia  | ance  | Sch                                     | edule                          | غ                                   |                                   |   |
| PWS ID   | PWS Name   |  |                       |  |  | Classif                                      | ficatio   | n Popu                                  | lation C                       | Owner '                             | Туре Р                            | rimary So                                   |
| CT0170074  | CHIPPENS HILL N  | MEDICAL CENTER   |                       |  |  | N  | NC  | 2                                       | 25                             | Р                                   |                                   | GW  |
| ocal Addres  | s (where applicable)   |  |                       | Service  | Residen  | tial Co                                      | ommei   | rcial Ir                                | ndustrial                      | Cor                                 | nbined                            | Agricult                                    |
| 65 TERRYVI   | LLE AVENUE   |  |                       | Connection   | ns   |  | 1   |   |                                |                                     |                                   |   |
| Γowns Serve  | d: BRISTOL   |  |                       |  |  |  |   |   |                                |                                     |                                   |   |
|  |  | N  | lonit                 | oring Red  | quireme  | nts  |   |   |                                |                                     |                                   |   |
| Water Syste  | em Facility: <b>DISTR</b>  | IBUTION SYSTEM   | (WSF I                | D: 00600)  |  |  |   |   |                                |                                     |                                   |   |
| Total Colife   | orm (3100)   |  |                       |  |  |  |   |   | 1 r                            | routin                              | e (RT)                            | per quar                                    |
| Samplin  | ng Point (Sampling P   | oint ID)   |                       |  | Monitori   | ng Peri                                      | iod   | Collect                                 | ion Perio                      | od                                  | Compl                             | iance Stat                                  |
| Select fi  | rom Inventory of Acti  | ive Sampling Points  |                       |  | 7/1/19 -   | 9/30/1                                       | 19  |   |                                |                                     | Co                                | omplete                                     |
|  |  |  |                       |  | 10/1/19 -  | 12/31,                                       | /19   |   |                                |                                     | Co                                | omplete                                     |
|  |  |  |                       |  | 1/1/20 -   | 3/31/2                                       | 20  |   |                                |                                     | Co                                | mplete                                      |
|  |  |  |                       |  | 4/1/20 -   | 6/30/2                                       | 20  |   |                                |                                     |                                   |   |
|  |  |  |                       |  | 7/1/20 -   | 9/30/2                                       | 20  |   |                                |                                     |                                   |   |
| Physical Pa  | rameters (PPS)   |  |                       |  |  |  |   |   | 1 r                            | routin                              | e (RT)                            | per quar                                    |
| Samplin  | ng Point (Sampling P   | oint ID)   |                       |  | Monitori   | ng Peri                                      | iod   | Collect                                 | ion Perio                      | od                                  | Compl                             | iance Stat                                  |
| Select fi  | rom Inventory of Acti  | ive Sampling Points  |                       |  | 7/1/19 -   | 9/30/1                                       | 19  |   |                                |                                     | Co                                | omplete                                     |
|  |  |  |                       |  | 10/1/19 -  | 12/31,                                       | /19   |   |                                |                                     | Co                                | omplete                                     |
|  |  |  |                       |  | 1/1/20 -   | 3/31/2                                       | 20  |   |                                |                                     | Co                                | omplete                                     |
|  |  |  |                       |  | 4/1/20 -   | 6/30/2                                       | 20  |   |                                |                                     |                                   |   |
|  |  |  |                       |  | 7/1/20 -   | 9/30/2                                       | 20  |   |                                |                                     |                                   |   |
| Water Syste  | em Facility: ENTRY   | Y POINT (WSF ID: 0   | 00700)                |  |  |  |   |   |                                |                                     |                                   |   |
| Nitrate And  | d Nitrite (NOX)  |  |                       |  |  |  |   |   |                                | 1 rou                               | tina (I                           | DT\ ====                                    |
|  |  |  |                       |  |  |  |   |   |                                | 110u                                | une (i                            | RT) per y                                   |
| Samplin  | ng Point (Sampling P   | oint ID)   |                       |  | Monitori   | ng Peri                                      | iod   | Collect                                 | ion Perio                      |                                     | -                                 | iance Stat                                  |
|  | ng Point (Sampling Point (3)   | oint ID)   |                       |  | <i>Monitori</i> 1/1/19 -   | _  |   | Collect                                 | ion Perio                      |                                     | Compl                             |   |
|  |  | oint ID)   |                       |  |  | 12/31/                                       | 19  | Collect                                 | ion Perio                      |                                     | <b>Compl</b>                      | iance Stat                                  |
|  |  | oint ID)   |                       |  | 1/1/19 -   | 12/31/<br>12/31/                             | '19<br>'20  | Collect                                 | ion Perio                      |                                     | <b>Compl</b>                      | iance Stat                                  |
|  | POINT (3)  | oint ID)  Water System   | Facili                | ity and S  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -   | 12/31/<br>12/31/<br>12/31/                   | ′19<br>′20<br>′21   |   |                                |                                     | <b>Compl</b>                      | iance Stat                                  |
|  | POINT (3)  |  | Facili                | ity and S  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -   | 12/31/<br>12/31/<br>12/31/                   | ′19<br>′20<br>′21   |   |                                | od                                  | <b>Compl</b>                      | iance Stat                                  |
| ENTRY F  | POINT (3)  | Water System   |                       | ity and S  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -<br>ampling  | 12/31/<br>12/31/<br>12/31/                   | '19<br>'20<br>'21<br><b>It Inv</b>                                | vento                                   | r <b>y</b>                     | nd                                  | <b>Compl</b>                      | iance Stat                                  |
| Water<br>System W  | POINT (3)  | Water System   | g Point               | •  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -<br>ampling  | 12/31/<br>12/31/<br>12/31/<br><b>Poin</b>    | '19<br>'20<br>'21<br><b>It Inv</b>                                | vento<br>Total                          | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance Stat<br>omplete<br>omplete            |
| Water System W Facility ID   | POINT (3)  | Water System  Sampling   | g Point               | Sampling F<br>Description  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -<br>ampling  | 12/31/<br>12/31/<br>12/31/<br>12/31/<br>Poin | /19<br>/20<br>/21<br><b>It Inv</b>                                | vento<br>Total<br>coliform              | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID   | POINT (3)  /ater System Facility   | Water System  Sampling IE  | g Point               | Sampling F<br>Description  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -<br>ampling<br>Point<br>ON SYSTEM                      | 12/31/<br>12/31/<br>12/31/<br>12/31/<br>Poin | /19<br>/20<br>/21<br>at Inv                                       | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID   | POINT (3)  /ater System Facility   | Water System  Sampling IE  | g Point  TREAM        | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S  | 1/1/19 -<br>1/1/20 -<br>1/1/21 -<br>ampling<br>Point<br>ON SYSTEM                      | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br>at Inv                                       | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID 00600 D   | POINT (3)  /ater System Facility   | Water System  Sampling ID  A  DOWNS                                | g Point  TREAM        | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S  | 1/1/19 - 1/1/20 - 1/1/21 - ampling  Point ON SYSTEM ERVICE CON                         | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>Catus<br>A                  | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID 00600 D   | POINT (3)  /ater System Facility ISTRIBUTION SYSTEM  | Water System  Sampling IE  1 4  DOWNST  UPSTR                      | g Point<br>D<br>TREAM | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S  | 1/1/19 - 1/1/20 - 1/1/21 - ampling  Point ON SYSTEM ERVICE CON                         | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br><i>Catus</i><br>A<br>A<br>A | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID 00600 D   | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT   | Water System  Sampling IE  1 4  DOWNS  UPSTR                       | g Point<br>D<br>TREAM | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII  | 1/1/19 - 1/1/20 - 1/1/21 - ampling  Point ON SYSTEM ERVICE CON                         | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>A<br>A<br>A<br>A            | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID 00600 Di 00700 EF   | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  /ELL   | Water System  Sampling IE  1 4  DOWNS  UPSTR                       | g Point  TREAM        | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII  | 1/1/19 - 1/1/20 - 1/1/21 - ampling Coint ON SYSTEM SERVICE CON                         | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>A<br>A<br>A<br>A            | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er                            | Compl<br>Co                       | iance State complete complete               |
| Water System W Facility ID  00600 D  00700 EI 20294 W 59340 BI   | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  /ELL   | Water System  Sampling IE  1 4  DOWNS  UPSTR                       | TREAM Con             | Sampling F<br>Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL                                | 1/1/19 - 1/1/20 - 1/1/21 - ampling Coint ON SYSTEM SERVICE CON                         | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>A<br>A<br>A<br>A            | rento<br>Total<br>oliform<br>Rule       | r <b>y</b><br>Lead al<br>Coppe | nd<br>er<br>ier As.                 | Compl<br>Co<br>Co                 | iance State complete complete               |
| Water System W Facility ID  00600 D  00700 Er 20294 W 59340 BI   | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  /ELL  LADDER TANKS   | Water System  Sampling IE  1 4  DOWNS  UPSTR                       | TREAM REAM            | Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info  | 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM BERVICE CON NT                      | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>A<br>A<br>A<br>A            | Vento<br>Total<br>oliform<br>Rule<br>Y  | Lead al<br>Coppe<br>Rule T     | nd<br>er<br>ier As                  | Compl<br>Cc<br>Cc<br>bestos       | iance State complete complete               |
| Water System W Facility ID 00600 D 00700 EF 20294 W 59340 BI Name Dr. Richard F                                | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT /ELL  LADDER TANKS  P. Saporito                                       | Water System  Sampling IE  DOWNS  UPSTR  3 2                       | Con                   | Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info  | 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM BERVICE CON NT                      | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br><b>at Inv</b><br>A<br>A<br>A<br>A            | vento<br>Total<br>oliform<br>Rule<br>Y  | Lead al<br>Coppe<br>Rule Ti    | nd<br>er<br>ier As                  | Compl<br>Co<br>Co<br>Co<br>bestos | iance State complete complete State WQP 2 E |
| Water System W Facility ID  00600 D  00700 EI 20294 W 59340 BI  Name Dr. Richard F Mailing Addr                | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT /ELL  LADDER TANKS  P. Saporito ress Line One                         | Water System  Sampling IE  1 4  DOWNS  UPSTR  3  2                 | Con OI CHAddress      | Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info  | 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM BERVICE CON NT                      | 12/31/<br>12/31/<br>12/31/<br>Poin           | /19<br>/20<br>/21<br>ht Inv<br>Catus<br>A<br>A<br>A<br>A          | Vento<br>Total<br>oliform<br>Rule<br>Y  | Lead al<br>Coppe<br>Rule T     | nd<br>er<br>ier As<br>Jol<br>Manage | bestos  Title er tate             | iance State complete complete State WQP 2 L |
| Water System W Facility ID  00600 D  00700 Er 20294 W 59340 Bl  Name Dr. Richard F Mailing Addr 665 Terryville | POINT (3)  Vater System Facility  ISTRIBUTION SYSTEM  NTRY POINT  VELL  LADDER TANKS  P. Saporito  Tess Line One  e Avenue             | Water System  Sampling ID  A  DOWNS  UPSTR  3  2  Mailing P. O. Bo | Con Oth Address:      | Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL  tact Info rganization nippens Hill I s Line Two | 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM ERVICE CON NT  Trmation Family Medi | 12/31/<br>12/31/<br>12/31/<br>Poin<br>Sta    | /19 /20 /21  It Inv  Catus  A  A  A  Brist                        | Vento<br>Total<br>coliform<br>Rule<br>Y | Lead at Coppe Rule To          | nd<br>er<br>ier As<br>Jol<br>Manage | Compl<br>Co<br>Co<br>Co<br>bestos | iance State complete complete State WQP 2 E |
| Water System W Facility ID 00600 D 00700 EF 20294 W 59340 BI Name Dr. Richard F                                | POINT (3)  /ater System Facility  ISTRIBUTION SYSTEM  NTRY POINT /ELL  LADDER TANKS  P. Saporito ress Line One e Avenue hone Extension | Water System  Sampling IE  1 4  DOWNS  UPSTR  3  2                 | Con Oth Address:      | Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL tact Info  | 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM BERVICE CON NT                      | 12/31/<br>12/31/<br>12/31/<br>Poin  Sta      | /19 /20 /21  It Inv  Catus  A  A  A  Brist                        | Vento Total oliform Rule Y              | Lead at Coppe Rule To          | nd<br>er<br>ier As.                 | bestos  Title er tate CT          | iance State complete complete State WQP 2 L |

