	Connecticut De	partment of	f Public H	ealth	Drinkir	ng Wa	ter S	Section	
	Water Q	uality Monit	coring and	d Con	npliance	Sche	dule		
PWS ID	PWS Name		0		Classificatio	n Popula	tion C	wner Type Pr	imary Source
СТ0480233	CRYSTAL LAKE PLAZA				NC	25		Р	GW
Local Address	(where applicable)		Service	Residen	itial Comme	rcial Ind	ustrial	Combined	Agricultura
99 STAFFORD	RD. (RT. 30)		Connections	4					
Towns Served:	ELLINGTON								
		Monit	oring Requ	ireme	nts				
Water Syster	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
<b>Total Colifor</b>	rm (3100)						1 r	outine (RT) p	oer quarter
Sampling	Point (Sampling Point ID)			Monitori	ing Period	Collectio	n Perio	od Complia	ance Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 -	9/30/19			Со	mplete
			-	10/1/19 -	12/31/19			Со	mplete
					· 3/31/20			Со	mplete
					6/30/20				
				7/1/20 -	9/30/20				
•	ameters (PPS)							outine (RT) p	•
	Point (Sampling Point ID)				ing Period	Collectio	n Perio	-	ance Status
Select fro	m Inventory of Active Samp	ling Points			9/30/19				mplete
			:		12/31/19				mplete
					3/31/20			Со	mplete
					6/30/20				
				7/1/20 -	9/30/20				
	m Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)							1 routine (R	••••
	Point (Sampling Point ID)				ing Period	Collectio	n Perio	-	ance Status
ENTRY PC	JINT (3)				12/31/19			Coi	nplete
					12/31/20				
					12/31/21				
		Other C	ompliance					1 -	
	chedule Activity				Due Date	4	Achieve	ed Date	
RESPOND TO S	SANITARY SURVEY				2/10/2017				
			tification R	equire					
		0	ompliance	Notice		Notificat			i <u>fication</u>
Violation/Situ			Period	Tier	Require		ormed		Received
	olor MCL Violation		/13 - 9/30/13	2	2/8/201			2/18/2014	
Distribution Tu	urbidity MCL Violation	· · ·	/13 - 9/30/13	2	2/8/201			2/18/2014	
	Wate	r System Facil	ity and Sar	npling	Point Inv	ventory	1		
Water							ead a		
	ter System Facility	Sampling Point ID	Sampling Poil	nt		-	Coppe		Stage
			-		<u>Status</u>		KUIE II	ier Asbestos	VVQP Z DBP
00600 DIS	TRIBUTION SYSTEM					Y			
		DOWNSTREAM UPSTREAM							
			WITHIN 5 SER						
		3	ENTRY POINT		A				
10218 WE	LL #1	2			A				

			- ) -		0		-	<b>I</b> <sup>-</sup>				-			
PWS ID	PWS Name							Classif	ication	Рс	pulation	Own	er Type	Prir	mary Source
СТ0480233	CRYSTAL LAKE P	LAZA						Ν	IC		25		Р		GW
Local Address (w	here applicable)				Service	Resi	den	tial Co	mmerci	al	Industria	al	Combine	ed	Agricultural
99 STAFFORD RD	. (RT. 30)				Connection	าร	4								
Towns Served: El	LLINGTON			·				·							
			C	Cont	act Info	rmati	ion								
Name				Org	ganization								Job Title	e	
Mr. Scott E. Web	ber			Cry	stal Lake Pl	laza									
Mailing Address	Line One		Mailing Add	dress	Line Two						City		State	2	Zip Code
99 Stafford Rd									Ellingto	on			СТ	06	5029-9732
Business Phone	e Extension	Fax	N	/lobile	e Phone	Emerge	ency	Phone	Email A	٩dc	dress				
860-316-8192			8	60-87	1-9287	860-8	872-	2209							
Contact Role(s):	Administrative	Contact, Leg	gal Contact,	Owne	er										
Name				Org	ganization								Job Title	е	
Weber Enterpris	es LLC														
Mailing Address	Line One		Mailing Add	dress	Line Two						City		State		Zip Code
99-101 Stafford F	Rd								Ellingto	on			СТ		06029
Business Phone	e Extension	Fax	N	1obile	e Phone	Emerge	ency	Phone	Email A	٩dc	dress				
Contact Role(s):	Legal Contact,	Owner													
Please note the	following:														
1. The residual di	sinfectant concen	tration must b	e measured a	at the s	same locatio	on and tir	me a	s each t	otal colif	orn	n sample.				
2. If a Collection	Period is specified	. all water qua	ility samples n	nust b	e collected o	during th	ie spe	ecified r	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 Departm					0			ection	
	Water Quality	Monitoring and	d Con							
PWS ID	PWS Name			Clas		Poj		Ow	ner Type Pr	imary Source
СТ0480064	CRYSTAL LAKE COMMUNITY METH				NC		25		Р	GW
	(where applicable)	Service	Residen	tial	Commerc	cial	Industri	al	Combined	Agricultural
265 SANDY BE		Connections			1					
Towns Served:				_		_		_		
		Monitoring Requ	ireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM	/I (WSF ID: 00600)								
<b>Total Colifor</b>	m (3100)							1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod (	Colle	ction Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points	5	10/1/19 -	10/3	81/19				Co	mplete
		-	11/1/19 -	11/3	30/19				Со	mplete
		-	12/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -							mplete
			2/1/20 -						Со	mplete
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
Dhunding I Day			9/1/20 -	9/30	0/20			4		
-	ameters (PPS) Point (Sampling Point ID)		Monitori	na D	ariad (	Colla	ction Pe			per month ance Status
	TION SYSTEM (4)		10/1/19 -	-		cone	ction Per	nou		mplete
DISTRIBU			10/1/19 - 11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -							mplete
			2/1/20 -							mplete
			3/1/20 -		-					
			4/1/20 -		-					
			5/1/20 -		-					
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
		-	9/1/20 -	9/30	)/20					
Water Systen	n Facility: ENTRY POINT (WSF ID	: 00700)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod (	Colle	ction Pe	riod	Compli	ance Status
ENTRY PC	DINT (3)		1/1/19 -	12/3	1/19				Со	mplete
			1/1/20 -	12/3	1/20				Со	mplete
			1/1/21 -	12/3	1/21					
Water Systen	n Facility: WELL (WSF ID: 20880)									
E. Coli (3014	1)							1 rc	outine (RT)	per month
	Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod	Compli	ance Status
WELL (2)			10/1/19 -							
			11/1/19 -							mplete
			12/1/19 -	12/3	31/19				Со	mplete

