	Connecticut	•								ction	
		r Quality M	onit	oring an	d Com						
PWS ID	PWS Name							-	Owne	er Type P	rimary Source
СТ0680044	BULLS BRIDGE COU	NTRY STORE		1		N	IC	28		Р	GW
	ss (where applicable)			Service	Resident	tial Co	mmercia	Industria	I C	Combined	Agricultura
337 KENT RC				Connections			3				
Towns Serve	ed: KENT										
		Μ	onite	oring Requ	lireme	nts					
Water Syst	em Facility: DISTRIBU	UTION SYSTEM (	WSF I	D: 00600)							
<b>Total Colif</b>	orm (3100)							1	rout	ine (RT)	per quarter
Samplii	ng Point (Sampling Poin	t ID)			Monitori	n <mark>g Per</mark> i	iod Co	llection Per	iod	Compli	ance Status
Select f	from Inventory of Active	Sampling Points			7/1/19 -	9/30/1	.9			Со	mplete
					10/1/19 -	12/31/	/19			Со	mplete
					1/1/20 -	3/31/2	20				
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
•	arameters (PPS)							1	rout	ine (RT)	per quarter
-	ng Point (Sampling Poin				Monitori	-		llection Per	iod		ance Status
Select f	from Inventory of Active	Sampling Points			7/1/19 -						mplete
					10/1/19 -					Со	mplete
					1/1/20 -						
					4/1/20 -						
					7/1/20 -	9/30/2	20				
	em Facility: ENTRY P	OINT (WSF ID: 0	0700)								
	d Nitrite (NOX)									-	T) per year
	ng Point (Sampling Poin	t ID)			Monitori	-		llection Per	iod		ance Status
ENTRY	POINT (3)				1/1/19 - 1					Со	mplete
					1/1/20 - 1						
					1/1/21 - 1						
		Public	c Not	ification <b>R</b>	Require	men	ts				
			C	ompliance	Notice		Public No			PN Cert	ification
Violation/Si				Period	Tier		equired	Performed		e to DPH	Received
Total Colifor	m MCL Violation			/11 - 6/30/11	2		25/2011		7	/5/2011	
	W	ater System	Facili	ity and Sai	mpling	Poin	t Inven	itory			
Water							Tot				
	Vater System Facility			Sampling Poi	int		Colife				Stage
Facility ID		ID		Description			ntus Ru		lier	Asbestos	WQP 2 DBP
00600 D	DISTRIBUTION SYSTEM	4		DISTRIBUTIO			A Y				
				WITHIN 5 SEF			A				
				WITHIN 5 SEF	RVICE CON	/	A				
00705		UPSTRE									
	NTRY POINT	3		ENTRY POINT			A				
21159 W	VELL						A A				
21159 W 55802 P	VELL RESSURE TANK	3		ENTRY POINT							
21159 W 55802 P	VELL	3		ENTRY POINT							
21159 W 55802 P	VELL RESSURE TANK	3		ENTRY POINT							
21159 W 55802 P	VELL RESSURE TANK	3	Con	ENTRY POINT WELL						Job Title	
21159 W 55802 P 55804 T	VELL RESSURE TANK REATMENT FILTER	3	Con	ENTRY POINT WELL tact Infori	mation	,		Property C			
21159 W 55802 P 55804 T Name Mr. John O'l	VELL RESSURE TANK REATMENT FILTER	3 2	Con Bu	ENTRY POINT WELL tact Inform	mation	,		Property C City			Zip Code

				0		P				1
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0680044	BULLS BRIDGE CO	UNTRY STO	DRE				NC	28	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
337 KENT ROAD	Connectio	ons		3						
Towns Served: K	ENT									
T Roniger RLOOK	Lane						New N	liitora	CI	06776
Business Phon	e Extension	Fax	Mobil	e Phone	Emergenc	y Pho	ne Email	Address		
			203-4	17-0000	860-927	-3094	ŀ			
Contact Role(s):	Administrative Co	ontact, Leg	al Contact, Own	er						
Please note the	following:									
1. The residual d	isinfectant concentra	ation must b	e measured at the	same locat	ion and time	as eac	h total coli	form sample.		
