

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480233	CRYSTAL LAKE PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
99 STAFFORD RD. (RT. 30)			4				
Towns Served: ELLINGTON							

Monitoring Requirements

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

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

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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				

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

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

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/10/2017	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Color MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10218	WELL #1	2		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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480233	CRYSTAL LAKE PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
99 STAFFORD RD. (RT. 30)			4				
Towns Served: ELLINGTON							

Contact Information

Name			Organization			Job Title		
Mr. Scott E. Webber			Crystal Lake Plaza					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
99 Stafford Rd						Ellington	CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-316-8192			860-871-9287	860-872-2209				

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

Name			Organization			Job Title		
Weber Enterprises LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
99-101 Stafford Rd						Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (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		Complete
	2/1/20 - 2/29/20		Complete
	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Water System Facility: WELL (WSF ID: 20880)

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	10/1/19 - 10/31/19		
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20880)			
E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/19/2014	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/17/2015	
L1 ASSESSMENT (MULTIPLE TC+)	5/6/2017	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/7/17 -	2	8/10/2017		8/20/2017	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	9/1/18 - 9/30/18	3	11/13/2019		11/23/2019	
Physical Parameters M&R Violation	9/1/18 - 9/30/18	3	11/20/2019		11/30/2019	
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	
Total Coliform M&R Violation	6/1/19 - 6/30/19	3	9/10/2020		9/20/2020	
Physical Parameters M&R Violation	6/1/19 - 6/30/19	3	9/10/2020		9/20/2020	
E. Coli M&R Violation	10/1/19 - 10/31/19	3	11/11/2020		11/21/2020	
E. Coli M&R Violation	9/1/19 - 9/30/19	3	11/11/2020		11/21/2020	
E. Coli M&R Violation	8/1/19 - 8/31/19	3	11/11/2020		11/21/2020	
E. Coli M&R Violation	7/1/19 - 7/31/19	3	11/11/2020		11/21/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTREAM WITHIN 5 SERVICE CON			A			
	UPSTREAM WITHIN 5 SERVICE CON			A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20880	WELL	2	WELL	A			

Contact Information

Name			Organization			Job Title			
Ms. Yolanda J. Armelin			Crystal Lake Community Church			Chair Bd of Trustees			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
278 Sandy Beach Road						Ellington		CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-872-0798					laniarmlin@aol.com				

Contact Role(s): Legal Contact									
Name			Organization			Job Title			
Community United Methodist Church									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
278 Sandy Beach Rd						Ellington		CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): Owner									
Name			Organization			Job Title			
Ms. Molly Anderson			Hirth Small Engine Repair						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
51 Sandy Beach Road						Ellington		CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-872-9034					RIDOBRCOM@msn.com				

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480104	ELLINGTON FUEL DEPOT, INC	NC	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 CRYSTAL LAKE ROAD						2	
Towns Served: ELLINGTON							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		
	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		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	7/1/19 - 9/30/19		
	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 year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/28/2019	11/22/2019
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	2/26/2020	2/26/2020
CAP - ADDRESS DEFICIENCY	3/31/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	4/1/19 - 6/30/19	3	9/19/2020		9/29/2020	
Physical Parameters M&R Violation	4/1/19 - 6/30/19	3	9/19/2020		9/29/2020	
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	11/12/2020		11/22/2020	
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	11/12/2020		11/22/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20883	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480104	ELLINGTON FUEL DEPOT, INC	NC	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 CRYSTAL LAKE ROAD						2	
Towns Served: ELLINGTON							

Contact Information

Name			Organization			Job Title		
Mr. Frank B. Rogalla			Ellington Depot Inc					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
83 Crystal Lake Rd						Ellington	CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			860-558-2896	860-871-6039	EllingtonDepot@gmail.com			

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

Name			Organization			Job Title		
Ms. Sibylle M. Rogalla			Ellington Depot Inc					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
83 Crystal Lake Rd						Ellington	CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			860-558-2896	860-872-3289	EllingtonDepot@gmail.com			

Contact Role(s): **Owner**

Please note the following:

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

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

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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		
CT0480114	ELLINGTON RIDGE COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 ABBOT ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

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

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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				

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

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	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				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19				
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/10 - 12/31/10	2	11/20/2010		11/30/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage</i>	
								<i>WQP 2</i>	<i>DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480114	ELLINGTON RIDGE COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 ABBOT ROAD				1			
Towns Served: ELLINGTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
20884	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Eddie Clark		Ellington Ridge Country Club			Director-Operations		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
79 Kate Lane					Tolland	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-872-9133	26	860-870-7340		830-977-0745	manager@ellingtonridge.org		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480144	ROLLING MEADOWS COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
76 SADDIS MILL ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