	Connecticut Departme			U			
	Water Quality M	ionitoring and					
PWS ID	PWS Name		C			wner Type Pri	
СТ0480064	CRYSTAL LAKE COMMUNITY METHO			NC	25	P	GW
	(where applicable)	Service Connections	Residentia		Industrial	Combined	Agricultura
265 SANDY BE		Connections		1			
Towns Served:			-				
		Ionitoring Requ	irement	ts			
	n Facility: WELL (WSF ID: 20880)						
E. Coli (3014	•					routine (RT)	•
Sampling	Point (Sampling Point ID)		Monitoring		ollection Perio		nce Status
			1/1/20 - 1/				nplete
			2/1/20 - 2/			Cor	nplete
			3/1/20 - 3/				
			4/1/20 - 4/				
			5/1/20 - 5/				
			6/1/20 - 6/				
			7/1/20 - 7/				
			8/1/20 - 8/				
			9/1/20 - 9/	•			
		ner Compliance					
-	hedule Activity			e Date	Achieve	ed Date	
				19/2014			
	CTION/CORRECTIVE ACTION PLAN			7/2015			
L1 ASSESSMEN	T (MULTIPLE TC+)	_		5/2017			
	Publi	c Notification R	equiren	nents			
		Compliance	Notice	<u>Public No</u>	<u>stification</u>	<u>PN Certi</u>	<u>fication</u>
Violation/Situe		Period	Tier	Required	Performed		Received
	L COLIFORM RULE (RTCR) TT Violation	5/7/17 -	2	8/10/2017		8/20/2017	
-	eters M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
	M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
1	eters M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
•	eters M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
	M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
	M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
	M&R Violation	9/1/18 - 9/30/18	3	11/13/2019		11/23/2019	
•	eters M&R Violation	9/1/18 - 9/30/18	3	11/20/2019		11/30/2019	
	M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	
	eters M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	
	M&R Violation	6/1/19 - 6/30/19	3	9/10/2020		9/20/2020	
	eters M&R Violation	6/1/19 - 6/30/19	3	9/10/2020		9/20/2020	
E. Coli M&R Vie		10/1/19 - 10/31/19	3	11/11/2020		11/21/2020	
E. Coli M&R Vid		9/1/19 - 9/30/19	3	11/11/2020		11/21/2020	
E. Coli M&R Vie E. Coli M&R Vie		8/1/19 - 8/31/19 7/1/19 - 7/31/19	3	11/11/2020 11/11/2020		11/21/2020 11/21/2020	
					atory	11/21/2020	
	water system	Facility and San	iipiing P		-		
147.7					بمامير امم		
Water System Wat	ter System Facility Sampling	Point Sampling Poir	nt.	To: Colif	tal Leadaı <sup>f</sup> orm Coppe		Stage

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

		iia	<u></u> Xuu				<u>iipiic</u>		/onounio	·	
PWS ID	P	WS Name					Classif	ication	Population O	wner Type	Primary Source
СТ048006	64 C	RYSTAL LAKE C	OMMUNITY	METHODIST CH	IURCH		N	С	25	Р	GW
Local Add	dress (whe	ere applicable)			Service	Resider	ntial Co	mmerci	al Industrial	Combine	d Agricultural
265 SAND	DY BEACH	ROAD			Connection	IS		1			
Towns Se	rved: ELL	INGTON									
00600	DISTRIB	UTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1 1	4	Y		
				DOWNSTREAM	WITHIN 5 SI	ERVICE CO	N A	4			
				UPSTREAM	WITHIN 5 SI	ERVICE CO	N A	4			
00700	ENTRY I	POINT		3	ENTRY POIN	NT		4			
20880	WELL			2	WELL			4			
				Con	tact Info	rmatior	า				
Name				0	rganization					Job Title	
Ms. Yolar	nda J. Arr	nelin			rystal Lake Co	ommunity	Church		Chair Bd of	Trustees	
Mailing A	ddress Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
278 Sand	y Beach F	Road						Ellingto	on	СТ	06029
Busines	ss Phone	Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	ddress		
860-87	72-0798							laniarm	nlin@aol.com		
Contact R	Role(s):	egal Contact									
Name				0	rganization					Job Title	
Commun	ity Unite	d Methodist Ch	nurch								
Mailing A	ddress Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
278 Sand	y Beach F	Rd						Ellingto	on	СТ	06029
Busines	ss Phone	Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	ddress		
Contact R	Role(s):	Dwner									
Name					rganization					Job Title	
Ms. Molly	-			H	irth Small Eng	gine Repair	•				
Mailing A	ddress Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
51 Sandy	Beach Ro	bad						Ellingto		СТ	06029
Busines	ss Phone	Extension	Fax	Mobi	ile Phone	Emergency	y Phone				
	72-9034							RIDOB	RCOM@msn.c	com	
Contact R	Role(s):	dministrative	Contact								
Please no		•									
				e measured at the					orm sample.		
				lity samples must							
-	-		-	hay be required (i.) he generation dat						-	