2. If a Collection	Period is specified, a	ll water qua	lity samples must l	be collected	during the s	pecifie	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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	Water Q	~ ~ ~	0		•	T			
PWS ID	PWS Name			(	Classificati	on Pop	ulation	Owner Type Pr	imary Source
СТ068006	4 HIGH WATCH RECOVER	Y CENTER			NC		86	Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Comm	ercial	Industria	Combined	Agricultura
62 CARTE	R ROAD		Connections		1	D C			
Towns Ser	rved: KENT								
		Monito	oring Requ	liremer	nts				
Water Sy	vstem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)						1	routine (RT)	per quarter
	pling Point (Sampling Point ID,	)		Monitorin	g Period	Collec	tion Peri		ance Status
Selec	ct from Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			Со	mplete
				10/1/19 - 1	12/31/19			Co	mplete
				1/1/20 - 3	3/31/20				
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	9/30/20				
Physical	Parameters (PPS)						1	routine (RT)	per quarter
Samı	pling Point (Sampling Point ID,			Monitorin	g Period	Collec	tion Peri	iod Compli	ance Status
Selec	ct from Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			Со	mplete
				10/1/19 - 1	12/31/19			Со	mplete
				1/1/20 - 3	3/31/20				
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	9/30/20				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate /	And Nitrite (NOX)							1 routine (R	T) per year
Samı	pling Point (Sampling Point ID,	1		Monitorin	g Period	Collec	tion Peri	iod Compli	ance Status
ENTR	RY POINT (3)			1/1/19 - 1	2/31/19			Со	mplete
				1/1/20 - 1	2/31/20				
				1/1/21 - 1	2/31/21				
		Other Co	ompliance	Sched	ules				
				_					
Complian	ce Schedule Activity			D	ue Date		Achiev	ved Date	
-	ce Schedule Activity				<i>ue Date</i> /1/2020		Achiev	ved Date	
-	NNECTION SURVEY REPORT	er System Facili	ity and Sar	3,	/1/2020	vento		ved Date	
CROSS CO	NNECTION SURVEY REPORT	er System Facili	ity and Sar	3,	/1/2020		ory		
CROSS CO Water	NNECTION SURVEY REPORT	er System Facili	•	3) mpling	/1/2020	Total	D <b>ry</b> Lead a	and	Stage
CROSS CO	Water System Facility	•	•	3) mpling	/1/2020		D <b>ry</b> Lead a n Copp	and	-
CROSS CO Water System	Water System Facility	Sampling Point	Sampling Poi	3, mpling   nt	/1/2020 Point Ir	Total Coliforn	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Poi Description DISTRIBUTION	3, mpling nt N SYSTEM	/1/2020 Point Ir Status	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID	Water System Facility	Sampling Point ID 4	Sampling Poi Description DISTRIBUTION	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID	Water System Facility	Sampling Point ID 4 DOWNSTREAM	Sampling Poi Description DISTRIBUTION WITHIN 5 SER	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
Water System Facility ID 00600	Water System Facility DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
Water System Facility ID 00600	Water System Facility DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
Water System Facility ID 00600 00700 23009	Water System Facility DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL #1	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID 00600 00700 23009 55790	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL #1 WELL #2	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 2	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL #1 WELL #2	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID 00600 00700 23009 55790 55792	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL #1 WELL #2 WELL #3	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 2 2 2	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL #1 WELL #1 WELL #2 WELL #3	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A A A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	-
CROSS CO Water System Facility ID 00600 00700 23009 55790 55792 55794	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL #1 WELL #2 WELL #3 WELL #4	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 2 2 2	Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL #1 WELL #1 WELL #2 WELL #3	3, mpling 1 nt N SYSTEM RVICE CON	/1/2020 Point Ir Status A A A A A A A A A	Total Coliforn Rule	D <b>ry</b> Lead a n Copp	and er	Stage WQP 2 DBPI

	vva	ici Qua	IICy MIC	mu	Ji mg a	nu compi	lance	JU	Incuu	C			
PWS ID PW	/S Name					Clas	sification	P	opulation	Ow	ner Type	Pri	mary Sourc
СТ0680064 Ніс	GH WATCH RE	COVERY CEI	NTER				NC		86		Р		GW
Local Address (whe	re applicable)				Service	Residential	Commer	cial	Industri	al	Combine	ed	Agricultur
62 CARTER ROAD					Connectior	าร	10						
Towns Served: KEN	Т												
				Cont	tact Info	rmation							
Name				Org	ganization						Job Title	e	
Mr. Vinnie Roberti				Hig	gh Watch Re	ecovery Center			Director N	Лаin	tenance		
Mailing Address Lin	e One		Mailing Ac	ddress	Line Two				City		State		Zip Code
Director of Mainter	ance		62 Carter	Rd, PO	) Box 607		Kent				СТ		06757
<b>Business Phone</b>	Extension	Fax		Mobile	e Phone	<b>Emergency Pho</b>	ne Email	Ad	dress				
860-927-3772				860-59	97-8594		vrobe	erti@	@highwate	chre	covery.co	m	
Contact Role(s): A	dministrative	Contact											
Name				Org	ganization						Job Title	е	
Mr. Jerry Schwab				Hig	gh Watch Re	ecovery Center			Ceo & Pre	side	ent		
Mailing Address Lin	e One		Mailing Ac	ddress	Line Two				City		State		Zip Code
62 Carter Road			PO Box 60	7			Kent				СТ		06757
<b>Business Phone</b>	Extension	Fax		Mobile	e Phone	<b>Emergency Pho</b>	ne Email	Ad	dress				
860-927-3772							jscha	wb(	@highwate	chre	covery.co	m	
Contact Role(s): Le	gal Contact												
Please note the fol	lowing:												
1. The residual disin	fectant concent	tration must b	e measured	at the	same locatio	on and time as eac	h total col	iforı	m sample.				
