Connecticut Department of Public		· ·	ection		
Water Quality Monitoring a	nd Compliance	e Schedule			
PWS ID PWS Name	Classification	on Population Ow	ner Type Primary Source		
CT0590203 GROTON BOARD OF EDUCATION	NTNC	50	L GW		
Local Address (where applicable)  Service	Residential Comme	ercial Industrial	Combined Agricultural		
1300 FLANDERS ROAD Connection	ns 1				
Towns Served: GROTON					
Monitoring Red	quirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Asbestos (1094)		1 routii	ne (RT) per nine years		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>			
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22				
Total Coliform (3100)		1 ro	utine (RT) per quarter		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>		
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				
Lead And Copper (PBCU)		5 routin	e (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete		
	1/1/20 - 12/31/22	6/1-9/30			
	1/1/23 - 12/31/25	6/1-9/30			
Physical Parameters (PPS)			utine (RT) per quarter		
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		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Inorganic Chemicals (IOCS)			e (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/19 - 12/31/21				
	1/1/22 - 12/31/24				
Nitrate And Nitrite (NOX)			routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period			
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
Destinidas Hambisidas en d DCDs Diseas II (COCC)	1/1/21 - 12/31/21	4	- (DT)		
Pesticides, Herbicides and PCBs-Phase II (SOC2)  Sampling Point (Sampling Point ID)	Monitoring Period	1 routin	e (RT) per three years		
ENTRY POINT (3)	1/1/17 - 12/31/19	Conection Period	Compliance Status Complete		
LIVINI FOINT (3)	1/1/20 - 12/31/22		Complete		
	1/1/23 - 12/31/25				
Pesticides, Herbicides and PCBs-Phase V (SOC5)	1/1/23 - 12/31/23	1 routin	e (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period			
ENTRY POINT (3)	1/1/17 - 12/31/19	Concetion Feriou	Complete		
LIVINI I OIIVI (3)	1/1/1/ - 12/31/19		Complete		

Page 1

	Connecticut De	epartment of	Public H	ealth	Dri	nkin	g W	ater S	ection	
		uality Monit					_			
PWS ID	PWS Name	dancy Monie	oring and	a Goil	_				vner Tyne F	Primary Source
CT059020		UCATION				TNC		50	L	GW
	ress (where applicable)	CATION	Service	Residen				ndustrial	Combined	
	NDERS ROAD		Connections	1	iciai Ci		Ciai i	- Taaseriai	Combined	7.81104104141
	ved: GROTON									
		Monito	oring Requ	ireme	nts					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Pesticide	es, Herbicides and PCBs-Pha	ase V (SOC5)						1 routir	e (RT) per	three years
	oling Point (Sampling Point ID)	•		Monitori	ing Per	riod	Collec	tion Period		iance Status
				1/1/20 -	12/31/	/22				
				1/1/23 -	12/31/	/25				
Organic	Chemicals (VOCS)							1	L routine (	RT) per year
Samp	oling Point (Sampling Point ID)			Monitori	ing Per	riod	Collect	tion Period	d Compl	liance Status
ENTR	Y POINT (3)			1/1/19 -	12/31/	/19				
				1/1/20 -	12/31/	/20				
				1/1/21 -	12/31/	/21				
		Other C	ompliance	Sched	lules					
Complian	ce Schedule Activity			L	Due Do	ate		Achieved	l Date	
SUBMIT LE	EAD CONSUMER NOTICE CERTI	FICATE		12	2/29/2	013				
DISTRIBUT	TION SYSTEM MATERIALS EVAL	UATION		8	3/31/20	019				
CROSS CO	NNECTION EXEMPTION				3/1/20	24				
	Wate	er System Facili	ity and Sar	npling	Poin	nt Inv	ento	ry		
Water							Total	Lead and	d	
System	Water System Facility	Sampling Point		nt		Co	oliform	Copper		Stage
Facility ID		ID	Description			atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIST			Α	Υ			
		DOWNSTREAM			V	Α				
		GBE1	SINK ROOM 3			I	Υ	2		
		GBE10	MEN'S ROOM			Α	Υ	N		
		GBE11	LADIES ROOM	- 15		Α		N		
		GBE2	SINK ROOM 3			I	Υ	2		
		GBE3	SINK - KITCHE			Α	Υ	N		
		GBE4	FOUNTAIN HA			1	Υ	2		
		GBE5	SINK ROOM 1			1	Υ	2		
		GBE6	MEN'S ROOM			A	Y	N		
		GBE7	LADIES ROOM	- 2		A	Y	N		
		GBE8	ROOM 11	2		A	Y	N		
		GBE9	MEN'S ROOM			A	Υ	N		
00700	ENTRY ROUNT	UPSTREAM	WITHIN 5 SER	VICE CON		Α				
00700	ENTRY POINT	3	ENTRY POINT			Α				

WELL

2

10276

49258

49260

49262

WELL

PRESSURE TANK 1

PRESSURE TANK 2

PRESSURE TANK 3

Α

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0590203	GROTON BOARD OF EDUCATION				NTNC	50	L	GW		
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
1300 FLANDERS	ROAD	Connections	1							

<b>Certified Operator Information</b>
certified operator information

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

Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
BELAIR, BRANDON W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
HUNT, JEFFREY J.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2021
BURDICK, SAMUEL	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2021
		WATER TREATMENT PLANT OPERATOR - CLASS I	9/30/2021

## **Contact Information**

Name				Organization Job Title					<u>:</u>		
Dr. Michael Graner	•			Town of Led	yard Bd of Ed	Superintendent					
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code		
1300 Flanders Road	I		P.O. Bo	ox K		Groton		CT	06340		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-572-2115		860-572-5	5822		860-334-6351	mgraner@groton.k12.ct.us					