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

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Connecticut Depa					0		ection	
Water Qual	lity Mo	onitoring an	d Comp	oliance	e Sch	edule		
PWS ID PWS Name			C	lassificatio	on Popu	ulation O	wner Type P	rimary Source
CT0480104 ELLINGTON FUEL DEPOT, INC	2			NC	1	L40	Р	GW
Local Address (where applicable)		Service	Residentia	l Comme	ercial I	ndustrial	Combined	Agricultural
1 CRYSTAL LAKE ROAD		Connections					2	
Towns Served: ELLINGTON								
		onitoring Requ	iirement	ts				
Water System Facility: DISTRIBUTION SY	STEM (	WSF ID: 00600)						
Total Coliform (3100)						<b>1</b> re	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/		_			
			10/1/19 - 12				Со	mplete
			1/1/20 - 3/	-			Со	mplete
			4/1/20 - 6/					
			7/1/20 - 9/	/30/20				
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Collec	tion Perio	d Compli	ance Status
DISTRIBUTION SYSTEM (4)			7/1/19 - 9/					
			10/1/19 - 12					mplete
			1/1/20 - 3/				Со	mplete
			4/1/20 - 6/					
			7/1/20 - 9/	/30/20				
Water System Facility: ENTRY POINT (W	/SF ID: 00	0700)	7/1/20 - 9/	/30/20				
Water System Facility: ENTRY POINT (W Nitrate And Nitrite (NOX)	/SF ID: 00	0700)	7/1/20 - 9/	/30/20			1 routine (R	T) per year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	/SF ID: 00		Monitoring	Period	Collect	tion Perio	-	RT) per year Sance Status
Nitrate And Nitrite (NOX)	/SF ID: 00		<i>Monitoring</i> 1/1/19 - 12	<b>Period</b> /31/19	Collect		<b>d Compli</b> Co	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	/SF ID: 00		<i>Monitoring</i> 1/1/19 - 12 1/1/20 - 12	<b>Period</b> /31/19 /31/20	Collect		<b>d Compli</b> Co	ance Status
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	/SF ID: 00		<i>Monitoring</i> 1/1/19 - 12	<b>Period</b> /31/19 /31/20	Collect		<b>d Compli</b> Co	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			<i>Monitoring</i> 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	<b>Period</b> /31/19 /31/20 /31/21	Collect		<b>d Compli</b> Co	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu	<b>Period</b> /31/19 /31/20 /31/21	Collect		d Compli Co Co	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)			Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du	Period /31/19 /31/20 /31/21 les	Collect	tion Perio Achieve	d Compli Co Co d Date	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity	Oth		Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 11/2	Period /31/19 /31/20 /31/21 les e Date	Collect	tion Perio	d Compli Co Co d Date 2019	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY	Oth		Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 11/2 2/2	Period /31/19 /31/20 /31/21 les e Date 28/2019	Collect	tion Perio Achieve 11/22/	d Compli Co Co d Date 2019	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA	Oth		Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3	Period         /31/19         /31/20         /31/21         les         e Date         28/2019         6/2020         1/2020	Collect	tion Perio Achieve 11/22/	d Compli Co Co d Date 2019	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA	Oth	er Compliance	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3	Period         /31/19         /31/20         /31/21         les         e Date         28/2019         6/2020         1/2020         nents	Collect	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020	ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA	Oth	er Compliance Notification R	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem	Period         /31/19         /31/20         /31/21         les         e Date         28/2019         6/2020         1/2020         nents	c Notific	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY	Oth	er Compliance Notification R Compliance	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents Publia	<u>c Notific</u> ed Pe	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation	Oth	er Compliance Notification R Compliance Period	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 0u 11/2 2/2 3/3 equirem Notice Tier	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents Public Require	c Notific ed Pe 20	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020 <u>PN Cert</u> Due to DPH	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation Total Coliform M&R Violation	Oth	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents Public Require 9/19/20	c Notific ed Pe 20	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020 PN Cert Due to DPH 9/29/2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation	Oth	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3 3	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents <u>Public</u> <u>Require</u> 9/19/20 9/19/20	<i>c Notific</i> ed Pe 20 20 220	tion Perio Achieve 11/22/ 2/26/	d Compli Co Co d Date 2019 2020 <u>PN Cert</u> <u>Due to DPH</u> 9/29/2020 9/29/2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Physical Parameters M&R Violation	Oth AN Public	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 9/30/19	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3 3 3 3 3 3	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 1/2020 nents Public Require 9/19/20 9/19/20 11/12/20 11/12/20	<i>c Notific</i> ed Pe 20 20 20 220 220	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 <u>PN Cert</u> <u>9/29/2020</u> 9/29/2020 11/22/2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Total Coliform M&R Violation Physical Parameters M&R Violation Mater Sy Water	Oth AN Public	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sai	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3 3 3 3 mpling P	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 1/2020 nents Public Require 9/19/20 9/19/20 11/12/20 11/12/20	<i>c Notific</i> ed Pe 20 20 20 220 220	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 2020 2020 2020 2020 2020 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLA CAP - ADDRESS DEFICIENCY Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Total Coliform M&R Violation Physical Parameters M&R Violation Physical Parameters M&R Violation System Water System Facility	Oth AN Public ystem F Sampling	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sar Point Sampling Poi	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3 3 3 3 mpling P	Period (31/19 (31/20 (31/21 les e Date 28/2019 6/2020 1/2020 nents Public Require 9/19/20 9/19/20 11/12/20 11/12/20 oint In	c Notific ed Pe 20 20 20 20 20 20 20 20 20 20 20 20 20	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 2020 2020 2020 2020 2020 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)         ENTRY POINT (3)         Compliance Schedule Activity         RESPOND TO SANITARY SURVEY         CORRECTIVE ACTION/CORRECTIVE ACTION PLA         CAP - ADDRESS DEFICIENCY         Violation/Situation         Total Coliform M&R Violation         Physical Parameters M&R Violation         Total Coliform M&R Violation         Physical Parameters M&R Violation         Water System Water System Facility         System Water System Facility         Facility ID	Oth AN Public	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sai	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 11/2 2/2 3/3 equirem Notice Tier 3 3 3 3 mpling P	Period (31/19 (31/20 (31/21 les e Date 28/2019 6/2020 1/2020 nents Public Require 9/19/20 9/19/20 11/12/20 11/12/20 oint In	<u>c Notific</u> ed Pe 20 20 20 20 20 20 20 20 20 20 20 20 20	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 2020 2020 2020 2020 2020 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)         ENTRY POINT (3)         Compliance Schedule Activity         RESPOND TO SANITARY SURVEY         CORRECTIVE ACTION/CORRECTIVE ACTION PLA         CAP - ADDRESS DEFICIENCY         Violation/Situation         Total Coliform M&R Violation         Physical Parameters M&R Violation         Physical Parameters M&R Violation         Physical Parameters M&R Violation         Water         System Water System Facility         System Water System Facility         00600	Oth AN Public ystem F Sampling	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sar Point Sampling Poi	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 11/2 2/2 3/3 equirem Notice Tier 3 3 3 mpling P nt	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents Public Require 9/19/20 9/19/20 11/12/20 i1/12/20 cint In	c Notific ed Pe 20 20 20 20 20 20 20 20 20 20 20 20 20	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 2020 2020 2020 2020 2020 2020	ance Status mplete mplete
Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)         ENTRY POINT (3)         Compliance Schedule Activity         RESPOND TO SANITARY SURVEY         CORRECTIVE ACTION/CORRECTIVE ACTION PLA         CAP - ADDRESS DEFICIENCY         Violation/Situation         Total Coliform M&R Violation         Physical Parameters M&R Violation         Total Coliform M&R Violation         Physical Parameters M&R Violation         Water System Water System Facility         System Water System Facility         Facility ID	Oth AN Public /stem F Sampling ID	er Compliance Notification R Compliance Period 4/1/19 - 6/30/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19 Facility and Sau Point Sampling Poi Description	Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 <b>Schedu</b> 11/2 2/2 3/3 <b>equirem</b> Notice Tier 3 3 3 mpling P nt	Period /31/19 /31/20 /31/21 les e Date 28/2019 6/2020 1/2020 nents Publia Require 9/19/20 9/19/20 11/12/20 011/12/20 coint In	c Notific ed Pe 20 20 20 20 20 20 20 20 20 20 20 20 20	Achieve 11/22/ 2/26/ ation rformed	d Compli Co Co Co d Date 2019 2020 2020 2020 2020 2020 2020 2020	ance Status mplete mplete

