	Со	nnecticut D	)epartme	ent of	f Public	Health	Drin	iking	Wate	er Se	ection	
		Water	Quality M	lonit	coring a	ind Com	plia	nce So	ched	ule		
PWS ID	PWS	S Name					•				ner Type F	rimary Source
СТ042041	.2 NEL	SONS CAMPGROU	ND - AREA G				N	с	50		Р	GW
Local Add	ress (where	e applicable)			Service	Residenti	al Co	mmercial	Indus	trial	Combined	Agricultura
71 MOTT	HILL ROAD				Connectio	ns 1						
Towns Ser	rved: EAST	HAMPTON										
			Ν	/lonit	oring Re	quiremen	ts					
Water Sy	vstem Facil	ity: DISTRIBUT	ION SYSTEM	(WSF I	D: 00600)							
Total Co	liform (31	LOO)								1 rou	itine (RT)	per quarter
Sam	pling Point	(Sampling Point IL	)			Monitorin	g Perio	od Col	lection	Period	Compl	iance Status
Selec	ct from Inve	ntory of Active Sa	mpling Points			7/1/19 - 9					Co	omplete
						4/1/20 - 6						
	_	/				7/1/20 - 9	9/30/20	0		_		
-	Paramete											per quarter
-		(Sampling Point II				Monitorin	-		lection	Period		iance Status
Selec	ct from inve	ntory of Active Sa	mpling Points			7/1/19 - 9					C	omplete
						4/1/20 - 6						
Mator Sv	ustom Eacil	ity: ENTRY POI		00700)		7/1/20-3	<i>, 30/2</i>	0				
	And Nitrite			00700)						1	routino (I	RT) per year
		(Sampling Point II	וכ			Monitorin	a Perio	nd Col	lection		-	iance Status
	RY POINT (3					1/1/19 - 1	-		4/1-9/			omplete
		1				1/1/20 - 1			4/1-9/			
						1/1/21 - 1			4/1-9/			
			Ot	her C	omplian	ce Schedu						
Complian	ce Schedule	Activity					ue Dat	e	Ac	hieved	Date	
-		SURVEY REPORT					/1/202	-				
		COMPLETION					/1/202					
		Wat	er System	Facil	ity and S	ampling I	Point	t Inven	tory			
Water					-			Tot	al Leo	ad and		
System	-	tem Facility		-	Sampling			Colife		opper		Stage
Facility ID			11		Descriptio		Sta			ile Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUT	ION SYSTEM				ION SYSTEM	A					
			DOWNS E2		SITE E24	SERVICE CON	Д Д					
			UPSTE			SERVICE CON	д Д					
00700	ENTRY PO	INT	3		ENTRY PO		م A					
20055	WELL		2		WELL		Α					
58890	ATM STOP	RAGE	2	-				-				
61563		STORAGE										
61565	BOOSTER											
				Con	tact Info	ormation						
Name					rganization						Job Title	
Mr. Glenn	n Gustine				ustine Prop	erties, Inc.			Preside	nt		
	ddress Line	One	Mailing		s Line Two	•			City		State	Zip Code
71 Mott H								East Han			СТ	06424
Busines	s Phone	Extension	Fax	Mobi	ile Phone	Emergency I	Phone	Email Ad	dress			
L						I		1				

					- 0 -		<b>I</b> <sup>-</sup>			-			1
PWS ID	PWS Name						Classi	fication	Population	Own	er Type	Prin	mary Source
СТ0420412	NELSONS CAMP	GROUND - A	REA G					NC	50		Р		GW
Local Address (w	here applicable)				Service	Reside	ntial C	ommercia	l Industri	al C	Combine	ed ,	Agricultural
71 MOTT HILL RO	OAD				Connectio	ns 1							
Towns Served: E									l				
860-267-5309	)	860-267-	5312			860-883	8-7960						
Contact Role(s):	Legal Contact												
Name				Or	ganization						Job Title	e	
Mr. Bruce Gusti	ne			Gu	ustine Prope	erties, Inc			Vice Presi	ident			
Mailing Address	Line One		Mailing /	Address	s Line Two				City		State	Z	Zip Code
71 Mott Hill Roa	d							East Ha	mpton		СТ		06424
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phon	e Email A	ddress				
860-267-5363	3	860-267-	5312			888-883	8-7957	gustine	srV@msn.c	om			
Contact Role(s):	Legal Contact,	Owner											
Name				Or	ganization						Job Title	e	
Miss Colynn Hoo	dge			Gu	ustine Prope	erties Inc							
Mailing Address	Line One		Mailing A	Address	s Line Two				City		State	Z	Zip Code
71 Mott Hill Roa	d							East Ha	mpton		СТ		06424
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phon	e Email A	ddress				
860-267-5364	L .	860-267-	5312	860-8	83-7962	860-883	8-7962	gustine	srv@msn.c	om			
Contact Role(s):	Administrative	Contact											
Please note the	following:												
1. The residual d	lisinfectant concen	tration must b	e measure	ed at the	e same locatio	on and time	as each	total colifo	rm sample.				
1													

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

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

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

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

	Connecticut	Department of	Public H	ealth	Dr	inki	ng V	Vater	· Se	ction	
	Wate	r Quality Monit	oring and	d Com	ipli	ianc	e Sc	hedul	le		
PWS ID	PWS Name		0						1	ner Type Pri	imary Source
CT0420064	BETHLEHEM LUTHE	RAN CHURCH				NC		25		P	GW
Local Address (v	where applicable)		Service	Resident	tial	Comm	ercial	Industri	al	Combined	Agricultural
1 EAST HIGH ST	REET		Connections			1					
Towns Served:	EAST HAMPTON				,						
		Monito	oring Requ	ireme	nts						
		JTION SYSTEM (WSF II									
Total Coliforn	• •										er quarter
	Point (Sampling Point		1	Monitori	_		Colle	ection Pe	riod	-	ince Status
Select fron	n Inventory of Active	Sampling Points		7/1/19 -	-	-					nplete
			-	.0/1/19 -							nplete
				1/1/20 -						Cor	nplete
				4/1/20 -							
				7/1/20 -	9/30	)/20					
-	meters (PPS)										er quarter
	Point (Sampling Point			Monitori	-		Colle	ection Pe	riod		ince Status
Select fron	n Inventory of Active	Sampling Points		7/1/19 -							nplete
			-	.0/1/19 -							nplete
				1/1/20 -						Cor	nplete
				4/1/20 -							
				7/1/20 -	9/30	)/20					
		ENT PLANT (WSF ID: 0	0701)								
Nitrate And N										-	T) per year
	Point (Sampling Point	t ID)		Monitori	_		Colle	ection Pe	riod		ince Status
TREATMEN	NT PLANT (3)			1/1/19 - 1							nplete
				1/1/20 - 1		-				Cor	nplete
				1/1/21 - 1							
	Monthly W	ater System Facili	ity (WSF) L	evel N	/lon	itori	ng Re	equire	mei	nts	
Water System	Facility: TREATME	NT PLANT (WSFID: 00	701)								
Analyte	Monitor	ing Requirement (Summa	ary Type)	Ope	ratin	g Limit			:	Samples Re	q/Month
рН	Entry Poi	nt pH Monitoring (PHRD	)	Mini	mum	n: 7.0 F	РН			4	
Start Date:	12/1/2011		Complia	nce Histo	ory:		Opera	ating Lim	it	Monitori	ing
			Monitor	ing Perio	d			liance St		Complia	nce Status:
			10/1/202	L9 - 10/32	1/201	19					
			11/1/202	L9 - 11/30	0/201	19					
			12/1/202	L9 - 12/3	1/201	19					
			1/1/2020	) - 1/31/2	2020						
			2/1/2020	) - 2/29/2	2020						
		Other Co	ompliance								
Compliance Sch					Due L			Achie	eved I	Date	
RESPOND TO SA	ANITARY SURVEY					2014					
	W	ater System Facili	ty and Sar	npling	Poi	int In	vent	ory			
Water							Tota		and		
System Wate Facility ID	er System Facility	Sampling Point ID	Sampling Poil Description	nt	S	Status	Colifor Rule			Asbestos	Stage WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Y				

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0420064 **BETHLEHEM LUTHERAN CHURCH** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **1 EAST HIGH STREET** 1 Towns Served: EAST HAMPTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А TREATMENT PLANT 00701 TREATMENT PLANT А 3 2 WELL 3 57849 WELL 3 А **Contact Information** Name Organization Job Title Mr. Ralph Stoeckle Bethlehem Lutheran Church Mailing Address Line One Mailing Address Line Two State Zip Code City P.O. Box 31 СТ 06424 East Hampton **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-267-4272 860-984-5094 Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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.

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	Connecticut De Water Qu	partment of uality Monit				0			ction	
PWS ID	PWS Name				Classificatio	on Po	opulation	Owr	ner Type Pr	imary Source
СТ0420104	PATS MARKET COBALT, L	.LC			NC		25		Р	GW
Local Addre	ess (where applicable)		Service	Resident	ial Comm	ercial	Industri	ial	Combined	Agricultural
363 AND 36	59 WEST HIGH STREET		Connections		1					
Towns Serv	ed: EAST HAMPTON									
		Monit	oring Requ	iiremer	nts					
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Coli	form (3100)						1	L rou	tine (RT)	oer quarter
Sampl	ing Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Pe	riod	Compli	ance Status
Select	from Inventory of Active Samp	ling Points		7/1/19 - 9	9/30/19	_			Co	mplete
				10/1/19 - 1	12/31/19				Со	mplete
				1/1/20 - 3	3/31/20				Со	mplete
				4/1/20 - 6						
				7/1/20 - 9	9/30/20					
-	Parameters (PPS)						1	L rou	tine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Pe	riod	Compli	ance Status
Select	from Inventory of Active Samp	ling Points		7/1/19 - 9					Со	mplete
			-	10/1/19 - 1					Со	mplete
				1/1/20 - 3					Со	mplete
				4/1/20 - 0	5/30/20					
				7/1/20 - 9	9/30/20					
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (	•						1	L rou		per quarter
	ing Point (Sampling Point ID)			Monitorin	-	Coll	ection Pe	riod		ance Status
ENTRY	POINT (3)			7/1/19 - 9						mplete
				10/1/19 - 1						mplete
				1/1/20 - 3					Со	mplete
				4/1/20 - 6						
				7/1/20 - 9	9/30/20					
Nitrite (1	-								-	T) per year
	ing Point (Sampling Point ID)			Monitorin	-	Coll	ection Pe	riod		ance Status
ENTRY	POINT (3)			1/1/19 - 1						mplete
				1/1/20 - 1					Со	mplete
				1/1/21 - 1						
		Public Not								
Violation/S	lituation	C	ompliance Period	Notice Tier			i <u>fication</u> Dorformed			i <u>fication</u>
	rm MCL Violation	10/1	/12 - 12/31/12	2	<b>Requir</b> 12/7/20		Performe		ue to DPH 2/17/2012	Received
						_	ton	1	2/1//2012	
	wate	r System Facil	ity and Sar	inhing			-			
Water	Mator Sustam Easility	Campling Doint	Campling Doi	nt		Toto Colifo				Chara -
System Facility ID	Water System Facility	Sampling Point ID	Description	iii C		Colifo Rul			Ashestas	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Y				
00000					A	I				
		UPSTREAM	WITHIN 5 SER		A					
00700	ENTRY POINT	3	ENTRY POINT		A					
00700		J			~					

	Connectic	ut Depa	irtment of	f Public	Health	n Dri	nking	g Wate	r Se	ction	
	Wa	ter Qua	lity Monit	toring a	nd Con	npli	ance S	Schedu	ıle		
PWS ID	PWS Name					Class	ification	Population	n Own	er Type	Primary Source
СТ0420104	PATS MARKET C	OBALT, LLC					NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Indust	rial	Combine	ed Agricultural
363 AND 369 WE	ST HIGH STREET			Connectior	าร		1				
Towns Served: E	AST HAMPTON							1			l
		Water Sy	ystem Facil	ity and S	ampling	; Poi	nt Inve	ntory			
Water							Тс	otal Lea	d and		
System Wate	r System Facility		Sampling Point	Sampling P	Point		Coli	iform Co	pper		Stage
Facility ID			ID	Description	1	St	atus R	ule Rul	e Tier	Asbesto	os WQP 2 DBPR
20793 WELL			2	WELL			А				
			Cor	ntact Info	rmatior	ו					
Name			0	rganization						Job Title	5
Ms. Patricia A. K	nislis		К	Enterprises							
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code
293 Highcrest Ro							Wethe	rsfield		СТ	06109
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	y Phon	e Email A	Address			
860-267-5833					860-529	-0844					
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ow	ner							
Please note the	following:										
1. The residual d	sinfectant concen	tration must b	e measured at th	e same locatio	on and time a	as each	total colif	orm sample			
2. If a Collection	Period is specified,	all water qua	lity samples must	t be collected of	during the sp	pecified	period.				
3 Depending on	results additional	monitoring m	av he required (i	e repeat or co	onfirmation	samnle	s) This set	ابيه وأيالهم	niect to	change	and any related

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

C	onnecticut Departi	ment of Public	Health I	)rinking	Water S	Section	
U	· · · · · · · · · · · · · · · · · · ·	y Monitoring ar		<u> </u>	·		
PWS ID PV	WS Name		C	lassification	Population O	wner Type Pr	imary Source
СТ0420144 37	EAST HIGH STREET			NC	25	Р	GW
Local Address (whe	ere applicable)	Service	Residentia	l Commercia	al Industrial	Combined	Agricultura
		Connections	S	1			
Towns Served: EAS	THAMPTON	Monitoring Req	uiromon	łc			
Water System Fa	cility: DISTRIBUTION SYSTE		unemen	.5			
Total Coliform (					1 r	outine (RT) p	or quarter
•	nt (Sampling Point ID)		Monitoring	Period C	ollection Perio		ince Status
	ventory of Active Sampling Point	nts	7/1/19 - 9/				mplete
Select Irolli III	ventory of Active Sampling Fon	11.5	10/1/19 - 12				nplete
			1/1/20 - 3/				nplete
						COI	npiete
			4/1/20 - 6/				
			7/1/20 - 9/	/30/20			
Physical Parame						outine (RT) p	-
	nt (Sampling Point ID)		Monitoring		ollection Perio		ince Status
Select from In	ventory of Active Sampling Poir	nts	7/1/19 - 9/	-			nplete
			10/1/19 - 12				nplete
			1/1/20 - 3/			Сог	nplete
			4/1/20 - 6/	/30/20			
			7/1/20 - 9/	/30/20			
Water System Fa	cility: ENTRY POINT (WSF	ID: 00700)					
Nitrate And Nitr	ite (NOX)					1 routine (R	T) per year
Sampling Poir	nt (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ince Status
ENTRY POINT	(3)		1/1/19 - 12	/31/19		Сог	nplete
			1/1/20 - 12	/31/20		Сог	nplete
			1/1/21 - 12				
Water System Fa	cility: WELL (WSF ID: 2079	7)	<u>, ,</u>	<u>, ,</u>			
E. Coli (3014)		- /			1 r	outine (RT) p	or quarter
	nt (Sampling Point ID)		Monitoring	Period C	ollection Perio		ince Status
WELL (2)			7/1/19 - 9/		onection rend		nplete
VVELE(2)			10/1/19 - 12				nplete
							nplete
			1/1/20 - 3/			COI	npiete
			4/1/20 - 6/				
		Other Compliance	7/1/20 - 9/	•			
Compliance Schedu	ule Activity	Other Compliance		e Date	Achieve	ed Date	
RESPOND TO SANI				4/2016	Admeve		
		ublic Notification					
	PL PL	ublic Notification	Notice		otification	<u>PN Cert</u>	fication
Violation/Situation	n	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform MCL		4/1/14 - 6/30/14		6/26/2014	i cijoinicu	7/6/2014	necencu
Total Coliform MCL		4/1/14 - 6/30/14		6/26/2014		7/6/2014	
		em Facility and Sa			ntorv	, ,,	
Water			1		otal Lead ar	nd	
System Water S	ystem Facility Sam	pling Point Sampling Po	pint	Coli	form Coppe	r	Stage
Facility ID NOTE: This information	has been provided to help owners an	ID Description d operators of public water sys	tems maintain (			er Ashestos Juality monitoring	
	ined herein will not relieve the owner						Page

