			ut Departme ter Quality M					0					
PWS ID	PW	/S Name			0							e Pr	imary Source
СТ0590114	¥ СН	URCH OF LAT	FER DAY SAINTS				Ν	С	25		Р		GW
Local Addr	ess (whei	re applicable)			Service	Resident	tial Co	mmercial	Ind	ustrial	Combi	ned	Agricultura
1244 FLAN					Connection	S		1					
Towns Serv	ved: GRO	TON											
			Ν	/lonite	oring Req	uireme	nts						
Water Sys	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Col	•	-									-		per quarter
	_	t (Sampling Po				Monitori	-		llectio	n Peric	od Cor	-	ance Status
Select	from Inv	entory of Acti	ve Sampling Points			7/1/19 -							mplete
						10/1/19 -							mplete
						1/1/20 -						Coi	mplete
						4/1/20 -							
Physical	Paramet	ers (PPS)				7/1/20 -	<i>3</i> /30/2	0		1 -	outine /s	۲۱ ،	oer quarter
-		t (Sampling Po	pint ID)			Monitori	ng Perio	od Col	llectio	n Perio	-		ance Status
			ve Sampling Points			7/1/19 -	-					-	mplete
			1 0			10/1/19 -							mplete
						1/1/20 -	3/31/2	0				Со	mplete
						4/1/20 -	6/30/2	0					
						7/1/20 -	9/30/2	0					
Water Sys	stem Fac	ility: ENTRY	POINT (WSF ID:	00700)									
Nitrate A		• •										-	T) per year
	-	t (Sampling Po	pint ID)			Monitori	-		llectio	n Perio	od Cor	· ·	ance Status
ENTR	Y POINT (3)				1/1/19 - 1							mplete
						1/1/20 - 1						Со	mplete
			Water System	Facili	ity and Sa	1/1/21 - :			ton	,			
Water			water system	Facili	ity and So	mping	FUIII	Tot		ead ai	ad		
	Water Sv	stem Facility	Samplin	a Point	Sampling Po	oint		Colife		Coppe			Stage
Facility ID				-	Description		Sta					tos	WQP 2 DBP
00600	DISTRIBL	JTION SYSTEM	Z	ļ	DISTRIBUTIO	ON SYSTEM							
			DOWNS	TREAM	WITHIN 5 SE	RVICE CON	I A	A					
			UPST	REAM	WITHIN 5 SE	RVICE CON	I A	4					
00700	ENTRY P	DINT	3	}	ENTRY POIN	IT	A	4					
21000	WELL		2	2	WELL		A	4					
58578	TREATM	ENT PLANT											
				Con	tact Info	mation							
Name				0	rganization						Job Ti	tle	
Mr. Roy B.	McDanie	el		Na	atural Resour	ces-Special	Proj		Mana	nger			
Mailing Ad	dress Lin	e One	Mailing	Addres	s Line Two				City		State	è	Zip Code
50 East No	rth Temp	le St	Mfd 12	Th Floor				Salt Lake	-		UT		84150
Business	Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone						
801-240			801-240-2913					mcdanie	lrb@c	hurch	ofjesuschr	ist.o	rg
Contact Ro	ole(s): Le	gal Contact, C	Owner										

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

	-	· · · ·	- 5		- 0 -		1				-			
PWS ID	PWS Name						C	lassi	fication	Population	Owne	r Type	Primary Sou	rce
СТ0590114	CHURCH OF LAT	TER DAY SA	INTS					1	NC	25	F	Р	GW	
Local Address (w	here applicable)				Service	Resid	entia	I C	ommerci	al Industri	ial Co	ombine	ed Agricultu	ıral
1244 FLANDERS I	ROAD				Connectio	ns			1					
Towns Served: G	ROTON					·				·				-
Name				Or	ganization						J	ob Title	e	
Ms. Christine Spo	encer			Ch	urch of Jes	us Christ o	of Lds	5		Hartford	Admin	Asst		
Mailing Address	Line One		Mailing A	ddress	Line Two					City		State	Zip Code	
130 South St									Cromw	vell		СТ	06516	
Business Phone	e Extension	Fax		Mobil	e Phone	Emerger	ncy Pl	none	e Email A	Address				
860-635-4035		860-835-	4036						spence	erca@church	nofjesu	schrist	.org	
Contact Role(s):	Administrative	Contact												-
Please note the f	following:													
1 The residual di	sinfectant concent	tration must h	ne measure	d at the	same locati	on and tim	e as e	ach	total colif	orm sample				