							<b>r</b>				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
СТ0480104	ELLINGTON FUE	L DEPOT, IN	С					NC	140	Р	GW
Local Address (w	here applicable)				Service	Reside	ntial	Commerc	ial Industr	ial Combin	ed Agricultura
1 CRYSTAL LAKE F	ROAD				Connectior	าร				2	
Towns Served: El	LINGTON						I				I
				Con	tact Info	rmatio	n				
Name				Or	rganization					Job Titl	e
Mr. Frank B. Rog	alla			Ell	lington Depo	ot Inc					
Mailing Address I	Line One		Mailing A	ddress	s Line Two				City	State	Zip Code
83 Crystal Lake R	d							Ellingt	on	СТ	06029-9732
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	y Pho	ne Email	Address		
				860-5	58-2896	860-871	-6039	Ellingt	onDepot@g	mail.com	
Contact Role(s):	Administrative	Contact, Leg	gal Contact	t <i>,</i> Own	ner			·			
Name				Or	rganization					Job Titl	e
Ms. Sibylle M. Ro	ogalla			Ell	lington Depo	ot Inc					
Mailing Address I	Line One		Mailing A	ddress	s Line Two				City	State	Zip Code
83 Crystal Lake R	d							Ellingt	on	СТ	06029-9732
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	y Pho	ne Email	Address		
				860-5	58-2896	860-872	-3289	Ellingt	onDepot@g	mail.com	
Contact Role(s):	Owner				·			·			
Please note the f	following:										
1. The residual di	sinfectant concen	tration must k	oe measured	d at the	e same locatio	on and time	as eac	n total coli	form 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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Connecticut Dej Water Qu	partment of ality Monit				<u> </u>		ection	
PWS IDPWS NameCT0480114ELLINGTON RIDGE COUNTLocal Address (where applicable)56 ABBOT ROADTowns Served: ELLINGTON	TRY CLUB	Service R Connections		Assification NC I Comme 1	2		vner Type P P Combined	rimary Source GW Agricultural
	Monit	oring Requir	ement	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)						
Total Coliform (3100)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		M	onitoring	Period	Collecti	ion Period	l Compl	iance Status
Select from Inventory of Active Sampl	ing Points	7,	/1/19 - 9/	/30/19			Co	omplete
			/1/19 - 12					omplete
			/1/20 - 3/				Co	omplete
			/1/20 - 6/					
		7,	/1/20 - 9/	30/20		_		
Physical Parameters (PPS)				Dente d	Callant			per quarter
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampl	ing Doints		<i>onitoring</i> /1/19 - 9/		Collecti	ion Period		<i>iance Status</i> omplete
Select from inventory of Active Sampi			/1/19 - 9/ /1/19 - 12					omplete
			/1/20 - 3/					omplete
			/1/20 - 6/					mpiete
			/1/20 - 9/					
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1040)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		M	onitoring	Period	Collecti	ion Period		iance Status
ENTRY POINT (3)		7,	/1/19 - 9/	/30/19			Co	omplete
		10,	/1/19 - 12	2/31/19			Co	omplete
		1,	/1/20 - 3/	/31/20			Co	omplete
			/1/20 - 6/					
		7,	/1/20 - 9/	/30/20				
Nitrite (1041)							-	RT) per year
Sampling Point (Sampling Point ID)			onitoring		Collecti	ion Period	l Compl	iance Status
ENTRY POINT (3)			1/19 - 12, 1/19 - 12,				<u> </u>	
			1/20 - 12				C	omplete
	Dublic Not		1/21 - 12,					
		ification Re	-					
Violation/Situation	C	ompliance Period	Notice Tier	Public Require	<u>c Notifica</u> od Por		<u>PN Cer</u> Due to DPH	<u>tification</u> Received
Total Coliform MCL Violation	10/1	/10 - 12/31/10	2	11/20/20			11/30/2010	
Water	System Facil				ventor	Ъ		
Water System Water System Facility	Sampling Doint	Sampling Point			Total Coliform	Lead and	1	Chance
System Water System Facility Facility ID	ID	Description		Status	Coliform Rule	Copper Rule Tie	r Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION S	YSTEM	A	Y			
				· •	-			
		WITHIN 5 SERVI	CE CON	А				
		WITHIN 5 SERVI WITHIN 5 SERVI		A A				