| Conne | ecticut Department of Public Health Drinking Water Section |
|-------|--|
|       | Water Quality Monitoring and Compliance Schedule           |

|    |                 |                                       |        |      | 0           |         | 1              |              |             |                 |
|----|-----------------|---------------------------------------|--------|------|-------------|---------|----------------|--------------|-------------|-----------------|
| Р١ | WS ID           | PWS Name                              |        |      |             |         | Classification | Population   | Owner Type  | Primary Source  |
| C  | Г0170074        | CHIPPENS HILL MEDIC                   | AL CEN | NTER |             |         | NC             | 25           | Р           | GW              |
| Lc | ocal Address (w | here applicable)                      |        |      | Service     | Resider | ntial Commerc  | ial Industri | ial Combine | ed Agricultural |
| 66 | 55 TERRYVILLE   | AVENUE                                |        |      | Connections |         | 1              |              |             |                 |
|    |                 | · · · · · · · · · · · · · · · · · · · |        |      |             |         |                |              |             |                 |

Towns Served: BRISTOL

#### 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

|                       | Connactic       | ut Donant         | monto              | f Dublic     | Hoolth l    | Duin     | lring     | <b>1</b> 1/0+ | on Co    | ation      |                |
|-----------------------|-----------------|-------------------|--------------------|--------------|-------------|----------|-----------|---------------|----------|------------|----------------|
| •                     |                 | ut Depart         |                    |              |             |          |           |               |          | CUOII      |                |
|                       | Wa              | ter Quality       | y Moni             | toring a     | ind Com     | plia     | nce So    | ched          | lule     |            |                |
| PWS ID                | WS Name         |                   |                    |              | (           | Classifi | cation P  | opulati       | ion Owr  | ner Type F | Primary Source |
| CT0170084             | SIRL SCOUTS OF  | CT - CAMP CAR     | LSON               |              |             | N        | С         | 25            |          | Р          | GW             |
| Local Address (wh     | ere applicable) |                   |                    | Service      | Residentia  | al Co    | mmercial  | Indu          | strial   | Combined   | l Agricultural |
| 700 WILLIS STREE      | Т               |                   |                    | Connectio    | ns          |          | 1         |               |          |            |                |
| Towns Served: BF      | ISTOL           |                   |                    |              |             |          |           |               |          |            |                |
|                       |                 |                   | Monit              | oring Re     | quiremen    | ts       |           |               |          |            |                |
| Water System F        | acility: DISTR  | IBUTION SYST      | EM (WSF            | ID: 00600)   |             |          |           |               |          |            |                |
| <b>Total Coliform</b> | (3100)          |                   |                    |              |             |          |           |               | 1 rou    | itine (RT) | per quarter    |
| Sampling Po           | int (Sampling P | oint ID)          |                    |              | Monitoring  | g Perio  | od Col    | lection       | Period   | Compl      | iance Status   |
| Select from I         | nventory of Act | ive Sampling Poi  | ints               |              | 7/1/19 - 9  | /30/1    | 9         |               |          | Co         | omplete        |
|                       |                 |                   |                    |              | 4/1/20 - 6  | /30/2    | 0         |               |          |            |                |
|                       |                 |                   |                    |              | 7/1/20 - 9  | /30/2    | 0         |               |          |            |                |
| <b>Physical Param</b> | • •             |                   |                    |              |             |          |           |               | 1 rou    |            | per quarter    |
|                       | int (Sampling P |                   |                    |              | Monitoring  |          |           | lection       | Period   |            | iance Status   |
| Select from I         | nventory of Act | ive Sampling Poi  | ints               |              | 7/1/19 - 9  |          |           |               |          | Co         | omplete        |
|                       |                 |                   |                    |              | 4/1/20 - 6  |          |           |               |          |            |                |
|                       |                 |                   |                    |              | 7/1/20 - 9  | /30/2    | 0         |               |          |            |                |
| Water System F        | •               | Y POINT (WSF      | ID: 00700          | )            |             |          |           |               |          |            |                |
| Nitrate And Nit       | • •             |                   |                    |              |             |          |           |               |          | =          | RT) per year   |
|                       | int (Sampling P | oint ID)          |                    |              | Monitoring  |          |           | lection       | Period   |            | iance Status   |
| ENTRY POIN            | Г (3)           |                   |                    |              | 1/1/19 - 12 |          |           |               |          | Co         | omplete        |
|                       |                 |                   |                    |              | 1/1/20 - 12 |          |           |               |          |            |                |
|                       |                 |                   |                    |              | 1/1/21 - 12 |          | 21        |               |          |            |                |
|                       |                 |                   | Other C            | Complian     | ce Schedu   | ıles     |           |               |          |            |                |
| Compliance Sche       | dule Activity   |                   |                    |              | Di          | ue Dat   | te        | Ac            | chieved  | Date       |                |
| SEASONAL START        | UP COMPLETIO    | N                 |                    |              | 6/          | 1/202    | .0        |               |          |            |                |
|                       |                 | <b>Water Syst</b> | em Faci            | lity and S   | Sampling F  | Point    | t Inven   | tory          |          |            |                |
| Water                 |                 |                   |                    |              |             |          | Tota      | al Le         | ad and   |            |                |
|                       | System Facility | San               | -                  | t Sampling I |             |          | Colifo    |               | Copper   |            | Stage          |
| Facility ID           |                 | _                 | ID                 | Description  |             | Sta      |           |               | ule Tier | Asbestos   | WQP 2 DBPR     |
| 00600 DISTRI          | BUTION SYSTEM   |                   | 4                  |              | ION SYSTEM  | Α        |           |               |          |            |                |
|                       |                 |                   | BJ36796            | MAIN CAB     |             | Α        |           |               |          |            |                |
|                       |                 |                   | BJ83144<br>BN20883 | TROOP HO     | IN KIT SINK | A<br>A   |           |               |          |            |                |
|                       |                 |                   |                    |              | SERVICE CON | Α        |           |               |          |            |                |
|                       |                 |                   | IPSTREAM           |              | SERVICE CON | Α        |           |               |          |            |                |
| 00700 ENTRY           | POINT           |                   | 3                  | ENTRY POI    |             | Α        |           |               |          |            |                |
| 20295 WELL            | 101111          |                   | 2                  | WELL         | 141         | Α        |           |               |          |            |                |
|                       | JRE TANKS       |                   |                    | *****        |             |          | •         |               |          |            |                |
| 30104 111233          | THE TAINIS      |                   | Col                | ntact Info   | rmation     |          |           |               |          |            |                |
| Namo                  |                 |                   |                    |              | mation      |          |           |               |          | lob Title  |                |
| Name Ms. Michele Vele | 7               |                   |                    | Organization | Connecticut |          |           | Dir Dr        | onerty ( | Job Title  |                |
| Mailing Address L     |                 | N.4.2             | niling Addre       |              | Connecticut |          |           | City          | operty S | State      | Zip Code       |
| 20 Washington A       |                 | IVIa              | ming Addres        | SS LINE I WO |             |          | North Ha  |               |          | CT         | 06473          |
| Business Phone        | Extension       | Fax               | Mah                | oile Phone   | Emergency P | hono     |           |               |          | CI         | 00473          |
| 203-239-2922          | 3329            | 203-239-7220      |                    | me riioile   | 800-922-2   |          | mvelez@   |               | Org      |            |                |
| 203-239-2922          | 3329            | 203-239-7220      | U                  |              | 000-922-2   | , , 0    | iiiveiez@ | gsuict        | .urg     |            |                |