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

#### Please note the following:

Towns Served: GROTON

- 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

Schedule Generation Date: 3/10/2020

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	Connecticut Department o	f Public H	lealth I	Dri	nkin	g V	Vater	Se	ection	
	Water Quality Moni					_				
PWS ID	PWS Name	<u> </u>							ner Type P	rimary Source
CT0590253	COMCAST CABLEVISION			N	TNC		35		Р	GW
Local Address (v	where applicable)	Service	Residentia	al C	ommer	cial	Industri	al	Combined	Agricultural
401 GOLDSTAR		Connections	1							
Towns Served:	GROTON			_				_		
	Monit	oring Requ	iiremen	ts						
Water System	Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Asbestos (10	· · ·						1 ro	utii		r nine years
	Point (Sampling Point ID)		Monitoring			Colle	ction Pe	riod		ance Status
Select fron	n Inventory of Active Sampling Points		1/1/11 - 12						Co	mplete
			1/1/20 - 12	2/31	/28					
Total Coliforn				_		- "				per quarter
	Point (Sampling Point ID)		Monitoring			Colle	ction Pe	riod		ance Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9							mplete
			10/1/19 - 1 1/1/20 - 3		-				Co	mplete
			4/1/20 - 6							
			7/1/20 - 9							
Lead And Cop	nner (PRCII)		771720 3	, 30,	20		5 ro	utin	e (RT) ner	six months
-	Point (Sampling Point ID)		Monitoring	a Pei	riod	Colle	ction Pe			ance Status
	n Inventory of Active Sampling Points		1/1/20 - 6/30/20							
	, 1 5		7/1/20 - 12							
Lead And Cop	pper (PBCU)							5	routine (F	RT) per year
Sampling	Point (Sampling Point ID)		Monitoring	g Pei	riod	Colle	ction Pe	riod	Compli	ance Status
Select fron	n Inventory of Active Sampling Points		1/1/19 - 12	2/31	/19	6	5/1-9/30		Со	mplete
<b>Physical Para</b>	meters (PPS)						1	ro	utine (RT)	per quarter
	Point (Sampling Point ID)					Colle	ction Pe	riod	Compli	ance Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9							mplete
			10/1/19 - 1						Со	mplete
			1/1/20 - 3							
			4/1/20 - 6 7/1/20 - 9							
Water Quality	y Parameters (WQPD)		7/1/20-9	7307	20			2	routino (E	RT) per year
	Point (Sampling Point ID)		Monitoring	n Pei	riod	Colle	ction Pe		=	ance Status
	n Inventory of Active Sampling Points		1/1/19 - 12				5/1-9/30	7704	Compi	ance Status
	Facility: ENTRY POINT (WSF ID: 00700	)			7 = 0		,, = 0,00			
•	emicals (IOCS)	<i>,</i>					1 rou	ıtin	e (RT) per	three years
_	Point (Sampling Point ID)		Monitoring	g Pei	riod	Colle	ction Pe			ance Status
ENTRY POI			1/1/19 - 12						•	
			1/1/22 - 12							
Nitrate And N	litrite (NOX)							1	routine (F	RT) per year
	Point (Sampling Point ID)		Monitoring			Colle	ction Pe	riod	Compli	ance Status
ENTRY POI	NT (3)		1/1/19 - 12	2/31	/19				Со	mplete

1/1/20 - 12/31/20 1/1/21 - 12/31/21

**Monitoring Period** 

Schedule Generation Date: 3/10/2020

Pesticides, Herbicides and PCBs-Phase II (SOC2)

Sampling Point (Sampling Point ID)

1 routine (RT) per three years

**Compliance Status** 

**Collection Period** 

	Connecticut Department of Water Quality Monito					_			ction	
PWS ID	PWS Name	711118 cm							ner Type	Primary Source
CT0590253	COMCAST CABLEVISION				NTNC		35	-	P	GW
		Service	Residen	tial	Commerc	cial	Industria	al	Combine	_
401 GOLDSTAR	11 /	Connections	1							
Towns Served:										II.
	Monito	ring Requ	ireme	nts						
Water System	Facility: ENTRY POINT (WSF ID: 00700)	ing nequ								
Pesticides, H	erbicides and PCBs-Phase II (SOC2)						1 rou	ıtine	(RT) pe	r three years
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ection Per	riod	Comp	liance Status
ENTRY PO	INT (3)		1/1/17 -	12/3	1/19				C	omplete
			1/1/20 -							
			1/1/23 -	12/3	1/25					
-	erbicides and PCBs-Phase V (SOC5)									r three years
	Point (Sampling Point ID)		Monitori			Coll	ection Per	riod		liance Status
ENTRY PO	INT (3)		1/1/17 -						C	omplete
			1/1/20 -							
			1/1/23 -	12/3	1/25					
•	nicals (VOCS)									per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Per	riod		liance Status
ENTRY PO	INT (3)		7/1/19 -		-					omplete
			10/1/19 -						C	omplete
			1/1/20 -							
			4/1/20 -							
M	Daniel Date (WODA)		7/1/20 -	9/30	3/20			_		'D=\
-	y Parameters - Basic (WQP1) Point (Sampling Point ID)		Manitari		oriod .	Call	ection Pei			RT) per year liance Status
ENTRY PO			<i>Monitori</i> 1/1/19 -				6/1-9/30	iou	Comp	nance status
ENTRY PO										
Water System	Monthly Water System Facili  Facility: ENTRY POINT (WSFID: 00700)	ty (WSF) I	evei iv	/lor	litoring	g K	equirei	me	nts	
Analyte	Monitoring Requirement (Summa	ry Tyne)	One	ratin	g Limit				Samples	Reg/Month
pH	Entry Point pH Monitoring (PHRD)		-		n: 7 PH				Jampies	4
Start Date:			nce Histo						Monito	•
Start Bate.	1, 1, 2002	•	ing Perio	•		•	ating Limi diance Sta			iance Status:
			19 - 10/3:			OIIIF	marice St	atus.		
			19 - 11/3	-						
			19 - 12/3:							
			0 - 1/31/2	-						
			 0 - 2/29/2							
	Other Co	mpliance								
Compliance Sci	hedule Activity			Due	Date		Achie	ved i	Date	
SWTS 2: DWS F	EVIEW & APPROVAL OF SOWT									
SUBMIT LEAD (	CONSUMER NOTICE CERTIFICATE		12	2/29	/2018					
DISTRIBUTION	SYSTEM MATERIALS EVALUATION		8	3/31/	2019					
LEAD PUBLIC E	DUCATION CONSUMER DELIVERY		1:	1/29	/2019					
LEAD PUBLIC E	DUCATION REPORT TO STATE		1	2/9/	2019					
LEAD PUBLIC E	DUCATION CONSUMER DELIVERY		12	2/27	/2019		1/2	2/202	20	