	(	Connectic	ut Depa	irtme	ent c	of Public	: Healt	h Dr	inking	g W	ater	: Se	ction		
		Wat	ter Qua	lity N	<b>Mon</b> i	itoring a	and Co	mpl	iance	Sch	edu	le			
PWS ID		PWS Name						Clas	sification	Рори	ulation	Own	ier Type	Prim	nary Source
СТ048011	4	ELLINGTON RIDO		/ CLUB					NC		25		Р		GW
Local Add	ress (wl	nere applicable)				Service	Reside	ntial	Commerc	ial I	ndustri	ial	Combine	ed A	Agricultural
56 ABBOT	ROAD					Connectio	ons		1						
Towns Ser	ved: EL	LINGTON													
			Water S	ystem	n Faci	ility and S	Samplin	g Po	int Inve	ento	ry				
Water System Facility ID		System Facility			ng Poin ID	nt Sampling Descriptio			Со	otal liform Rule		per	Asbestc	os W	Stage QP 2 DBPR
20884	WELL				2	WELL			А						
					Со	ntact Info	ormatio	n							
Name					(	Organization							Job Title	ē	
Mr. Eddie	Clark				1	Ellington Rid	ge Country	Club		Dir	rector-(	Opera	ations		
Mailing Ac	dress I	ine One		Mailin	g Addre	ess Line Two				C	City		State	Z	ip Code
79 Kate La	ne								Tollan	d			СТ		06084
Business	s Phone	e Extension	Fax		Мо	bile Phone	Emergen	cy Pho	ne Email	Addre	ess			-	
860-872	2-9133	26	860-870-	7340			830-97	7-0745	5 manag	ger@e	ellingto	onridg	e.org		
Contact Ro	ole(s):	Administrative	Contact, Leg	gal Cont	act, Ov	vner	÷								
Please not	te the f	ollowing:													
1. The res	idual di	sinfectant concent	ration must b	oe measu	ired at t	he same locat	ion and time	as eac	h total coli	form s	ample.				
2. If a Col	lection I	Period is specified,	all water qua	ality samp	ples mu	st be collected	during the s	pecifie	d 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.

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	Connecticut De	*				0			
	Water Q	uality Monit	oring and						
PWS ID	PWS Name				Classifica	tion Pop			rimary Source
CT0480144	ROLLING MEADOWS CO	UNTRY CLUB			NC		25	Р	GW
	s (where applicable)		Service	Resident	ial Comr	mercial	Industrial	Combined	Agricultural
76 SADDS M			Connections			1			
Towns Serve	d: ELLINGTON								
Mator Sucto	em Facility: <b>DISTRIBUTIO</b>		oring Requ	iremer	nts				
			D. 00000j				1	outine (DT)	
	orm (3100) ng Point (Sampling Point ID)			Monitorir	a Pariod	Collo	tion Perio		per quarter <i>iance Status</i>
	rom Inventory of Active Samp	ling Doints		7/1/19 -	-	Colle	ction Perio	-	omplete
Select II	form inventory of Active Samp			.0/1/19 -					omplete
									•
				1/1/20 -					omplete
				4/1/20 - 7/1/20 -					
Physical Pa	arameters (PPS)						1 r	outine (RT)	per quarter
	ng Point (Sampling Point ID)			Monitorir	ng Period	Colle	ction Perio	d Compl	iance Status
Select fi	rom Inventory of Active Samp	oling Points		7/1/19 -	9/30/19			Co	omplete
			-	.0/1/19 -	12/31/19			Co	omplete
				1/1/20 -	3/31/20			Co	omplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (10	040)						<b>1</b> re	outine (RT)	per quarter
Samplin	ng Point (Sampling Point ID)			Monitorir	ng Period	Colle	ction Perio	d Compl	iance Status
ENTRY F	POINT (3)			7/1/19 -	9/30/19			Co	omplete
			:	.0/1/19 -	12/31/19			Co	omplete
				1/1/20 -	3/31/20			Co	omplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Nitrite (10	41)							1 routine (I	RT) per year
Samplin	ng Point (Sampling Point ID)			Monitorir	ng Period	Colle	ction Perio	d Compl	iance Status
ENTRY F	POINT (3)			1/1/19 - 1	2/31/19			Co	omplete
				1/1/20 - 1	2/31/20			Co	omplete
				1/1/21 - 1	2/31/21				
		Other Co	ompliance	Sched	ules				
Compliance :	Schedule Activity				oue Date	_	Achieve	d Date	
RESPOND TO	SANITARY SURVEY			5	/1/2019				
	Wate	r System Facili	ity and Sar	npling	Point I		-		
Water	lator Custom Facility					Total			<i>c</i> .
System W Facility ID	/ater System Facility	Sampling Point ID	Description	n		Colifori Rule			Stage WQP 2 DBPR
	ISTRIBUTION SYSTEM	4	DISTRIBUTION		<u>Statu</u>	s Rule Y	nule II	a monestos	WQF Z DDPK
00000 D		4 DOWNSTREAM			A	ř			
		UPSTREAM	WITHIN 5 SER						
		UPSTREAM	VVII TIIN 5 SEK		A				
00700 -		<b>`</b>	ENITOV DOINT		^				
	NTRY POINT	3	ENTRY POINT		A				

