Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner To Popul	
TO THE TOTAL AND	Type Primary Source GW
	mbined Agricultural
36 KILLINGWORTH TURNPIKE Connections 5	_
Towns Served: CLINTON	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100) 1 routin	ne (RT) per month
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period	Compliance Status
Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19	Complete
11/1/19 - 11/30/19	Complete
12/1/19 - 12/31/19	Complete
1/1/20 - 1/31/20	Complete
2/1/20 - 2/29/20	Complete
3/1/20 - 3/31/20	Complete
4/1/20 - 4/30/20	
5/1/20 - 5/31/20	
6/1/20 - 6/30/20	
7/1/20 - 7/31/20	
8/1/20 - 8/31/20	
9/1/20 - 9/30/20	(27)
Physical Parameters (PPS) 1 routin	
•	ne (RT) per month
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period	Compliance Status
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodDISTRIBUTION SYSTEM (4)10/1/19 - 10/31/19	Compliance Status Complete
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodDISTRIBUTION SYSTEM (4)10/1/19 - 10/31/1911/1/19 - 11/30/19	Compliance Status  Complete  Complete
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period           DISTRIBUTION SYSTEM (4)         10/1/19 - 10/31/19           11/1/19 - 11/30/19         12/1/19 - 12/31/19	Compliance Status Complete Complete Complete
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period           DISTRIBUTION SYSTEM (4)         10/1/19 - 10/31/19           11/1/19 - 11/30/19         12/1/19 - 12/31/19           1/1/20 - 1/31/20         1/1/20 - 1/31/20	Compliance Status  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20         3/1/20 - 3/31/20       3/31/20	Compliance Status  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20         3/1/20 - 3/31/20       4/1/20 - 4/30/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20         3/1/20 - 3/31/20       4/1/20 - 4/30/20         5/1/20 - 5/31/20       5/1/20 - 5/31/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         DISTRIBUTION SYSTEM (4)       10/1/19 - 10/31/19         11/1/19 - 11/30/19       12/1/19 - 12/31/19         1/1/20 - 1/31/20       2/1/20 - 2/29/20         3/1/20 - 3/31/20       3/1/20 - 3/31/20         4/1/20 - 4/30/20       5/1/20 - 5/31/20         6/1/20 - 6/30/20       6/1/20 - 6/30/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Sampling Point (Sampling Point ID)  DISTRIBUTION SYSTEM (4)  10/1/19 - 10/31/19  11/1/19 - 11/30/19  12/1/19 - 12/31/19  1/1/20 - 1/31/20  2/1/20 - 2/29/20  3/1/20 - 3/31/20  4/1/20 - 4/30/20  5/1/20 - 5/31/20  6/1/20 - 6/30/20  7/1/20 - 7/31/20	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Monitoring Period   Collection Period	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Monitoring Period   Collection Period	Compliance Status  Complete  Complete  Complete  Complete  Complete  Complete
Monitoring Period   Collection Period	Compliance Status  Complete Complete Complete Complete Complete Complete Complete Complete Complete
Monitoring Period   Collection Period	Compliance Status Complete
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period	Compliance Status  Complete Complete Complete Complete Complete Complete Complete Complete Complete
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period	Compliance Status Complete
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period	Compliance Status Complete
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period	Compliance Status Complete Compliance Status Complete Complete
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period	Compliance Status Complete Compliance Status Complete Complete

Schedule Generation Date: 3/10/2020 Page 1

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0279033	36 KILLINGWORTH TNPK				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
36 KILLINGWO	ORTH TURNPIKE	Connections	5					

Towns Served: CLINTON

Public Notification Requirements										
	Compliance	Notice	Public No	<u>otification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	10/1/10 - 12/31/10	2	4/7/2011		4/17/2011					
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	4/7/2011		4/17/2011					
Total Coliform M&R Violation	1/1/11 - 3/31/11	2	7/13/2011		7/23/2011					
Physical Parameters M&R Violation	1/1/11 - 3/31/11	3	6/12/2012		6/22/2012					

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage			
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	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								
22836	WELL	2	WELL	Α								

Contact Information										
Name				Organization	1	Job Title				
Mr. Michael Knuds	en	Hamilton Gr	oup, LLC		Owner					
Mailing Address Line One Mailing Addr			ress Line Two		City		State	Zip Code		
36 Killingworth Tur	npike-Lantern	Square				Clinton		СТ	06413	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
203-433-8052		203-643-2	2285 86	0-575-4341		mike@hamilton-grp.com				
Contact Dale(s) Administrative Contact Land Contact										