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Se	ource
CT0590253	COMCAST CABLEVISION				NTNC	35	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricu	Itural
401 GOLDSTAR	HWY.	Connections	1						

Towns Served: GROTON

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	1/3/2020	1/2/2020								
CROSS CONNECTION SURVEY REPORT	3/1/2020									
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	3/3/2020	2/28/2020								
LEAD PUBLIC EDUCATION REPORT TO STATE	3/3/2020	2/28/2020								
SWTS 1: PWS TO RECOMMEND SOWT	3/16/2020									
CCTS 1: PWS TO RECOMMEND OCCT	3/16/2020									
SWTS 1: PWS TO RECOMMEND SOWT	3/31/2020									
CCTS 1: PWS TO RECOMMEND OCCT	3/31/2020									
LEAD PUBLIC EDUCATION REPORT TO STATE	4/3/2020									
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	4/3/2020									
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/30/2020									
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	9/30/2021									

	Water S	ystem Facili	ity and Sampling P	oint Ir	nventoi	γ			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	3	C-1	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW001-1	MENS ROOM #1	Р	Υ	N			
		MW001-2	MENS ROOM #2	Р	Υ	N			
		MW002	LADIES ROOM	Р	Υ	N			
		MW003-1	KITCHEN # 1	Р	Υ	N			
		MW003-2	KITCHEN #2	Р	Υ	N			
		MW005	BREAK ROOM	Р	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10277	WELL	2	WELL	Α					
46386	COMCAST TREATMENT STATION								

# **Certified Operator Information**

Water System Facility: COMCAST TREATMENT STATION (WSF ID: 46386)

Facility Classification: CLASS 1 TREA	TMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

Co	ontact information	
Name	Organization	

 Mr. William Johnson
 Comcast Cablevision
 Facilities Manager

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

Job Title

	Wa	ter Qual	lity Monito	oring an	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name				Classification			Population	Owner Type	Prin	mary Source
CT0590253 COMCAST CABLEVISION					NTNC 35			Р		GW	
Local Address (w		Service	Residen	ntial Comme		al Industri	al Combine	ed .	Agricultural		
401 GOLDSTAR H	HWY.			Connections	5 1						
Towns Served: G											
222 View Park D	rive						Berlin		CI		06037
Business Phon	e Extension	Fax	Mobile	e Phone E	Emergency	/ Phone	Email A	Address			
860-505-3356	;			860-883	-883-7888 william_johnson3@comca			ocomcast.net	t		