2. If a Collection Per	iod is specified,	all water qua	lity samples	must b	pe collected of	during the specifie	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 Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT0680074 **KENMONT & KENWOOD CAMPS** NC 825 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 65 KENMONT ROAD 112 Towns Served: KENT **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 3 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 3 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT - WELL #1 (WSF ID: 00701) Nitrate And Nitrite (NOX) 1 routine (RT) per year **Collection Period** Sampling Point (Sampling Point ID) **Monitoring Period Compliance Status** ENTRY POINT - KENWOOD (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility: ENTRY POINT - FAIRWAY WELL (WSF ID: 00703) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status ENTRY POINT - KITCHEN HOT (3)** 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility: ENTRY POINT - BOYS' WELL (WSF ID: 00704) Nitrate And Nitrite (NOX) 1 routine (RT) per year **Monitoring Period Compliance Status** Sampling Point (Sampling Point ID) **Collection Period ENTRY POINT - KENMONT (3)** 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Other Compliance Schedules** Compliance Schedule Activity **Achieved Date Due Date** 3/1/2020 CROSS CONNECTION SURVEY REPORT SEASONAL START UP COMPLETION 6/15/2020 Water System Facility and Sampling Point Inventory Water Total Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 **GENERATED BY BATCH** Δ Υ 4 - KENMONT DISTRIBUTION KENMONT Υ Α 4 - KENWOOD DISTRIBUTION KENWOOD А Υ

# Connecticut Department of Public Health Drinking Water Section

	Μ	/ater Qua	ality Monit	coring a	nd Con	nplia	nce S	chedu	ıle		
PWS ID	PWS Name		-			Classifi	cation	Populatio	n Ow	ner Type Pr	imary Sourc
СТ0680074	KENMONT &	KENWOOD CA	AMPS			N	С	825		Р	GW
Local Addre	ess (where applicat	ole)		Service	Residen	ntial Co	mmercia	Indust	rial	Combined	Agricultura
65 KENMON	NT ROAD			Connectior	าร		112				
Towns Serve	ed: KENT										
		Water S	System Facili	ity and S	ampling	; Poin	t Invei	ntory			
Water									d and	1	
	Nater System Faci	lity	Sampling Point ID	Sampling P Description					pper		Stage
Facility ID						Sta	lus		e Hel	ASDESTOS	WQP 2 DBP
			4-HOT&CABIN					Y			
			DOWNSTREAM UPSTREAM	WITHIN 5 S							
00701 E	ENTRY POINT - WE	1 #1	3	ENTRY POI							
			-	ENTRY POIL							
	ENTRY POINT - FAIR		3		-						
	ENTRY POINT - BOY	S WELL	3	ENTRY POI							
	WELL 1		2	WELL 1-KEN		4					
			2	WELL 3-HO		4					
	BOYS' WELL		2	WELL 4-KE	NMONT	4	4				
	ATMOSPHERIC TAN KENWOOD	IKS -									
	ATMOSPHERIC TAN										
	AIRWAY										
			Certified	Operato	r Inform	nation					
Water Syst	tem Facility: DIS			-							
	sification: DISTRIE		•	•							Certificatio
, Operator N	-		<b>Operator</b> Typ	e	Certificatio	on(s)					Expiration
BLACK, RON	1 W.		CHIEF OPERATO	OR	WATER TRE	EATMEN	IT PLANT	OPERAT	DR - C	LASS II	6/30/2020
					DISTRIBUTI	ION SYS	ТЕМ ОРЕ	RATOR -	CLASS	511	6/30/2020
GIORDANO,	, DAVID S.		ASSIGNED OPE	RATOR	DISTRIBUTI	ION SYS	TEM OPE	RATOR -	CLASS		6/30/2020
					WATER TRE	EATMEN	IT PLANT	OPERAT	DR - C	LASS I	6/30/2020
			Con	tact Info	rmation	1					
Name				rganization						Job Title	
	chael Kulchin			ampland Inc				Owner		300 1100	
•	Iress Line One		Mailing Addres	•				City		State	Zip Code