|                   | Connecticu<br>Wat | •         |              | of Public<br>itoring a |           |       | _           |             |            |                 |
|-------------------|-------------------|-----------|--------------|------------------------|-----------|-------|-------------|-------------|------------|-----------------|
| PWS ID            | PWS Name          |           |              |                        |           | Cla   | ssification | Population  | Owner Type | Primary Source  |
| CT0170084         | GIRL SCOUTS OF    | CT - CAMP | CARLSON      |                        |           | NC    |             | 25          | Р          | GW              |
| Local Address (w  | here applicable)  |           |              | Service                | Residen   | itial | Commerci    | al Industri | al Combine | ed Agricultural |
| 700 WILLIS STREE  | 00 WILLIS STREET  |           |              | Connection             | าร        |       | 1           |             |            |                 |
| Towns Served: B   | RISTOL            |           |              |                        | ,         |       |             |             | ·          |                 |
| Contact Role(s):  | Administrative C  | Contact   |              |                        |           |       |             |             |            |                 |
| Name              |                   |           |              | Organization           |           |       |             |             | Job Titl   | е               |
| Girl Scouts of An | nerica, Inc.      |           |              |                        |           |       |             |             |            |                 |
| Mailing Address   | ine One           |           | Mailing Addr | ess Line Two           |           |       |             | City        | State      | Zip Code        |
| 340 Washington    | Street            |           |              |                        |           |       | Hartfo      | rd          | СТ         | 06106           |
| Business Phone    | Extension         | Fax       | Mo           | bile Phone             | Emergency | / Pho | ne Email A  | Address     |            |                 |
| 860-522-0163      |                   |           |              |                        |           |       |             |             |            |                 |
| Contact Role(s):  | Legal Contact, O  | wner      |              | "                      |           |       |             |             |            |                 |

### 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

|             | C 1: 1 D                        |                 | CD 11: II     | r 1,1     | D      | . 1 .  | T A   | 7 .            | C    | 4.5        |                   |
|-------------|---------------------------------|-----------------|---------------|-----------|--------|--|-------|----------------|------|------------|-------------------|
|             | Connecticut De                  | partment of     | Public H      | lealth    | Dr     | inkir  | ig v  | vater          | Se   | ction      |                   |
|             | Water Qu                        | uality Monit    | oring and     | d Con     | npl    | iance  | Sch   | redul          | e    |            |                   |
| PWS ID      | PWS Name                        |                 |               |           |        |  |       |                |      | ner Type P | rimary Source     |
| CT017009    | 4 GEORGES TERRYVILLE MA         | ARKET           |               |           |        | NC   |       | 25             |      | P          | GW                |
| Local Addr  | ress (where applicable)         |                 | Service       | Residen   | tial   | Comme  | rcial | Industria      | al   | Combined   | Agricultural      |
|             | VILLE AVENUE                    |                 | Connections   |           |        | 1  |       |                |      |            |                   |
| Towns Ser   | ved: BRISTOL                    |                 |               |           |        |  |       |                |      |            |                   |
|             |                                 | Monite          | oring Requ    | iirama    | ntc    |  |       |                |      |            |                   |
| Water Sy:   | stem Facility: DISTRIBUTION     |                 |               | in eme    | 1113   |  |       |                |      |            |                   |
| Total Col   | liform (3100)                   |                 |               |           |        |  |       | 1              | rou  | tine (RT)  | per quarter       |
|             | oling Point (Sampling Point ID) |                 |               | Monitori  | ing P  | eriod  | Colle | ction Per      |      |            | ance Status       |
|             | t from Inventory of Active Samp | ling Points     |               | 10/1/19 - |        |  |       |                |      |            | mplete            |
|             | · ·                             |                 | -             | 1/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 4/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 7/1/20 -  |        |  |       |                |      |            |                   |
| Physical    | Parameters (PPS)                |                 |               | , , ==    | ,      |  |       | 1              | rou  | tine (RT)  | per quarter       |
| -           | oling Point (Sampling Point ID) |                 |               | Monitori  | ing Po | eriod  | Colle | -<br>ction Per |      |            | ance Status       |
|             | t from Inventory of Active Samp | ling Points     |               | 10/1/19 - |        |  |       |                |      |            | mplete            |
|             | ,                               |                 |               | 1/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 4/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 7/1/20 -  |        |  |       |                |      |            |                   |
| Water Sv    | stem Facility: ENTRY POINT      | (WSF ID: 00700) |               |           |        | <u>,                                      </u> |       |                |      |            |                   |
| •           | And Nitrite (NOX)               | (               |               |           |        |  |       |                | 1    | routine (F | T) per year       |
|             | oling Point (Sampling Point ID) |                 |               | Monitori  | ina Pi | eriod  | Colle | ction Per      |      | =          | ance Status       |
| _           | Y POINT (3)                     |                 |               | 1/1/19 -  |        |  |       |                |      |            | mplete            |
|             | (0)                             |                 |               | 1/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 1/1/21 -  |        |  |       |                |      |            |                   |
| Water Sv    | stem Facility: WELL (WSF II     | D: 20296)       |               | _, _,     | , 0    | _,   |       |                |      |            |                   |
| E. Coli (3  | , ,                             | . 20230,        |               |           |        |  |       | 1              | rou  | tino (PT)  | per quarter       |
| -           | pling Point (Sampling Point ID) |                 |               | Monitori  | ina Pi | eriod  | Colle | tion Per       |      |            | ance Status       |
| WELL        |                                 |                 |               | 10/1/19 - |        |  | Conc  | ction i ci     | 100  |            | mplete            |
| VVLLL       | . (2)                           |                 | <u> </u>      | 1/1/20 -  |        |  |       |                |      |            | IIIpiete          |
|             |                                 |                 |               | 4/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 |                 |               | 7/1/20 -  |        |  |       |                |      |            |                   |
|             |                                 | Duklia Nat      | ification D   |           |        |  |       |                |      |            |                   |
|             |                                 | Public Not      |               | -         |        |  |       |                |      |            |                   |
|             |                                 | C               | ompliance     | Notice    |        |  |       | <u>cation</u>  |      |            | <u>tification</u> |
| Violation/  |                                 | - /             | Period        | Tier      |        | Require  |       | erforme        |      | ue to DPH  | Received          |
| REVISED T   | OTAL COLIFORM RULE (RTCR)       |                 | /18 - 8/15/19 | 3         |        | 3/15/202                                       |       |                | 8    | 3/25/2020  |                   |
|             | Water                           | System Facili   | ity and Sar   | npling    | Poi    | int Inv  | ento  | ory            |      |            |                   |
| Water       |                                 |                 |               |           |        |  | Total | Lead           |      |            |                   |
| System      | Water System Facility           | Sampling Point  |               | nt        |        | C  | -     | n Copp         |      |            | Stage             |
| Facility ID |                                 | ID              | Description   |           |        | Status   | Rule  | Rule           | Tier | Asbestos   | WQP 2 DBPR        |
| 00600       | DISTRIBUTION SYSTEM             | 4               | DISTRIBUTION  |           |        | Α  | Υ     |                |      |            |                   |
|             |                                 | DOWNSTREAM      |               |           |        | A  |       |                |      |            |                   |
|             |                                 | UPSTREAM        | WITHIN 5 SER  | VICE CON  | N      | Α  |       |                |      |            |                   |
| 00700       | ENTRY POINT                     | 3               | ENTRY POINT   |           |        | Α  |       |                |      |            |                   |
| 20296       | WELL                            | 2               | WELL          |           |        | Α  |       |                |      |            |                   |