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

#### Please note the following:

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

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	F Public H	lealth	Dı	rinkir	ng V	Vater :	Sec	ction	
	Water Quality Monit					_				
PWS ID	PWS Name	or mg an	u don	_					r Tyne Pr	imary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	11 1 0	50		P P	GW
	(where applicable)	Service	Residen		Comme	rcial	Industrial		ombined	Agricultural
950 FLANDERS		Connections	Residen	itiai	1	Clai	muustriai		Jonnonnea	Agricultural
Towns Served										
TOWNS SCIVED		orina Doau		n to						
Mater System	m Facility: DISTRIBUTION SYSTEM (WSF II	oring Requ	ııreme	ents						
-	-	D. 00000j					1	. 4 :	/DT\	
Asbestos (1	•		Monitor	in a D	louiod	Calle			• • •	nine years
	g Point (Sampling Point ID)		Monitor			Cone	ection Peri	oa		ance Status
Select iro	om Inventory of Active Sampling Points		1/1/11 -					_	Col	mplete
Takal Califa	/2400\		1/1/20 -	12/3	1/28		4	4	: (DT)	
Total Colifo			Monitor	in a D	louiod	Calle				per quarter
	property of Active Sampling Points		<i>Monitor</i> 7/1/19 -			COIIE	ection Peri	oa	•	ance Status
Select Iro	on inventory of Active Sampling Points				-					mplete mplete
			10/1/19 - 1/1/20 -							<u> </u>
			4/1/20 -						COI	mplete
			7/1/20 -		-					
Lood And Co	OPPOR (DDCII)		7/1/20-	- 3/3(	0/20		F 40.14		/DT\ max 4	
	opper (PBCU) g Point (Sampling Point ID)		Monitori	ina D	Pariod	Colle	orout ב ction Peri			three years
	om Inventory of Active Sampling Points		1/1/18 -				5/1-9/30	ou	Compile	ince Status
Select III	on inventory of Active Sampling Points		1/1/21 -				5/1-9/30			
Dhysical Day	ameters (PPS)		1/1/21 -	12/3	1/23			rout	ino (PT) r	er quarter
_	p Point (Sampling Point ID)		Monitori	ina D	Period	Colle	ction Peri			ance Status
	om Inventory of Active Sampling Points		7/1/19 -			Conc	ction ren	ou		mplete
Jelect III	on inventory of Active Sampling Forms		10/1/19 -		-					mplete
			1/1/20 -							mplete
			4/1/20 -						COI	inpicte
			7/1/20		-					
Mater System	m Facility: WELL 1 ENTRY POINT (WSF ID:	00700\	7/1/20	- 9/30	0/20					
•	nemicals (IOCS)	00700)					1		(DT)4	
•	p Point (Sampling Point ID)		Monitori	ina D	Pariod	Colle	rout ection Peri			three years
,	NTRY POINT (3)		1/1/19 -			Cone	ction Pen	ou	Compile	ince Status
AAETT I E	NTRT POINT (5)		1/1/19 -							
Nituata And	Nituito (NOV)		1/1/22 -	12/3	1/24			1	outino (D	T)
	Nitrite (NOX)  9 Point (Sampling Point ID)		Monitor	ina D	period	Colle	ection Peri		=	T) per year
	NTRY POINT (3)		1/1/19 -			Cone	ction Fen	ou		mplete
AA LLL I	IVINI I OIIVI (5)		1/1/19 -							mplete
			1/1/20 -						COI	iibiere
Docticidos I	Herbicides and PCBs-Phase II (SOC2)		1/1/21-	14/3	11/41		1 ro::±	ino	(DT) nor 4	hree years
	Point (Sampling Point ID)		Monitor	ina D	Period	Colle	rout ection Peri			ance Status
	NTRY POINT (3)		1/1/17 -			COIIE	CHOILFEIL	Ju		mplete
VV ELL I E	MINITONIAL (2)		1/1/20 -						COI	iihiera
			1/1/23 -							
Docticidos I	Herbicides and PCBs-Phase V (SOC5)		1,1,23-	14/3	11/23		1 rout	ino	(DT) nor t	hree years
_	Point (Sampling Point ID)		Monitor	ina D	eriod	Colle	rout ection Peri			ance Status
Sumping	, rount (Sumpling Fount ID)		Monitori	ing P	criou	COIIE	CHOIL FELL	Ju	Compile	ance Status

1/1/17 - 12/31/19

Complete

Schedule Generation Date: 3/10/2020 Page 8

WELL 1 ENTRY POINT (3)

Connecticut Department of	Public H	lealth	Dı	rinkir	ng V	Nater	Sec	ction	
Water Quality Monit	oring an	d Con	npl	iance	Sc	hedul	le		
PWS ID PWS Name			Clas	ssificatio	n Pc	pulation	Owne	er Type P	rimary Source
CT0590154 MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC		50		Р	GW
Local Address (where applicable)	Service	Residen	ntial	Comme	rcial	Industri	al C	Combined	Agricultural
950 FLANDERS ROAD	Connections			1					
Towns Served: GROTON									
Monito	oring Requ	ıireme	nts	;					
Water System Facility: WELL 1 ENTRY POINT (WSF ID:									
Pesticides, Herbicides and PCBs-Phase V (SOC5)						1 rou	utine	(RT) per	three years
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
		1/1/20 -	12/3	31/22					
		1/1/23 -	12/3	31/25					
Organic Chemicals (VOCS)							1 r	outine (R	T) per year
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
WELL 1 ENTRY POINT (3)		1/1/19 -	12/3	31/19				Со	mplete
		1/1/20 -	12/3	31/20				Co	mplete
		1/1/21 -	12/3	31/21					
Water System Facility: WELLS 2 AND 3 ENTRY POINT (	WSF ID: 007	01)							
Inorganic Chemicals (IOCS)						1 rou	ıtine	(RT) per	three years
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
WELLS 2 AND 3 ENTRY POINT (3)		1/1/17 -	12/3	31/19				Со	mplete
		1/1/20 -	12/3	31/22					
		1/1/23 -	12/3	31/25					
Nitrate And Nitrite (NOX)							<b>1</b> re	outine (R	T) per year
Sampling Point (Sampling Point ID)		Monitor	ing P	Period	Coll	ection Pe	riod	Compli	ance Status
WELLS 2 AND 3 ENTRY POINT (3)		1/1/19 -	12/3	31/19				Со	mplete
		1/1/20 -	12/3	31/20				Со	mplete
		1/1/21 -	12/3	31/21					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)						1 rou	ıtine		three years
Sampling Point (Sampling Point ID)		Monitor			Coll	ection Pe	riod		ance Status
WELLS 2 AND 3 ENTRY POINT (3)		1/1/17 -						Со	mplete
		1/1/20 -							
		1/1/23 -	12/3	31/25					
Organic Chemicals (VOCS)								_	RT) per year
Sampling Point (Sampling Point ID)		Monitor			Coll	ection Pe	riod		ance Status
WELLS 2 AND 3 ENTRY POINT (3)		1/1/19 -						_	mplete
		1/1/20 -						Со	mplete
		1/1/21 -	12/3	31/21					
Water System Facility: WELL #1 (WSF ID: 10802)									
E. Coli (3014)									per quarter
Sampling Point (Sampling Point ID)		Monitori			Coll	ection Pe	riod		ance Status
WELL (2)		7/1/19 -		-					mplete
		10/1/19 -							mplete
		1/1/20 -						Со	mplete
		4/1/20 -							
		7/1/20 -	- 9/3	0/20					
Water System Facility: WELL #2 (WSF ID: 49214)									