Schedule Generation Date: 3/10/2020

	ा थरणा २				-priorite -				
PWS ID	PWS Name				Classification	Populatio	n Own	er Type	Primary Source
СТ042014	4 37 EAST HIGH STREET				NC	25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Commerc	ial Indust	rial (	Combine	d Agricultural
			Connections		1				
Towns Ser	rved: EAST HAMPTON				Status	nuic nui		ASSESTO	
00600	DISTRIBUTION SYSTEM	37EHS1	3 BAY SINK		A	Y			
		37EHS2	HAND SINK		А	Y			
		37EHS3	MENS ROOM		А	Y			
		37EHS4	WOMENS RO	MO	А	Y			
		37EHS5	JANITOR ROC	M	А	Y			
		37EHS6	FRONT COUN	ITER SINK	А	Y			
		4	DISTRIBUTIO	N SYSTEM	А	Y			
		4DSA	KITCHEN SIN	Κ ΤΑΡ	А	Y			
		4DSB	BATHROOM	SINK TAP	А	Y			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	А				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	-	А				
20797	WELL	2	WELL		А				
57270	TREATMENT PLANT								
		Con	tact Infori	mation					

Name				Organization				Job Title	
Mr. Edward Jackow	/itz			American Eq	uity Vi LLC		Managing Me	mber	
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
31 East High Street			P.O. Box 31	9		East Han	npton	СТ	06424
<b>Business Phone</b>	Extension	Fax	N	Iobile Phone	bile Phone Emergency Phone Email Address				
860-267-4444 860-267-1111			L111 8	60-214-3779		ecj@wha	zel.com		
Contact Role(s): A	dministrative	Contact Leg	al Contact (	Owner					

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

### Please note the following:

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

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

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

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		cticut Department					0			ection	
		Water Quality Mor	nitoring ai	nd Con							
PWS ID	PWS Name	2			Cla	ssificatio	n Po	pulation	Ow	ner Type Pr	imary Source
СТ0420184	-	PTON FIRE STATION #1				NC		25		L	GW
Local Address (		cable)	Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricultura
3 BARTON HILL			Connection	S		1					
Towns Served:	EAST HAMP	TON			_		_		_		
			nitoring Req	uireme	nts	5					
-		DISTRIBUTION SYSTEM (WS	SF ID: 00600)							11 (DT)	<b>.</b>
Total Colifor		line Deint (D)				Devied	Call				per quarter
		ling Point ID)		Monitori			Colli	ection Pe	rioa	-	ance Status
Select fro	minventory	of Active Sampling Points		- 7/1/19 - 10/1/19							mplete mplete
				1/1/20 -							•
				4/1/20 -						CO	mplete
				7/1/20 -							
Physical Para	-	-						1	ro		per quarter
Sampling	Point (Samp	ling Point ID)		Monitori	-		Colle	ection Pe	riod	Complie	ance Status
Select fro	m Inventory	of Active Sampling Points		7/1/19 -	9/3	0/19				Со	mplete
				10/1/19 -	12/	/31/19				Со	mplete
				1/1/20 -						Со	mplete
				4/1/20 -	6/3	0/20					
				7/1/20 -	9/3	0/20					
Water System	n Facility:	ENTRY POINT (WSF ID: 007	00)								
Nitrate And	-	-							1	-	T) per year
		ling Point ID)		Monitori			Colle	ection Pe	riod	-	ance Status
ENTRY PO	DINT (3)			1/1/19 -							mplete
				1/1/20 -		-				Со	mplete
				1/1/21 -	12/3	31/21					
Water System		NELL (Y	WSF ID: 20800)	1							
E. Coli (3014	-									• • •	per quarter
	Point (Samp	ling Point ID)		Monitori	-		Colle	ection Pe	riod	_	ance Status
WELL (2)				7/1/19 -							mplete
				10/1/19 -							mplete
				1/1/20 -						Со	mplete
				4/1/20 -	-						
	<b>N A a ia</b>			7/1/20 -			~ D				
		thly Water System Fa		Level	/101	nitorin	g K	equire	me	ints	
	n Facility: E	NTRY POINT (WSFID: 0070									
Analyte		Monitoring Requirement (Sur		-		ng Limit				Samples Re	-
рН		Entry Point pH Monitoring (PI				m: 7.0 PH	4			4	
Start Date:	12/1/2014			iance Histo	-			ating Lim		Monitor	-
				oring Perio			Comp	oliance St	atus	: Complia	nce Status:
				019 - 10/3							
				019 - 11/3							
				019 - 12/3							
				20 - 1/31/2							
			2/1/20	20 - 2/29/2	2020	J					

	Connectic	ut Depa	rtment	of Public	: Health	Dri	nkin	g W	'ater	Se	ction	
	Wa	ter Qua	lity Moi	nitoring a	and Con	nplia	ance	Sch	edul	e		
PWS ID	PWS Name			0		Classi	fication	Рори	ulation	Own	er Type P	rimary Source
СТ0420184	EAST HAMPTON	FIRE STATIC	DN #1			I	NC		25		L	GW
Local Address (	where applicable)			Service	Resider	tial C	ommer	cial I	ndustria	al	Combined	Agricultural
3 BARTON HILL	ROAD			Connectio	ons		1					
Towns Served:	EAST HAMPTON											
			Othe	r Complian	ce Scher	lules						
Compliance Scl	hedule Activity		othe	Compilai		Due Do			Achie	vod I	Date	
-	ANITARY SURVEY					3/8/20			Actile	veu	Jule	
RESPOND TO S	ANITART SURVET											
		Water Sy	ystem Fa	cility and S	Sampling	; Poir	nt Invo	ento	ry			
Water							-	Total	Lead			
- /	ter System Facility			oint Sampling				liform			Ashastas	Stage
Facility ID			ID	Descriptio			utus	Rule	Rule	lier	Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4		TION SYSTEM		A	Y				
				AM WITHIN 5		N	A		-			
			FS#1-1	KITCHEN S			P	Y	N	I		
			FS1K3	-	VEL KITCHE		A	Y				
			FS1R2	-	VEL RESTRO	ОМ	A	Y				
			FS1U1	LOWER UT	-		A	Y				
			FS1WR4		EN'S RESTRO	-	A	Y				
			FS2MR5		RESTROOM		A	Y				
			UPSTREAN	M WITHIN 5	SERVICE CO	N	A					
00700 ENT	RY POINT		3	ENTRY PO	INT		Α					
20800 WEL	L		2	WELL			А					
56861 TRE	ATMENT PLANT											
			C	ontact Info	ormatior	۱						
Name				Organization							Job Title	
Town of East H	lampton											
Mailing Addres	s Line One		Mailing Add	lress Line Two				C	City		State	Zip Code
20 East High St							East H	lampt	on		СТ	06424
Business Pho		Fax	N	Iobile Phone	Emergency	/ Phone						
860-267-251	19					·						
Contact Role(s)	: Owner		I		1							
Name				Organization							Job Title	
East Hampton	Fire Company #1											
Mailing Addres	s Line One		Mailing Add	lress Line Two				C	City		State	Zip Code
3 Barton Hill Ro	bad						East H				СТ	06424
Business Pho		Fax	N	Iobile Phone	Emergency	/ Phone						
860-267-101					0- 0							
Contact Role(s)					1							
Name	· · · · · ·			Organization							Job Title	
Mr. David Cox				Town of East	Hampton			То	wn Mar	nagei		
Mailing Addres			Mailing Add	Iress Line Two	•				City	5	State	Zip Code
20 East High St							East H				СТ	06424
Business Pho		Fax	N	Iobile Phone	Emergency	/ Phone		-				
860-267-446	58	860-267-2	1027		860-510				nampto	nct.g	jov	
Contact Role(s)	: Administrative	Contact, Leg	al Contact, (	Dwner								

		C .		0						
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0420184	EAST HAMPTON FIRE	STATION	N #1				NC	25	L	GW
Local Address (	where applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
3 BARTON HILL	ROAD			Connections			1			
Towns Served:	EAST HAMPTON			· · · ·					1	"
Please note the	following:									
1. The residual	disinfectant concentration	must be	measur	ed at the same location a	and time a	as ead	ch total colif	form sample.		
2. If a Collectio	n Period is specified, all wa	ter qualit	ty sampl	es must be collected dur	ing the sp	pecifie	ed period.			
	n results, additional monit nce sent by the DWS on or		· ·						0,	

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

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	Water Quality Mo	nitoring an	d Con	npliand	e S	chedul	e		
PWS ID	PWS Name			Classificat	ion F	opulation	Owner Typ	be Pr	imary Source
СТ0420194	EAST HAMPTON FIRE STATION #2			NC		25	L		GW
Local Address (	(where applicable)	Service	Resider	ntial Comm	nercia	Industria	al Combi	ined	Agricultura
366 WEST HIG		Connections			<u> </u>				
Towns Served:	EAST HAMPTON								
		nitoring Requ	uromo	ntc					
		• .	an enne						
	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)							
Total Colifor	. ,								per month
	Point (Sampling Point ID)			ing Period	Со	llection Per	riod Co	-	ance Status
Select from	m Inventory of Active Sampling Points			- 10/31/19					mplete
			11/1/19 -	- 11/30/19				Сог	mplete
			12/1/19 ·	- 12/31/19				Сог	mplete
			1/1/20 ·	- 1/31/20				Сог	mplete
			2/1/20 ·	- 2/29/20				Сог	mplete
			3/1/20	- 3/31/20					
				- 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					
Physical Para	ameters (PPS)					1	routine (	RT) p	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Со	llection Per	riod Co	mplic	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	- 9/30/19				Сог	mplete
Physical Para	ameters (PPS)					:	1 routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Со	llection Per			ance Status
DISTRIBU	TION SYSTEM (4)		10/1/19 -	- 10/31/19				Со	mplete
			11/1/19 -	- 11/30/19				Co	mplete
			12/1/19 -	- 12/31/19				Co	mplete
			1/1/20 -	- 1/31/20				Co	mplete
			2/1/20 -	- 2/29/20				Co	mplete
			3/1/20 ·	- 3/31/20					
			4/1/20 ·	- 4/30/20					
				- 5/31/20					
				- 6/30/20	_				
				- 7/31/20					
				- 8/31/20					
				- 9/30/20					
Water System	n Facility: ENTRY POINT (WSF ID: 007	700)		. ,					
Nitrate (104						1	routine (	RT) ,	per quarter
•	Point (Sampling Point ID)		Monitor	ing Period	Co	Liection Per	-		ance Status
ENTRY PO				- 9/30/19					mplete
	···· (•)			- 12/31/19					mplete
				- 3/31/20					mplete
				- 6/30/20				- 00	ipicie
				- 9/30/20					
			,,1,20	5, 50, 20					

	0	· D			TT 1.1	D :	1.		0		
	Connectic	ut Depar	tment o	of Public	Health	n Dru	nking	g Wate	r So	ection	
	Wat	ter Quali	ity Moni	toring a	nd Cor	nplia	ance S	Schedu	le		
PWS ID	PWS Name		- / -	0					-	vner Type Pi	imary Source
CT0420194	EAST HAMPTON	FIRE STATION	N #2				١C	25		L	GW
	(where applicable)			Service	Reside		ommercia	-	ial	Combined	Agricultural
366 WEST HIG				Connectior			1				
	: EAST HAMPTON						-				
			Monit	toring Red	nuiroma	onto					
				•	Juireine	ents					
	m Facility: ENTRY	POINT (W	SF ID: 00700	1							
Nitrite (104	-									-	T) per year
	g Point (Sampling Po	oint ID)			Monito	-		ollection P	eriod	_	ance Status
ENTRY PC	DINT (3)				1/1/19 ·						mplete
					1/1/20 ·					Со	mplete
					1/1/21 ·	· ·					
			Public No	tification	Requir	emen	ts				
				Compliance	Notic	е	Public No	otification		PN Cert	ification
Violation/Situ	iation			Period	Tier	Re	equired	Perform	ed	Due to DPH	Received
Total Coliform	M&R Violation		7/2	1/19 - 7/31/19	9 3	1/2	29/2021			2/8/2021	
		Water Sy	stem Faci	lity and S	ampling	g Poin	t Inve	ntory			
Water				-			То	otal Lead	l and	d	
System Wa	nter System Facility	S	ampling Poin	t Sampling P	Point		Coli	form Co	oper		Stage
Facility ID			ID	Description	1	Ste	atus R	ule Rul	e Tie	r Asbestos	WQP 2 DBPF
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	Л	A	Y			
		D	OWNSTREAM	1 WITHIN 5 S	ERVICE CO	N	A				
			FS#2-1	KITCHEN SI	NK		Р	Y	N		
			FS2K4	UPPER KITC	CHEN		A	Y			
			FS2MR5	UP MEN'S F	RESTROOM	1	A	Y			
			FS2O2	LOWER LEV	EL OFFICE		A	Y			
			FS2R3	LOWER LEV	/EL RESTRO	MOO	A	Y			
			FS2U1	LOWER UT	LITY SINK		A	Y			
			FS2WR6	UP WOMEN	N'S RESTRO	MOO	A	Y			
			UPSTREAM	WITHIN 5 S	ERVICE CO	N	A				
00700 EN	TRY POINT		3	ENTRY POI	NT		A				
20801 WE	ill		2	WELL			A				
			Со	ntact Info	rmatio	n					
Name			(	Organization						Job Title	
Mr. David Cox	(			Town of East H	Hampton			Town Ma	anag		
Mailing Addre		٦	Mailing Addre		•			City		State	Zip Code
20 East High S							East Ha	,		СТ	06424
Business Pho		Fax	Mot	oile Phone	Emergenc	y Phone					
860-267-44	68	860-267-10	027		860-510	-		easthampt	onct	.gov	
Contact Role(s	s): Administrative			/ner				•			
Please note th											
	al disinfectant concent	ration must be	measured at th	he same locatio	on and time	as each t	total colifo	orm sample.			
2. If a Collection	on Period is specified,	all water quali	ty samples mus	t be collected o	during the s	pecified	period.				
	on results, additional										
correspond	lence sent by the DWS			te of this sched contact the L							dule.
	ij you n		-		-			000/ 509-/	JJJ.		of schedule
		<u>n</u> :	p://www.	ct.gov/dph/	publicarii	ікіпgw	uler				,

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

	Connecticut D Water (	epartment of Quality Monit				<u> </u>			ection	
PWS ID	PWS Name			CI	assificatio	on Po	pulation	Ow	ner Type P	rimary Source
СТ0420214	KICKBACK N BOWL				NC		28		Р	GW
Local Address	(where applicable)		Service	Residentia	l Comme	ercial	Industr	ial	Combined	Agricultura
9 BEAR SWAN	1P		Connections		1					
Towns Served	: EAST HAMPTON									
		Monito	oring Requ	irement	ts					
Water Syster	m Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)							
Total Colifo			•					1 roι	utine (RT)	per quarter
	g Point (Sampling Point ID	))		Monitoring	Period	Colle	ection Pe			ance Status
	om Inventory of Active Sar	-		7/1/19 - 9/					-	mplete
				10/1/19 - 12		_				mplete
				1/1/20 - 3/	/31/20				Co	mplete
				4/1/20 - 6/	/30/20					
				7/1/20 - 9/	/30/20					
<b>Physical Par</b>	ameters (PPS)							1 roı	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID	)		Monitoring	Period	Colle	ection Pe	eriod	Compl	ance Status
Select fro	om Inventory of Active Sar	npling Points		7/1/19 - 9/	′30/19				Co	mplete
				10/1/19 - 12	2/31/19				Co	mplete
				1/1/20 - 3/	/31/20				Co	mplete
				4/1/20 - 6/	′30/20					
				7/1/20 - 9/	/30/20					
Water Syster	m Facility: ENTRY POIN	NT (WSF ID: 00700)								
	Nitrite (NOX)							1	-	RT) per year
	g Point (Sampling Point ID	)		Monitoring		Colle	ection Pe	eriod		ance Status
ENTRY PO	OINT (3)			1/1/19 - 12						mplete
				1/1/20 - 12					Co	mplete
				1/1/21 - 12,	/31/21					
	Monthly Wat	er System Facil	ity (WSF)	evel Mo	onitorin	ng Re	equire	eme	nts	
Water Syster	m Facility: ENTRY POIN	IT (WSFID: 00700)								
Analyte	Monitoring	Requirement (Summa	ary Type)	Operat	ting Limit				Samples R	eq/Month
рН	Entry Point	pH Monitoring (PHRD	)	Minim	um: 7 PH				4	Ļ
Start Date	: 11/1/2013		Complia	nce History	<i>r</i> :	Opera	ating Lim	nit	Monito	ring
			Monito	ing Period		-	liance S		: Complia	nce Status:
			10/1/20	19 - 10/31/2	2019					
			11/1/20	19 - 11/30/2	2019					
			12/1/20	19 - 12/31/2	2019					
			1/1/202	0 - 1/31/202	20					
			2/1/202	0 - 2/29/202	20					
	Wat	er System Facili	ty and Sai	npling P	oint In	vent	ory			
Water						Tota	l Leaa	l and		
	ater System Facility	Sampling Point		nt	(	Colifor		oper		Stage
Facility ID		ID	Description		Status	Rule	Rule	e Tier	Asbestos	WQP 2 DBP
	STRIBUTION SYSTEM	4	DISTRIBUTIO		А	Y				
00600 DIS			NAMES OF CER							
00600 DIS		DOWNSTREAM			Α					
	TRY POINT	DOWNSTREAM UPSTREAM 3	WITHIN 5 SEF WITHIN 5 SEF ENTRY POINT		A A A					