56108 BLADDER TANK

|                   | Connectic        | ut Dana      | rtment        | of Public     | Haalth       | Drir    | hkino   | Mater       | Sect  | ion     |               |
|-------------------|------------------|--------------|---------------|---------------|--------------|---------|---------|-------------|-------|---------|---------------|
|                   |                  |              |               |               |              |         | _       |             |       | .1011   |               |
|                   | vva              | ter Qua      | nty mon       | itoring a     |              |         |         |             | 1     |         |               |
| PWS ID            | PWS Name         |              |               |               |              | Classif | ication | Population  | Owner | Type F  | rimary Source |
| CT0170094         | GEORGES TERRY    | YVILLE MARK  | ET            |               |              | N       | С       | 25          | Р     |         | GW            |
| Local Address (w  | here applicable) |              |               | Service       | Resident     | tial Co | mmerci  | al Industri | al Co | mbined  | Agricultural  |
| 627 TERRYVILLE    | AVENUE           |              |               | Connectio     | ns           |         | 1       |             |       |         |               |
| Towns Served: B   | RISTOL           |              |               |               | '            | '       |         | "           | '     |         |               |
|                   |                  |              | Co            | ntact Info    | rmation      |         |         |             |       |         |               |
| Name              |                  |              |               | Organization  |              |         |         |             | Jo    | b Title |               |
| Mr. Djordje Malj  | jevic            |              |               |               |              |         |         | Owner       |       |         |               |
| Mailing Address   | Line One         |              | Mailing Addr  | ess Line Two  |              |         |         | City        |       | State   | Zip Code      |
| 631 Terryville Ro | ad               |              |               |               |              |         | Bristol |             |       | СТ      | 06010         |
| Business Phone    | e Extension      | Fax          | Мо            | bile Phone    | Emergency    | Phone   | Email A | ddress      |       |         |               |
| 860-585-6258      |                  |              |               |               |              |         |         |             |       |         |               |
| Contact Role(s):  | Administrative   | Contact, Leg | al Contact, O | wner          | ,            |         |         |             |       |         |               |
| Name              |                  |              |               | Organization  |              |         |         |             | Jo    | b Title |               |
| Ms. Pauline Surv  | ,                |              |               | Georges Terry | ville Market |         |         |             |       |         |               |
| Mailing Address   | Line One         |              | Mailing Addr  | ess Line Two  |              |         |         | City        |       | State   | Zip Code      |
| 627 Terryville Av | e                |              |               |               |              |         | Bristol |             |       | СТ      | 06010         |
| Business Phone    | e Extension      | Fax          | Мо            | bile Phone    | Emergency    | Phone   | Email A | ddress      |       |         |               |
|                   |                  |              |               |               |              |         |         |             |       |         |               |
| Contact Role(s):  | Owner            |              |               |               |              |         |         |             |       |         |               |

# Please note the following:

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

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

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

End of schedule

| C                      | onnectic       | ut Departm          | ent o         | f Public      | Heal      | th D    | )rinkir       | ng V    | Vater S         | Section     |                |
|------------------------|----------------|---------------------|---------------|---------------|-----------|---------|---------------|---------|-----------------|-------------|----------------|
|                        | Wa             | ter Quality N       | <b>I</b> onit | toring a      | nd Co     | mp      | oliance       | Sc      | hedule          | <u>}</u>    |                |
| PWS ID PV              | VS Name        | <u> </u>            |               |               |           | CI      | lassificatio  | n Po    | pulation C      | wner Type   | Primary Source |
| CT0170144 OF           | RCHARD HOUS    | E-INDIAN ROCK NA    | TURE PE       | RESERV        |           |         | NC            |         | 36              | Р           | GW             |
| Local Address (whe     | re applicable) |                     |               | Service       | Resid     | lentia  | I Comme       | rcial   | Industrial      | Combine     | d Agricultural |
| 501 WOLCOTT ROA        | 'D             |                     |               | Connectio     | ns        |         | 10            |         |                 |             |                |
| Towns Served: BRIS     | STOL           |                     |               | ·             | ·         |         |               |         |                 | ·           | ·              |
|                        |                | ı                   | Monit         | oring Re      | quiren    | nent    | ts            |         |                 |             |                |
| Water System Fac       | cility: DISTR  | IBUTION SYSTEM      | (WSF I        | ID: 00600)    |           |         |               |         |                 |             |                |
| Total Coliform (       | 3100)          |                     |               |               |           |         |               |         | 1 r             | outine (RT  | ) per quarter  |
| Sampling Poir          | nt (Sampling P | oint ID)            |               |               | Monit     | oring   | Period        | Colle   | ection Perio    | od Comp     | oliance Status |
| Select from In         | ventory of Act | ive Sampling Points |               |               | 7/1/1     | L9 - 9/ | /30/19        |         |                 |             | Complete       |
|                        |                |                     |               |               | 10/1/1    | L9 - 12 | 2/31/19       |         |                 | (           | Complete       |
|                        |                |                     |               |               | 1/1/2     | 20 - 3/ | /31/20        |         |                 |             |                |
|                        |                |                     |               |               | 4/1/2     | 20 - 6/ | /30/20        |         |                 |             |                |
|                        |                |                     |               |               | 7/1/2     | 20 - 9/ | /30/20        |         |                 |             |                |
| <b>Physical Parame</b> | ters (PPS)     |                     |               |               |           |         |               |         | 1 r             | outine (RT  | ) per quarter  |
| Sampling Poir          |                |                     |               |               |           |         | Period        | Colle   | ection Perio    | od Comp     | oliance Status |
| Select from In         | ventory of Act | ive Sampling Points |               |               | 7/1/1     | L9 - 9/ | /30/19        |         |                 | (           | Complete       |
|                        |                |                     |               |               |           |         | 2/31/19       |         |                 | (           | Complete       |
|                        |                |                     |               |               |           |         | /31/20        |         |                 |             |                |
|                        |                |                     |               |               |           | -       | /30/20        |         |                 |             |                |
|                        |                |                     |               |               | 7/1/2     | 20 - 9/ | /30/20        |         |                 |             |                |
| Water System Fac       | cility: ENTR   | Y POINT (WSF ID:    | 00700)        |               |           |         |               |         |                 |             |                |
| Nitrate And Nitr       | ite (NOX)      |                     |               |               |           |         |               |         |                 | 1 routine   | (RT) per year  |
| Sampling Poir          | nt (Sampling P | oint ID)            |               |               | Monit     | oring   | Period        | Colle   | ection Perio    | od Comp     | oliance Status |
| ENTRY POINT            | (3)            |                     |               |               | 1/1/1     | 9 - 12, | /31/19        |         |                 | (           | Complete       |
|                        |                |                     |               |               | 1/1/2     | 0 - 12, | /31/20        |         |                 |             |                |
|                        |                |                     |               |               | 1/1/2     | 1 - 12, | /31/21        |         |                 |             |                |
|                        |                | Pub                 | ic No         | tification    | Requi     | irem    | nents         |         |                 |             |                |
|                        |                |                     | (             | Compliance    | Not       | tice    | <u>Public</u> | Noti    | <u>fication</u> | PN Ce       | ertification   |
| Violation/Situation    | )              |                     |               | Period        | Ti        | er      | Require       | d I     | Performed       | Due to DP   | H Received     |
| Nitrate And Nitrite    | M&R Violation  | 1                   | 1/1/          | /14 - 12/31/: | 14 2      | 2       | 2/17/203      | 16      |                 | 2/27/2010   | 5              |
|                        |                | <b>Water System</b> | Facil         | ity and S     | amplii    | ng P    | oint Inv      | vent    | ory             |             |                |
| Water                  |                |                     |               |               |           |         |               | Tota    | l Lead ai       | nd          |                |
|                        | ystem Facility | Samplii             | ng Point      | Sampling I    |           |         | C             | Colifor | m Coppe         | r           | Stage          |
| Facility ID            |                |                     | D             | Description   | n         |         | Status        | Rule    | Rule Ti         | ier Asbesto | s WQP 2 DBPR   |
| 00600 DISTRIB          | JTION SYSTEM   | 1                   | 4             | DISTRIBUT     | ION SYST  | EM      | Α             | Υ       |                 |             |                |
|                        |                |                     |               | WITHIN 5      | SERVICE ( | CON     | Α             |         |                 |             |                |
|                        |                | UPST                | REAM          | WITHIN 5      | SERVICE ( | CON     | Α             |         |                 |             |                |
| 00700 ENTRY P          | OINT           |                     | 3             | ENTRY POI     | NT        |         | Α             |         |                 |             |                |
| 20299 WELL             |                |                     | 2             | WELL          |           |         | A             |         |                 |             |                |
|                        |                |                     | Cor           | ntact Info    | ormati    | on      |               |         |                 |             |                |
| Name                   |                |                     | 0             | rganization   |           |         |               |         |                 | Job Title   |                |
| Mr. Scott E. Heth      |                |                     | E             | nv. Learning  | Centers   | of Ct   |               | E       | xecutive D      | irector     |                |
| Mailing Address Lin    | e One          | Mailing             | Addres        | ss Line Two   |           |         |               |         | City            | State       | Zip Code       |
| 501 Wolcott Road       |                |                     |               |               |           |         | Brist         | tol     |                 | СТ          | 06010          |
| Business Phone         | Extension      | Fax                 | Mob           | ile Phone     | Emerge    | ncy Pł  | none Ema      | il Add  | lress           |             |                |
| 960-590-9200           |                | 0CU E0E 000C        |               |               |           |         | ccat          | thath   | 1 Aamail ca     | -m          |                |