					_						
	Connecticut De	partment of	Public H	ealth I	Orink	ing V	Vater	Se	ection		
	Water Qı	uality Monit	oring an	d Comp	oliano	ce Sch	nedul	e			
PWS ID	PWS Name			CI	lassificat	ion Pop	oulation	Owi	ner Type I	Primary	Source
CT059015	4 MEDTRONIC XOMED (ME	ROCEL FACILITY)			NTNC		50		Р	G۱	N
Local Addr	ress (where applicable)		Service	Residentia	l Comm	nercial	Industria	al	Combined	d Agri	cultural
950 FLAND	DERS ROAD		Connections		1	L					
Towns Ser	ved: GROTON										
		Monito	oring Requ	irement	ts						
Water Sys	stem Facility: WELL #2 (WS	F ID: 49214)									
E. Coli (3	3014)						1	rou	itine (RT)	per q	uarter
_	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Per	riod	Comp	liance S	Status
WELL	. #2 (2)			7/1/19 - 9/	/30/19				С	omplet	e
				10/1/19 - 12						omplet	
				1/1/20 - 3/					С	omplet	e
				4/1/20 - 6/							
				7/1/20 - 9/	/30/20						
Water Sys	stem Facility: WELL #3 (WS	F ID: 49216)									
E. Coli (3	•						1	rou	itine (RT)	per q	uarter
	oling Point (Sampling Point ID)			Monitoring		Colle	ction Per	riod		liance S	
WELL	. #3 (2)			7/1/19 - 9/	-					omplet	
			:	10/1/19 - 12						omplet	
				1/1/20 - 3/					C	omplet	e
				4/1/20 - 6/							
				7/1/20 - 9/	/30/20						
		Other Co	ompliance	Schedu	les						
_	ce Schedule Activity			Du	e Date		Achie	ved	Date		
SUBMIT LE	EAD CONSUMER NOTICE CERTIFI	CATE		12/2	29/2010						
SUBMIT LE	EAD CONSUMER NOTICE CERTIFI	CATE		12/2	29/2011						
SUBMIT LE	EAD CONSUMER NOTICE CERTIFI	CATE			29/2012						
SUBMIT LE	EAD CONSUMER NOTICE CERTIFI	CATE		12/2	29/2013						
DISTRIBUT	TION SYSTEM MATERIALS EVALUA	ATION		8/3	1/2019						
CROSS CO	NNECTION SURVEY REPORT			3/1	1/2020						
	Water	System Facili	ity and Sar	npling P	oint Ir	nvent	ory				
Water						Total	Lead	and			
System	Water System Facility	Sampling Point		nt		Colifori					Stage
Facility ID		ID	Description		Status		Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ					
		DOWNSTREAM			Α						
		DSP 004	BACK LADIES				1				
		DSP001	LUNCH ROOM		Р	Y	1				
		DSP002	FRT. LADIES B		Р		1				
		DSP003	FRONT MEN E				1				
		DSP005	BACK MEN BA		Р		1				
		EPS001	HOLDING TAN		P						
00700	WELL 4 ENTRY POINT	UPSTREAM	WITHIN 5 SER		Α						
	WELL 1 ENTRY POINT	3	WELL 1 ENTRY		Α .						
00701	WELLS 2 AND 3 ENTRY POINT	3	WELLS 2 AND	3 ENTRY	Α						

Α

WELL

2

10802

WELL#1

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW		
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
950 FLANDERS	ROAD	Connections			1					
Towns Served:	wns Served: GROTON									