PWS ID	PWS Name			Cla	ssification	Population Ov	wner Type	rimary Sourc
СТ0420214	KICKBACK N BOWL				NC	28	Р	GW
Local Address (v	where applicable)		Service	Residential	Commerci	al Industrial	Combined	Agricultur
9 BEAR SWAMP			Connection	S	1			
Towns Served:	EAST HAMPTON						·	
	Water	System Faci	lity and Sa	ampling Po	oint Inve	ntory		
Water System Wat	er System Facility	Sampling Poin	t Sampling Po	oint		tal Lead an form Coppei		Stag
Facility ID		ID	Description		Status R			WQP 2 DB
20803 WEL	L	2	WELL		А			
58481 TREA	TMENT PLANT							
SO IOT INE								
		Со	ntact Info	rmation				
Name			ntact Info	rmation			Job Title	
		(				Owner	Job Title	
Name	lorcia	(	Organization Kickback N Bov			Owner City	Job Title State	Zip Code
Name Mr. James Spac	<b>lorcia</b> 5 Line One		Organization Kickback N Bov		East Ha	City		Zip Code 06424
Name <b>Mr. James Spac</b> Mailing Address	lorcia 5 Line One Road	Mailing Addre	Drganization Kickback N Bov ss Line Two			City mpton	State	
Name <b>Mr. James Spac</b> Mailing Address 9 Bear Swamp F	lorcia 5 Line One Road ne Extension Fa	Mailing Addre	Drganization Kickback N Bov ss Line Two	NI	one Email A	City mpton	State CT	-
Name Mr. James Spac Mailing Address 9 Bear Swamp F Business Phor 860-267-480	lorcia 5 Line One Road ne Extension Fa	Mailing Addre P.O. Box 45 ax Mol 57-5740	Organization Kickback N Bov ss Line Two Dile Phone	NI	one Email A	City mpton ddress	State CT	

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any 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.

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	Connecticut Department					<u> </u>			ection	
	Water Quality Mor	nitoring an	d Con	-						
PWS ID	PWS Name			Cla	ssificatio	n Pc		Ow		imary Sourc
СТ0420264	FOOD BAG - EAST HIGH STREET				NC		25		Р	GW
	(where applicable)	Service	Residen	tial	Comme	rcial	Industria	al	Combined	Agricultura
34 EAST HIGH		Connections			1					
Towns Served	EAST HAMPTON									
	Mon	itoring Requ	ireme	nts	5					
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)								
<b>Total Colifo</b>	rm (3100)						1	rou	itine (RT) j	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing I	Period	Coll	ection Per	riod	Complie	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/3	80/19				Co	mplete
			10/1/19 -	12/	/31/19				Co	mplete
			4/1/20 -	6/3	80/20					
			7/1/20 -	9/3	80/20					
<b>Total Colifo</b>	rm (3100)							3 r	epeat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitori	ing l	Period	Coll	ection Per	riod	Complie	ance Status
Select fro	m Inventory of Active Sampling Points	1	2/12/19	- 12	/17/19				Co	mplete
<b>Total Colifo</b>	rm (3100)					<b>3</b> to	emporary	y ro	utine (TR)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing I	Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/20 -	1/3	31/20					
<b>Physical Par</b>	ameters (PPS)						1	rou	itine (RT) j	ber quarter
Sampling	Point (Sampling Point ID)		Monitori	ing I	Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/3	80/19				Со	mplete
			10/1/19 -	12/	/31/19				Со	mplete
			1/1/20 -	3/3	31/20					
			4/1/20 -	6/3	80/20					
			7/1/20 -	9/3	80/20					
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing l	Period	Coll	ection Per	riod	Complie	ance Status
ENTRY PO	DINT (3)		1/1/19 -	12/	31/19				Со	mplete
			1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					
Water Syster	m Facility: WELL (WSF ID: 20808)									
E. Coli (301	4)						11	trigg	gered (TG)	per period
Sampling	Point (Sampling Point ID)		Monitori	ing l	Period	Coll	ection Per	riod	Compli	ance Status
WELL (2)		1	2/11/19	- 12	/17/19				Co	mplete
E. Coli (301	4)						1	rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing l	Period	Coll	ection Per	riod	Compli	ance Status
WELL (2)			7/1/19 -	9/3	80/19				Со	mplete
			10/1/19 -	12/	/31/19				Со	mplete
			1/1/20 -	3/3	31/20				Со	mplete
			4/1/20 -	6/3	80/20					
			7/1/20 -	9/3	80/20					
	Monthly Water System Fa			-	•- •	-			_	

	vva	ter Qua	lity Moni	toring a	na con	прпа	nce 5	cneau	lie		
PWS ID	PWS Name					Classif	ication	Populatior	n Owr	ner Type Pr	rimary Source
CT0420264	FOOD BAG - EAS	ST HIGH STRE	ET			N	С	25		Р	GW
Local Address (wl	nere applicable)			Service	Resider	ntial Co	mmercia	al Indust	rial	Combined	Agricultural
34 EAST HIGH STI	REET			Connectior	าร		1				
Towns Served: EA	ST HAMPTON										
Water System F	acility: ENTRY	POINT (W	SFID: 00700)								
Analyte	Mon	itoring Requi	rement (Summ	nary Type)	Оре	erating L	.imit		:	Samples Re	eq/Month
рН	Entry	Point pH Mo	onitoring (PHRI	D)	Min	imum:	6.4 PH			Dai	ily
Start Date: 7	/1/2019			Comp	liance Hist	ory:	Ор	erating Lin	nit	Monitor	ing
				Monit	oring Perio	bd	Cor	npliance S	tatus:	Complia	nce Status:
					2019 - 10/3						
				11/1/2	2019 - 11/3	80/2019					
					2019 - 12/3						
					020 - 1/31/						
				2/1/20	020 - 2/29/	2020					
		Water Sy	stem Facil	lity and Sa	ampling	g Poin	t Inve	ntory			
Water							То	tal Lead	d and		
	System Facility	·	Sampling Point				Colij		oper		Stage
Facility ID			ID	Description			iu s		e Tier	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUTI				Y			
			4DS	BATHROON		/		Y			
			4DSA	UTILITY SIN				Y			
			DOWNSTREAM				4				
			UPSTREAM	WITHIN 5 S			4				
	POINT		3	ENTRY POI	NT		4				
20808 WELL			2	WELL		1	4				
47244 FOOD	BAG WTP										
			Cor	ntact Info	rmatior	า					
Name			С	rganization						Job Title	
Ms. Linda Beaud	oin		A	tlantis Mana	gement Gro	oup		Exec Coc	ordina	tor	
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
318 Main Street			P.O. Box 7318				Kensing	gton		СТ	06037
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	ddress			
860-828-0333	122	860-828-6	5963				lbeaudo	oin@atlan	tismgr	nt.com	
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name			C	)rganization						Job Title	
Mr. Tumay Basar	anlar		A	tlantis Mgmt	Group			Ceo			
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
555 South Colum	bus Avenue	1	Suite 201				Mount	Vernon		NY	10550
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	ddress			
914-699-9500		914-699-9	9400				tumay@	atlantism	ngmt.c	om	
Contact Role(s):	Owner										

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0420264	FOOD BAG - EAST HIGH STREET			NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
34 EAST HIGH	I STREET	Connections		1			
Towns Served	EAST HAMPTON	·					
Please note t	he following:						
1. The residu	al disinfectant concentration must be measur	ed at the same location	and time a	as each total colif	form sample.		
2. If a Collect	ion Period is specified, all water quality sampl	es must be collected du	ring the sp	pecified period.			
	; on results, additional monitoring may be req dence sent by the DWS on or after the genera			1 1		0,	· ·

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

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	Connecticut Dep Water Ou	artment of ality Monit					0		ection	
			or mg and			ssification				innen Cerree
PWS ID	PWS Name				Clas			-		imary Source
CT0420274	FOOD BAG		c :	<b>D</b>		NC		25	P	GW
	where applicable)		Service Connections	Resident	lai	Commer	cial	Industrial	Combined	Agricultural
1 COLCHESTER			connections			1				
Towns Served:	EAST HAMPTON			•	_					
Water System	n Facility: DISTRIBUTION		oring Requ	liremer	nts		_			
Total Colifor	· · · · · · · · · · · · · · · · · · ·		2.00000					1 ro	utine (RT)	or quarter
	Point (Sampling Point ID)			Monitorin	na P	Period	Coll	ection Period		ance Status
	m Inventory of Active Sampli	ng Points		7/1/19 - 1	_		com			mplete
Select II OI	In inventory of Active Sampli			1/1/20 - 3	- ·					
				4/1/20 -	-					
				7/1/20 -						
Total Californ	- (2100)			//1/20-	9/5	0/20		2	remeat (DD)	nor noried
Total Coliforn	• •			Monitorin	D	ariad	Coll	ا د ection Period	repeat (RP)	
	Point (Sampling Point ID)	na Dointa		<i>Monitorin</i> 9/12/19 -	-		Com	ection Period	a compile	ance Status
	m Inventory of Active Sampli			9/12/19 -	. 9/ 1	.//19	2.4			
Total Colifor	• •					anta d			outine (TR)	•
	Point (Sampling Point ID)	a - Deinte		Monitorin	-		Colli	ection Period	a compile	ance Status
	m Inventory of Active Sampli	ng Points		10/1/19 -	10/3	31/19			(DT)	
-	ameters (PPS)						<b>C</b> -11		utine (RT)	-
	Point (Sampling Point ID)	<b></b>		Monitorin	-		Coll	ection Period		ance Status
Select from	m Inventory of Active Sampli	ng Points		7/1/19 - 9						mplete
				10/1/19 -					Co	mplete
				1/1/20 - 3						
				4/1/20 -	-	-				
				7/1/20 -	9/3	0/20				
-	a Facility: ENTRY POINT	(WSF ID: 00700)								
	Nitrite (NOX)								L routine (R	
	Point (Sampling Point ID)			Monitorin	-		Coll	ection Period	-	ance Status
ENTRY PO	INT (3)			1/1/19 - 1					Со	mplete
				1/1/20 - 1						
				1/1/21 - 1	12/3	31/21				
Water System	n Facility: WELL (WSF ID	: 20809)								
E. Coli (3014	.)							1 trig	ggered (TG)	per period
Sampling	Point (Sampling Point ID)			Monitorin	ng P	Period	Coll	ection Period	d Compli	ance Status
WELL (2)				9/11/19 -	9/1	7/19			Со	mplete
E. Coli (3014	.)							1 ro	utine (RT) ן	oer quarter
Sampling	Point (Sampling Point ID)			Monitorin	ng P	Period	Coll	ection Period	d Compli	ance Status
WELL (2)				7/1/19 -	9/3	0/19			Со	mplete
				10/1/19 -	12/3	31/19			Со	mplete
				1/1/20 - 3	3/3	1/20				
				4/1/20 -	6/3	0/20				
				7/1/20 -	9/3	0/20				
	Water	System Facili	ity and Sar	npling	Ро	int Inv	ent	-		
Water	han Crashana Escullita	Competition D. 1.1	Concella D. 1				Tota			
System Wat Facility ID	ter System Facility	Sampling Point ID	Sampling Poil	nt			olifoi Rule			Stage WQP 2 DBPR
	ation has been provided to help ow			man manifester 1		<u>Status</u>				

# Connecticut Department of Public Health Drinking Water Section

		Wa	ter Qual	ity Mon	itoring a	ano	d Cor	npl	iar	ice S	Sche	edul	le			
PWS ID	PW	/S Name			0								1	ner Type	Prin	nary Source
СТ0420274	FO	OD BAG							NC		2	5		Р		GW
Local Addro	ess (wher	e applicable)			Service		Reside	ntial	Com	mercia	al In	dustri	al	Combine	d /	Agricultura
1 COLCHES	TER AVE	NUE			Connectio	ons				1						
Towns Serv	ved: EAST	HAMPTON														
			Water Sy	stem Fac	ility and S	San	npling	g Po	int	Inve	nto	ſy				
Water										То	tal	Lead	and	1		
	Water Sy	stem Facility	5		nt Sampling		nt				form	Сор				Stage
Facility ID				ID	Descriptio				Stati	13	ule	Rule	Tier	Asbesto	s W	QP 2 DBPI
00600	DISTRIBU	ITION SYSTEM	l	4	DISTRIBUT	ION	I SYSTEN	Л	A		Y					
				4DS	BATHROO	MS	ΙΝΚ ΤΑΡ		Α		Y					
				4DSA	UTILITY SI	NK T	ΓAΡ		Α		Y					
			I	DOWNSTREA	M WITHIN 5	SER	VICE CO	N	Α							
				UPSTREAM	WITHIN 5	SER	VICE CO	N	Α							
00700	ENTRY PO	DINT		3	ENTRY PO	INT			Α							
20809	WELL			2	WELL				Α							
TP01	TREATM	ENT PLANT														
				Co	ontact Info	orn	natio	n								
Name					Organization									Job Title	5	
Mr. George	e Webb				General Equit	ties,	Inc.				Exc	. Vice	Pres	ident		
Mailing Ad		e One		Mailing Addr							Ci	ty		State	Z	ip Code
P.O. Box 73				318 Main Str					ł	Censing	ton			СТ		037-7318
Business	Phone	Extension	Fax	Mo	bile Phone	En	nergenc	y Pho			-	SS				
860-828		103	860-828-6			-	860-828						LEQU	JITIES.CO	М	
Contact Ro	le(s): Le	gal Contact									-		-			
Name		•			Organization									Job Title	2	
Ms. Linda I	Beaudoin				Atlantis Mana	ager	ment Gr	oup			Exe	с Сооі	rdina	ator		
Mailing Ad	dress Line	e One		Mailing Addr		0						ty		State	Z	ip Code
318 Main S				P.O. Box 731					ł	Kensing		-1		СТ		06037
Business		Extension	Fax		bile Phone	En	nergenc	v Phc			-	SS				
860-828	-0333	122	860-828-6	963			0	,					ismg	mt.com		
Contact Ro	le(s): Ac	Iministrative											0			
Name					Organization									Job Title	2	
Mr. Tumay	Basaran	lar			Atlantis Mgm	nt Gr	roup				Cec	)				
Mailing Ad				Mailing Addr	-						Ci	ty		State	Z	ip Code
555 South				Suite 201					ſ	Nount				NY		10550
Business		Extension	Fax		bile Phone	En	nergenc	v Pho	one l	Email A	ddre	SS				
914-699			914-699-9				0.0			umay(			gmt.	com		
Contact Ro		wner				1							<u> </u>			
Please not																
		-	tration must be	e measured at	the same locati	ion a	and time	as ead	ch tot	al colifo	orm sa	mple.				
					ust be collected											
3. Depend	ing on res	ults, additional	monitoring ma	ay be required	(i.e. repeat or o	confi	irmation	samp	les).	This sch						
corresp	ondence s				late of this sche <b>e contact the</b>									<u>a in this sc</u>	nedu	lle.