|                  | dominocited bepartment of rabine frediting brinning water because |             |         |       |             |                     |              |               |  |  |  |
|------------------|---|-------------|---------|-------|-------------|---------------------|--------------|---------------|--|--|--|
|                  | Water Quality Monit   | oring an    | d Con   | npl   | liance S    | Schedul             | le           |               |  |  |  |
| PWS ID           | PWS Name  |             |         | Cla   | ssification | Population          | Owner Type P | rimary Source |  |  |  |
| CT0170144        | ORCHARD HOUSE-INDIAN ROCK NATURE PR                               | ESERV       |         |       | NC          | 36                  | Р            | GW            |  |  |  |
| Local Address (v | vhere applicable)   | Service     | Residen | ntial | Commerci    | al Industri         | al Combined  | Agricultural  |  |  |  |
| 501 WOLCOTT F    | ROAD  | Connections |         |       | 10          |                     |              |               |  |  |  |
| Towns Served: E  |   |             |         |       |             |                     |              |               |  |  |  |
| 000-203-0200     | 000-303-0000  |             |         |       | SCOLLIN     | <del>emi@gman</del> | .com         |               |  |  |  |
| Contact Role(s): | Administrative Contact, Legal Contact                             |             |         |       |             |                     |              |               |  |  |  |

Connecticut Department of Public Health Drinking Water Section

#### 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 Departme                  | ent of Public H     | Health I    | Orinking    | Water S            | Section      |              |
|----------------------|---------------------------------------|---------------------|-------------|-------------|--------------------|--------------|--------------|
|                      | Water Quality N                       |                     |             | _           |                    |              |              |
| PWS ID               | PWS Name                              | 201110011118 0111   |             | •           |                    | wner Type Pr | imary Source |
| CT0170154            | PEBBLE HOUSE-INDIAN ROCK NATU         | RE PRESERVE         |             | NC          | 25                 | P            | GW           |
| Local Address (      | where applicable)                     | Service             | Residentia  | al Commerci | al Industrial      | Combined     | Agricultural |
| 501 WOLCOTT          |                                       | Connections         |             | 1           |                    |              |              |
| Towns Served:        | BRISTOL                               | l l                 |             |             |                    |              |              |
|                      | N                                     | /lonitoring Requ    | uiremen     | ts          |                    |              |              |
| Water System         | n Facility: DISTRIBUTION SYSTEM       |                     |             |             |                    |              |              |
| Total Coliforn       | m (3100)                              |                     |             |             | 1                  | routine (RT) | per month    |
| Sampling             | Point (Sampling Point ID)             |                     | Monitoring  | Period C    | ollection Perio    | od Complia   | ince Status  |
| Select fror          | m Inventory of Active Sampling Points |                     | 10/1/19 - 1 | 0/31/19     |                    | Cor          | mplete       |
|                      |                                       |                     | 11/1/19 - 1 | 1/30/19     |                    | Cor          | mplete       |
|                      |                                       |                     | 12/1/19 - 1 | 2/31/19     |                    |              |              |
|                      |                                       |                     | 5/1/20 - 5  | /31/20      |                    |              |              |
|                      |                                       |                     | 6/1/20 - 6  | /30/20      |                    | <u></u>      |              |
|                      |                                       |                     | 7/1/20 - 7  | /31/20      |                    |              |              |
|                      |                                       |                     | 8/1/20 - 8  | /31/20      |                    |              |              |
|                      |                                       |                     | 9/1/20 - 9  | /30/20      |                    |              |              |
| <b>Physical Para</b> | nmeters (PPS)                         |                     |             |             | 1                  | routine (RT) | per month    |
| Sampling             | Point (Sampling Point ID)             |                     | Monitoring  | g Period C  | ollection Perio    | od Complic   | ince Status  |
| Select fror          | m Inventory of Active Sampling Points |                     | 10/1/19 - 1 | 0/31/19     |                    | Cor          | nplete       |
|                      |                                       |                     | 11/1/19 - 1 | 1/30/19     |                    | Cor          | nplete       |
|                      |                                       |                     | 12/1/19 - 1 |             |                    |              |              |
|                      |                                       |                     | 5/1/20 - 5  |             |                    |              |              |
|                      |                                       |                     | 6/1/20 - 6  |             |                    |              |              |
|                      |                                       |                     | 7/1/20 - 7  |             |                    |              |              |
|                      |                                       |                     | 8/1/20 - 8  |             |                    |              |              |
|                      |                                       |                     | 9/1/20 - 9  | /30/20      |                    |              |              |
| •                    | Facility: ENTRY POINT (WSF ID:        | 00700)              |             |             |                    |              |              |
|                      | Nitrite (NOX)                         |                     |             |             |                    | 1 routine (R |              |
|                      | Point (Sampling Point ID)             |                     | Monitoring  |             | ollection Perio    |              | ince Status  |
| ENTRY PO             | INT (3)                               |                     | 1/1/19 - 12 | <u> </u>    |                    | Cor          | nplete       |
|                      |                                       |                     | 1/1/20 - 12 |             |                    |              |              |
|                      |                                       |                     | 1/1/21 - 12 | 2/31/21     |                    |              |              |
|                      | Ot                                    | her Compliance      | Schedu      | les         |                    |              |              |
| Compliance Scl       | hedule Activity                       |                     | Dι          | ie Date     | Achieve            | ed Date      |              |
| RESPOND TO SA        | ANITARY SURVEY                        |                     | 6/          | 6/2018      |                    |              |              |
| SEASONAL STA         | RT UP COMPLETION                      |                     | 5/          | 1/2020      |                    |              |              |
|                      | Publ                                  | ic Notification F   | Requiren    | nents       |                    |              |              |
|                      |                                       | Compliance          | Notice      | Public N    | <u>otification</u> | PN Certi     | fication     |
| Violation/Situa      | ation                                 | Period              | Tier        | Required    | Performed          | Due to DPH   | Received     |
| Total Coliform       | M&R Violation                         | 7/1/19 - 7/31/19    | 3           | 12/10/2020  | )                  | 12/20/2020   |              |
| Physical Param       | eters M&R Violation                   | 7/1/19 - 7/31/19    | 3           | 12/10/2020  | )                  | 12/20/2020   |              |
|                      | Water System                          | Facility and Sa     | mpling P    | oint Inve   | ntory              |              |              |
| Water                |                                       |                     |             |             | otal Lead a        | nd           |              |
| •                    |                                       | g Point Sampling Po | int         | Col         | iform Coppe        |              | Stage        |
| Eacility ID          |                                       | Description         |             |             | Dula T             | or Achastas  | MOD 2 DDD    |

Rule

Status

Rule Tier Asbestos WQP 2 DBPR

**Description** 

ID

Facility ID

|                  | Water Quality Monitoring and Compliance Schedule |         |         |        |            |              |            |                |  |  |  |
|------------------|--|---------|---------|--------|------------|--------------|------------|----------------|--|--|--|
| PWS ID           | PWS Name   |         |         | Class  | sification | Population   | Owner Type | Primary Source |  |  |  |
| CT0170154        | PEBBLE HOUSE-INDIAN ROCK NATURE PRESE            | RVE     |         |        | NC         | 25           | Р          | GW             |  |  |  |
| Local Address (w | vhere applicable)                                | Service | Residen | tial ( | Commercia  | al Industria | al Combine | d Agricultural |  |  |  |