	'	Water Sy	stem Fac	ility and S	Sampling Poir	nt In	vento	ſy		
Vater Sys	tem Facility	2			-		-	Lead and Copper	Achastas	Stage
VELL #2					" St		Kule	Nuie Hei	ASDESIUS	WQF 2 DDFN
VLLE #3					ormation	<u> </u>				
									Job Title	
uaratella							Pla	nt Manage	ſ	
ress Line	One		Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
s Road						Mys	stic		CT	06355
hone	Extension	Fax	Мо	bile Phone	Emergency Phon	e Ema	ail Addre	SS		
5162		860-572-5	5104		860-961-6000	scot	tt.j.quara	tella@med	ltronic.con	n
e(s): <b>Leg</b>	al Contact		·			·				
·				Organization					Job Title	
Sabatino	)			Medtronic, Ir	ıc.		Оре	erations Ma	anager	
ress Line	One		Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
s Rd.						Mys	stic		СТ	06355
hone	Extension	Fax	Мо	bile Phone	Emergency Phon	e Ema	ail Addre	SS		
5161		860-572-5	5104			mar	nuel.a.sal	batino@me	edtronic.co	om
e(s): Adr	ministrative C	Contact, Ow	ner							
	VELL #2 VELL #3  VELL #4  VELL #3  VELL #4  VELL	Vater System Facility VELL #2 VELL #3  VELL #4  VELL #4	Vater System Facility  VELL #2  VELL #3  VELE #4  VELE #4	Vater System Facility  VELL #2  VELL #3  Co  Variantella  ress Line One S Road  hone Extension Fax Mo  5162  860-572-5104  Legal Contact  Sabatino  ress Line One S Rd. hone Extension Fax Mo  6162  860-572-5104	Vater System Facility  VELL #2  VELL #3  Contact Info  Organization  Varatella  ress Line One  S Road  hone  Extension  Sabatino  Tess Line One  Mailing Address Line Two  Organization  Medtronic, Ir  Mailing Address Line Two  S Road  Mobile Phone  Mailing Address Line Two  Mailing Address Line Two  S Road  Mobile Phone  S Road  Medtronic, Ir  Mailing Address Line Two  Mailing Address Line Two  Medtronic, Ir  Mailing Address Line Two  S Road  Mobile Phone  S Road	Vater System Facility  Sampling Point Description  VELL #2  VELL #3  Contact Information  Organization  Organization  Mailing Address Line Two  Sampling Point Description  State  WELL #2  WELL #3  Contact Information  Organization  Organization  Mailing Address Line Two  Sampling Point Description  State  WELL #2  WELL #3  Contact Information  Organization  Mailing Address Line Two  Sampling Point Description  Sampling Point Description  Sampling Point Description  Sampling Point Description  Organization  Mailing Address Line Two  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Mailing Address Line Two  Sampling Point Description  Organization  Medtronic, Inc.  Medtronic, I	Vater System Facility  Sampling Point Sampling Point Status VELL #2  2 WELL #2  A VELL #3  2 WELL #3  A  Contact Information  Organization  Dorganization  Mailing Address Line Two  Sand  Mobile Phone Emergency Phone Emergency Phone Emergency  E(s): Legal Contact  Organization  Mailing Address Line Two  Mobile Phone Emergency Phone Emergency Phone Emergency  Sabatino  Medtronic, Inc.  Medtronic, Inc.  Mailing Address Line Two  Sabatino  Medtronic, Inc.  Mailing Address Line Two  Mailing Address Line Two  Mailing Address Line Two  Sabatino  Medtronic, Inc.  Mailing Address Line Two  Mobile Phone Emergency Phone Phone	Vater System Facility  Sampling Point   Sampling Point   Description   Status   Rule    VELL #2   2   WELL #2   A  VELL #3   2   WELL #3   A   Contact Information  Organization  Organization  Plant   Plant   Plant    Second   Mailing Address Line Two   City    Second   Second   Second   Second   Second    Second   Second   Second   Second   Second    Second   Second   Second   Second   Second    Second   Second   Second   Second    Second   Second   Second   Second    Second   Second   Second   Second    Second   Second   Second    Second   Second   Second   Second    Second   Second   Second   Second    Second   Second    Second   Second	Sampling Point   Sampling Point   Sampling Point   Status   Rule   Rule Tier	Sampling Point Sampling Point Coliform Copper Status Rule Rule Tier Asbestos VELL #2  2 WELL #2  A VELL #3  A  Contact Information  Organization  Organization  Organization  Plant Manager  ress Line One Mailing Address Line Two City State Road  Mystic CT  hone Extension Fax Mobile Phone Emergency Phone Email Address 5162  Sabatino  Organization  Organization  Organization  Organization  Organization  Emergency Phone Email Address Scott.j.quaratella@medtronic.con  Sabatino  Medtronic, Inc.  Operations Manager  Organization  Medtronic, Inc.  Operations Manager  State  Mystic CT  Operations Manager  Sabatino  Medtronic, Inc.  Operations Manager  Emergency Phone Email Address  State  Mystic CT  State  Mystic CT  Email Address  Email Addre

#### 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 Departme	ent of Public Hea	lth Drinki	ing Water Se	ection
Water Quality I	Monitoring and C	ompliand	e Schedule	
PWS ID PWS Name				ner Type Primary Source
CT0598033 PRECIOUS MEMORIES DAYCARE CE	NTER	NTNC	169	P GW
Local Address (where applicable)	Service Res	idential Comm	nercial Industrial	Combined Agricultural
195 SANDY HOLLOW ROAD	Connections	2		
Towns Served: GROTON				
	<b>Monitoring Require</b>	ments		
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	1 (WSF ID: 00600)			
Asbestos (1094)			1 routir	ne (RT) per nine years
Sampling Point (Sampling Point ID)		itoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		11 - 12/31/19		Complete
	1/1/	20 - 12/31/28		
Total Coliform (3100)				ıtine (RT) per quarter
Sampling Point (Sampling Point ID)		itoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		/19 - 9/30/19		Complete
		/19 - 12/31/19		Complete
		/20 - 3/31/20		Complete
		/20 - 6/30/20 /20 - 9/30/20		
Lead And Copper (PBCU)	//1	/20 - 9/30/20	E routine	e (RT) per three years
Sampling Point (Sampling Point ID)	Mon	itoring Period	Collection Period	
Select from Inventory of Active Sampling Points		19 - 12/31/21	6/1-9/30	compliance status
Scient from inventory of Active Sumpling Comes		22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)	-, -,	,		ıtine (RT) per quarter
Sampling Point (Sampling Point ID)	Mon	itoring 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		Complete
	4/1	/20 - 6/30/20		
	7/1	/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID:	: 00700)			
Inorganic Chemicals (IOCS)			1 routine	e (RT) per three years
Sampling Point (Sampling Point ID)	Mon	itoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		18 - 12/31/20		
	1/1/	21 - 12/31/23		
Nitrate And Nitrite (NOX)				routine (RT) per year
Sampling Point (Sampling Point ID)		itoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		19 - 12/31/19		Complete
		20 - 12/31/20		Complete
Destinides Howhisides and DCDs Dhase II (CCC		21 - 12/31/21	4	(DT) may three was re-
Pesticides, Herbicides and PCBs-Phase II (SOC Sampling Point (Sampling Point ID)		itoring Period	1 routine	e (RT) per three years  Compliance Status
ENTRY POINT (3)		17 - 12/31/19	Conection Period	Complete
ENTITE ONE (S)		20 - 12/31/22		Complete
	1/1/	20 - 12/31/22		