	-		- 5		- 0-		1-			-	T	
PWS ID	PWS Name						Class	ification P	opulation	Own	er Type l	Primary Source
СТ0480144	ROLLING MEAD	OWS COUNT	RY CLUB					NC	25		Р	GW
Local Address (w	here applicable)				Service	Reside	ntial	Commercial	Industria	al (	Combine	d Agricultural
76 SADDS MILL F	ROAD				Connection	IS		1				
Towns Served: E	LLINGTON						I					
				Con	tact Info	rmatio	n					
Name				Or	ganization						Job Title	
Ms. Anne Gale-\	Nolchesky			Ro	- olling Meado	ws Countr	y Club		Managing	Men	nber	
Mailing Address	Line One		Mailing A	Address	s Line Two				City		State	Zip Code
76 Sadds Mill Ro	ad							Ellington			СТ	06029
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phor	e Email Ad	dress			
860-875-7243	}	860-875-3	3887			860-974	-3189					
Contact Role(s):	Administrative	Contact			i							
Name				Or	ganization						Job Title	
Rolling Meadow	rs LLC											
Mailing Address	Line One		Mailing A	Address	s Line Two				City		State	Zip Code
Rolling Meadow	s Country Club		76 Sadds	6 Mill Ro	oad			Ellington			СТ	06029
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phor	e Email Ad	dress			
860-870-5328	3											
Contact Role(s):	Legal Contact, (	Dwner			·							
Please note the	following:											
1. The residual d	isinfectant concen	tration must b	e measure	ed at the	e same locatio	n and time	as each	total colifor	m sample.			
2. If a Collection	Period is specified,	all water qua	lity sample	es must	be collected o	luring the s	pecified	l period.				
3 Depending on	results additional	monitoring m	av he requ	ired (i e	reneat or co	ofirmation	sample	s) This sche	dule is subi	ect to	change a	nd 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 Dep					0			
	Water Qu	ality M	onitoring an	d Com	plianc	e So	chedule	<u>e</u>	
PWS ID	PWS Name			C	lassificati	on P	opulation (	Owner Type P	rimary Source
СТ0480154	SJ RANCH, INC. (WELL #1 -	KITCHEN)			NC		25	Р	GW
Local Address (	where applicable)		Service	Residentia	al Comm	ercial	Industria	Combined	Agricultural
130 SANDY BEA	ACH ROAD		Connections		1				
Towns Served:	ELLINGTON								
		Μ	onitoring Requ	iiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (	WSF ID: 00600)						
Total Colifor	m (3100)						1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Col	lection Peri	od Compli	ance Status
Select from	m Inventory of Active Sampli	ng Points		6/1/20 - 6	/30/20				
				7/1/20 - 7	/31/20				_
				8/1/20 - 8	/31/20				
Physical Para	ameters (PPS)						1	routine (RT)	per month
	Point (Sampling Point ID)			Monitoring		Col	lection Peri	od Compli	ance Status
DISTRIBUT	FION SYSTEM (4)			6/1/20 - 6					
				7/1/20 - 7					
				8/1/20 - 8	/31/20				
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)						
Nitrate And I	Nitrite (NOX)							1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	-	Col	lection Peri	od Compli	ance Status
ENTRY PO	INT (3)			1/1/19 - 12				Со	mplete
				1/1/20 - 12	2/31/20				
				1/1/21 - 12	2/31/21				
		Oth	er Compliance	Schedu	ıles				
Compliance Scl	hedule Activity		-	Du	le Date		Achiev	ed Date	
-	ANITARY SURVEY			6/	7/2018				
SEASONAL STA	RT UP COMPLETION				1/2019				
	RT UP COMPLETION				1/2020				
		Public	Notification R	equirer	nents				
			Compliance	Notice		ic Not	ification	PN Cert	ification
Violation/Situa	ation		Period	Tier	Requir		Performed		Received
REVISED TOTAL	COLIFORM RULE (RTCR)		6/2/17 - 11/1/17	3	11/8/20			11/18/2018	
Physical Param	eters M&R Violation		8/1/19 - 8/31/19	3	1/29/20	)21		2/8/2021	
	Water	System	Facility and Sar	npling F	oint In	ven	torv		
Water			·····, ·····			Tote	-	Ind	
	ter System Facility	Sampling	Point Sampling Poi	nt		Colifo			Stage
Facility ID		ID	Description		Status	Rul	e Rule T	ier Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	А	Y			
		DOWNST	REAM WITHIN 5 SEF	VICE CON	А				
		UPSTRI	EAM WITHIN 5 SEF	VICE CON	А				
00700 ENT	RY POINT	3	ENTRY POINT		А				
20888 WEL	L	2	WELL		А				
			<b>Contact Inform</b>	nation					
Name			Organization					Job Title	
Ms. Patricia L.	Haines								
Mailing Addres	s Line One	Mailing A	Address Line Two				City	State	Zip Code
			and a filler of the second						