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: BRISTOL

501 WOLCOTT RD

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |  |          |     |                 |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule |  | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |  |          |     |                 |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |  |          |     |                 |  |  |  |
| 20300                          | WELL   | 2                    | WELL                       | Α      |                           |  |          |     |                 |  |  |  |

| Contact Information  |           |                |                  |                    |                 |                      |  |    |       |  |
|----------------------|-----------|----------------|------------------|--------------------|-----------------|----------------------|--|----|-------|--|
| Name                 |           |                |                  | Organizatio        | on              | Job Title            |  |    |       |  |
| Mr. Scott E. Heth    |           | Env. Learni    | ng Centers of Ct | Executive Director |                 |                      |  |    |       |  |
| Mailing Address Line | e One     | ddress Line Tw | 0                | City               | State           | Zip Code             |  |    |       |  |
| 501 Wolcott Road     |           |                |                  |                    |                 | Bristol              |  | СТ | 06010 |  |
| Business Phone       | Extension | Fax            |                  | Mobile Phone       | Emergency Phone | Email Address        |  |    |       |  |
| 860-589-8200         |           | 860-585-8      | 3886             |                    |                 | scottheth1@gmail.com |  |    |       |  |

Contact Role(s): Administrative Contact, 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

Schedule Generation Date: 3/10/2020

Page 10

|                               | Co               |                             | •          |             |               | f Public<br>toring ar |                      |          |          | _        |              |       | ction      |                   |                |
|-------------------------------|------------------|-----------------------------|------------|-------------|---------------|-----------------------|----------------------|----------|----------|----------|--------------|-------|------------|-------------------|----------------|
| PWS ID                        | PW               | S Name                      |            |             |               |                       |                      | Classi   | fication | Рори     | ulation      | Owr   | ner Type F | Primary           | / Source       |
| CT0170214                     |                  | JTUSIK NURS                 | ERY        |             |               |                       |                      |          | VC       | ] ;      | 25           |       | Р          |                   | W              |
| Local Address                 |                  |                             |            |             |               | Service               | Residen              | tial Co  | ommer    | cial II  | ndustria     | al    | Combined   | d Agri            | icultural      |
| 750 TERRYVIL                  |                  |                             |            |             |               | Connection            | S                    |          | 1        |          |              |       |            |                   |                |
| Towns Served                  | d: BRIS          | TOL                         |            |             |               |                       |                      | _        |          | _        |              |       |            | _                 |                |
|                               |                  |                             |            |             |               | oring Req             | Juireme              | nts      |          |          |              |       |            |                   |                |
| Water Syste                   | m Fac            | lity: DISTR                 | IBUTION S  | SYSTEM      | (WSF          | ID: 00600)            |                      |          |          |          |              |       |            |                   |                |
| Total Colifo                  | -                | <del>-</del>                |            |             |               |                       |                      |          |          |          |              |       | itine (RT) |                   |                |
|                               |                  | (Sampling P                 |            |             |               |                       | Monitori             |          |          | Collect  | tion Per     | riod  |            | liance :          |                |
| Select fr                     | om Inv           | entory of Acti              | ve Samplin | g Points    |               |                       | 19                   | Complete |          |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               |                       | 10/1/19 -            |          |          |          |              |       | C          | omplet            | :e             |
|                               |                  |                             |            |             |               |                       | 1/1/20 -<br>4/1/20 - |          |          |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               |                       |                      |          |          |          |              |       |            |                   |                |
| Di Colo                       | •                | (DDC)                       |            |             |               |                       | 7/1/20 -             | 9/30/    | 20       |          |              |       | (57)       |                   |                |
| Physical Pa                   |                  | ers  (PPS)<br>: (Sampling P | oint ID)   |             |               |                       | Monitori             | na Dor   | ind      | Collect  | 1<br>ion Pei |       | tine (RT)  | per q<br>! liance |                |
|                               |                  | entory of Acti              |            | a Doints    |               |                       | 7/1/19 -             |          |          | Coneci   | ion Per      | iou   |            | omplet            |                |
| Jelect II                     | OIII IIIV        | entory of Acti              | ve sampiin | gionits     |               |                       | 10/1/19 -            |          |          |          |              |       |            | omplet            |                |
|                               |                  |                             |            |             |               |                       | 1/1/20 -             |          |          |          |              |       |            | ompic             | . <del>.</del> |
|                               |                  |                             |            |             |               |                       | 4/1/20 -             |          |          |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               |                       | 7/1/20 -             |          |          |          |              |       |            |                   |                |
| Water Syste                   | m Fac            | ility: ENTRY                | POINT (    | WSF ID:     | 00700         | )                     |                      |          |          |          |              |       |            |                   |                |
| Nitrate And                   |                  | •                           | •          |             |               |                       |                      |          |          |          |              | 1     | routine (  | RT) pe            | r vear         |
|                               |                  | (Sampling P                 | oint ID)   |             |               |                       | Monitoring Period    |          |          |          | tion Per     |       | =          |                   | Status         |
| ENTRY P                       | OINT (           | 3)                          |            |             |               | 1/1/19 - 12/31/19     |                      |          |          |          |              |       | C          | omplet            | :e             |
|                               |                  |                             |            |             |               |                       | 1/1/20 - 12/31/20    |          |          |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               |                       | 1/1/21 -             | 12/31/   | /21      |          |              |       |            |                   |                |
|                               |                  |                             | Water S    | ysten       | n Facil       | ity and Sa            | ampling              | Poin     | it Inv   | ento     | ry           |       |            |                   |                |
| Water                         |                  |                             |            |             |               |                       |                      |          | 1        | Total    | Lead         | and   |            |                   |                |
|                               | ater Sy          | stem Facility               |            |             | _             | Sampling Po           |                      |          |          | oliform  |              |       |            |                   | Stage          |
| Facility ID                   |                  | TION (NOTE)                 |            |             | ID .          | Description           |                      |          | utus     | Rule     | Rule         | Tier  | Asbestos   | WQP               | 2 DBPR         |
| 00600 DI                      | 21 KIBU          | TION SYSTEM                 |            |             | 4<br>CTDE 4 N | DISTRIBUTIO           |                      |          | A        | Υ        |              |       |            |                   |                |
|                               |                  |                             |            |             |               | WITHIN 5 SE           |                      |          | A        |          |              |       |            |                   |                |
| 00700 EN                      | ITRY PC          | NINT                        |            |             | REAM<br>3     | WITHIN 5 SE           |                      |          | Α        |          |              |       |            |                   |                |
|                               | ELL              | ZIIN I                      |            |             | 2             | WELL                  | 11                   |          | A<br>A   |          |              |       |            |                   |                |
| 20303 VV                      | LLL              |                             |            |             |               |                       |                      |          | A        |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               | ntact Info            | rmation              |          |          |          |              |       |            |                   |                |
| Name                          |                  |                             |            |             |               | rganization           |                      |          |          | _        |              |       | Job Title  |                   |                |
| Mr. Phil Wojt                 |                  | 0                           |            | n 4 · · · · |               | Vojtusik Nurse        | ery                  |          |          |          | ner          |       | c: .       | <b></b>           |                |
| Mailing Addre                 |                  | e Une                       |            | Mailin      | g Addres      | ss Line Two           |                      |          | D.::-+   |          | ity          |       | State      |                   | Code           |
| 750 Terryville<br>Business Ph |                  | Evtonsion                   | Ferr       | ,           | NASI          | ilo Phono             | Emergene             | Dhona    | Bristo   |          | VCC          |       | СТ         | 060               | 010            |
| 860-583-7                     |                  | Extension                   | Fax        | <u>.</u>    | IVIOD         | ile Phone             | Emergency            | FHORE    |          |          | sey@sr       | ngt n | ot.        |                   |                |
| Contact Role                  |                  | ministrativo                | Contact    |             |               |                       |                      |          | wojit    | isikilüľ | sey@SI       | ופנ.ו | ici        |                   |                |
| Contact Noie                  | ( <i>3)</i> . Au | iiiiisti ative              | Contact    |             |               |                       |                      |          |          |          |              |       |            |                   |                |
|                               |                  |                             |            |             |               |                       |                      |          |          |          |              |       |            |                   |                |

| (                  | connectic        | ut Depa | rtment of       | Public       | Health     | Dri             | nking     | vvater      | Section    |                 |  |
|--------------------|------------------|---------|-----------------|--------------|------------|-----------------|-----------|-------------|------------|-----------------|--|
|                    | Wa               | ter Qua | lity Monit      | oring a      | nd Con     | nplia           | ance S    | Schedul     | le         |                 |  |
| PWS ID F           | WS Name          |         |                 |              |            | Classi          | fication  | Population  | Owner Type | Primary Source  |  |
| CT0170214 V        | VOJTUSIK NUR     | SERY    |                 |              |            | 1               | NC        | 25          | Р          | GW              |  |
| Local Address (wh  | ere applicable)  |         |                 | Service      | Residen    | Residential Cor |           | al Industri | al Combin  | ed Agricultural |  |
| 750 TERRYVILLE A   | Connections      |         |                 | 1            |            |                 |           |             |            |                 |  |
| Towns Served: BR   | ISTOL            |         |                 | <u>'</u>     |            |                 |           |             | <u> </u>   |                 |  |
| Name               |                  |         | Or              | rganization  |            |                 | Job Title |             |            |                 |  |
| Mr. Peter Wojtus   | ik               |         | W               | ojtusik Nurs | ery Garden | Cente           | r         | President   |            |                 |  |
| Mailing Address L  | ine One          |         | Mailing Address | s Line Two   |            |                 |           | City        | State      | Zip Code        |  |
| 750 Terryville Ave | enue             |         |                 |              |            |                 | Bristol   |             | СТ         | 06010           |  |
| Business Phone     | Extension        | Fax     | Mobil           | le Phone     | Emergency  | / Phone         | e Email A | ddress      | ·          |                 |  |
| 860-583-7279       |                  |         |                 |              |            |                 |           |             |            |                 |  |
| Contact Role(s):   | Legal Contact, ( | Owner   |                 | ,            |            |                 |           |             |            |                 |  |