1/1/23 - 12/31/25

**Monitoring Period** 

1/1/17 - 12/31/19

Schedule Generation Date: 3/10/2020

**ENTRY POINT (3)** 

Pesticides, Herbicides and PCBs-Phase V (SOC5)

Sampling Point (Sampling Point ID)

1 routine (RT) per three years

**Compliance Status** 

Complete

**Collection Period** 

	Connecticut Dep	partment of	f Public H	Health	Drir	nking \	Water	· Se	ction	
	Water Qu	ality Monit	oring an	d Com	plia	nce Sc	hedu	le		
PWS ID	PWS Name				Classifi	ication Po	pulation	Owr	ner Type Pr	imary Source
СТ059803	PRECIOUS MEMORIES DAY	YCARE CENTER			NT	NC	169		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercial	Industr	ial	Combined	Agricultura
195 SAND	Y HOLLOW ROAD		Connections	2						
Towns Se	rved: GROTON									
		Monito	oring Requ	uiremer	nts					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Pesticid	es, Herbicides and PCBs-Phase	V (SOC5)					1 ro	utine	(RT) per t	hree years
	pling Point (Sampling Point ID)	` ,		Monitorin	ng Perio	od Coll	ection Pe			ance Status
				1/1/20 - 1					-	
				1/1/23 - 1	12/31/2	25				
Organic	Chemicals (VOCS)						1 ro	utine	(RT) per t	hree years
_	pling Point (Sampling Point ID)			Monitorin	na Perio	od Coll	ection Pe			ance Status
	RY POINT (3)			1/1/18 - 1	_					
	(2)			1/1/21 - 1						
		Other C	ompliance		<u> </u>					
 Complian	ce Schedule Activity	other c	omphanec		oue Dat	te	Achie	eved	Date	
	ONNECTION EXEMPTION				/1/201		7.0			
	TION SYSTEM MATERIALS EVALUA	TION			/31/20:					
		System Facili	ity and Sai				tory			
Water	vvater	System racin	ity and Jai	inhiing.	1 01111	Tota	•	and		
System	Water System Facility	Sampling Point	Sampling Pol	int		Colifo				Stage
Facility IE		ID	Description		Sta	tus Rul		-	Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	GENERIC DIS	TRIBUTION		Y P				
		B1B2	BUILDING 2		A	Y A	2	2		
		BLDG1BATH1	BUILDING 1		Þ	Y A	2	2		
		DOWNSTREAM	WITHIN 5 SEE	RVICE CON	<i> </i>	A				
		K1B1	BUILDING 1		Þ	Y A	2	2		
		K1B2	BUILDING 2		Þ	Y A	2	2		
		K2B1	BUILDING 1		Þ	Y P	2	2		
		R1B1	BUILDING 1		Þ	Y P	2	2		
		R1B2	BUILDING 2		Þ	Y P	2	2		
		UPSTREAM	WITHIN 5 SEF	RVICE CON	<i> </i>	Ą				
00700	ENTRY POINT	3	ENTRY POINT		F					
10749	WELL 1	2	WELL 1		F					
50176	WELL 2	2	WELL 2		μ					
30170	***************************************			Inform						
) A/	ALCO E CITA DISTRIBUTION		Operator	iniorm	ation	1				
	ystem Facility: DISTRIBUTION		ט: טט6טט)							
-	lassification: SMALL WATER SYSTE		_		- (-1					Certification
Operator		Operator Typ		ertificatio						Expiration
BARRIS, D	DAVID C.	CHIEF OPERATO		ATER TRE	ATMEN	IT PLANT (	PERATO	R - Cl	ASS I	12/31/2020
		Con	tact Infor	mation						
Name		0	rganization						Job Title	
Ms. Barba	ara Bohonowicz	Pr	ecious Memo	ries Daycaı	re					
Mailing A	ddress Line One	Mailing Addres	s Line Two				City		State	Zip Code
		1				The second secon			1 1	

Mystic

CT

06355

195 Sandy Hollow Rd

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0598033	PRECIOUS MEMORIES DAYCARE CENTER				NTNC	169	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
195 SANDY HOL	LOW ROAD	Connections	2					

Towns Served: GROTON

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-572-9958		860-572-8750		860-912-3233	barbboho@yahoo.com

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 Pu	ıblic Health I	Orinking	g Water	Section
Water Quality Monitori	ng and Comp	oliance	Schedul	e
PWS ID PWS Name				Owner Type Primary Source
CT0598063 MYSTIC BUSINESS PARK, LLC		NTNC	55	P GW
Local Address (where applicable) Serv	vice Residentia	l Commerc	ial Industria	al Combined Agricultural
Con	inections	13		_
Towns Served: GROTON				
Monitorin	g Requirement	ts		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	<u> </u>			
Asbestos (1094)			1 ro	utine (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring	Period C	Collection Per	riod Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12	/31/19		Complete
	1/1/20 - 12	/31/28		
Total Coliform (3100)			1	routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period C	Collection Per	riod Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/	/30/19		Complete
	10/1/19 - 12	2/31/19		Complete
	1/1/20 - 3/			Complete
	4/1/20 - 6/			
	7/1/20 - 9/	/30/20		
Lead And Copper (PBCU)				5 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring		Collection Per	•
Select from Inventory of Active Sampling Points	1/1/19 - 12		6/1-9/30	Complete
	1/1/20 - 12		6/1-9/30	
	1/1/21 - 12	/31/21	6/1-9/30	
Physical Parameters (PPS)				routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring		Collection Per	•
Select from Inventory of Active Sampling Points	7/1/19 - 9/			Complete
	10/1/19 - 12			Complete
	1/1/20 - 3/	•		Complete
	4/1/20 - 6/			
	7/1/20 - 9/	/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate (1040)				routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring		Collection Per	
ENTRY POINT (3)	7/1/19 - 9/			Complete
	10/1/19 - 12			Complete
	1/1/20 - 3/			Complete
	4/1/20 - 6/			
Nituit - (4044)	7/1/20 - 9/	/30/20		4time (DT)
Nitrite (1041) Sampling Point (Sampling Point ID)	Monitoring	Daried (	Collection Per	1 routine (RT) per year riod Compliance Status
ENTRY POINT (3)	1/1/19 - 12		Julection Per	Complete
EMINITOHM (3)	1/1/19 - 12	<u> </u>		Complete
	1/1/20 - 12			Complete
Inorganic Chemicals (IOCS)	1/1/21 - 12	./ J.1/ C.I	1	ting (PT) par three years
Inorganic Chemicals (IOCS)  Sampling Point (Sampling Point ID)	Monitoring	Period (	rou Collection Per	tine (RT) per three years riod Compliance Status
ENTRY POINT (3)	1/1/17 - 12		Jones College Per	Complete
2	1/1/20 - 12			Complete
	1/1/20-12	., 51, 22		