	-	· · · ·	- )	- 0 -		1-			-		<u> </u>
PWS ID	PWS Name						sification	Population	Owner <sup>-</sup>	Туре	Primary Source
СТ0480154	SJ RANCH, INC.		NC	25	Р		GW				
Local Address (w	Service	Resider	ntial	Commerc	ial Industri	ial Cor	mbine	d Agricultural			
130 SANDY BEAC	Connection	IS		1							
Towns Served: E	LLINGTON				·						
130 Sandy Beach	n Road						Ellingt	on		СТ	06029-9732
Business Phon	e Extension	Fax	Mobi	bile Phone Emergency Pho			ne Email	Address			
860-872-4742	2										
Contact Role(s):	Legal Contact,	Owner	÷	·							
Name Organization									Jol	b Title	1
Ms. Alexandra T	homas		Sj	Ranch, Inc							
Mailing Address	Line One		Mailing Address	s Line Two	Line Two			City			Zip Code
130 Sandy Beach	n Road						Ellington			СТ	06029
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	cy Phone Email Address					
860-872-4742	2						alex@	sjridingcamp	o.com		
Contact Role(s):	Administrative	Contact	÷	·							
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured at the	e same locatio	n and time a	as eac	h total coli	orm sample.			
2. If a Collection	Period is specified	, all water qua	ality samples must	be collected d	during the sp	oecifie	d 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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(	Connecticut Dep					0			1
	•	ality Monit	oring and		A				Defense of C
_	PWS Name			(				Owner Type P	Primary Sourc
CT0480164 S Local Address (wh	SJ RANCH, INC. (WELL #2 -	OVERLOOK)	Service	Residenti	NC		25 Industria	-	GW
130 SANDY BEACH			Connections	Residenti		1	muustna		ed Agricultura
Towns Served: EL			connections			T			
TOWING SERVED. EL		Monit	oring Dogu	iromon	te				
Water System F	acility: DISTRIBUTION		oring Requ D: 00600)	iremen	its		_	_	
Total Coliform	• •						:	-	RT) per month
	oint (Sampling Point ID)			Monitorin	-		lection Per	riod Con	pliance Status
Select from I	nventory of Active Sampli	ng Points		6/1/20 - 6					
				7/1/20 - 7					
				8/1/20 - 8	3/31/20	)			
Physical Param	· · ·							-	RT) per month
	bint (Sampling Point ID)			Monitorin	-		lection Per	riod Con	pliance Status
DISTRIBUTIO	ON SYSTEM (4)			6/1/20 - 6					
				7/1/20 - 7					
				8/1/20 - 8	3/31/20	)			
	acility: ENTRY POINT	(WSF ID: 00700)							()
Nitrate And Nit	• •								e (RT) per year
	oint (Sampling Point ID)			Monitorin	-		lection Per	riod Con	pliance Status
ENTRY POIN	1 (3)			1/1/19 - 1					Complete
				1/1/20 - 1					
		Other C	ompliance	1/1/21 - 11 Schedu		1			
Compliance Sche	dule Activity				ue Date	2	Achie	ved Date	
RESPOND TO SAN					/7/2018	-	, 10,110		
SEASONAL START					/1/2019				
SEASONAL START					/1/2020				
		Public Not	ification P						
					-				
Violation/Situation	00	C	ompliance Period	Notice Tier			tification		<u>Certification</u>
	OLIFORM RULE (RTCR)	6/2	/17 - 11/1/17	3	-	<b>uired</b> 3/2018	Performed	d Due to D 11/18/20	
	ers M&R Violation		/19 - 8/31/19	3	-	)/2018		2/8/202	
		System Facili					tory	2/0/202	. <b>_</b>
Water		oyotein raein		. 69.	••••••	Tot		and	
	System Facility	Sampling Point ID	Sampling Poir Description	nt		Colife	orm Copp	per	Stage os WQP 2 DBP
-	BUTION SYSTEM	4	DISTRIBUTION		<u>Stat</u> A	<u>us nu</u> Y			
UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU		4 DOWNSTREAM			A	I			
		UPSTREAM	WITHIN 5 SER		A				
00700 ENTRY	POINT	3	ENTRY POINT		A				
20889 WELL		2	WELL		A				
				nation	~				
Name			rganization					Job Tit	
Mane Ms. Patricia L. Ha	ines		Bamzation					JOD III	
Mailing Address L		Mailing Addres	s Line Two				City	State	Zip Code
	an has been provided to help our								

		C C			0								
PWS ID	PWS Name							ssification	Population	Owner Type	Primary Source		
СТ0480164	SJ RANCH, INC. (WELL #2 - OVERLOOK)							NC	25	Р	GW		
Local Address (where applicable)					Service	Resider	ntial	Commerc	ial Industri	ial Combine	ed Agricultural		
130 SANDY BEACH ROAD					Connection	IS		1					
Towns Served: El	LINGTON												
130 Sandy Beach	Road							Ellingt	on	СТ	06029-9732		
Business Phone	e Extension Fax Mot				e Phone	Emergenc	y Pho	one Email	il Address				
860-872-4742													
Contact Role(s):	Legal Contact												
Name				Or	ganization	Job Title					е		
Ms. Alexandra T	homas			Sj	Ranch, Inc								
Mailing Address	Line One		Mailing	g Address	Line Two				City	State	Zip Code		
130 Sandy Beach	Road							Ellingt	on	СТ	06029		
Business Phone	e Extension	Fax		Mobil	e Phone	Emergenc	cy Phone Email		Address				
860-872-4742								alex@sjridingcamp.com					
Contact Role(s):	Administrative	Contact											
Please note the f	following:												
1. The residual di	<ol> <li>The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> </ol>												

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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	Connecticut Dep						<u> </u>			ection			
	Water Qu	ality M	onitoring an	d Con	ıpl	ianco	e Sc	hedul	le				
PWS ID	PWS Name		Classification Population Owner Type Primary S										
СТ0480174	SJ RANCH, INC. (WELL #3 -	USE)			NC		25		Р	GW			
Local Address (v	where applicable)		Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultural		
130 SANDY BEA	CH ROAD		Connections			1							
Towns Served: I	ELLINGTON												
		Μ	onitoring Requ	iireme	nts								
Water System	Facility: DISTRIBUTION	SYSTEM (	WSF ID: 00600)										
<b>Total Coliforn</b>	n <b>(3100)</b>						1	routine (F	RT) per year				
Sampling I	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Compl	ance Status		
Select from	n Inventory of Active Sampli	ng Points		1/1/19 -	12/3	1/19				Co	mplete		
				1/1/20 -	12/3	1/20							
				1/1/21 -	12/3	1/21							
<b>Physical Para</b>									1	routine (F	RT) per year		
Sampling I	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Compl	ance Status		
DISTRIBUT	ION SYSTEM (4)			1/1/19 -	12/3	1/19				Co	mplete		
				1/1/20 -	12/3	1/20							
				1/1/21 -	12/3	1/21							
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)										
Nitrate And N	litrite (NOX)								1	routine (F	RT) per year		
Sampling I	Point (Sampling Point ID)			Monitoring Period Collection Period Compliance St							ance Status		
ENTRY POI		1/1/19 -	12/3	1/19				Co	mplete				
		1/1/20 -	12/3	1/20									
				1/1/21 -	12/3	1/21							
Water System	Facility: WELL (WSF ID	: 20890)											
E. Coli (3014)									1	routine (F	RT) per year		
Sampling I	Point (Sampling Point ID)			Monitoring Period Collection Period Compliance						ance Status			
WELL (2)				1/1/19 - 12/31/19									
				1/1/20 - 12/31/20									
				1/1/21 - 12/31/21									
		Oth	er Compliance	Sched	lule	es							
Compliance Sch	edule Activity			I	Due	Date		Achie	ved	Date			
CROSS CONNEC	TION SURVEY REPORT			3/1/2018									
RESPOND TO SA	NITARY SURVEY			(	6/7/2	2018							
CROSS CONNEC	TION SURVEY REPORT			3/1/2019									
CROSS CONNEC	TION SURVEY REPORT			3	3/1/2	2020							
		Public	Notification R	equire	eme	ents							
			Compliance	Notice		Publi	c Notij	fication		PN Cer	PN Certification		
Violation/Situa	Violation/Situation Period						Tier Required Perfo				Received		
REVISED TOTAL	COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	17 3 11/8/2018 11/18/2018										
	Water	System	Facility and Sar	npling	Ро	int In	vent	ory					
Water							Tota	l Lead	and				
System Wate	Point Sampling Poi	nt		(	Colifor				Stage				
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPF		
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		А	Y						
		DOWNST	REAM WITHIN 5 SEF	VICE CON	N	А							
		UPSTRE	AM WITHIN 5 SEF	VICE CON	N	А							