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 De	<b>^</b>				-	-		ection	
	Water Q	uality Monit	oring an	d Con	ıplia	nce S	Sche	edule		
PWS ID	PWS Name				Classif	ication	Popu	lation Ow	ner Type P	rimary Sourc
СТ042028	4 HADDAM NECK COVENA	ANT CHURCH			N	IC	6	50	Р	GW
Local Add	ress (where applicable)		Service	Resident	tial Co	ommerci	al Ir	ndustrial	Combined	Agricultura
17 HADDA	AM NECK ROAD		Connections			1				
Towns Sei	ved: EAST HAMPTON									
		Monite	oring Requ	uireme	nts					
	stem Facility: <b>DISTRIBUTIO</b>									
	liform (3100)									per quarter
	oling Point (Sampling Point ID)			Monitori	-		ollect	ion Period	-	iance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 -						omplete
				10/1/19 -						omplete
				1/1/20 -					Co	omplete
				4/1/20 -						
				7/1/20 -	9/30/2	.0				
-	Parameters (PPS)								• •	per quarter
	oling Point (Sampling Point ID)			Monitori	-		ollect	ion Period	-	iance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 -						omplete
				10/1/19 -						mplete
				1/1/20 -					Co	omplete
				4/1/20 -						
				7/1/20 -	9/30/2	20				
	stem Facility: ENTRY POIN	I (WSFID: 00700)								<b>`</b> 1
	And Nitrite (NOX)						- 11 4		-	RT) per year
	pling Point (Sampling Point ID)			Monitori			ollect	ion Period	-	iance Status
ENTE	RY POINT (3)			1/1/19 - 1						mplete
				1/1/20 - 1					LC	omplete
				1/1/21 - 1		21				
		Other C	ompliance	e Sched	ules					
Complian	ce Schedule Activity				Due Da	te		Achieved	Date	
RESPOND	TO SANITARY SURVEY			12	2/21/20	019				
	Wate	r System Facili	ity and Sa	mpling	Poin	t Inve	nto	ry		
Water			-			Тс	otal	Lead and	1	
System	Water System Facility	Sampling Point		int		Coli	iform	Copper		Stage
Facility ID	)	ID	Description		Sta	itus R	lule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	ļ	4	Y			
		DOWNSTREAM	WITHIN 5 SEE	RVICE CON		4				
		UPSTREAM	WITHIN 5 SE	RVICE CON	/	4				
00700	ENTRY POINT	3	ENTRY POINT	Г	ŀ	4				
20810	WELL	2	WELL		ŀ	4				
55824	PRESSURE STORAGE									
55826	ION-EXCHANGE AND CALCITE									
		Con	tact Infor	mation						
Name			rganization						Job Title	
	Visintainer		addam Neck C	ovenant C	hurch		Fac	ilities		
	ddress Line One	Mailing Addres						ity	State	Zip Code
	m Neck Rd		-			East Ha			CT	06424

							<b>г</b> -				1
PWS ID		PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ04202	284	HADDAM NECH	COVENANT C	HURCH				NC	60	Р	GW
Local Ac	dress (w	nere applicable	)		Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
17 HADI	DAM NEC	K ROAD			Connection	S		1			
Towns S	erved: EA	AST HAMPTON				·				·	
Busine	ess Phone	Extension	Fax	Mobil	e Phone	Emergency	y Pho	one Email <i>i</i>	Address		
860-2	267-2336			860-2	66-0829			Office	HNCC@SBCg	lobal.net	
Contact	Role(s):	Administrative	e Contact, Lega	al Contact							
Please r	note the f	ollowing:									
1. The	residual di	sinfectant conce	ntration must be	e measured at the	e same location	n and time a	as ea	ch total colif	orm sample.		
2. IfaC	Collection I	Period is specifie	d, all water quali	ity samples must	be collected d	uring the sp	pecifi	ed period.			
	-		-	ay be required (i.e e generation date							

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

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	<b>*</b>	t of Public Health Drinking Water Section nitoring and Compliance Schedule
PWS ID	PWS Name	Classification Population Owner Type Primary Source
CT0420334	26 EAST HIGH STREET	NC 25 P GW
ocal Address (	(where applicable)	Service Residential Commercial Industrial Combined Agricultura
6 EAST HIGH	STREET	Connections 1
owns Served:	EAST HAMPTON	
		nitoring Requirements
	n Facility: DISTRIBUTION SYSTEM (W	-
Total Colifor	• •	1 routine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
		10/1/19 - 11/30/19 Complete
		1/1/20 - 3/31/20
		4/1/20 - 6/30/20
	()	7/1/20 - 9/30/20
Total Colifor	• •	3 repeat (RP) per period
	Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
	m Inventory of Active Sampling Points	11/6/19 - 11/12/19 Complete
Total Colifor	• •	3 temporary routine (TR) per monti
	Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
	m Inventory of Active Sampling Points	12/1/19 - 12/31/19
-	ameters (PPS)	1 routine (RT) per quarte
	Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select fro	m Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
		10/1/19 - 12/31/19 Complete
		1/1/20 - 3/31/20
		4/1/20 - 6/30/20
Mator Systop	n Facility: ENTRY POINT (WSF ID: 007	7/1/20 - 9/30/20
	Nitrite (NOX)	•
	Point (Sampling Point ID)	1 routine (RT) per year Monitoring Period Collection Period Compliance Status
ENTRY PC		1/1/19 - 12/31/19 Complete
ENTRIPO	5111 (3)	1/1/20 - 12/31/20
		1/1/20 - 12/31/20
Nater System	n Facility: WELL #1	(WSF ID: 20812)
E. Coli (3014		1 triggered (TG) per period
-	Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
WELL (2)	i ont (ouriping i ont ib)	11/5/19 - 11/12/19 Complete
E. Coli (3014	4)	1 routine (RT) per quarte
-	+) Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
WELL (2)		7/1/19 - 9/30/19
		10/1/19 - 12/31/19 Complete
		1/1/20 - 3/31/20
		4/1/20 - 6/30/20
		7/1/20 - 9/30/20
	Monthly Mater Custom F	7/1/20 - 9/30/20 acility (WSF) Level Monitoring Requirements

	water Q	Juality Mo	mitor mg an	iu comp	mance s	ocheuule	;	
PWS ID	PWS Name			Cl	assification	Population C	wner Type Pr	imary Source
СТ0420334	26 EAST HIGH STREET				NC	25	Р	GW
Local Address (	where applicable)		Service	Residentia	I Commercia	al Industrial	Combined	Agricultura
26 EAST HIGH S	STREET		Connections	5	1			
Towns Served:	EAST HAMPTON							
Water System	n Facility: ENTRY POINT	(WSFID: 007	/00)					
Analyte	Monitoring R	Requirement (S	ummary Type)	Operat	ting Limit		Samples Re	q/Month
рН	Entry Point p	H Monitoring(	PHRD)	Minim	um: 6.4 PH		4	
Start Date:	2/1/2016		Compli	ance History	/: Op	erating Limit	Monitor	ing
			Monito	ring Period		mpliance Stat	us: Complia	nce Status:
			10/1/20	019 - 10/31/2	2019			
			11/1/20	019 - 11/30/2	2019			
			12/1/20	019 - 12/31/2	2019			
				20 - 1/31/202				
			2/1/202	20 - 2/29/202	20			
		Oth	er Compliance	e Schedu	les			
Compliance Sci	hedule Activity			Du	e Date	Achieve	ed Date	
RESPOND TO S	ANITARY SURVEY			3/1	1/2020			
CORRECTIVE A	CTION/CORRECTIVE ACTIO	N PLAN		6/9	9/2020			
CORRECTIVE A	CTION/CORRECTIVE ACTIO	N PLAN		6/9	9/2020			
		Public	Notification I	Requirem	nents			
			Compliance	Notice		otification	PN Cert	ification
Violation/Situa	ation		Period	Tier	Required	Performed		Received
Total Coliform	M&R Violation		1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Total Coliform	M&R Violation		4/1/19 - 6/30/19	3	8/12/2020		8/22/2020	
Physical Param	eters M&R Violation		4/1/19 - 6/30/19	3	8/12/2020		8/22/2020	
	Wate	er System F	acility and Sa	mpling P	oint Inve	ntory		
Water		-	-			tal Lead a	nd	
System Wat	ter System Facility	Sampling I	Point Sampling Po	int	Colij	form Coppe	r	Stage
Facility ID		ID	Description		Status R	ule Rule T	er Asbestos	WQP 2 DBP
00600 DIST	<b>FRIBUTION SYSTEM</b>	3	DISTRIBUTIO		A	Y		
		4	DISTRIBUTIO		A	Y		
					^			
			EAM WITHIN 5 SE		A			
		UPSTRE	AM WITHIN 5 SE	RVICE CON	А			
	RY POINT	UPSTRE/ 3	AM WITHIN 5 SE	RVICE CON				
20812 WEL	LL #1	UPSTRE	AM WITHIN 5 SE	RVICE CON	А			
20812 WEL		UPSTRE/ 3	AM WITHIN 5 SE	RVICE CON	A A			
20812 WEL	LL #1	UPSTRE/ 3 2	AM WITHIN 5 SE	RVICE CON T	A A			
20812 WEL	LL #1	UPSTRE/ 3 2	AM WITHIN 5 SE ENTRY POINT WELL	RVICE CON T	A A		Job Title	
20812 WEL 57819 TRE	LL #1 ATMENT PLANT	UPSTRE/ 3 2	AM WITHIN 5 SE ENTRY POINT WELL Contact Infor	RVICE CON T	A A	Owner	Job Title	
20812 WEL 57819 TRE/ Name	LL #1 ATMENT PLANT nello	UPSTRE/ 3 2	AM WITHIN 5 SE ENTRY POINT WELL Contact Infor	RVICE CON T	A A	Owner City	Job Title State	Zip Code
20812 WEL 57819 TRE/ Name <b>Mr. Francis D'n</b> Mailing Addres	LL #1 ATMENT PLANT mello ss Line One	UPSTRE/ 3 2	AM WITHIN 5 SE ENTRY POINT WELL Contact Infor Organization	RVICE CON T	A A	City		Zip Code 06457
20812 WEL 57819 TRE/ Name Mr. Francis D'n	LL #1 ATMENT PLANT nello ss Line One ad	UPSTREA 3 2 Mailing Ad	AM WITHIN 5 SE ENTRY POINT WELL Contact Infor Organization ddress Line Two	RVICE CON T mation	A A A	City town	State	
20812 WEL 57819 TRE Name Mr. Francis D'n Mailing Addres 567 Ballfall Roa	ATMENT PLANT  mello ss Line One ad Extension	UPSTREA 3 2 Mailing Ad	AM WITHIN 5 SE ENTRY POINT WELL Contact Infor Organization ddress Line Two	RVICE CON T mation	A A A Middle	City town	State CT	

	C J	0					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0420334	26 EAST HIGH STREET			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
26 EAST HIGH	STREET	Connections		1			
Towns Served:	EAST HAMPTON						
Please note th	e following:						
1. The residual	disinfectant concentration must be measured a	at the same location a	and time a	as each total coli	form sample.		
2. If a Collectio	n Period is specified, all water quality samples i	must be collected dur	ring the sp	ecified period.			
1 0	n results, additional monitoring may be require nce sent by the DWS on or after the generation	· · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0,	

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

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Connecticut Dep Water Qua	artment of ality Monit				<u> </u>			ection	
PWS ID PWS Name		0	T	Classifi	cation F	opu	lation Ow	ner Type	Primary Sourc
CT0420354 LOCO PERRO				N		2		P	GW
ocal Address (where applicable)		Service	Resident	al Cor	mmercia	l In	dustrial	Combined	Agricultura
191 EAST HIGH STREET		Connection	ns		1				
Towns Served: EAST HAMPTON	<b>N</b> /a.a.it			<b>.</b>					
			quiremer	its					
Nater System Facility: DISTRIBUTION Total Coliform (3100)		D: 00600)					1 ro	uting (PT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	a Doria	nd Co	llocti	ion Period		iance Status
Select from Inventory of Active Samplir	ng Points		7/1/19 - 9	-		neen	onrenou	-	omplete
Sciect from inventory of Active Sumpli	18 1 011123		10/1/19 - 1						omplete
			1/1/20 - 3						omplete
			4/1/20 - 6						piece
			7/1/20 - 9						
Physical Parameters (PPS)			, ,				1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	g Perio	od Co	llecti	ion Period		iance Status
Select from Inventory of Active Samplir	ng Points		7/1/19 - 9	9/30/19	9			Co	omplete
			10/1/19 - 1	12/31/2	19			Co	omplete
			1/1/20 - 3	3/31/20	0			Co	omplete
			4/1/20 - 6	5/30/20	0				
			7/1/20 - 9	9/30/20	0				
Water System Facility: ENTRY POINT	WSF ID: 00700)	1							
Nitrate And Nitrite (NOX)									RT) per yeai
Sampling Point (Sampling Point ID)			Monitorin	-		llecti	ion Period		iance Status
ENTRY POINT (3)			1/1/19 - 1						omplete
			1/1/20 - 1					C	omplete
<b>N/-1</b>	C		1/1/21 - 1						
	System Facil	ity and S	ampling	Point				-	
Water System Water System Facility	Sampling Point	Sampling I	Doint		Tot		Lead and		Chara
System Water System Facility Facility ID	ID	Description		<b>C</b> 1-1	Colif tus Ru		Copper Rule Tier	Ashestos	Stage WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	<u>Sta</u> r A	lus				
	DOWNSTREAM			A					
	UPSTREAM		SERVICE CON	A					
00700 ENTRY POINT	3	ENTRY POI		А					
20814 WELL	2	WELL		А	۱ ۱				
58898 TREATMENT PLANT									
	Con	tact Info	rmation						
Name		rganization						Job Title	
As. Elizabeth A. Wiltsie		oco Perro				Ow	ner		
Mailing Address Line One	Mailing Addres					Ci		State	Zip Code
25 Orchard Road					East Had			СТ	06423
Business Phone Extension Fa	x Mobi	ile Phone	Emergency	Phone	Email Ad	ddres	SS		
860-267-2945									
Contact Role(s): Administrative Contact, Le	egal Contact								

Schedule Generation Date: 3/10/2020

		- <b>v</b>	- )	0		1			-		
PWS ID	PWS Name					Class	sification	Population	Owner <sup>-</sup>	Туре	Primary Source
СТ0420354	LOCO PERRO						NC	25	Р		GW
Local Address (w	here applicable)			Service	Reside	ntial	Commerc	ial Industri	al Cor	nbine	d Agricultural
191 EAST HIGH S	TREET			Connectio	ons		1				
Towns Served: E	AST HAMPTON							1			
Name				Organization					Jol	b Title	
Charmic LLC											
Mailing Address	Line One		Mailing Addr	ess Line Two				City	S	tate	Zip Code
25 Orchard Rd							East H	ampton		СТ	06423
Business Phone	e Extension	Fax	Mc	bile Phone	Emergend	y Pho	ne Email	Address			
Contact Role(s):	Owner		i				I				
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.