	Connecticut Dor	artmor	nt of	f Dublic E	loalth	D	rinkir	na V	Vator	So	ction	
	Connecticut Dep							_			Ction	
	Water Qu	ality M	onit	coring an	a Con	_						
PWS ID	PWS Name							n Po		Own		imary Source
CT0598063	MYSTIC BUSINESS PARK, L	LC					NTNC		55		Р	GW
Local Address (	where applicable)			Service	Residen	itial	Comme	rcial	Industria	ıl	Combined	Agricultural
				Connections			13					
Towns Served:	GROTON											
		M	onit	oring Requ	ıireme	nts						
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)									
Inorganic Che	emicals (IOCS)								1 rou	tine	(RT) per t	hree years
Sampling	Point (Sampling Point ID)				Monitori	ing P	Period	Colle	ction Per	iod	Compli	ance Status
					1/1/23 -	12/3	31/25					
Pesticides, H	erbicides and PCBs - Phas	e II & V (S	OCS)						1 rou	tine	(RT) per t	hree years
Sampling	Point (Sampling Point ID)				Monitori	ing P	Period	Colle	ction Per	iod	Compli	ance Status
ENTRY PO	INT (3)				1/1/17 -	12/3	31/19				Coi	mplete
					1/1/20 -	12/3	31/22					
					1/1/23 -	12/3	31/25					
<b>Organic Cher</b>	nicals (VOCS)								1	rou	tine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ing P	Period	Colle	ction Per	iod	Compli	ance Status
ENTRY PO	INT (3)				7/1/19 -	9/3	0/19				Coi	mplete
					10/1/19 -	12/	31/19				Coi	mplete
					1/1/20 -	3/3	1/20				Coi	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
		Oth	er C	ompliance	Sched	lule	es					
Compliance Scl	hedule Activity					Due	Date		Achie	ved L	Date	
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	ATE			9	9/28/	/2010					
SUBMIT LEAD (	CONSUMER NOTICE CERTIFIC	ATE			3	3/31,	/2011					
CROSS CONNEC	CTION EXEMPTION				3	3/1/	2016					
DISTRIBUTION	SYSTEM MATERIALS EVALUA	TION			8	3/31,	/2019					
		Public	Not	tification R	equire	eme	ents					
			C	ompliance	Notice	:	<u>Public</u>	Notif	<u>ication</u>		PN Cert	<u>fication</u>
Violation/Situa	ntion			Period	Tier		Require	d F	Performed	d D	ue to DPH	Received
E. Coli			7/1	/19 - 9/30/19	3		12/2/202	20		12	2/12/2020	
	Water	System I	Facil	ity and Sai	mpling	Po	int Inv	<i>e</i> nt	ory			
Water								Total	Lead (	and		
	er System Facility		Point	Sampling Poi	nt		C	olifor				Stage
Facility ID		ID		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	1	Α					
		DOWNST	REAM	WITHIN 5 SEF	RVICE CON	V	Α					
		MBP0	_	WS2650-23			Α	Υ				
		MBP0		WS2650-24			Α	Υ				
		MBP0		WS2650-25			Α	Υ				
		MBP0		WS2650-26			Α	Υ				
		MBP0		WS2650-27			Α	Υ				
		MBP0		DISTRIBUTIO			Α	Υ				
		UPSTRE	AM	WITHIN 5 SEF		V	Α					
00700 CMT	DV DOINT	_		ENITOV DOINIT								

**ENTRY POINT** 

Α

3

00700 ENTRY POINT

	Water Quality Monitoring and Compliance Schedule							
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
СТ0598063	MYSTIC BUSINESS PARK, LLC			NTNC	55	Р	GW	
Local Address (w	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural		
		Connections		13				

Towns Served: GROTON

	Water System Facility and Sampling Point Inventory									
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos		age DBPR	
56969	WELL 1	2	WELL 1	Α						
56971	WELL 2	2	WELL 2	Α						

## **Certified Operator Information**

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

Facility Classification: SMALL WATER SYSTI	EM .		Certification
Operator Name	Operator Type	Certification(s)	Expiration
O'SHAUGHNESSY, WILLIAM J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021

Contact Information									
Name				Organization	1		Job Title		
Mr. Timothy Tylaska				Mystic Busin	Mystic Business Park Owner				
Mailing Address Line One Mailing Addr			Address Line Two	ress Line Two		State	Zip Code		
800 Flanders Road						Mystic	CT	06355	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-572-8440 860-572-053			0534			tim@tylaska.com			

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