Connecticut Department of Dublic Health Drinking Water Costion

# 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 D                           | *                    |               |                            |               |                                     |                |              |               |  |  |  |
|---|----------------------|---------------|----------------------------|---------------|-------------------------------------|----------------|--------------|---------------|--|--|--|
| Water                                   | <b>Quality Monit</b> | coring and    | d Com                      | pliance       | e Scł                               | redule         | 9            |               |  |  |  |
| PWS ID PWS Name                         |                      |               |                            | Classificatio | n Pop                               | oulation C     | Owner Type P | rimary Source |  |  |  |
| CT0179044 249 TERRYVILLE ROAD           | - BRISTOL            |               |                            | NC            |                                     | 28             | Р            | GW            |  |  |  |
| Local Address (where applicable)        |                      | Service       | Resident                   | ial Comme     | ercial                              | Industrial     | Combined     | Agricultural  |  |  |  |
|   |                      | Connections   |                            | 1             |                                     |                |              |               |  |  |  |
| Towns Served: BRISTOL                   |                      |               |                            |               |                                     |                |              |               |  |  |  |
|   |                      | oring Requ    | iremer                     | nts           |                                     |                |              |               |  |  |  |
| Water System Facility: <b>DISTRIBUT</b> | ION SYSTEM (WSF I    | D: 00600)     |                            |               |                                     |                |              |               |  |  |  |
| Total Coliform (3100)                   |                      |               |                            |               |                                     |                | outine (RT)  | •             |  |  |  |
| Sampling Point (Sampling Point II       |                      |               | Monitorin                  |               | Colle                               | ction Peri     |              | iance Status  |  |  |  |
| Select from Inventory of Active Sa      | mpling Points        |               | 7/1/19 - 9                 |               | _                                   |                | <del></del>  | mplete        |  |  |  |
|   |                      | :             | 10/1/19 - 1                |               |                                     |                | Co           | mplete        |  |  |  |
|   |                      |               | 1/1/20 - 3                 |               |                                     |                |              |               |  |  |  |
|   |                      |               | 4/1/20 - 6/30/20           |               |                                     |                |              |               |  |  |  |
|   |                      |               | 7/1/20 - 9                 | 9/30/20       |                                     |                |              |               |  |  |  |
| Physical Parameters (PPS)               | -1                   |               |                            |               | - "                                 |                | outine (RT)  | •             |  |  |  |
| Sampling Point (Sampling Point II       |                      |               | Monitorin                  |               | Colle                               | ction Peri     |              | iance Status  |  |  |  |
| Select from Inventory of Active Sa      |                      | 7/1/19 - 9    |                            |               |                                     |                | mplete       |               |  |  |  |
|   |                      |               | 1/1/19 - 1                 |               |                                     |                | Co           | mplete        |  |  |  |
|   |                      |               | 1/1/20 - 3                 |               |                                     |                |              |               |  |  |  |
|   |                      |               | 4/1/20 - 0                 |               |                                     |                |              |               |  |  |  |
| W . C                                   | NT (NIST ID 00700)   |               | 7/1/20 - 9                 | 9/30/20       |                                     |                |              |               |  |  |  |
| Water System Facility: ENTRY POI        | N1 (WSF ID: 00/00)   |               |                            |               |                                     |                |              | •             |  |  |  |
| Nitrate And Nitrite (NOX)               | -1                   |               |                            |               | - "                                 |                | =            | RT) per year  |  |  |  |
| Sampling Point (Sampling Point II       | ))                   |               | Monitorin                  |               | Collection Period Compliance Status |                |              |               |  |  |  |
| ENTRY POINT (3)                         |                      |               | 1/1/19 - 12/31/19 Complete |               |                                     |                |              |               |  |  |  |
|   |                      |               | 1/1/20 - 1                 |               |                                     |                |              |               |  |  |  |
|   |                      |               | 1/1/21 - 1                 |               |                                     |                |              |               |  |  |  |
|   | Other C              | ompliance     | Sched                      | ules          |                                     |                |              |               |  |  |  |
| Compliance Schedule Activity            |                      |               | D                          | ue Date       |                                     | Achiev         | ed Date      |               |  |  |  |
| RESPOND TO SANITARY SURVEY              |                      |               | 11                         | /30/2014      |                                     |                |              |               |  |  |  |
|   | Public Not           | ification R   | equire                     | ments         |                                     |                |              |               |  |  |  |
|   | С                    | ompliance     | Notice                     | Public        | c Notifi                            | <u>ication</u> | PN Cer       | tification    |  |  |  |
| Violation/Situation                     |                      | Period        | Tier                       | Require       | ed P                                | erformed       | Due to DPH   | Received      |  |  |  |
| Nitrate And Nitrite M&R Violation       | 1/1/                 | 11 - 12/31/11 | 2                          | 10/10/20      | 012                                 |                | 10/20/2012   |               |  |  |  |
| Wat                                     | er System Facil      | ity and Sar   | npling                     | Point In      | vent                                | ory            |              |               |  |  |  |
| Water                                   |                      |               |                            |               | Total                               | Lead a         | nd           |               |  |  |  |
| System Water System Facility            | Sampling Point       |               | nt                         |               | Coliforn                            |                |              | Stage         |  |  |  |
| Facility ID                             | ID                   | Description   |                            | Status        | Rule                                | Rule T         | ier Asbestos | WQP 2 DBPR    |  |  |  |
| 00600 DISTRIBUTION SYSTEM               | 4                    | DISTRIBUTION  |                            | Α             |                                     |                |              |               |  |  |  |
|   | DOWNSTREAM           |               |                            | Α             |                                     |                |              |               |  |  |  |
|   | UPSTREAM             | WITHIN 5 SER  | VICE CON                   |               |                                     |                |              |               |  |  |  |
| 00700 ENTRY POINT                       | 3                    | ENTRY POINT   |                            | Α             |                                     |                |              |               |  |  |  |

WELL 1

2

52997 WELL 1

|                   | Connectic        | ut Depa     | rtment o     | of Public             | Health    | Dri     | nking               | <b>Water</b>     | Sec            | ction     |                 |
|-------------------|------------------|-------------|--------------|-----------------------|-----------|---------|---------------------|------------------|----------------|-----------|-----------------|
|                   | Wa               | ter Qua     | lity Mon     | itoring a             | nd Con    | nplia   | nce S               | Schedul          | le             |           |                 |
| PWS ID            | PWS Name         |             |              |                       |           |         |                     |                  |                | er Type   | Primary Source  |
| CT0179044         | 249 TERRYVILLE   | ROAD - BRIS | TOL          |                       |           | N       | IC                  | 28               |                | Р         | GW              |
| Local Address (wh | nere applicable) |             |              | Service               | Resider   | tial Co | mmerci              | al Industri      | I Industrial C |           | ed Agricultural |
|                   |                  |             |              | Connection            | ns        |         | 1                   |                  |                |           |                 |
| Towns Served: BF  | RISTOL           |             |              |                       |           |         |                     |                  |                |           |                 |
|                   |                  |             | Co           | ntact Info            | rmation   | 1       |                     |                  |                |           |                 |
| Name              |                  |             | Organization |                       |           |         |                     |                  | Job Title      | 2         |                 |
| Jwd Property Dev  | velopment LLC    |             |              |                       |           |         |                     |                  |                |           |                 |
| Mailing Address L | ine One          |             | Mailing Addr | ess Line Two          |           |         |                     | City             |                |           | Zip Code        |
| 19 Knob Hill Lane | !                |             |              |                       | Bristol   |         |                     | T CT 06010       |                |           |                 |
| Business Phone    | Extension        | Fax         | Mo           | Mobile Phone Emergend |           |         | Phone Email Address |                  |                |           |                 |
|                   |                  |             |              |                       |           |         |                     |                  |                |           |                 |
| Contact Role(s):  | Owner            |             |              |                       |           |         |                     |                  |                |           |                 |
| Name              |                  |             |              | Organization          |           |         |                     |                  |                | Job Title | ة               |
| Mr. James W. Dri  | iscoll, Jr.      |             |              | Jwd Property I        | Developme | nt, LLC |                     | Owner            |                |           |                 |
| Mailing Address L | ine One          |             | Mailing Addr | ess Line Two          |           |         |                     | City             |                | State     | Zip Code        |
| 19 Knob Hill Lane | !                |             |              |                       |           |         | Bristol             | Bristol CT 06010 |                |           |                 |
| Business Phone    | Extension        | Fax         | Mo           | bile Phone            | Emergency | / Phone | Email A             | Address          |                |           |                 |
| 860-584-5933      |                  |             |              |                       | 860-582   | -2315   |                     |                  |                |           |                 |