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

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

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

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	Connecticu	•					· · · ·	-			
		er Qual	ity Monit	oring an	d Com					T	
PWS ID	PWS Name						ification				Primary Source
СТ0590204	MYSTIC MEDICAL	GROUP					NC		25	Р	GW
	(where applicable)			Service	Residen	tial C	ommerci	ial Ir	ndustrial	Combine	d Agricultural
200 SANDY HC				Connections			1				
Towns Served:	: GROTON										
				oring Req	uireme	nts					
Water Syster	m Facility: DISTRI	BUTION SYS	STEM (WSF I	D: 00600)							
Total Colifor	rm (3100)								1 r	outine (RT)	per quarter
Sampling	g Point (Sampling Po	oint ID)			Monitori	ng Pei	riod C	Collect	ion Perio	od Comp	liance Status
Select fro	om Inventory of Activ	ve Sampling F	Points		7/1/19 -	9/30/	/19			C	omplete
					10/1/19 -	12/31	L/19			C	omplete
					1/1/20 -	3/31/	20				
					4/1/20 -	6/30/	20				
					7/1/20 -	9/30/	20				
Physical Par	ameters (PPS)								1 r	outine (RT)	per quarter
Sampling	g Point (Sampling Po	oint ID)			Monitori	ng Pei	riod C	ollect	ion Perio	od Comp	liance Status
Select fro	om Inventory of Activ	ve Sampling F	Points		7/1/19 -	9/30/	'19			C	omplete
					10/1/19 -	12/31	L/19			C	omplete
					1/1/20 -	3/31/	20				
					4/1/20 -	6/30/	20				
					7/1/20 -	9/30/	20				
Water Syster	m Facility: ENTRY	POINT (W	SF ID: 00700)								
Nitrate And	Nitrite (NOX)									1 routine	RT) per year
Sampling	g Point (Sampling Po	oint ID)			Monitori	ng Pei	riod C	ollect	ion Perio	od Comp	liance Status
ENTRY PC	OINT (3)				1/1/19 -	12/31	/19			C	omplete
					1/1/20 -	12/31,	/20				
					1/1/21 -	12/31	/21				
	1	Water Sy	stem Facil	ity and Sa	mpling	Poir	nt Inve	ento	ry		
Water							Τ	otal	Lead a	nd	
	ater System Facility	S	ampling Point		int			iform	Сорре		Stage
Facility ID			ID	Description			tatus ^R	Rule	Rule Ti	ier Asbesto	s WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM		4	DISTRIBUTIO			А	Y			
		C	OWNSTREAM	WITHIN 5 SE	RVICE CON	١	А				
			UPSTREAM	WITHIN 5 SE	RVICE CON	١	А				
	TRY POINT		3	ENTRY POIN	Г		А				
21004 WE	ELL		2	WELL			А				
58293 PRE	ESSURE STORAGE										
			Con	tact Infor	mation						
Name			0	rganization						Job Title	
Dr. James Sca	rles		M	ystic Professio	onal Assoc	iates					
Dr. James Sca		-		s Line Two				C	ity	State	Zip Code
Mailing Addre	ess Line One	1	vialing Audres	S Entre 1 110			1				
		۲ 	vialling Addres				Mystic	:		СТ	06355
Mailing Addre	llow Road	Fax	_		mergency	Phon			SS	СТ	06355
Mailing Addre 200 Sandy Hol	Ilow Road one Extension		Mobi		mergency	Phon	e Email /	Addre	ss iail.com	СТ	06355
Mailing Addre 200 Sandy Hol Business Pho 860-572-89	Ilow Road one Extension	Fax 860-572-77	Mobi 758 860-8	le Phone E	mergency	Phon	e Email /	Addre		СТ	06355

		5	0		L			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0590204	MYSTIC MEDICAL GROUP				NC	25	Р	GW
Local Address (where applicable)	Servi	ce	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
200 SANDY HO	LLOW ROAD	Conn	ections		1			
Towns Served:	GROTON	Ч	I					
Please note the	e following:							
1. The residual	disinfectant concentration must be	measured at the same	location ar	nd time a	s each total colif	orm sample.		
2. If a Collectio	n Period is specified, all water quality	y samples must be colle	ected durir	ng the spe	ecified period.			
1 0	n results, additional monitoring may nce sent by the DWS on or after the				1 1		0,	'