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	С		<b>.</b>	rtment o				0				
		Wa	ter Qua	lity Moni	toring a	nd Con	nplia	ince S	ched	lule		
PWS ID	P١	VS Name					Classif	fication F	opulati	ion O	wner Type P	rimary Source
CT042039		ELSONS CAMP		AREA H				IC	60		Р	GW
		re applicable)			Service	Resider	ntial Co	ommercia	Indu	strial	Combined	Agricultura
71 MOTT	-				Connectio	115		1				
Towns Se	rved: EAS	T HAMPTON		•	• -	•	_					
Water Sy	/stem Fa	cility: DISTR		Monit YSTEM (WSF	oring Re ID: 00600)	quireme	ents	_	_	-		
Total Co	liform (	3100)								<b>1</b> r	outine (RT)	per quarter
Sam	pling Poir	nt (Sampling P	oint ID)			Monitor	ing Peri	iod Co	llection	Perio	d Compli	ance Status
Seleo	ct from In	ventory of Act	ive Sampling	g Points		7/1/19					Co	mplete
						4/1/20						
						7/1/20	- 9/30/2	20				
-		ters (PPS)									outine (RT)	• •
		nt (Sampling P				Monitor	-		llection	Perio		ance Status
Seleo	ct from In	ventory of Act	ive Sampling	g Points		7/1/19					Сс	mplete
						4/1/20						
						7/1/20	- 9/30/2	20				
			Y POINT (V	VSF ID: 00700)								<b>\</b>
		ite (NOX)									1 routine (F	
		nt (Sampling P	oint ID)			Monitor			llection			ance Status
ENT	RY POINT	(3)				1/1/19 -			4/1-9/		Co	mplete
						1/1/20 -			4/1-9/			
						1/1/21 -		21	4/1-9/	/30		
				Other C	Complian	ce Scheo	dules					
Complian	ce Schedi	le Activity					Due Da	ite	Ac	chieve	d Date	
CROSS CC	ONNECTIO	N SURVEY REF	PORT				3/1/20	20				
SEASONA	L START L	JP COMPLETIC	)N				4/1/20	20				
			Water S	ystem Facil	ity and S	ampling	; Poin	t Inver	ntory			
Water	Mator C	ustom Facility		Compling Doint	Concelier	Doint		Tot		ead an		<u></u>
System Facility IL		ystem Facility		Sampling Point ID	Description			Colife The Ru		Сорре По Ті	r er Asbestos	Stage
00600		UTION SYSTEN	Λ	4		ION SYSTEN		<del>atus Ru</del> A Y		uie m		
00000	DISTRIC		1	DOWNSTREAM				A I				
				H7	SITE H7			A Y	,			
				UPSTREAM		SERVICE CO		A				
00700	ENTRY F	OINT		3	ENTRY POI			A				
20816	WELL			2	WELL			A				
53155		RE TANK		_								
61567		PHERIC STORA	GE									
61569	BOOSTE											
	200012			Cor	ntact Info	rmation	1					
Name					rganization	mation	•				Job Title	
Mame	Gustina				-	artias Inc			Presid	ont	JOD LITIE	
Mailing A		o One		G Mailing Addres	ustine Prope	er des, inc.			City	ent	State	Zip Code
71 Mott F					S LITE I WU			East Har			CT	06424
	s Phone	Extension	Fax	Mah	ile Phone	Emergency	Dhone				U	00424
Dusines	SFIUIR	LATENSION	гdХ	UUIVI	ile FIIOIIE	LINEIgent	y FIIOITE		101622			

	-		- 5		- 0 -		<b>I</b> <sup>-</sup> -			-			
PWS ID	PWS Name						Classi	fication	Population	Owne	er Type	Prim	ary Source
СТ0420394	NELSONS CAMP	GROUND - A	REA H				1	NC	60		Р		GW
Local Address (w	here applicable)				Service	Resider	ntial Co	ommercia	I Industri	ial (	Combine	ed A	gricultural
71 MOTT HILL RO	OAD				Connection	ns		1					
Towns Served: E													
860-267-5309	)	860-267-	5312			860-883	-7960						
Contact Role(s):	Legal Contact												
Name				Or	ganization						Job Title	е	
Mr. Bruce Gusti	ne			Gu	ustine Prope	erties, Inc			Vice Presi	ident			
Mailing Address	Line One		Mailing	Address	s Line Two				City		State	Zi	p Code
71 Mott Hill Roa	d							East Ha	mpton		СТ	(	06424
Business Phon	e Extension	Fax		Mobil	le Phone	Emergence	y Phone	e Email A	ddress				
860-267-5363	3	860-267-	5312			888-883	-7957	gustine	srV@msn.c	om			
Contact Role(s):	Legal Contact,	Owner											
Name				Or	ganization						Job Title	е	
Miss Colynn Hoo	dge			Gu	ustine Prope	erties Inc							
Mailing Address	Line One		Mailing	Address	S Line Two				City		State	Zi	p Code
71 Mott Hill Roa	d							East Ha	mpton		СТ	(	06424
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phone	e Email A	ddress				
860-267-5364	ŀ	860-267-	5312	860-8	83-7962	860-883	-7962	gustine	srv@msn.c	om			
Contact Role(s):	Administrative	Contact						1					
Please note the	following:												
1. The residual d	lisinfectant concen	tration must b	e measur	ed at the	same locatio	on and time	as each	total colifo	rm 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

		wat	er Quar	ILLY M	onit	coring a	na com							
PWS ID	PWS Nam	ie						Classifi	ication [	opul	ation	Own	er Type P	rimary Sour
CT0420424	ROSSINIS							N	С	25			Р	GW
ocal Address	(where appl	icable)				Service	Residen	tial Co	mmercia	l Ind	dustria		Combined	Agricultur
2 WEST HIGH	STREET					Connection	IS		1					
owns Served:	EAST HAM	PTON												
				Μ	onit	oring Red	luireme	nts						
Vater Syster	n Facility:	DISTRIE	BUTION SY	STEM (	WSF I	D: 00600)								
Fotal Colifor				-		•					1	rou	tine (RT)	per quarte
	Point (Sam	pling Poi	int ID)				Monitori	ng Peri	od Co	llectio	on Peri			iance Status
	m Inventory			Points			7/1/19 -	-						mplete
	,						10/1/19 -					-		mplete
							1/1/20 -							mplete
							4/1/20 -							•
							7/1/20 -							
Physical Para	ameters (F	PPS)									1	rou	tine (RT)	per quarte
•	Point (Sam	-	int ID)				Monitori	ng Peri	od Co	llectio	on Peri			iance Status
Select fro	m Inventory	of Activ	e Sampling	Points			7/1/19 -						Cc	mplete
							10/1/19 -	12/31/	′19				Cc	mplete
							1/1/20 -	3/31/2	0				Cc	mplete
							4/1/20 -	6/30/2	0					
							7/1/20 -	9/30/2	0					
Nater Syster	n Facility:	ENTRY	POINT (W	/SF ID: 0	0700)	I								
Nitrate And	Nitrite (N	DX)										1 r	routine (F	RT) per yea
Sampling	Point (Sam	pling Poi	int ID)				Monitori	ng Peri	od Co	llectio	on Peri	iod	Compl	iance Status
ENTRY PC	DINT (3)						1/1/19 -	12/31/2	19				Cc	omplete
							1/1/20 -	12/31/2	20				Cc	mplete
							1/1/21 -	12/31/2	21					
		V	Vater Sy	/stem l	Facil	ity and Sa	ampling	Point	t Inver	ntor	у			
Water									Tot	tal	Lead a	ind		
	ter System I	Facility	9		Point	Sampling P			Colif		Сорр			Stag
acility ID				ID		Description			itus Ru	le	Rule 1	Tier	Asbestos	WQP 2 DBI
00600 DIS	TRIBUTION S	SYSTEM		4		DISTRIBUTI			4 I					
						WITHIN 5 S			4					
				UPSTRE	AM	WITHIN 5 S		N A	4					
00700 EN1	RY POINT			3		ENTRY POIN	IT	ŀ	4					
20818 WE	LL			2		WELL		4	۹					
					Con	tact Info	rmation							
lame					0	rganization							Job Title	
/Ir. Mario Sim	oni				A	lm Realty Gro	oup			Mer	nber			
/lailing Addre	ss Line One			Mailing A	ddres	s Line Two				Cit	:y		State	Zip Code
.99 White Bird	h Road								East Ha	npto	n		СТ	06424
Business Pho	one Exter	nsion	Fax		Mobi	ile Phone	Emergency	Phone	Email A	ddres	S			
860-267-73	35						860-267-	1106						
Contact Dala/s	): Legal Co	ntact				1								

							· · · ·	- P -				· ·			
PWS ID	PWS Name							Clas	sification	Pc	pulation	Own	er Type	Primary So	urce
СТ0420424	ROSSINIS								NC		25		Р	GW	
Local Address (w	here applicable)				Service	Resi	dent	tial	Commerc	ial	Industria	al	Combine	d Agricult	ural
62 WEST HIGH S	TREET				Connectio	ns			1						
Towns Served: E	AST HAMPTON							1							
Name				Or	ganization								Job Title	2	
A L M Realty Gro	oup LLC														
Mailing Address	Line One		Mailing Addr	ress	Line Two						City		State	Zip Cod	5
62 West High Str	eet								East H	lam	pton		СТ	06424	
Business Phone	e Extension	Fax	Mo	obile	e Phone	Emerge	ency	Pho	ne Email	Add	dress				
Contact Role(s):	Owner														
Name				Or	ganization								Job Title	<u>;</u>	
Mr. Emilio Simo	ni			Ro	ssinis					(	Owner				
Mailing Address	Line One		Mailing Addr	ess	Line Two						City		State	Zip Cod	ē
62 West High Str	eet								East H	lam	pton		СТ	06424	
Business Phone	e Extension	Fax	Mo	obile	e Phone	Emerge	ency	Pho	ne Email	Add	dress				
860-267-1106															
Contact Role(s):	Administrative	Contact, Ow	/ner												
Please note the	following:														
1. The residual d	isinfectant concent	ration must b	e measured at	the	same locatio	on and tir	me as	s eac	h total coli	forn	n sample.				
2. If a Collection	Period is specified,	all water qua	lity samples m	ust k	be collected	during th	e spe	ecifie	d period.						
2 Depending on	reculte additional	monitoring m	ou ha raquirad	1: 0	ropost or a	onfirmati	-		ac) This co	hod	lula is subi		change	and any rolat	~ d

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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	Connecticut De	-					<u> </u>			ction	
		uality Mo	OIIICO	ring an		•					
PWS ID	PWS Name				C		ion Po	-	Owr		imary Source
СТ0420454	SEARS PARK					NC		25		P	GW
	where applicable)			Service Connections	Residentia			Industria	al	Combined	Agricultura
62 NORTH MAI				connections		1	-				
Towns Served:	EAST HAMPTON	Mo	nito	ring Requ	iromon	tc					
Water System	Facility: DISTRIBUTIC			- ·	inemen	15					
Total Coliforn								1	rou	tine (RT) r	er quarter
	Point (Sampling Point ID)				Monitoring	Period	Coll	ection Pe			ince Status
	n Inventory of Active Sam	pling Points			7/1/19 - 9		com		104	-	nplete
					10/1/19 - 1						p.ete
					4/1/20 - 6						
					7/1/20 - 9						
Physical Para	meters (PPS)				, , - 0			1	rou	tine (RT) r	er quarter
-	Point (Sampling Point ID)				Monitoring	Period	Coll	ection Pe			nce Status
	m Inventory of Active Sam	pling Points			7/1/19 - 9						nplete
					10/1/19 - 1						<u>.</u>
					4/1/20 - 6	/30/20					
					7/1/20 - 9	/30/20					
Water System	Facility: ENTRY POIN	T (WSF ID: 00)	700)								
Nitrate And N		•	-						1	routine (R <sup>.</sup>	T) per year
	Point (Sampling Point ID)				Monitoring	y Period	Coll	ection Pe		-	nce Status
ENTRY PO	INT (3)				1/1/19 - 12	2/31/19	4	4/1-12/31		Cor	nplete
					1/1/20 - 12	2/31/20	4	4/1-12/31			
					1/1/21 - 12	2/31/21	4	4/1-12/31			
		Othe	er Co	mpliance	e Schedu	les					
Compliance Scl	hedule Activity			• • • •		ie Date		Achie	ved I	Date	
-	RT UP COMPLETION					1/2020		, 101110			
		Dublic	Natif	fication <b>F</b>							
		Public			-	1					<i></i>
Violation/Situa	rtion			npliance Period	Notice Tier			fication		<u>PN Certi</u>	
	eters M&R Violation			8 - 9/30/08	3	<b>Requi</b>		Performe		<i>ue to DPH</i> .2/5/2009	Received
							_	h	1	.2/3/2009	
	wate	er System Fa	acilit	y and Sal	mpling P	oint ir		-			
Water	or System Eacility	Compling D	Doint (	ampling Do	int		Tota				Charac
System Wat Facility ID	er System Facility	ID		Campling Pol Description	m		Colifo Rule			Ashestas	Stage WQP 2 DBP
	RIBUTION SYSTEM	4		DISTRIBUTIO		<u>Status</u> A	Y	e nuie	ner	ASDESIUS	
00000 DIST	RIDUTION STSTEIVI	4 BATHM		BATHHOUSE		A	Y				
		BATHW		BATHHOUSE		A	Y				
				VITHIN 5 SEF		A	I				
		PAVHS		AVILION KIT		A	Y				
		PAVIS		AVILION KIT		A	Y				
		PAVKS		AVILION MA		A	Y				
		PAVIVIAI		AVILION MA		A	Y				
		PAVININ		AVILION ME		A	r Y				
		PAVOO		AVILION OU PAVILION WO		A	Y				
l		PAVVI	N P			А	ř				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0420454 SEARS PARK NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **62 NORTH MAIN STREET** 1 Towns Served: EAST HAMPTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT А 2 20821 WELL WELL Α **Contact Information** Name Organization Job Title Mr. David Cox Town of East Hampton Town Manager Mailing Address Line One Mailing Address Line Two City State **Zip Code** 20 East High Street East Hampton CT 06424 **Business Phone** Extension Fax **Mobile Phone Emergency Phone** Email Address 860-267-4468 860-267-1027 860-510-8867 dcox@easthamptonct.gov 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

	Connectic		rtment of lity Monit					0			ection	
		Ler Qua		or nig al.						-	nor Ture I	
PWS ID	PWS Name SPENCERS FUNE					Clas	sificatio NC		25	UW	ner Type H P	rimary Source GW
CT0420474				Comileo	Desider	t al		neiel	-		-	-
112 MAIN STR	(where applicable)			Service Connections	Residen	lidi	Comme	rcial	Industri	dl	Combined	Agricultura
	EAST HAMPTON			connections			1					
Towns Served.	. LAST HAMPTON		<b>N A a a a b a</b>									
Water Syster	n Facility: <b>DISTR</b>			o <mark>ring Req</mark> D: 00600)	uireme	nts						
<b>Total Colifor</b>	rm (3100)								1	L rou	utine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Comp	iance Status
Select fro	om Inventory of Acti	ve Sampling	Points		7/1/19 -		-	-				omplete
					10/1/19 -						C	omplete
					1/1/20 -						C	omplete
					4/1/20 -							
					7/1/20 -	9/30	0/20					
-	ameters (PPS)								1	L rou	• •	per quarter
	Point (Sampling Po				Monitori	_		Colle	ction Pe	riod	Comp	iance Status
Select fro	om Inventory of Acti	ve Sampling	Points		7/1/19 -						C	omplete
					10/1/19 -							omplete
					1/1/20 -						C	omplete
					4/1/20 -	6/30	0/20					
					7/1/20 -	9/30	0/20					
Water Syster	m Facility: ENTRY	( POINT (W	VSF ID: 00700)									
Nitrate And	Nitrite (NOX)									1	routine (	RT) per year
	Point (Sampling Po	oint ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Comp	iance Status
ENTRY PC	DINT (3)				1/1/19 -							omplete
					1/1/20 -		-				C	omplete
					1/1/21 -	12/3	1/21					
			Other Co	omplianc	e Sched	lule	es					
Compliance So	chedule Activity					Due L	Date		Achie	eved	Date	
CROSS CONNE	CTION SURVEY REP	ORT			:	3/1/2	2021					
		Water Sv	ystem Facili	tv and Sa	mpling	Poi	int Inv	vent	orv			
Water								Total	-	and		
	iter System Facility		Sampling Point	Sampling Po	oint		C	Colifor				Stage
Facility ID			ID	Description		5	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTIC	N SYSTEM		А	Y				
			DOWNSTREAM	WITHIN 5 SE	RVICE COM	N	А					
			UPSTREAM	WITHIN 5 SE		٧	А					
00700 EN	TRY POINT		3	ENTRY POIN	т		А					
20823 WE	ill		2	WELL			А					
			Con	tact Infor	mation							
Name			Or	ganization							Job Title	
Mr. Thomas J.	Portelance Jr.		Sp	encer Funera	l Home In	с		Ρ	resident	:		
Mailing Addre	ss Line One		Mailing Address	s Line Two					City		State	Zip Code
112 Main Stre	et		P.O. Box 90				East	Hamp	oton		СТ	06424
Business Pho	one Extension	Fax	Mobi	le Phone E	Emergency	Pho	ne Ema	il Add	ress		· · · · ·	
860-267-22	26	860-267-4	4474		860-267-	9822	2 sfh@	øsbcgl	obal.net	:		

