	Connectio	ut Depa	rtment of	f Public I	Health	Dri	nkin	g W	ater	Se	ction	
	Wa	ter Qua	lity Monit	oring an	d Com	nplia	ance	Sch	edul	e		
PWS ID	PWS Name		-	U		Classif	fication	Popu	lation	Owr	ner Type P	rimary Sourc
СТ0450034	GIRL SCOUTS O	F CT - CAMP	PATTAGANSETT	1		Ν	١C	2	25		Р	GW
Local Address (v	vhere applicable)			Service	Resident	tial Co	ommer	cial Ir	ndustria	al	Combined	Agricultur
121 UPPER-PAT	TAGANSETT ROA	D		Connections			1					
Towns Served: I	EAST LYME			- I								
			Monit	oring Req	uireme	nts						
Water System	Facility: DISTR			• •								
Total Coliforn	n (3100)								1	rou	tine (RT)	per quarte
Sampling I	Point (Sampling P	Point ID)			Monitori	ng Per	iod	Collect	ion Per	riod	Compl	iance Status
Select from	n Inventory of Act	tive Sampling	Points		7/1/19 -	9/30/1	19				Co	omplete
					10/1/19 -	12/31,	/19				C	omplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -							
Physical Para	meters (PPS)								1	rou	tine (RT)	per quarte
Sampling I	Point (Sampling F	Point ID)			Monitori	ng Per	iod	Collect	ion Per	riod	Compl	iance Status
Select from	n Inventory of Act	tive Sampling	Points		7/1/19 -	9/30/2	19				Co	omplete
					10/1/19 -	12/31,	/19				Co	omplete
					1/1/20 -	3/31/2	20					
					4/1/20 -	6/30/2	20					
					7/1/20 -	9/30/2	20					
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00700)									
Nitrate And N	litrite (NOX)									1	routine (I	RT) per yea
Sampling I	Point (Sampling P	Point ID)			Monitori	ng Per	iod	Collect	ion Per	riod	Compl	iance Status
ENTRY POI	NT (3)				1/1/19 - 1	12/31/	'19				Co	omplete
					1/1/20 - 1	12/31/	20					
					1/1/21 - 1	12/31/	21					
		Water S	ystem Facil	ity and Sa	mpling	Poin	t Inv	ento	ry			
Water			-	-			7	Total	Lead	and		
System Wate	er System Facility	/	Sampling Point	Sampling Po	int		Со	liform	Сорр	ber		Stage
Facility ID			ID	Description		Ste	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBF
00600 DIST	RIBUTION SYSTEM	Λ	4	DISTRIBUTIO	N SYSTEM		A	Y				
			BH66086	TROOP HOUS	SE КІТСНЕІ	N	A	Y				
			BJ12673	SHADY SIDE			A	Y				
			BK08994	RANGER HOU	JSE		A	Y				
			DOWNSTREAM	WITHIN 5 SE	RVICE CON	J	A					
			UPSTREAM	WITHIN 5 SE	RVICE CON	J	A					
00700 ENTF	Y POINT		3	ENTRY POIN	Г		A					
20839 WEL	<u></u>		2	WELL			A					
			Con	tact Infor	mation							
Name			0	rganization							Job Title	
Ms. Michele Ve	lez			irl Scouts of Co	onnecticut			Dir	. Prope	rty S		
Mailing Address	-		Mailing Addres						ity	., -	State	Zip Code
20 Washington							North	n Haver			СТ	06473
		Fax	Mobi	ile Phone E	mergency	Phone					-	
Business Phor												
Business Phor 203-239-292		203-239-			800-922-				ofct.org			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