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

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	Conn	ecticut Depa	rtment of	Public	Health	Drir	nking	Wat	er Se	ection	
		Water Qua	lity Monit	oring a	nd Com	plia	nce So	ched	ule		
PWS ID	PWS Na	Ŭ		0						ner Type P	rimary Source
СТ0590214	4 CHRIST	UNITED METHODIST	CHURCH			N		25		P	GW
Local Addr	ess (where ap	plicable)		Service	Resident	tial Co	mmercial	Indu	strial	Combined	Agricultural
200 HAZEL	NUT HILL ROA	D		Connectio	ns		1				
Towns Serv	ved: GROTON										
			Monito	oring Re	quireme	nts					
		DISTRIBUTION SY			•						
	iform (3100	•									per quarter
		mpling Point ID)			Monitori	-		llection	Period	-	iance Status
Select	t from Invento	ry of Active Sampling	Points		7/1/19 -					Co	omplete
					10/1/19 -						
					1/1/20 -						
					4/1/20 - 7/1/20 -						
Physical	Parameters	(PPS)							1 rou	utine (RT)	per quarter
Samp	oling Point (Sa	mpling Point ID)			Monitori	ng Peri	od Col	llection	Period	Compl	iance Status
Select	t from Invento	ry of Active Sampling	Points		7/1/19 -	9/30/1	.9			Co	omplete
					10/1/19 -	12/31/	'19				
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	.0				
Water Sys	stem Facility:	ENTRY POINT (W	/SF ID: 00700)								
	And Nitrite (I	-							1	routine (I	RT) per year
		mpling Point ID)			Monitori			llection	Period		iance Status
ENTR	Y POINT (3)				1/1/19 - 1					Co	omplete
					1/1/20 -						
					1/1/21 -		21				
			Other Co	omplian	ce Sched	ules					
Complianc	e Schedule Ac	tivity			L	Due Da	te	Ac	hieved	Date	
RESPOND ⁻	TO SANITARY S	SURVEY			12	2/21/20)19				
		Water Sv	/stem Facili	itv and S	ampling	Point	t Inven	torv			
Water				•	. 0		Tot	-	ad and		
System	Water Systen	n Facility	Sampling Point	Sampling I	Point		Colife		opper		Stage
Facility ID			ID	Description	n	Sta	itus Ru	le R	ule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION	N SYSTEM	4	DISTRIBUT	ION SYSTEM	A	A Y	,			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	I A	4				
			UPSTREAM	WITHIN 5 S	SERVICE CON	I A	4				
00700	ENTRY POINT		3	ENTRY POI	NT	A	4				
21005	WELL		2	WELL		ŀ	۹				
			Con	tact Info	ormation						
Name			01	rganization						Job Title	
Mr. Austin	n Alvarez			<u> </u>							
Mailing Ad	Idress Line One	e	Mailing Address	s Line Two				City		State	Zip Code
200 Hazelr							Groton			СТ	06340
Business	Phone Ext	ension Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress			
860-445					/						
<u> </u>	I	I	1		1		1				

	<u> </u>	0						
PWS ID	/S ID PWS Name				ssification	Population	Owner Type	Primary Source
СТ0590214	CHRIST UNITED METHODIST CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service Re		ntial Commer		al Industri	al Combine	ed Agricultural
200 HAZELNUT	HILL ROAD	Connections			1			
Towns Served: C	GROTON							
Contact Role(s):	Administrative Contact, Legal Contact							
Please note the	following:							
1. The residual of	lisinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	Period is specified, all water quality samples must	be collected dur	ing the sp	ecifie	ed period.			
	3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.							

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT0590234 345 GOLD STAR HIGHWAY - GROTON NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections WINDSOR MOTEL 1 Towns Served: GROTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM А Υ DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT А 21006 WELL 2 WELL А PRESSURE STORAGE 58295

Contact Information

Name				Organization	1			Job Title	
Mr. Nick Patel				Winsor Mote	el		Owner		
Mailing Address Lin	ne One		Mailing Addr	ess Line Two			City	State	Zip Code
345 Gold Star High	way					Groton		СТ	06340
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-333-6486									
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner	·				

	C 5	0						
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0590234	345 GOLD STAR HIGHWAY - GROTON				NC	25	Р	GW
Local Address	where applicable)	Service	Resider	ntial (Commerci	al Industri	al Combine	ed Agricultural
WINDSOR MO	TEL	Connections			1			
Towns Served:	GROTON	1						
Please note th	e following:							
1. The residua	disinfectant concentration must be measured at t	the same location	and time a	as each	n total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples mu	ist be collected dui	ring the sp	pecified	d period.			
	on results, additional monitoring may be required ence sent by the DWS on or after the generation d						0,	· ·