	<u> </u>	0						
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0420474	SPENCERS FUNERAL HOME				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
112 MAIN STRE	ET	Connections			1			
Towns Served: E	EAST HAMPTON	·				·		
Contact Role(s):	Administrative Contact, Legal Contact, Own	er						
Please note the	following:							
1. The residual of	disinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	Period is specified, all water quality samples must	be collected du	ring the sp	oecifie	ed period.			
	n results, additional monitoring may be required (i.e nce sent by the DWS on or after the generation date							

If you have any questions, please contact the Drinking Water Section at (860) 509-7333. http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic Wa	<b>*</b>	rtment of lity Monit					0			ction	
PWS ID	PWS Name	•	5	0							er Type	Primary Sourc
СТ0420484	ST PATRICK CHU	RCH					NC	2	25		Р	GW
	(where applicable)			Service	Residen	tial C	ommer	cial Ir	ndustri	al	Combined	d Agricultura
47 WEST HIGH				Connectio	ons		1					
Towns Served:	EAST HAMPTON											
			Monit	oring Re	equireme	nts						
Water Syster	n Facility: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)								
Total Colifor	m (3100)								1	rou		per quarter
	Point (Sampling P	-			Monitori	-		Collect	tion Pe	riod	Сотр	liance Status
Select fro	m Inventory of Act	ive Sampling	Points		7/1/19 -							omplete
					10/1/19 -							omplete
					1/1/20 -						C	omplete
					4/1/20 -							
					7/1/20 -	9/30/	20					
•	ameters (PPS)											per quarter
	Point (Sampling P				Monitori	-		Collect	tion Pe	riod		liance Status
Select fro	m Inventory of Act	ive Sampling	Points		7/1/19 -							omplete
					10/1/19 -							omplete
					1/1/20 - 4/1/20 -						C	omplete
Mator System	m Facility: ENTR				7/1/20 -	9/30/	20					
			v3F ID. 00700)						1		tino (PT)	por quarto
	Nitrite (NOX) Point (Sampling P	oint ID)			Monitori	na Doi	riod	Collect				per quarter <i>liance Status</i>
ENTRY PC		onnenby			7/1/19 -	-		concer		nou		omplete
2	(0)				10/1/19 -							omplete
					1/1/20 -							omplete
					4/1/20 -							
					7/1/20 -							
		Water S	ystem Facil	ity and 9				ento	rv			
Water		mater o		ley and t	54b9			Total	Lead	and		
	ter System Facility		Sampling Point	Sampling	Point			oliform				Stage
Facility ID			ID	Descriptio	on	St	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	1	4	DISTRIBUT	TION SYSTEM		А	Y				
			DOWNSTREAM	WITHIN 5	SERVICE COM	J	А					
			UPSTREAM	WITHIN 5	SERVICE CON	J	А					
00700 EN1	TRY POINT		3	ENTRY PO	INT		А					
20824 WE	LL		2	WELL			А					
61488 TRE	ATMENT PLANT											
			Con	tact Inf	ormation							
Name			0	rganization							Job Title	
Mr. Charles Le	blanc			-				Pas	stor			
IVIT. CHAITES LE	ss Line One		Mailing Addres	s Line Two				С	ity		State	Zip Code
	33 LITE OTE		1				Fact I	Hampto	on		СТ	06424
Mailing Addre							Lasti	паттри	011		CI	00424
Mailing Addres 47 West High S Business Pho	Street	Fax	Mobi	le Phone	Emergency	Phon					CI	00424

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

		<b>L</b>				r -					
PWS ID	PWS Name					Clas	ssification	Population	Owne	er Type	Primary Source
СТ0420484	ST PATRICK CHU	RCH					NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al C	Combine	ed Agricultural
47 WEST HIGH S	TREET			Connection	ıs		1				
Towns Served: E	AST HAMPTON							·			
Contact Role(s):	Legal Contact										
Name	·			Organization						Job Title	5
Ms. Lori M. Lech	owicz			St. Patrick Chu	irch			Administ	ative /	Asst.	
Mailing Address	Line One		Mailing Addro	ess Line Two				City		State	Zip Code
47 West High Str	reet						East H	ampton		СТ	06424
Business Phon	e Extension	Fax	Мо	bile Phone	Emergence	y Pho	one Email	Address			
860-267-6644							Stpatr	ick47@sbcgl	obal.n	et	
Contact Role(s):	Administrative	Contact									
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured at	the same locatio	n and time	as ead	ch total colif	orm sample.			
2. If a Collection	Period is specified	all water qua	lity samples mu	ist be collected o	during the sp	pecifie	ed period.				
	results, additional ce sent by the DW	-		· · · · · · · · · · · · · · · · · · ·							

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

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	Connecticut Departme				0			
	Water Quality M	lonitoring an	d Con	iplian	ce S	chedule		
PWS ID	PWS Name			Classifica	tion P	opulation O	wner Type P	rimary Source
СТ0420494	36 EAST HIGH STREET - EAST HAMPT	ON		NC		25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Comr	nercial	Industrial	Combined	Agricultural
		Connections			1			
Towns Served:	EAST HAMPTON		I					
	N	Ionitoring Requ	iireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
<b>Total Coliform</b>	m (3100)					1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Со	llection Perio	d Compl	ance Status
Select fror	m Inventory of Active Sampling Points		7/1/19 -	9/30/19			Co	mplete
			10/1/19 -	12/31/19			Co	mplete
			1/1/20 -	3/31/20			Co	mplete
				6/30/20				
				9/30/20				
Physical Para	imeters (PPS)					1 ro	outine (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ng Period	Со	llection Perio		ance Status
	m Inventory of Active Sampling Points			9/30/19				mplete
	,			12/31/19				mplete
				3/31/20				mplete
				6/30/20				
				9/30/20				
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)	.,_,	-,,				
	Nitrite (NOX)						1 routine (F	T) per year
	Point (Sampling Point ID)		Monitori	ng Period	Co	llection Perio	-	ance Status
ENTRY PO				12/31/19	0		-	mplete
Livini i O				12/31/20				mplete
				12/31/20				inpiete
	Puhli	c Notification R						
	1 401	Compliance	Notice	1	olic Not	tification	PN Cer	tification
Violation/Situa	ation	Period	Tier	Requ		Performed	Due to DPH	Received
Total Coliform I		7/1/10 - 9/30/10	2	9/10/2		. cijerineu	9/20/2010	
Total Coliform		8/1/10 - 8/31/10	2	10/23/			11/2/2010	
	oliform M&R Violation	8/1/10 - 8/31/10	2	1/19/2			1/29/2011	
Total Coliform		8/1/10 - 8/31/10	2	1/28/2			2/7/2011	
		Facility and Sar			_	itory	2,7,2011	
Water		-			Tot	-	d	
	ter System Facility Sampling	g Point Sampling Poi	nt		Colife			Stage
Facility ID	ID	Description		Status	s Ru	le Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM		Y			
	DOWNS	TREAM WITHIN 5 SER	VICE CO	N A				
	UPSTR	EAM WITHIN 5 SER	VICE CO	N A				
00700 ENT	RY POINT 3	ENTRY POINT		А				
20825 WEL		WELL		А				
	ATMENT PLANT							

CT0420494 36 Local Address (wher Towns Served: EAST	EAST HIGH STRE re applicable)	ET - EAST	HAMPTON			N				
	re applicable)					N	IC	25	Р	GW
Towns Served: EAST				Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultura
Towns Served: EAST				Connection	IS		1			
	ΓΗΑΜΡΤΟΝ			·						·
			Со	ntact Info	rmation	1				
Name				Organization					Job Title	5
Mr. Shantilal Lala				B&H Lala, LLC				Property	Owner	
Mailing Address Line	e One		Mailing Addre	ess Line Two				City	State	Zip Code
36 East High Street							East Ha	mpton	СТ	06424
<b>Business Phone</b>	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email A	ddress		
860-267-1096					860-395-	8117				
Contact Role(s): Ac	dministrative Co	ntact, Leg	al Contact, Ov	wner						

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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.

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Connecticut Department	of Public H	lealth	D	rinkin	ng V	Vater	Sec	ction	
Water Quality Mon	nitoring an	d Con	npl	iance	Sc	hedule	9		
PWS ID PWS Name			Clas	sification	n Po	pulation (	Dwne	er Type Pr	imary Source
CT0420534 VFW #5095				NC		25		Р	GW
Local Address (where applicable)	Service	Residen	itial	Commer	rcial	Industria		Combined	Agricultura
20 NORTH MAPLE STREET	Connections			1					
Towns Served: EAST HAMPTON		1							
Mon	itoring Requ	uireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WS	• •								
Total Coliform (3100)						1	rout	ine (RT) p	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ction Peri	od	Complie	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	- 9/30	0/19				Co	mplete
		10/1/19 -	- 11/3	30/19				Co	mplete
Total Coliform (3100)						1	rou	tine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ction Peri	od	Complie	ance Status
Select from Inventory of Active Sampling Points		2/1/20 -	- 2/2	9/20				Co	mplete
		3/1/20 -	- 3/32	1/20					
		4/1/20 -	- 4/30	0/20					
		5/1/20 -	- 5/32	1/20					
		6/1/20 -	- 6/30	0/20					
		7/1/20 -	- 7/3:	1/20					
		8/1/20 -	- 8/3	1/20					
		9/1/20 -	- 9/30	0/20					
Total Coliform (3100)						:	3 rej	peat (RP)	per period
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Peri	od	Complie	ance Status
Select from Inventory of Active Sampling Points		11/5/19 -	- 11/1	10/19				Co	mplete
	-	2/10/19	- 12/	'15/19				Co	mplete
	-	2/10/19	- 12/	15/19				Co	mplete
		2/11/20	- 2/1	.6/20				Co	mplete
Total Coliform (3100)					3 te	emporary	rou	tine (TR)	per month
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Peri	od	Complie	ance Status
Select from Inventory of Active Sampling Points		12/1/19 -	- 12/3	31/19				Со	mplete
		1/1/20 -	- 1/3	1/20				Со	mplete
Physical Parameters (PPS)						1	rout		per quarter
Sampling Point (Sampling Point ID)		Monitori	_		Colle	ction Peri	od	Complie	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	- 9/3	0/19				Со	mplete
		10/1/19 -	- 12/3	31/19				Co	mplete
Physical Parameters (PPS)						1	rou		per month
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Peri	od	Complie	ance Status
DISTRIBUTION SYSTEM (4)		2/1/20 -	- 2/2	9/20				Co	mplete
		3/1/20 -							
		4/1/20 -	- 4/30	0/20					
		5/1/20 -	- 5/3:	1/20					
		6/1/20 -	- 6/3	0/20					
		7/1/20 -	- 7/3	1/20					
		8/1/20 -	- 8/3	1/20					
		9/1/20 -	- 9/30	0/20					
Water System Facility: ENTRY POINT (WSF ID: 0070	)0)								

Connecticut Dep	artmen	t of Public H	ealth I	rinki	ng Wat	or S	ection	
*					U		ccuon	
		onitoring and						
PWS ID PWS Name			C	lassificati NC	on Populat	ion Ov	vner Type Pri	GW
CT0420534 VFW #5095		Service	Residentia	-		ustrial	Combined	
Local Address (where applicable) 20 NORTH MAPLE STREET		Connections	Residentia			ISUIDI	Complined	Agricultural
Towns Served: EAST HAMPTON		connections		1				
Towns served. LAST HAMPTON	D.A.	nitoring Door	inomoni	ka la				
Water System Facility: ENTRY POINT		onitoring Requ	iremen	ts				
		7007					L routing (D	
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitoring	Period	Collection		L routine (R <sup>.</sup>	ince Status
ENTRY POINT (3)			1/1/19 - 12		Conection	reno		mplete
			1/1/10 - 12 1/1/20 - 12					nplete
			1/1/20 - 12 1/1/21 - 12				0	iipiete
Water System Facility: WELL (WSF ID	· 20829)		1/1/21 12	./ 51/21				
E. Coli (3014)						1 trie	gered (TG)	per period
Sampling Point (Sampling Point ID)			Monitoring	Period	Collection			ince Status
WELL (2)			1/4/19 - 1				-	nplete
		-	2/9/19 - 12	2/15/19				nplete
			2/9/19 - 12					nplete
			2/10/20 - 2	2/16/20			Cor	nplete
	Oth	er Compliance	Schedu	les				
Compliance Schedule Activity			Du	e Date	A	chieved	l Date	
CROSS CONNECTION SURVEY REPORT			3/	1/2012				
CROSS CONNECTION SURVEY REPORT			3/:	1/2015				
CROSS CONNECTION SURVEY REPORT			3/:	1/2016				
CROSS CONNECTION SURVEY REPORT			3/	1/2017				
CROSS CONNECTION SURVEY REPORT			3/3	1/2018				
CROSS CONNECTION SURVEY REPORT			3/3	1/2019				
SANITARY DEFECT CORRECTIVE ACTION			1/2	26/2020		1/3/2	020	
SANITARY DEFECT CORRECTIVE ACTION			1/2	26/2020		1/3/2	020	
SANITARY DEFECT CORRECTIVE ACTION			1/2	26/2020		1/24/2	.020	
SANITARY DEFECT CORRECTIVE ACTION			2/2	26/2020				
CROSS CONNECTION SURVEY REPORT			3/3	1/2020				
	Public	Notification R	equiren	nents				
		Compliance	Notice		<u>ic Notificati</u>		<u>PN Certi</u>	
Violation/Situation		Period	Tier	Requir		rmed	Due to DPH	Received
Total Coliform MCL Violation		1/1/14 - 3/31/14	2	4/20/20			4/30/2014	
	System F	acility and Sar	npling P	oint In	-			
Water System Water System Facility	Sampling	Point Sampling Poi	nt			ead an Copper		Stage
Facility ID	Sumpling I ID	Description			-			Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Y			
		REAM WITHIN 5 SER		A				
	UPSTRE			A				
00700 ENTRY POINT	3	ENTRY POINT		A				
20829 WELL	2	WELL		A				
61714 TREATMENT PLANT								

						P							1
PWS ID	PWS Name					Cla	ssific	ation	Population	Own	er Type	Prir	mary Source
СТ0420534	VFW #5095						NC	2	25		Р		GW
Local Address (w	here applicable)			Service	Reside	ential	Con	nmercia	al Industr	ial	Combine	ed	Agricultural
20 NORTH MAPL	E STREET			Connectio	ns			1					
Towns Served: EA	AST HAMPTON			·									
			C	ontact Info	ormatio	n							
Name				Organization							Job Titl	e	
Veterans of Fore	ign War Post 50	95											
Mailing Address I	Line One		Mailing Add	ress Line Two					City		State	4	Zip Code
20 North Maple			P O Box 301					East Ha	mpton		СТ		06424
Business Phone	e Extension	Fax	М	obile Phone	Emergen	cy Pho	one	Email A	ddress				
860-267-8837													
Contact Role(s):	Owner												
Name				Organization							Job Titl	е	
Mr. Roger Ander	son			VFW Post 509	95								
Mailing Address I	Line One		Mailing Add	ress Line Two					City		State	Z	Zip Code
20 North Maple							I	East Ha	mpton		СТ	L	06424
Business Phone	e Extension	Fax	М	obile Phone	Emergen	cy Pho	one	Email A	ddress				
860-267-8837							I	rwande	rson42@c	omcas	st.net		
Contact Role(s):	Administrative	Contact, Leg	gal Contact										
Please note the f	following:												
1. The residual di	sinfectant concen	tration must b	pe measured at	the same locati	on and time	e as ea	ch to	tal colifo	orm sample.				
2. If a Collection	Period is specified	, all water qua	ality samples m	ust be collected	during the	specifi	ed pe	riod.					