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

		- C	-)	0		1-			-			
PWS ID	PWS Name						sification	Population	Owner T	ype I	Primary Source	
СТ0450034	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 1						NC	25	Р		GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	ial Combined		d Agricultural	
121 UPPER-PATT	AGANSETT ROAD			Connection	S		1					
Towns Served: E	AST LYME			L.								
Contact Role(s):	Administrative C	ontact										
Name				Organization	Organization					Job Title		
Girl Scouts of Ar	nerica, Inc.											
Mailing Address Line One Mailing Addr				ess Line Two	ine Two City				St	ate	Zip Code	
340 Washington	Street						Hartford			СТ	06106	
Business Phon	e Extension	Fax	Mo	obile Phone	bile Phone Emergency Phone Emai			Address				
860-522-0163												
Contact Role(s):	Legal Contact, O	wner										
Please note the	following:											
1. The residual d	isinfectant concentr	ation must b	e measured at	the same locatio	n and time	as eac	h total colif	form sample.				
2. If a Collection	Period is specified, a	all water qua	lity samples mu	ust be collected d	uring the sp	pecifie	d period.					
	results, additional n ce sent by the DWS	-					-			-		

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS** Name Classification Population Owner Type Primary Source Р CT0450044 **GIRL SCOUTS OF CT - CAMP PATTAGANSETT 2** NC 25 GW Agricultural Local Address (where applicable) Service Residential Commercial Industrial Combined Connections 121 UPPER PATTAGANSETT 1 Towns Served: EAST LYME **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** 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 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 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		
	7/1/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

	Wat	er System Facil	ity and Sampling P	oint Ir	nvento	r y			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Y				
		BH66087	REAR KITCHEN SINK	А	Y				
		BH99565	METCALF LODGE SINK	А	Y				
		BJ48869	METAL F LODGE	А	Y				
		BK08995	METCALF LODGE KITCHE	А	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		UPSTREAM	WITHIN 5 SERVICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT	А					
20840	WELL	2	WELL	А					
		Con	tact Information						
Name		0	rganization				Job Title		
Ms. Mich	ele Velez	Gi	rl Scouts of Connecticut		Dir	Property S	VCS.		

Name				Organization		Job Title					
Ms. Michele Velez				Girl Scouts of Connecticut				Dir. Property Svcs.			
Mailing Address Line One				Mailing Address Line Two				State	Zip Code		
20 Washington Avenue						North Haven		СТ	06473		
Business Phone	Extension	Fax	Mobile Phone Emergency Phone Email A								
203-239-2922	3329	203-239-7220			800-922-2770	mvelez@gsofc	t.org				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

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

		L				P					
PWS ID	PWS Name						sification	Population	Owner Type	Primary Source	
СТ0450044	GIRL SCOUTS OF	TT 2			NC	25	Р	GW			
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al Combin	ed Agricultural	
121 UPPER PATT	AGANSETT			Connection	5		1				
Towns Served: E	AST LYME										
Contact Role(s):	Administrative	Contact							<u> </u>		
Name				Organization					Job Title		
Girl Scouts of Ar	nerica, Inc.										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code	
340 Washington	Street					Hartford CT (06106	
Business Phon	e Extension	Fax	Mc	bile Phone Emergency Phone Em			ne Email /	Address			
860-522-0163											
Contact Role(s):	Legal Contact,	Owner		·							
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured at	the same locatior	and time a	as eacl	h total colif	orm sample.			
2. If a Collection	Period is specified	, all water qua	lity samples mu	ist be collected d	uring the sp	pecified	d period.				
3. Depending on	results, additional	monitoring m	ay be required	(i.e. repeat or co	nfirmation s	sample	es). This sc	hedule is subj	ect to change,	and any related	
corresponden	ce sent by the DW	S on or after t	he generation d	ate of this schedu	ule will have	e prece	edence ove	er what is cont	tained in this s	chedule.	
	If you l	have any qu	estions, pleas	e contact the D	rinking Wo	ater S	ection at	(860) 509-73	333.		