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0598023 GROTON NEW LONDON CHURCH OF CHRIST NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **151 SHEWVILLE ROAD** 1 Towns Served: GROTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION SYSTEM А Υ DOWNSTREAM WITHIN 5 SERVICE CON А MW001 MENS ROOM P γ N MW002 WOMENS ROOM Ρ γ N MW003 **KITCHEN** Ρ Ν Υ MW003-DS **KITCHEN DEEP SINK** Ρ Ν γ MW039-W Ρ OFFICE WING γ N UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 00700 ENTRY POINT 3 Α WFI1 #1 10836 WFII 1 2 Α

49254 PRESSURE TANK

	Contact Informa	ation		
Name	Organization		Job Title	
Mr. Michael Kwasniewski	International Churc	ch of Christ Evangelist		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
193 Daniel Brown Drive		Mystic	СТ	06355

				0							
PWS ID	PWS Name					C	lassifi	cation	Population	Owner Type	Primary Source
СТ0598023	GROTON NEW L	ONDON CHURCH O	F CHRIST				N	C	25	Р	GW
Local Address (w	here applicable)			Service	Resid	lentia	al Cor	nmerci	al Industri	ial Combin	ed Agricultural
151 SHEWVILLE F	ROAD			Connectio	ons					1	
Towns Served: G	ROTON								·		
Business Phone	e Extension	Fax	Mobil	le Phone	Emerge	ncy P	hone	Email A	Address		
317-640-9883								Mike@	grotoncoc.	com	
Contact Role(s):	Administrative	Contact, Legal Cont	act								
Please note the f	following:										
1. The residual di	sinfectant concen	tration must be measu	ured at the	e same locat	ion and tim	ne as e	each to	tal colif	orm sample.		
2. If a Collection	Period is specified,	, all water quality sam	ples must	be collected	l during the	e speci	ified pe	eriod.			
	1	monitoring may be re S on or after the gener									,
	If you l	have any questions,	please c	ontact the	Drinking	Wate	er Sect	tion at ((860) 509-73	333.	

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

	Connectic	ut Depa	rtme	nt of	Public	Health	Dri	nking	g Wa	ater	Se	ction	
	Wa	ter Qual	lity M	lonit	oring a	nd Con	nplia	ance S	Sche	edul	e		
PWS ID	PWS Name				0							er Type P	rimary Source
CT1378084	3175 GOLDSTAR	HIGHWAY					١	۱C	4	3		Р	GW
Local Address (v	where applicable)				Service	Residen	tial Co	ommerci	al In	dustria	al (Combined	Agricultura
3175 GOLDSTAF	R HIGHWAY				Connection	S						2	
Towns Served:	GROTON												
					oring Rec	Juireme	nts						
-	Facility: DISTR	IBUTION SY	STEM	(WSF I	D: 00600)								
Total Coliforn													per quarter
	Point (Sampling P	-				Monitor	-		ollecti	ion Per	riod		iance Status
Select fron	n Inventory of Act	ive Sampling	Points			7/1/19 -							omplete
						10/1/19 -							omplete
						1/1/20 -						Co	omplete
						4/1/20 -							
						7/1/20 -	9/30/2	20					
Physical Para													per quarter
	Point (Sampling P					Monitor			ollecti	ion Per	ríod		iance Status
Select fron	n Inventory of Act	ive Sampling	Points			7/1/19 -							omplete
						10/1/19 -							omplete
						1/1/20 -						Сс	omplete
						4/1/20 -							
						7/1/20 -	9/30/2	20					
-	Facility: ENTRY	y point (m	VSF ID: (0700)									
Nitrate And N	• •											-	RT) per year
	Point (Sampling P	oint ID)				Monitor	-		ollecti	ion Per	riod		iance Status
ENTRY POI	NT (3)					1/1/19 -							omplete
						1/1/20 -						Co	omplete
						1/1/21 -							
		Water Sy	ystem	Facili	ity and Sa	ampling	Poin	t Inve	ntor	r y			
Water System Wate Facility ID	er System Facility	2	Samplin <u>g</u> ID		Sampling P Description			Coli	otal iform Rule	Lead o Copp	per	Achastas	Stage WQP 2 DBPF
		1						itus	Y	nule	כו		WQF 2 DDPI
	RIBUTION SYSTEM								r				
			UPSTR		WITHIN 5 SI WITHIN 5 SI			A A					
00700 ENTF	RY POINT		3		ENTRY POIN			A					
						41		A ^					
58123 WEL	L#1		2		WELL #1			A					
				Con	tact Info	rmation							
Name					rganization							Job Title	
Mr. John Zelep			1		elepos Propei	rty Mgmt C				sident	- 0w		
Mailing Address			Mailing	Addres	s Line Two				Ci	ty		State	Zip Code
56 West Main S								Mystic				СТ	06355
Business Phor		Fax		Mobi	le Phone	Emergency							
860-536-746		860-536-5				860-885-	9077	jzelepo	os@ao	ol.com			
Contact Role(s)	Administrative	Contact, Leg	al Conta	ct, Owr	ner								