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

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	Conne		artment of ality Monit					U			ction		
	DW/C Norm			or mg an	u con							incon C	
PWS ID CT0420554	PWS Name	e ENERAL EAST HA				N			25	Own	er Type Pi P	GW	Surce
				Comico	Decident						•	-	Itural
197 EAST HI	ss (where appli	cable)		Service Connections	Residen		mme 1	ercial	Industria		Combined	Agricu	iturai
	ed: EAST HAMP			connections			T						
	EU. LAST HAMP		<b>N</b> / a with										
Water Syst	em Facility:	DISTRIBUTION	SYSTEM (WSF II	oring Requ D: 00600)	ureme	nts							
	orm (3100) ing Point (Samp	oling Point ID)			Monitori	ng Perio	od	Collec	1 tion Peri		tine (RT)   <i>Compli</i>	per qua ance Sta	
Select f	from Inventory	of Active Samplir	ng Points		7/1/19 -	9/30/1	9				Со	mplete	
		-	-		10/1/19 -	12/31/	19	_		-	Co	mplete	
					1/1/20 -	3/31/2	0				Со	mplete	
					4/1/20 -								
					7/1/20 -								
Physical P	arameters (P	PS)			-	·			1	rou	tine (RT)	per qua	rter
-	ing Point (Samp	-			Monitori	ng Perio	od	Collec	tion Per			ance Sta	
DISTRIE	BUTION SYSTEM	Л (4)			7/1/19 -	-					Со	mplete	
					10/1/19 -	12/31/	'19				Со	mplete	
					1/1/20 -	3/31/2	0				Со	mplete	
					4/1/20 -	6/30/2	0						
					7/1/20 -	9/30/2	0						
Water Syst	em Facility:	ENTRY POINT	WSF ID: 00700)										
Nitrate An	d Nitrite (NC	DX)								1 r	routine (R	T) per y	/ear
	ng Point (Samp	•			Monitori	ng Perio	od	Collec	tion Per		-	ance Sta	
ENTRY	POINT (3)				1/1/21 -	12/31/2	21						
		-	System Facil	ity (WSF)	Level N	Ionit	orir	ng Re	quirer	ner	nts		
Water Syst	em Facility:	ENTRY POINT (											
Analyte		Monitoring Req	uirement (Summa	ary Type)	Оре	r <mark>ating L</mark>	imit			9	Samples Re	eq/Mon	th
рН		Entry Point pH N	Monitoring (PHRD			mum:	7.0 P	Н			4		
Start Da	<b>te:</b> 3/1/2019				ance Histo	-		Operat	ing Limit	t	Monitor	-	
					ring Perio			Compli	ance Sta	tus:	Complia	nce Stat	:us:
					19 - 10/3	-							
					19 - 11/30	•							
					19 - 12/3	-							
					0 - 1/31/2								
					0 - 2/29/2								
		Water S	System Facili	ty and Sai	mpling	Point	t In	vento	ory				
	Vater System F	acility	Sampling Point		int			Total Coliforn		er	A.L. :		tage
Facility ID			ID	Description		Sta		Rule	KUIE	ier	Asbestos	WQP 2	υвРК
00600 D	DISTRIBUTION S	YSTEM	4	DISTRIBUTIO				Y					
			DOWNSTREAM UPSTREAM	WITHIN 5 SEF									
00700 E	NTRY POINT		3	ENTRY POINT	•	A	4						
61248 V	VELL 1		2	WELL 1		A	4						
61250 P	RESSURE STOR	AGE											

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule															
	Wa	ter Qual	lity M	onit	oring a	nd Cor	np	lia	nce S	Sc	hedul	e			
PWS ID PV	VS Name						Cla	assifio	cation	Ро	pulation	Ow	ner Type	Prin	nary Source
CT0420554 DC	DLLAR GENER	AL EAST HAIV	IPTON					N	2		25		Р		GW
Local Address (whe	re applicable)				Service	Reside	ntial	Cor	nmercia	al	Industria	al	Combine	ed /	Agricultural
197 EAST HIGH STR	EET				Connectior	ıs			1						
Towns Served: EAS	T HAMPTON														
		Water Sy	stem	Facili	ty and Sa	ampling	g Po	oint	Inve	nt	ory				
Facility ID	<b>ystem Facility</b> ENT PLANT		Sampling ID		Sampling P Description			Stat	Coli	for ule	m Copp	ber	Asbesto	os W	Stage /QP 2 DBPR
				Con	tact Info	rmatio	n								
Name					ganization	matio	•						Job Title	<u>_</u>	
Mr. Gary Eucalitto					ollar General	Fast Ham	nton	<u>ו</u>					500 110	-	
Mailing Address Lin	e One		Mailing		Line Two	2000					City		State	7	Zip Code
6 William Way									Harwin	tor			CT		06791
Business Phone	Extension	Fax		Mobil	le Phone	Emergenc	y Ph	one	Email A	٨dd	ress				
860-467-2025									eucalit	tog	ary@gma	ail.co	om		
Contact Role(s): A	dministrative	Contact, Leg	al Conta	t, Own	er										
Name				Or	ganization								Job Title	e	
Mr. Matthew Brute	on J.			Ea	st Hampton	Dollar Ger	neral	I		P	roject M	anag	ger		
Mailing Address Lin	e One		Mailing /	Address	s Line Two						City		State	Z	Zip Code
100 Constitution Pl	aza		10Th Flo	or					Hartfor	ď			СТ		06103
<b>Business Phone</b>	Extension	Fax		Mobil	e Phone	Emergenc	y Ph	one	Email A	٨dd	ress				
860-249-2200		860-249-2	2400	860-6	59-7286	860-760	)-193	33	mbruto	on@	Blcompa	anie	s.com		
Contact Role(s): Le	egal Contact														
Please note the fol	lowing:														
1. The residual disin	fectant concent	tration must b	e measure	ed at the	e same locatio	on and time	as ea	ach to	tal colifo	orm	sample.				
2. If a Collection Per						-									
<ol> <li>Depending on res correspondences</li> </ol>															

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

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

	<b>Connecticut</b> Depart	ment of	Public F	lealth	Dı	rinkin	g Wa	ater S	Section		
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				Clas	sification	Popul	ation O	wner Type Pr	imary Source	
СТ0429123	CHATHAM CORNER BUILDING					NC	2	8	Р	GW	
Local Address (	where applicable)		Service	Residen	tial	Commer	cial In	dustrial	Combined	Agricultural	
240 MIDDLETO	WN AVE		Connections						4		
Towns Served:	EAST HAMPTON										
		Monite	oring Requ	uireme	nts						
Water System	n Facility: DISTRIBUTION SYST	EM (WSFI	D: 00600)								
Total Coliforn	• •			Monitori		outed	Collecti		outine (RT) p	-	
	Point (Sampling Point ID)	ata		Monitori	-		Collecti	on Perio	-	ince Status	
Select from	m Inventory of Active Sampling Poi	nts		7/1/19 -		-				nplete	
				10/1/19 -							
				1/1/20 - 4/1/20 -							
				7/1/20 -							
Physical Para	meters (PPS)			,, 1, 20	5,50	5,20		1 r	outine (RT) p	er quarter	
-	Point (Sampling Point ID)			Monitori	ina P	eriod	Collecti	on Perio		ince Status	
	m Inventory of Active Sampling Poi	nts		7/1/19 -	-					nplete	
	· · · ·			10/1/19 -	12/3	31/19				•	
				1/1/20 -	3/32	1/20					
				4/1/20 -	6/30	0/20					
				7/1/20 -	9/30	0/20					
Water System	Facility: ENTRY POINT (WSF	ID: 00700)									
Nitrate And N	Nitrite (NOX)								1 routine (R	T) per year	
Sampling	Point (Sampling Point ID)			Monitori	ing P	eriod (	Collecti	on Perio	od Complia	ince Status	
ENTRY PO	INT (3)			1/1/19 -					Со	nplete	
				1/1/20 -							
				1/1/21 -	12/3	1/21					
		Other C	ompliance	Sched	lule	es					
Compliance Scl	hedule Activity			1	Due	Date		Achieve	d Date		
CROSS CONNEC	CTION EXEMPTION				3/1/2	2012					
	P	ublic Not	ification R	Require	eme	ents					
		С	ompliance	Notice		Public I	Votifica	tion	PN Cert	fication	
Violation/Situa			Period	Tier		Required		formed	Due to DPH	Received	
Total Coliform			/16 - 3/31/16	2		7/24/2016			8/3/2016		
	eters M&R Violation		/16 - 3/31/16	3		6/24/2017			7/4/2017		
E. Coli			/19 - 6/30/19	3		9/19/2020			9/29/2020		
	Water Syst	em Facili	ity and Sai	npling	Ро	int Inv	entor	Y			
Water								Lead ar			
	ter System Facility San	npling Point ID	Sampling Poi	nt			liform	Coppe		Stage	
Facility ID			Description			Status	Rule	KUIE TI	er Asbestos	WQP Z DBPR	
00600 DIST	RIBUTION SYSTEM					A					
			WITHIN 5 SEF			A					
		PSTREAM	WITHIN 5 SEF		N	A					
	RY POINT	3	ENTRY POINT			A					
49883 WEL		2	WELL 1			A					
58375 TRE	ATMENT PLANT										

		vva	ter Qua		UIII	toring a	na comp	man	LE J	cileuu			
PWS ID	PW	/S Name					CI	assificat	tion	Population	Own	er Type	Primary Source
СТ0429123	СН	ATHAM CORN	IER BUILDIN	IG				NC		28		Р	GW
Local Address (	whe	re applicable)				Service	Residentia	I Comr	nercia	l Industri	al C	Combine	d Agricultur
240 MIDDLETO	WN.	AVE				Connectior	ıs					4	
Towns Served:	EAST	T HAMPTON					1			l			
					Cor	ntact Info	rmation						
Name					C	rganization						Job Title	5
Mr. Jeffrey M.	Palm	ner			S	halmuk Inves	tors, LLC			Owner			
Mailing Addres	s Lin	e One		Mailing A	Addres	s Line Two				City		State	Zip Code
240 Middletow	/n Av	enue						Ea	ast Ha	mpton		СТ	06424
Business Pho	ne	Extension	Fax		Mob	ile Phone	Emergency Pl	none Er	mail A	ddress			
860-638-787	73		860-346-	9232			860-638-78	73 D	r.Palm	er@att.net	t		
Contact Role(s)	): Ad	dministrative	Contact, Leg	gal Conta	ct, Ow	ner							
Please note the	e foll	owing:											

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

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

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

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

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

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS** Name Classification Population Owner Type Primary Source Ρ CT0429154 **227 WEST HIGH STREET - E HAMPTON** NC 39 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 227 WEST HIGH ST 4 Towns Served: EAST HAMPTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Collection Period Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period** 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 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		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
DISTRIBUTION (4)	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		
	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		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

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

Nitrate And Nitrite (NOX)		1 ro	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

	V	Vater System Facili	ity and Sampling F	Point Ir	nvento	r <b>y</b>			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	2	DISTRIBUTION SYSTEM	А					
		4	DISTRIBUTION	А	Y				

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT0429154 **227 WEST HIGH STREET - E HAMPTON** NC 39 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 227 WEST HIGH ST 4 Towns Served: EAST HAMPTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON Δ 00700 ENTRY POINT ENTRY POINT А 3 2 WELL 1 57699 WELL 1 А **Contact Information** Name Organization Job Title Mr. Martin Duffy Property Owner Mailing Address Line One Mailing Address Line Two State Zip Code City P.O. Box 353 СТ Haddam 06438 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-748-9324 Contact Role(s): Legal Contact, Owner Name Organization Job Title Ms. Bonnie Rau The Tavern On 66 Mailing Address Line One Mailing Address Line Two Citv State Zip Code 227 West High St East Hampton СТ 06424 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-819-8651 tavern66@comcast.net Contact Role(s): Administrative Contact Please note the following: 1 The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

PWS ID	PWS Name	e		d Comp	assification	Population	Owner Type	Primary Source	
СТ0429164	HOPE CHU	IRCH OF EAST HAMPTON			NC	25	Р	GW	
ocal Address (	where appli	cable)	Service	Residential	Commerci	al Industria	I Combine	d Agricultura	
230 EAST HIGH	I ST (ROUTE 6	66)	Connections				1		
Towns Served:	EAST HAMP	TON							
		M	onitoring Requ	iirement	s				
Water System	n Facility:	DISTRIBUTION SYSTEM (\	NSF ID: 00600)						
Total Colifor						1	routine (RT)	per quarter	
Sampling	Point (Samp	oling Point ID)		Monitoring	Period C	ollection Per	iod Comp	liance Status	
Select fro	m Inventory	of Active Sampling Points	_	7/1/19 - 9/3	30/19		C	omplete	
				10/1/19 - 12	/31/19		C	omplete	
				1/1/20 - 3/3			C	omplete	
				4/1/20 - 6/3					
				7/1/20 - 9/3	30/20				
Physical Para	-	-						per quarter	
		oling Point ID)		Monitoring		ollection Per	-	liance Status	
Select fro	m Inventory	of Active Sampling Points		7/1/19 - 9/3	-			omplete	
				10/1/19 - 12				omplete	
				1/1/20 - 3/3 4/1/20 - 6/3			C	omplete	
				7/1/20 - 9/					
Mater System	n Facility:	ENTRY POINT (WSF ID: 00	1700)	771720-37	30/20				
Nitrate And			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 routine	RT) per year	
	-	oling Point ID)		Monitoring	Period C	ollection Per		liance Status	
ENTRY PO		5 - 7		1/1/19 - 12/			Complete		
	. ,			1/1/20 - 12/				omplete	
				1/1/21 - 12/					
	Mon	hthly Water System	Facility (WSF) I	.evel Mo	nitoring	Requirer	nents		
Water System		ENTRY POINT (WSFID: 00)				<u> </u>			
Analyte		Monitoring Requirement (S	-	Operat	ing Limit		Samples	Req/Month	
рН		Entry Point pH Monitoring			im: 7.0 PH			4	
Start Date:	8/1/2014	, , , , , , , , , , , , , , , , , , , ,		ince History		erating Limi	t Monit	oring	
			Monitor	ing Period	-	mpliance Sta		iance Status:	
			10/1/20	19 - 10/31/2		•			
			11/1/20	19 - 11/30/2	019				
			12/1/20	19 - 12/31/2	019				
			1/1/202	0 - 1/31/202	0				
			2/1/202	0 - 2/29/202	0				
		Public	Notification R	equirem	ents				
			Compliance	Notice	Public N	otification	PN Ce	<u>rtification</u>	
Violation/Situe			Period	Tier	Required	Performed			
pH M&R Violat			8/1/14 - 8/31/14	3	11/3/2015		11/13/201		
pH M&R Violat	ion		9/1/14 - 9/30/14	3	11/6/2015		11/16/201	5	
		Water System F	acility and Sar	npling Po	oint Inve	ntory			
Water						otal Lead			
System Wat	ter System F	a cilitur Cama a lin a	Point Sampling Poi		~ /	iform Copp		Stage	

Schedule Generation Date: 3/10/2020

	vvai	ici Qua		Unit	or ing a		прпа		Juneuu	IC			
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Sourc		
СТ0429164	HOPE CHURCH O	F EAST HAN	<b>NPTON</b>				Ν	IC	25	Р	GW		
Local Address (v	where applicable)				Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultura		
230 EAST HIGH	ST (ROUTE 66)				Connection	ıs				1			
Towns Served: E	AST HAMPTON				- <b>I</b>								
					Desemption			itus "	are nure	HEI ASSEST			
00600 DIST	RIBUTION SYSTEM		4		DISTRIBUTI	ON SYSTEN	Λ.	A					
			DOWNST	rream	WITHIN 5 S	ERVICE CO	N .	A					
			UPSTR	EAM	WITHIN 5 S	ERVICE CO	N .	A					
00700 ENTR	Y POINT		3		ENTRY POIN	νт		A					
58830 WELI	_ 1		2		WELL 1			A					
58834 TREA	TMENT PLANT												
58836 PRES	SURE TANK												
				Con	tact Info	rmatior	า						
Name				0	rganization				Job Title				
Mr. Thomas Ing	ala			Ho	ope Church				Pastor				
Mailing Address	Line One		Mailing	Address	s Line Two				City	State	Zip Code		
PO Box 44								East Ha	ampton	СТ	06424		
<b>Business Phon</b>	e Extension	Fax		Mobi	le Phone	Emergenc	y Phone	Email A	Address				
860-267-960	7 103	860-267-	6506					tingala	@cthope.co	m			
Contact Role(s):	Administrative	Contact, Leg	gal Conta	ct									
Please note the			-										

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.