## 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

Schedule Generation Date: 3/10/2020

	Connecticut Department of	Public H	lealth	l Di	cinking	g Wat	er S	ection	
	Water Quality Monit	oring an	d Con	npl	iance S	Sched	lule		
PWS ID	PWS Name	0						wner Type	Primary Source
СТ0279044	INDIAN RIVER RECREATIONAL COMPLEX	IAL COMPLEX				28		L	GW
Local Address (w	/here applicable)	Service	Residen	itial	Commerci	al Indu	strial	Combine	ed Agricultural
201 KILLINGWO	RTH TPKE	Connections			3				
Towns Served: C	LINTON								
	Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)							
Total Coliform	(3100)						1 r	outine (R	T) per month
Sampling P	oint (Sampling Point ID)		Monitori	ing P	eriod C	ollection	Perio	d Com	oliance Status
Select from	Inventory of Active Sampling Points		10/1/19 -	- 10/3	31/19			(	Complete
			11/1/19 -	- 11/3	30/19				Complete
			12/1/19 -	- 12/3	31/19				
			1/1/20 -	- 1/3	1/20			(	Complete
			2/1/20 -	- 2/29	9/20			(	Complete
			3/1/20 -	- 3/3	1/20			(	Complete
			4/1/20 -						
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
	(		9/1/20 -	- 9/30	0/20				
Total Coliform	•		0 d = (4 =)	o		- 11 4		•	P) per period
	Point (Sampling Point ID)		Monitori			ollection	Perio		oliance Status
	Inventory of Active Sampling Points		11/6/19 -	- 11/	11/19		4		Complete
Physical Parar	neters (PPS) Point (Sampling Point ID)		Monitori	ina D	ariad C	ollection		-	T) per month pliance Status
DISTRIBUTI			10/1/19 -			Onection	Perio		Complete
DISTRIBUTE	ON (4)		11/1/19 -						Complete
			12/1/19 -						complete
			1/1/20 -						Complete
			2/1/20 -		-				Complete
			3/1/20 -						Complete
			4/1/20 -						1
			5/1/20 -						
			6/1/20 -						
		_	7/1/20 -	- 7/3:	1/20				_
			8/1/20 -						
			9/1/20 -	9/30	0/20				
Water System	Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And N	itrite (NOX)							1 routine	(RT) per year
	oint (Sampling Point ID)		Monitori	ing P	eriod C	ollection	Perio	d Com	oliance Status
ENTRY POI	NT (3)		1/1/19 -					(	Complete
			1/1/20 -					(	Complete
			1/1/21 -	12/3	1/21				

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

**Monitoring Period** 

1 triggered (TG) per period

**Collection Period** 

**Compliance Status** 

Schedule Generation Date: 3/10/2020 Page 3

(WSF ID: 53240)

Water System Facility: WELL 1

Sampling Point (Sampling Point ID)

E. Coli (3014)

	_	-								
	cut Depart					_				
Wa	iter Qualit	y Monito	oring ar	nd Con	npliai	ice S	sche	dule		
PWS ID PWS Name					Classific	ation	Popula	tion O	wner Type F	Primary Source
CT0279044 INDIAN RIVER I	RECREATIONAL C	OMPLEX			NO	;	28		L	GW
Local Address (where applicable	)		Service	Residen	tial Cor	nmerci	al Ind	ustrial	Combined	d Agricultural
201 KILLINGWORTH TPKE			Connection	S		3				
Towns Served: CLINTON				·	·					·
Monitoring Requirements										
Water System Facility: WEL	L <b>1</b>	(WSF	ID: 53240	)						
E. Coli (3014)								1 tri	iggered (TG	) per period
Sampling Point (Sampling	Point ID)			Monitori	ng Perio	d C	ollectio	n Perio	d Comp	liance Status
WELL 1 (2)				11/5/19 -	11/11/1	.9			C	omplete
	P	ublic Noti	fication	Require	ement	S				
		Со	mpliance	Notice	P	ublic No	otificati	on	PN Cei	rtification
Violation/Situation			Period	Tier	Reg	uired	Perfo	rmed	Due to DPH	I Received
Total Coliform MCL Violation		8/1/1	14 - 8/31/14	2	10/2	5/2014			11/4/2014	
	Water Syst	em Facilit	y and Sa	ampling	Point	Inve	ntory	,		
Water						To	otal L	ead ar	nd	
System Water System Facilit	y San	-				-	• •			
Facility ID		ID I	Description		Stat	us R	ule i	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTE	M	4 1	DISTRIBUTIO	NC	Α					
	DO	WNSTREAM V	WITHIN 5 SE	ERVICE CON	N A					
	U	IPSTREAM \	WITHIN 5 SE	ERVICE CON	N A					
00700 ENTRY POINT		3 1	ENTRY POIN	IT	Α					
53240 WELL 1		2	WELL 1		А					
		Cont	act Infor	rmation	1					
Name		Org	ganization						Job Title	
Clinton										
Mailing Address Line One	Ma	iling Address	Line Two				City		State	Zip Code
Business Phone Extension	Fax	Mobile	Phone I	Emergency	Phone	Email <i>A</i>	Address			
Contact Role(s): Owner										
Name		Org	ganization						Job Title	
Mr. Robert Potter		Clin	nton Parks A	nd Rec De	pt		Direc	tor		
Mailing Address Line One Mailing Address Line Two							City		State	Zip Code
201 Killingworth Turnpike						Clinton	)		СТ	06413
Business Phone Extension	Fax	Mobile	Phone I	Emergency	Phone	Email <i>A</i>	Address			
860-669-6901	860-644-407	3		860-853-			r@clinto	nct.or	g	
Contact Role(s): Administrative	Contact, Legal C	Contact								
Please note the following:	_									
The residual disinfectant conce	ntration must be m	easured at the	same location	n and time a	s each to	tal colife	orm sam	ple.		

- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut De	partment of	f Public H	lealth l	Drink	ing W	ater Se	ection		
		uality Monit				_				
PWS ID	PWS Name	dancy Promi	or mg am					ner Tyne P	rimary Source	
CT0279054	CHAMARD VINEYARDS				NC	-	10	P	GW	
	where applicable)		Service	Residenti			ndustrial	Combined		
115 COW HILL			Connections	Residenti	1		laastriai	Combined	Agriculturur	
Towns Served:						-				
Towns served.	CENTON	Monit	oring Requ	iromon	tc					
Water System	n Facility: DISTRIBUTIO			ili eilleil	11.5					
Total Colifor	,						1 rou	ıtine (RT)	per quarter	
	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period	• •	ance Status	
	m Inventory of Active Samp	oling Points		7/1/19 - 9	_				mplete	
	, , , , , , , , , , , , , , , , , , , ,	0		10/1/19 - 1					mplete	
			<u> </u>	1/1/20 - 3					1	
				4/1/20 - 6						
				7/1/20 - 9						
Physical Para	ameters (PPS)						1 rou	ıtine (RT)	per quarter	
-	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period			
	m Inventory of Active Samp	oling Points		7/1/19 - 9	9/30/19				mplete	
	· · · · · · · · · · · · · · · · · · ·			10/1/19 - 1	2/31/19			Сс	mplete	
				1/1/20 - 3						
				4/1/20 - 6						
				7/1/20 - 9	•					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)		, .						
•	Nitrite (NOX)	(					1	routine (F	RT) per year	
	Point (Sampling Point ID)			Monitorin	a Period	Collect	ion Period	=	ance Status	
ENTRY PO			1/1/19 - 12/31/19						mplete	
	(-)			1/1/20 - 12					1	
				1/1/21 - 12						
	Wate	r System Facil				nvento	rv			
Water				69		Total	Lead and			
	ter System Facility	Sampling Point	Sampling Poi	nt		Coliform			Stage	
Facility ID		ID	Description		Status	Dula		Asbestos	WQP 2 DBPR	
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A					
		C1001	PUBLIC RESTR	OOM A	Α	Υ				
		C1002	PUBLIC RESTR		Α					
		C1003	KITCHEN REST		Α	Υ				
		C1004	KITCHEN SINK		Α	Υ				
		C1005	KITCHEN HAN		Α	Y				
		C1006	BUTLER SINK		A	Y				
		C1007	ICEMAKER A	: <del>-</del>	A	Y				
		C1007	TANK ROOM	SINK A	A	Y				
		C1009	TANK FAUCET		A	Y				
		C1010	LAB SINK A		A	Y				
		C1011	SERVICE SINK	Δ	A	Y				
		C1011	BARN RESTRO		A	Y				
		C1012	BARN RESTRO		A	Y				
00700 ENT	RY POINT	3	ENTRY POINT		A	1				
UU/UU ENI	NT FUINT	3	LIVINT PUINT		A					

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

Α

WELL 1

2

60219 WELL 1

Schedule Generation Date: 3/10/2020 Page 5

	Connoctic	ut Dono	ntm ont	of Dublic	ı Haal+k	Dair	alrino	Matan	Coation	
	Connectic Wa			nitoring a			_			L
PWS ID	<b>5</b>									Primary Source
	CHAMARD VINE	YARDS					С	40	Р	GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
115 COW HILL RC				Connection	ons		1			
Towns Served: CL	INTON									1
			C	ontact Info	ormatio	า				
Name				Organization					Job Titl	е
Mr. Jonathan Ro	thberg			Chamard Vineyard, Inc.						
Mailing Address L	ine One		Mailing Add	ress Line Two	ess Line Two			City		Zip Code
530 Whitfield St							Guilfor	d	СТ	06437
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	Email A	Address		
203-535-8770										
Contact Role(s):	Legal Contact									
Name				Organization					Job Titl	е
Ms. Charles Beck	ius			Charmed Vin	eyards			Property	Manager	
Mailing Address L	ine One		Mailing Add	ress Line Two			City	State	Zip Code	
115 Cow Hill							Clinton CT		06413	
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	Email Address			

Contact Role(s): Administrative Contact

## Please note the following:

203-535-8770

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 6

Schedule Generation Date: 3/10/2020