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

End of schedule

	Connecticut Dep	artmen	t of Public H	lealth	D	rinking	Water	Section	
	1		onitoring and			<u> </u>	·		
PWS ID	PWS Name							C Owner Type P	rimary Source
CT0450174	GIRL SCOUTS OF CT - CAMP	PATTAGAN	ISETT 3		Cita	NC	25	P	GW
	where applicable)		Service	Residen	tial			Combined	
	TAGANSETT ROAD		Connections			1			
Towns Served: I	EAST LYME			I					
		Мо	onitoring Requ	iireme	nts	5			
Water System	Facility: DISTRIBUTION								
Total Coliforn	n (3100)						1	routine (RT	per month
Sampling F	Point (Sampling Point ID)			Monitori	ing I	Period C	ollection Per	iod Compl	iance Status
Select from	n Inventory of Active Samplir	ng Points		10/1/19 -	10/	/31/19		Co	mplete
				4/1/20 -	4/3	80/20			
				5/1/20 -	5/3	31/20			
				6/1/20 -					
				7/1/20 -					
				8/1/20 -		-			
				9/1/20 -	9/3	80/20			
Physical Para								routine (RT	•
	Point (Sampling Point ID)	D · · ·		Monitori	-		ollection Per	-	iance Status
Select from	n Inventory of Active Samplir	ig Points		10/1/19 -				Ca	omplete
				4/1/20 -					
				5/1/20 - 6/1/20 -					
			7/1/20 - 7/31/20 8/1/20 - 8/31/20						
				9/1/20 -					
Water System	Facility: ENTRY POINT (WSF ID: 00	700)	3/ 1/ 20	575	.0,20			
Nitrate And N								1 routine (I	RT) per year
	Point (Sampling Point ID)			Monitori	ing I	Period C	ollection Per	iod Compl	
ENTRY POI	NT (3)			1/1/19 -	12/3	31/19		Co	omplete
				1/1/20 -	12/3	31/20			
				1/1/21 -	12/3	31/21			
		Oth	er Compliance	Sched	lul	es			
Compliance Sch	edule Activity				Due	Date	Achiev	ved Date	
SEASONAL STAF	RT UP COMPLETION				4/1/	/2020			
		Public	Notification R	equire	em	ents			
			Compliance	Notice		Public N	otification	PN Cer	tification
Violation/Situa			Period	Tier		Required	Performed		Received
	COLIFORM RULE (RTCR) TT V	/iolation	4/2/17 - 4/28/18	2		7/22/2017	_	8/1/2017	
	eters M&R Violation		4/1/16 - 6/30/16	3		10/6/2017		10/16/2017	
REVISED TOTAL	COLIFORM RULE (RTCR)		5/2/19 - 5/28/19	3		5/30/2020		6/9/2020	
	Water S	System F	acility and Sar	npling	Pc	oint Inve	ntory		
Water							otal Lead o		_
	er System Facility	Sampling I ID	Point Sampling Poi Description	nt			iform Copp		Stage
Facility ID						Status		Tier Asbestos	WQP Z DBPH
00600 DISTI	RIBUTION SYSTEM	4 BJ1267	DISTRIBUTION 5 UPPER WIND		I	A	Y		
		DJ1701	5 OFFER WIND	1		A			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

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 CT0450174 **GIRL SCOUTS OF CT - CAMP PATTAGANSETT 3** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 121 UPPER PATTAGANSETT ROAD 1 Towns Served: EAST LYME 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 3 22846 WELL 3 А **Contact Information** Organization Name Job Title Ms. Michele Velez Girl Scouts of Connecticut Dir. Property Sycs. Mailing Address Line One Mailing Address Line Two State Zip Code City СТ 20 Washington Avenue North Haven 06473 **Business Phone** Extension Mobile Phone Emergency Phone Email Address Fax 203-239-2922 3329 203-239-7220 800-922-2770 mvelez@gsofct.org Contact Role(s): Administrative Contact Name Organization Job Title Girl Scouts of America, Inc. Mailing Address Line One Mailing Address Line Two Citv State Zip Code 340 Washington Street Hartford СТ 06106 Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-522-0163 Contact Role(s): Legal Contact, Owner Please note the following: 1 The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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

End of schedule