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

#### Please note the following:

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

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

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

End of schedule

Page 14

| CT0179054<br>Local Address                                     | 735 TERRYVILLE A                    | AVE                |                     | Service   | Residen               | tial | NC<br>Comm    | ercial          | 38<br>Indu | strial   | P<br>Combine | GW<br>d Agricultural  |
|--|-------------------------------------|--------------------|---------------------|---|-----------------------|------|---------------|-----------------|------------|----------|--------------|-----------------------|
| Tarrina Camrad   | I. DDICTOL                          |                    |                     | Connection  | IS                    |      | 3             |                 |            |          |              |                       |
| Towns Served   | : BRISTOL                           |                    | Manit               | orina Dos   |                       | t.   |               |                 |            |          |              |                       |
| Mator Custon   | m Facility                          |                    |                     | oring Red   | uireme                | IILS |               |                 |            |          |              |                       |
| Total Colifo   | m Facility: DISTRI                  | BUTION STSTEN      | i (WSF i            | D: 00000)   |                       |      |               |                 |            | 1 ro     | utine (RT    | ) per quarter         |
|  | g Point (Sampling Po                | oint ID)           |                     |   | Monitori              | na P | eriod         | Colle           | ection     | Period   | =            | liance Status         |
|  | om Inventory of Activ               |                    | ;                   |   | 7/1/19 -              |      |               |                 |            |          |              | Complete              |
|  | ,                                   | 1 0                |                     |   | 10/1/19 -             |      |               |                 |            |          |              | Complete              |
|  |                                     |                    |                     |   | 1/1/20 -              | 3/31 | L/20          |                 |            |          |              |                       |
|  |                                     |                    |                     |   | 4/1/20 -              | 6/30 | )/20          |                 |            |          |              |                       |
|  |                                     |                    |                     |   | 7/1/20 -              | 9/30 | )/20          |                 |            |          |              |                       |
| -  | rameters (PPS)                      |                    |                     |   |                       |      |               |                 |            |          | -            | ) per quarter         |
|  | g Point (Sampling Po                |                    |                     |   | Monitori              |      |               | Colle           | ection     | Period   |              | liance Status         |
| Select fro   | om Inventory of Activ               | ve Sampling Points | <b>i</b>            |   | 7/1/19 -              |      |               |                 |            |          |              | Complete              |
|  |                                     |                    |                     |   | 10/1/19 -<br>1/1/20 - |      |               |                 |            |          | C            | Complete              |
|  |                                     |                    |                     |   | 4/1/20 -              |      |               |                 |            |          |              |                       |
|  |                                     |                    |                     |   | 7/1/20 -              |      |               |                 |            |          |              |                       |
| Water Syste  | m Facility: ENTRY                   | POINT (WSF ID      | : 00700)            |   | 7, 2, 20              | 5,50 | ,, = 0        |                 |            |          |              |                       |
| -  | Nitrite (NOX)                       | •                  | •                   |   |                       |      |               |                 |            | 1        | l routine    | (RT) per year         |
|  | g Point (Sampling Po                | oint ID)           |                     |   | Monitori              | ng P | eriod         | Colle           | ection     | Period   |              | liance Status         |
| ENTRY P  | OINT (3)                            |                    |                     | 1/1/19 - 12/31/19   |                       |      |               |                 |            |          | C            | Complete              |
|  |                                     |                    |                     |   | 1/1/20 - :            | 12/3 | 1/20          |                 |            |          |              |                       |
|  |                                     |                    |                     |   | 1/1/21 - :            | 12/3 | 1/21          |                 |            |          |              |                       |
|  | ,                                   | Water Syster       | n Facili            | ity and Sa  | ampling               | Poi  | int Ir        | vent            | tory       |          |              |                       |
| Water  |                                     |                    |                     |   | _                     |      |               | Tota            |            | ad and   |              |                       |
| *  | ater System Facility                | Sampl              | ing Point<br>ID     | Sampling P Description  |                       |      |               | Colifor<br>Rule |            | opper    |              | Stage<br>s WQP 2 DBPR |
|  | STRIBUTION SYSTEM                   |                    | 4                   | DISTRIBUTION  |                       |      | Status<br>^   | Kuie            | e K        | uie i ie | r Asbesto    | S WUP 2 DBPK          |
| Facility ID  | STRIBUTION SYSTEM                   | DOWN               |                     | WITHIN 5 S  |                       | J    | A<br>A        |                 |            |          |              |                       |
|  |                                     |                    | STREATE             | VVIIIIIV 3 3  | LIVICE COI            |      | A             |                 |            |          |              |                       |
|  |                                     |                    | TRFAM               | WITHIN 5 S  | FRVICE CON            | J    |               |                 |            |          |              |                       |
| 00600 DIS  | TRY POINT                           |                    | TREAM<br>3          | WITHIN 5 S<br>ENTRY POIN  |                       | ١    |               |                 |            |          |              |                       |
| 00600 DIS  | TRY POINT                           |                    | TREAM 3 2           | WITHIN 5 S<br>ENTRY POIN<br>WELL 1                              |                       | J    | A             |                 |            |          |              |                       |
| 00600 DIS  |                                     |                    | 3                   | ENTRY POIN<br>WELL 1  | NT .                  |      | Α             |                 |            |          |              |                       |
| 00600 DIS<br>00700 EN<br>53001 WE                              |                                     |                    | 3<br>2              | ENTRY POIN<br>WELL 1<br>tact Info                               | NT .                  |      | Α             |                 |            |          | Ioh Title    |                       |
| 00600 DIS<br>00700 EN<br>53001 WE                              | ELL 1                               |                    | 2 <b>Con</b>        | ENTRY POIN WELL 1 tact Info                                     | rmation               |      | Α             |                 |            |          | Job Title    |                       |
| 00600 DIS<br>00700 EN<br>53001 WE                              | ell 1                               | UPS                | 3<br>2<br>Con       | ENTRY POIN<br>WELL 1<br>tact Info                               | rmation               |      | Α             |                 | City       |          | Job Title    | Zip Code              |
| 00600 DIS<br>00700 EN<br>53001 WE<br>Name<br>Mr. Muhamm        | nad A Ali<br>ess Line One           | UPS                | 3<br>2<br>Con       | ENTRY POIN WELL 1  tact Info rganization aar-UI-Ehsaa           | rmation               |      | A             | stol            | City       |          |              |                       |
| 00600 DIS  00700 EN  53001 WE  Name  Mr. Muhamm  Mailing Addre | nad A Ali<br>ess Line One<br>Avenue | UPS                | Con Or Da g Address | ENTRY POIN WELL 1 tact Info rganization ear-UI-Ehsaa s Line Two | rmation               |      | A<br>A<br>Bri |                 |            |          | State        | Zip Code              |

|                   | Connectic        | ut Depa | n une     | iit oi Public    | пеани     | וווע    | uking     | vvater     | Section    | l               |
|-------------------|------------------|---------|-----------|------------------|-----------|---------|-----------|------------|------------|-----------------|
|                   | Wa               | ter Qua | lity M    | onitoring a      | nd Con    | nplia   | nce S     | chedul     | le         |                 |
| PWS ID            | PWS Name         |         |           |                  |           | Classif | ication   | Population | Owner Type | Primary Source  |
| CT0179054         | 735 TERRYVILLE   | AVE     |           |                  |           | N       | IC        | 38         | Р          | GW              |
| Local Address (w  | here applicable) |         |           | Service          | Residen   | tial Co | mmercia   | l Industri | al Combin  | ed Agricultural |
|                   |                  |         |           | Connection       | ns        |         | 3         |            |            |                 |
| Towns Served: B   | RISTOL           |         |           |                  | 1         |         |           | '          | '          | ,               |
| Name              |                  |         |           | Organization     |           |         | Job Title |            |            |                 |
| Mr. Saleh Akbar   |                  |         |           | Daar-Ul-Ehsaa    | n USA Inc |         |           |            |            |                 |
| Mailing Address   | Line One         |         | Mailing A | Address Line Two | Line Two  |         |           | City       | State      | Zip Code        |
| 739 Terryville Av | enue             |         |           |                  |           |         | Bristol   |            | СТ         | 06010           |
| Business Phone    | e Extension      | Fax     |           | Mobile Phone     | Emergency | Phone   | Email A   | ddress     | ·          |                 |
| 860-585-9742      |                  |         |           |                  | 860-680-  | 6326    |           |            |            |                 |
| Contact Role(s):  | Administrative   | Contact |           |                  |           |         |           |            |            |                 |

Connecticut Department of Public Health Drinking Water Section

## 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