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

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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				

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

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	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				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	5/1/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20887	WELL	2	WELL	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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480144	ROLLING MEADOWS COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
76 SADDS MILL ROAD				1			
Towns Served: ELLINGTON							

Contact Information

Name				Organization		Job Title		
Ms. Anne Gale-Wolchesky				Rolling Meadows Country Club		Managing Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
76 Sadds Mill Road						Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-875-7243		860-875-3887		860-974-3189				

Contact Role(s): Administrative Contact								
Name				Organization		Job Title		
Rolling Meadows LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Rolling Meadows Country Club			76 Sadds Mill Road			Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-5328								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480154	SJ RANCH, INC. (WELL #1 - KITCHEN)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per month
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		

Physical Parameters (PPS)			1 routine (RT) per month
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		

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

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

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/7/2018	
SEASONAL START UP COMPLETION	6/1/2019	
SEASONAL START UP COMPLETION	6/1/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	
Physical Parameters M&R Violation	8/1/19 - 8/31/19	3	1/29/2021		2/8/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20888	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Ms. Patricia L. Haines		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0480154	SJ RANCH, INC. (WELL #1 - KITCHEN)	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
130 SANDY BEACH ROAD				1				
Towns Served: ELLINGTON								
130 Sandy Beach Road			Ellington		CT	06029-9732		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-872-4742								
Contact Role(s): Legal Contact, Owner								
Name			Organization			Job Title		
Ms. Alexandra Thomas			Sj Ranch, Inc					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
130 Sandy Beach Road						Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-872-4742					alex@sjridingcamp.com			
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.								
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.								
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480164	SJ RANCH, INC. (WELL #2 - OVERLOOK)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

Total Coliform (3100)				1 routine (RT) per month
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>		<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			

Physical Parameters (PPS)				1 routine (RT) per month
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>		<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			

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

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

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/7/2018	
SEASONAL START UP COMPLETION	6/1/2019	
SEASONAL START UP COMPLETION	6/1/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	
Physical Parameters M&R Violation	8/1/19 - 8/31/19	3	1/29/2021		2/8/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>WQP</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
20889	WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title
Ms. Patricia L. Haines		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480164	SJ RANCH, INC. (WELL #2 - OVERLOOK)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							
130 Sandy Beach Road			Ellington		CT	06029-9732	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-872-4742							
Contact Role(s): Legal Contact							
Name			Organization		Job Title		
Ms. Alexandra Thomas			Sj Ranch, Inc				
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
130 Sandy Beach Road					Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-872-4742					alex@sjridingcamp.com		
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.							
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.							
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.							

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)	NC	25	P	GW	
Local Address (where applicable)		Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD			1			
Towns Served: ELLINGTON						

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Physical Parameters (PPS)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

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

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

Water System Facility: **WELL (WSF ID: 20890)**

E. Coli (3014)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2018	
RESPOND TO SANITARY SURVEY	6/7/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>PN Certification</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
20890	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Patricia L. Haines									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
130 Sandy Beach Road						Ellington		CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-872-4742									

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

Name			Organization			Job Title			
Ms. Alexandra Thomas			Sj Ranch, Inc						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
130 Sandy Beach Road						Ellington		CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-872-4742					alex@sjridingcamp.com				

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0480234	LUANN'S BAKERY AND CAFE	NC	60	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
238 SOMERS ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

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

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

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION (4)	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		

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

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
			DOWNSTREAM	DOWNSTREAM WITHIN 5	A	Y		
			UPSTREAM	DOWNSTREAM WITHIN 5	A			
00700	ENTRY POINT	3	ENTRY POINT	A				
60431	WELL 1	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. Michael H. Hoffman		Luann's Bakery And Cafe						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
111 Hoffman Road						Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-559-6414				860-872-8073	mhoffman07@sbcglobal.net			
Contact Role(s):		Administrative Contact, Legal Contact						

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0480234	LUANN'S BAKERY AND CAFE	NC	60	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
238 SOMERS ROAD				1				
Towns Served: ELLINGTON								
Name			Organization			Job Title		
M. L. Hoffman LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
111 Hoffman Road						Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-559-6414				860-872-8073	mhoffman07@sbcglobal.net			
Contact Role(s): Owner								

Please note the following:

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

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

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

End of schedule