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1378084	3175 GOLDSTAR HIGHWAY			NC	43	Р	GW
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	ial Combine	ed Agricultural
3175 GOLDST	AR HIGHWAY	Connections				2	
Towns Served	: GROTON				1		·
Please note t	ne following:						
1. The residua	al disinfectant concentration must be measured at the	same location	and time a	as each total colif	orm sample.		
2. If a Collecti	on Period is specified, all water quality samples must l	be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be required (i.e lence sent by the DWS on or after the generation date			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,

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

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	Connectic	ut Dena	rtmon	t of	Public	Health	Drir	lking		otor	So	ction	
		ter Qual						U				cuon	
PWS ID	PWS Name	tor qua		511100								er Type P	rimary Sourc
СТ0598064	GR COMPANIES	, INC.					N		3!			P	GW
Local Address	(where applicable)	·			Service	Resident	tial Co	mmercia	al In	dustria	al (Combined	Agricultur
					Connectio	ns						1	
Towns Served:	GROTON			1									
			Mo	onito	ring Re	quireme	nts						
Water Syster	n Facility: DISTR	IBUTION S	(STEM (V	NSF ID	: 00600)								
Total Colifor	• •												per quarte
	Point (Sampling P					Monitori	-		ollecti	on Per	riod	Compl	iance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/19 -							
						1/1/20 -						Co	omplete
						4/1/20 -							
						7/1/20 -	9/30/2	0					
-	ameters (PPS)									1	rout	• •	per quarte
	Point (Sampling P					Monitori	-		ollecti	on Per	iod	Compl	iance Status
Select fro	m Inventory of Act	ive Sampling	Points			10/1/19 -							
					1/1/20 - 3/31/20			0				Cc	omplete
						4/1/20 -	6/30/2	0					
						7/1/20 -	9/30/2	0					
Water Systen	n Facility: ENTR	Y POINT (W	/SF ID: 00)700)									
Nitrate And	Nitrite (NOX)										1 r	outine (F	RT) per year
	Point (Sampling P	oint ID)				Monitori	ng Perio	od Co	ollecti	on Per	riod	Compl	iance Status
ENTRY PC	DINT (3)					1/1/19 - 1	12/31/1	19					
						1/1/20 - 1						Co	omplete
						1/1/21 - 1	12/31/2	21					
			Oth	er Co	mplian	ce Sched	ules						
Compliance So	hedule Activity					L	Due Dat	te		Achie	ved D	Date	
RESPOND TO S	SANITARY SURVEY					1	/23/202	20					
		Water Sy	/stem F	acilit	y and S	ampling	Point	t Inve	ntor	'Y			
Water								То	tal	Lead o	and		
	ter System Facility		Sampling					-	form	Сорр			Stage
Facility ID			ID		Descriptio		Sta	tus R	ule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM		4			ION SYSTEM		4	Y				
						SERVICE CON		4	Y				
			UPSTRE	AM V	WITHIN 5	SERVICE CON	I A	4	Y				
	FRY POINT		3		ENTRY POI	NT	A	4					
61643 WE			2	١	WELL		A	4					
61695 TRE	ATMENT PLANT												
				Cont	act Info	ormation							
Name				Org	anization							Job Title	
Ms. Andrea Puritz			Gr Companies, Inc.				Prop	oerty N	Mana	ger			
Mailing Address Line One			Mailing Address Line Two						Cit	ty		State	Zip Code
Mailing Addres	477 Elm Place						Highlar	ighland Park IL 60035					
	one Extension	Fax		Mobile	Phone	Emergency	Phone	-		S			

PWS ID	PWS Name GR COMPANIES, INC.			Classification	Population	Owner Type	Primary Source
СТ0598064				NC	35	Р	GW
Local Address	(where applicable) S	Service Resid		tial Commer	cial Industr	ial Combin	ed Agricultural
	С	Connections				1	
Towns Served	: GROTON						
Please note th	ne following:						
1. The residua	al disinfectant concentration must be measured at the sa	ame location a	and time a	as each total co	iform sample.		
2. If a Collection	on Period is specified, all water quality samples must be	collected dur	ing the sp	ecified period.			
1 0	on results, additional monitoring may be required (i.e. r lence sent by the DWS on or after the generation date o			1 1			

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

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