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0480174 SJ RANCH, INC. (WELL #3 - RANCH HOUSE) NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **130 SANDY BEACH ROAD** 1 Towns Served: ELLINGTON 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 00700 **ENTRY POINT** 3 ENTRY POINT Α 2 WFII 20890 WELL Δ **Contact Information** Organization Job Title Name Ms. Patricia L. Haines Mailing Address Line One Mailing Address Line Two City State Zip Code 130 Sandy Beach Road Ellington 06029-9732 CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-872-4742 Contact Role(s): Legal Contact Name Job Title Organization 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 Email Address **Business Phone** Extension Fax Mobile Phone **Emergency Phone** 860-872-4742 alex@sjridingcamp.com Contact Role(s): Administrative Contact 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. If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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	Connecticut De	*						0			on	
		Juality M	onit	oring a							-	
PWS ID	PWS Name	0.4.FF									pe P	rimary Sourc
CT0480234	LUANN'S BAKERY AND	CAFE		- ·			NC		60	P		GW
	where applicable)			Service Connectior	Resident				ndustria	Com	bined	Agricultura
238 SOMERS RC				connection	13		1	•				
Towns Served: E		•	•••	• -	•							
Water System	Facility: DISTRIBUTIO			oring Red D: 00600)	quiremei	าธร	-		_		-	
Total Coliforn									1	routine	(RT)	per quarter
Sampling F	Point (Sampling Point ID)	)			Monitoriı	ng Pe	riod	Collec	tion Peri			ance Status
Select from	n Inventory of Active Sam	pling Points			7/1/19 -	9/30,	/19				Со	mplete
					10/1/19 -	12/3	1/19				Со	mplete
					1/1/20 -	3/31,	/20				Со	mplete
					4/1/20 -	6/30,	/20					
					7/1/20 -	9/30,	/20					
Physical Para	meters (PPS)								1	routine	(RT)	per quarter
Sampling F	Point (Sampling Point ID)	)			Monitorir	-		Collec	tion Peri	od C	ompli	ance Status
DISTRIBUT	ION (4)				7/1/19 -							mplete
					10/1/19 -	12/3	1/19				Со	mplete
					1/1/20 -						Co	mplete
					4/1/20 -	6/30,	/20					
					7/1/20 -	9/30,	/20					
Water System	Facility: ENTRY POIN	IT (WSF ID: 0	0700)									
Nitrate And N	• •										-	T) per year
	Point (Sampling Point ID)	)			Monitorir	-		Collec	tion Peri	od C		ance Status
ENTRY POI	NT (3)				1/1/19 - 1							mplete
					1/1/20 - 12/31/20						Со	mplete
					1/1/21 - 1							
	Wate	er System	Facil	ity and S	ampling	Poi	nt Ir	vento	ory			
	er System Facility	Sampling	ı Point	Sampling P				Total Coliforn	Lead a			Stage
Facility ID		ID		Description	1	S	tatus	Rule	Rule T	ïer Asb	estos	WQP 2 DBP
00600 DISTI	RIBUTION SYSTEM	4		DISTRIBUTI	ON		А	Y				
		DOWNST	REAM	DOWNSTR	EAM WITHIN	15	А	Y				
		UPSTR	EAM	DOWNSTR	EAM WITHIN	15	А					
00700 ENTR	RY POINT	3		ENTRY POII	NT		А					
60431 WELI	L1	2		WELL			Α					
			Con	tact Info	rmation							
Name			0	rganization						Job	Title	
Mr. Michael H.	Hoffman		Lu	iann's Baker	y And Cafe							
Mailing Address	Line One	Mailing	Addres	s Line Two				(	City	Sta	ate	Zip Code
111 Hoffman Ro	bad						Elli	ngton		C	T	06029
Business Phor	ne Extension	Fax	Mobi	le Phone	Emergency	Phon	ne Em	ail Addr	ess			
860-559-6414	4				860-872-8	3073	mh	offman	)7@sbcgl	obal.net	:	
Contact Role(s):	Administrative Contac	t, Legal Conta	ct									

		<b>V</b>	-		0		1-			-	1	
PWS ID	PWS Name							sification	Population	Owner Type	<b>Primary Source</b>	
СТ0480234	LUANN'S BAKER	Y AND CAFE						NC	60	Р	GW	
Local Address (w	Serv	Service Resi		ntial	Commerc	ial Industr	ial Combin	ed Agricultural				
238 SOMERS ROAD					inections	5		1				
Towns Served: E	LLINGTON										I	
Name				Organization						Job Title		
M. L. Hoffman L	.C											
Mailing Address	Line One		Mailing Addr	ress Line Two					City	State	Zip Code	
111 Hoffman Ro	ad							Ellingt	on	СТ	06029	
Business Phon	e Extension	Fax	Mo	obile Pho	one E	Emergenc	y Pho	ne Email	Address			
860-559-6414				860-87					mhoffman 07@sbcglobal.net			
Contact Role(s):	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.

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