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

Water Quality Monitoring and Compliance Schedule         PWS ID       PWS Name       Classification       Population       Owner Type       Primary So         CT0429174       GUSTINE'S RV SALES & SERVICE       NC       31       P       GW         Local Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agricult         71 MOTT HILL ROAD       Connections       1       Image: Commercial       Industrial       Combined       Agricult         Towns Served: EAST HAMPTON       Monitoring Requirements       Image: Complete Information (RT) per quart       Sampling Point (Sampling Point ID)       Image: Complete Information (RT) per quart       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance State         Select from Inventory of Active Sampling Points       7/1/19 - 9/30/19       Complete       Complete         1/1/20 - 3/31/20       Complete       1/1/20 - 3/31/20       Complete       1/1/20 - 9/30/20       Physical Parameters (PPS)       1 routine (RT) per quart
CT0429174       GUSTINE'S RV SALES & SERVICE       NC       31       P       GW         Local Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agricult         71 MOTT HILL ROAD       1
Local Address (where applicable)       Service Connections       Residential       Commercial       Industrial       Combined       Agriculty         71 MOTT HILL ROAD       1
71 MOTT HILL ROAD       Connections       1       I       I         Towns Served: EAST HAMPTON         Monitoring Requirements         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Coliform (3100)       1 routine (RT) per quar         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       7/1/19 - 9/30/19       Complete       Complete         10/1/19 - 12/31/19       Complete       10/1/19 - 12/31/19       Complete         4/1/20 - 6/30/20       7/1/20 - 9/30/20       Total Point (20 - 9/30/20       Total Point Period       Complete
Towns Served: EAST HAMPTON           Monitoring Requirements           Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)           Total Coliform (3100)         1 routine (RT) per quar           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance State           Select from Inventory of Active Sampling Points         7/1/19 - 9/30/19         Complete           1/1/20 - 3/31/20         Complete         1/1/20 - 6/30/20           7/1/20 - 9/30/20         7/1/20 - 9/30/20         Complete
Monitoring Requirements         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         1 routine (RT) per quar         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance State         Select from Inventory of Active Sampling Points       7/1/19 - 9/30/19       Complete         10/1/19 - 12/31/19       Complete       10/1/19 - 3/31/20       Complete         4/1/20 - 6/30/20       7/1/20 - 9/30/20       7/1/20 - 9/30/20       Complete
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)Total Coliform (3100)1 routine (RT) per quare Collection PeriodSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodSelect from Inventory of Active Sampling Points7/1/19 - 9/30/19Complete10/1/19 - 12/31/19Complete10/1/19 - 12/31/19Complete1/1/20 - 3/31/20Complete4/1/20 - 6/30/20Complete7/1/20 - 9/30/207/1/20 - 9/30/207/1/20 - 9/30/20Complete
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StateSelect from Inventory of Active Sampling Points7/1/19 - 9/30/19Complete10/1/19 - 12/31/19Complete10/1/19 - 12/31/19Complete1/1/20 - 3/31/20Complete4/1/20 - 6/30/20Complete7/1/20 - 9/30/207/1/20 - 9/30/207/1/20 - 9/30/20Complete
Select from Inventory of Active Sampling Points         7/1/19 - 9/30/19         Complete           10/1/19 - 12/31/19         Complete           1/1/20 - 3/31/20         Complete           4/1/20 - 6/30/20         7/1/20 - 9/30/20
10/1/19 - 12/31/19       Complete         1/1/20 - 3/31/20       Complete         4/1/20 - 6/30/20       7/1/20 - 9/30/20
1/1/20 - 3/31/20       Complete         4/1/20 - 6/30/20       7/1/20 - 9/30/20
4/1/20 - 6/30/20 7/1/20 - 9/30/20
7/1/20 - 9/30/20
Physical Parameters (PPS) 1 routine (RT) per quai
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Star
Select from Inventory of Active Sampling Points       7/1/19 - 9/30/19       Complete         10/1/10 - 12/21/10       0       0       0
10/1/19 - 12/31/19 Complete
1/1/20 - 3/31/20 Complete
4/1/20 - 6/30/20
7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)
Nitrate And Nitrite (NOX) 1 routine (RT) per y
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State
ENTRY POINT (3)         1/1/19 - 12/31/19         Complete
1/1/20 - 12/31/20
1/1/21 - 12/31/21
Monthly Water System Facility (WSF) Level Monitoring Requirements
Water System Facility: ENTRY POINT (WSFID: 00700)
Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Mont
pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4
Start Date: 3/8/2017 Compliance History: Operating Limit Monitoring
Monitoring Period Compliance Status: Compliance Statu
10/1/2019 - 10/31/2019
11/1/2019 - 11/30/2019
12/1/2019 - 12/31/2019
1/1/2020 - 1/31/2020
2/1/2020 - 2/29/2020
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper St
System Water System FacilitySampling PointSampling PointColiformCopperStFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2 III
SystemWater System FacilitySampling PointSampling PointColiformCopperStFacility IDIDDescriptionStatusRuleRuleRule TierAsbestosWQP 2 II00600DISTRIBUTION SYSTEM4DISTRIBUTION SYSTEMAA
System       Water System Facility       Sampling Point       Sampling Point       Coliform       Copper       St         Facility ID       ID       Description       Status       Rule       Rule Tier       Asbestos       WQP 2 II         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A         DOWNSTREAM       WITHIN 5 SERVICE CON       A
SystemWater System FacilitySampling PointSampling PointColiformCopperStFacility IDIDDescriptionStatusRuleRuleRule TierAsbestosWQP 2 II00600DISTRIBUTION SYSTEM4DISTRIBUTION SYSTEMAA

Co	onnectici Wat	-			FPublic			<u> </u>				ction				
PWS ID PV	VS Name		- /		- 0-							ner Type	Primary	Source		
CT0429174 GL	JSTINE'S RV SA	LES & SERVI	CE					١C	- 1-	31		P	GV			
Local Address (whe	re applicable)				Service	Residen	tial C	ommerci	al	Industria	al	Combine	d Agrio	cultural		
71 MOTT HILL ROAI	D				Connection	S		1								
Towns Served: EAS	T HAMPTON															
		Water Sy	stem	Facili	ity and Sa	mpling	Poir	t Inve	nte	ory						
Facility ID 60329 OFFICE V	<b>ystem Facility</b> NELL 1 ENT PLANT	2	Sampling ID 2	Point	Sampling Po Description OFFICE WEL		St	Coli	otal forr ule		per	Asbesto	s WQP	Stage 2 DBPR		
Contact Information																
Name					rganization							Job Title				
Mr. Bruce Gustine				Gı	ustine Proper	ties, Inc			V	ice Presio	dent					
Mailing Address Lin	e One		Mailing A	ddres	s Line Two					City		State	Zip C	ode		
71 Mott Hill Road						East Hampton					СТ	064	24			
Business Phone	Extension	Fax		Mobi	le Phone I	Emergency	Phone	Email Address								
860-267-5363		860-267-5	312			888-883-	7957	gustine	gustinesrV@msn.com							
Contact Role(s): Le	egal Contact, C	wner														
Name				OI	rganization				Job Title							
Miss Colynn Hodge	1			Gı	ustine Proper	ties Inc										
Mailing Address Lin	e One		Mailing A	Address	s Line Two					City		State	Zip C	ode		
71 Mott Hill Road								East Ha	mp	ton		СТ	064	24		
Business Phone	Extension	Fax		Mobi	le Phone I	Emergency	Phone	e Email A	Email Address							
860-267-5364		860-267-5	312	860-8	883-7962	860-883-	7962	gustine	srv	@msn.co	m					
Contact Role(s): A	dministrative	Contact														
Please note the fol	0															
1. The residual disin									orm	sample.						
<ol> <li>If a Collection Per</li> <li>Depending on respondences</li> </ol>	sults, additional sent by the DWS	monitoring m on or after th	ay be requ le generat	ired (i.e	e. repeat or co	nfirmation sule will have	amples e preced	).  This scl lence ove	r wh	at is cont	ainec			elated		

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

	Connecticut Depa Water Qual					0					
PWS ID	PWS Name		toring an		Classificati			: Owner Type Pi	imany Source		
CT0429184	ST. PATRICK CHURCH - PARIS				NC		33	P	GW		
	where applicable)		Service	Residenti		ercial	Industrial	Combined	Agricultural		
47 W. HIGH STF			Connections	neonaenti	1		maastria	combined	, Britana		
	EAST HAMPTON										
		Monit	oring Requ	ıiremen	ts						
Water System	Facility: DISTRIBUTION SY		• •				_				
Total Coliforn					- Devie d	6-1		outine (RT)	-		
	Point (Sampling Point ID)	Deinte		Monitorin	_	Coll	ection Perio	-	ance Status		
Select from	n Inventory of Active Sampling	Points		7/1/19 - 9 10/1/19 - 1					mplete mplete		
			1/1/20 - 3					mplete			
			4/1/20 - 6				CO	inpiele			
			7/1/20 - 9								
Physical Para	meters (PPS)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 00/20		1 1	outine (RT)	per quarter		
-	Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Perio		ance Status		
Select from	n Inventory of Active Sampling	Points		7/1/19 - 9	-			Co	mplete		
				10/1/19 - 1	2/31/19			Со	Complete		
				1/1/20 - 3	8/31/20			Со	mplete		
				4/1/20 - 6	5/30/20						
				7/1/20 - 9	)/30/20						
Water System	Facility: ENTRY POINT (W	/SF ID: 00700	)								
Nitrate (1040	•						1 r	outine (RT)	•		
	Point (Sampling Point ID)			Monitorin	-	Coll	ection Perio	-	ance Status		
ENTRY PO	INT (3)			7/1/19 - 9					Complete		
				10/1/19 - 1			Complete				
									mplete		
				4/1/20 - 6							
Nituita (4044	<b>\</b>			7/1/20 - 9	9/30/20			4	<b>T</b> )		
Nitrite (1041				Monitorin	a Doriod	Call	ection Perio	1 routine (R			
ENTRY POI	Point (Sampling Point ID)			<i>Monitorin</i> 1/1/19 - 1	_	Con	ection Perio	-	mplete		
LINIKI POI	int (5)			1/1/20 - 1					mplete		
				1/1/21 - 1					inpiete		
		Public No	tification <b>F</b>								
			Compliance	Notice		c Not	ification	PN Cert	ification		
Violation/Situa	ition		Period	Tier	Requir		Performed		Received		
Total Coliform I	M&R Violation	4/1	L/15 - 6/30/15	2	10/24/2			11/3/2015			
Physical Paramo	eters M&R Violation	4/1	L/15 - 6/30/15	3	9/23/20	016		10/3/2016			
Nitrate M&R Vi	olation	4/2	L/16 - 6/30/16	2	10/27/2	016		11/6/2016			
	Water Sy	/stem Faci	lity and Sa	mpling I	Point In	ven	tory				
Water System Wat			t Sampling Poi			Tota Colifo	al Lead a		Stage		
Facility ID		ID	Description		Status	Rul	e Rule T	ier Asbestos	WQP 2 DBPI		
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А						
		DOWNSTREAM	1 WITHIN 5 SEF	RVICE CON	А						

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source CT0429184 ST. PATRICK CHURCH - PARISH CENTER NC 22 Р GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 47 W. HIGH STREET 1 Towns Served: EAST HAMPTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Coliform Water System Facility System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00700 ENTRY POINT 3 ENTRY POINT A 2 59511 PARISH WELL PARISH WELL Δ 61432 TREATMENT PLANT **Contact Information** Name Organization Job Title Saint Patricks Roman Catholic Church Mailing Address Line One Mailing Address Line Two Citv State Zip Code 47 W High Street East Hampton CT 06424 **Business Phone** Fax Email Address Extension **Mobile Phone Emergency Phone** 860-267-6644 stpatdfm@sbcglobal.net Contact Role(s): Owner Name Organization Job Title Father Gerald S. Kirby St. Patricks Church Priest Mailing Address Line One Mailing Address Line Two City State Zip Code 47 W. High Street East Hampton CT 06424 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-267-6644 Stpatrick47@sbcglobal.net 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.

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

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	Connecticut D	<b>^</b>					0			ection		
	Water (	Quality Monit	oring and	d Con	ıpl	ianc	e Sc	hec	lule			
PWS ID	PWS Name				Clas	ssificati	ion Po	pulat	ion Ov	vner Type	Primary	/ Source
СТ042919	4 SPORTS ON 66					NC		25		Р	G١	W
Local Add	ress (where applicable)		Service	Residen	tial	Comm	nercial	Indu	strial	Combine	d Agri	cultura
			Connections							1		
Towns Ser	ved: EAST HAMPTON											
		Monit	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTI	ON (WSF ID: 00600										
Total Co	liform (3100)								1 rc	outine (RT)	per q	uarter
Samp	oling Point (Sampling Point ID	)	1	Monitori	ng P	eriod	Colle	ection	Perio	d Comp	liance S	Status
Selec	t from Inventory of Active Sar	npling Points		7/1/19 -	9/3	0/19				C	omplet	e
			1	.0/1/19 -	12/3	31/19				C	omplet	e
				1/1/20 -	3/3	1/20						
				4/1/20 -	6/3	0/20						
				7/1/20 -	9/3	0/20						
Physical	Parameters (PPS)								1 rc	outine (RT)	per q	uarter
Samp	oling Point (Sampling Point ID	)		Monitori	ng P	eriod	Colle	ection	Perio	d Comp	liance S	Status
Selec	t from Inventory of Active Sar	npling Points		7/1/19 -	9/3	0/19				C	omplet	e
			1	.0/1/19 -	12/3	31/19				C	omplet	e
				1/1/20 -								
				4/1/20 -								
				7/1/20 -	9/3	0/20						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)										
	And Nitrite (NOX)									1 routine (		-
	oling Point (Sampling Point ID	)		Monitori			Colle	ection	Perio		liance S	
ENTR	RY POINT (3)			1/1/19 -						C	omplet	e
				1/1/20 -								
				1/1/21 -								
		Other C	ompliance	Sched	lule	es						
Compliand	ce Schedule Activity			1	Due	Date		A	chieved	d Date		
CROSS CO	NNECTION SURVEY REPORT				3/1/	2020						
	Wat	er System Facil	ity and San	npling	Ро	int Ir	nvent	orv				
Water		•	-				Tota	•	ead an	d		
System	Water System Facility	Sampling Point	Sampling Poir	nt			Colifor	m (	Copper			Stage
Facility ID	)	ID	Description			Status	Rule	R	ule Tie	er Asbestos	WQP	<b>2 DBP</b>
00600	DISTRIBUTION	4	DISTRIBUTION			А	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	А	Y					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	А	Y					
00700	ENTRY POINT	3	ENTRY POINT			А						
60446	WELL 2	2	WELL 2			А						
60812	TREATMENT PLANT											
60814	PRESSURE TANK											
		Con	tact Inform	nation								
Name			rganization							Job Title		
Mr. Brian	Cutler		orts On 66				C	Dwne	r			
	ddress Line One	Mailing Addres						City		State	Zip (	Code
	High Street					Eas	st Ham			CT	064	
	nformation has been provided to hel		nublic unter quete									

			<b>C</b> 7		0		1				
ΡW	'S ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ	)429194	SPORTS ON 66						NC	25	Р	GW
Local Address (where applicable)					Service	Resider	idential Commerc		al Industri	al Combine	ed Agricultural
Connections 1											
Τον	Towns Served: EAST HAMPTON										
E	usiness Phone Extension Fax Mobile Phone Emerge			Emergency	y Pho	Phone Email Address					
	860-267-6611	L	860-267-1628			860-819-1850 brian@sportson66.com					
Со	ntact Role(s):	Administrativ	e Contact, Legal Cont	tact							
Ple	ase note the	following:									
1.	The residual d	lisinfectant conce	ntration must be measu	ured at the	same locatio	n and time a	as eac	ch total colif	orm sample.		
2.	If a Collection	Period is specifie	d, all water quality sam	ples must	be collected d	luring the sp	pecifie	ed 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