55 Kentmor							South K			СТ	06785
Business I		n Fax	< Mobi	ile Phone	Emergency	/ Phone					
860-356-					860-356-			ramapoca	mp.co	om	
	e(s): Legal Contac	ct, Owner						•			
Contact Rol			0	rganization						Job Title	
				-							
Name	oehl		Ca	ampland LLC							
Name <b>Mr. Drew R</b>	oehl Iress Line One		Ca Mailing Addres	•				City		State	Zip Code
Name <b>Mr. Drew R</b> Mailing Add	Iress Line One			•			South K			State CT	Zip Code 06785
Name <b>Mr. Drew R</b>	ress Line One nt Road	n Fax	Mailing Addres	•	Emergency	/ Phone		lent			
Name Mr. Drew R Mailing Add 55 Kenmou	dress Line One nt Road Phone Extensio	n Fax	Mailing Addres	s Line Two			Email A	lent	gmail	СТ	

		0		1				
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
СТ0680074	KENMONT & KENWOOD CAMPS			NC	825	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
65 KENMONT	ROAD	Connections		112				
Towns Served	: KENT						1	
Please note t	he following:							
1. The residua	al disinfectant concentration must be measure	d at the same location	and time a	as each total colif	form sample.			
2. If a Collect	ion Period is specified, all water quality sample	es must be collected du	ring the sp	pecified period.				
<ol> <li>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.</li> </ol>								

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				_	_	_			
	Connecticu	*				0			
	Wat	er Quality I	Monitorin	g and Co	mplia	ance S	chedule	ć	
PWS ID	PWS Name	<b>· · ·</b>		<u> </u>	Classi	fication F	opulation (	Owner Type P	rimary Source
СТ0680094	KENT FALLS STAT	E PARK			1	NC	573	S	GW
Local Address (	where applicable)		Servic	e Resid	ential Co	ommercia	l Industria	Combined	Agricultural
ROUTE 7			Conne	ctions	3				
Towns Served:	KENT		ľ				1		
			Monitoring	Requirem	ents				
Water System	n Facility: DISTRI		•	•					
Total Colifor								routine (RT)	
	Point (Sampling Po				oring Per		llection Peri		iance Status
Select from	m Inventory of Activ	e Sampling Points			9 - 9/30/:			Out	of Service
					0 - 6/30/2				
				7/1/2	0 - 9/30/2	20			
-	ameters (PPS)							routine (RT)	
	Point (Sampling Po				oring Per		llection Peri		iance Status
Select from	m Inventory of Activ	e Sampling Points			9 - 9/30/:			Out	of Service
					0 - 6/30/2				
				7/1/2	0 - 9/30/2	20			
	Facility: ENTRY	POINT (WSF ID:	00700)						
	Nitrite (NOX)							=	RT) per year
	Point (Sampling Po	int ID)			oring Per		llection Peri	-	iance Status
ENTRY PO	INT (3)				) - 12/31/			Out	of Service
					) - 12/31/				
					12/31/				
		0	ther Compli	ance Scho	edules				
Compliance Sci					Due Do		Achiev	ed Date	
	CTION EXEMPTION				3/1/20				
SEASONAL STA	RT UP COMPLETION	J			5/1/20	20			
	۱	Nater Systen	n Facility an	d Samplir	ng Poin	nt Inver	ntory		
Water						Tot			_
System Wat Facility ID	ter System Facility		ng Point Sampl D Descri	-		Colif			Stage WQP 2 DBPR
						<del>atus Ru</del> A Y		IEI ASDESIUS	WQF 2 DDPK
00000 DIST	RIBUTION SYSTEM		4 DISTRI STREAM WITHII			A Y A			
				N 5 SERVICE C		A			
00700 ENT	RY POINT		3 ENTRY			A			
21164 WEI			2 WELL			A			
ZIIO4 VVEL						~			
				nformatio	n				
Name			Organizat					Job Title	
Mr. David Cool	-			ineering Unit			Supv Civil E		7. 0 1
Mailing Addres		Mailin	g Address Line T	NO		Devil	City	State	Zip Code
163 Great Hill F			Mehile Dh	о <b>Г</b> ио		Portland		CT	06480
Business Pho		Fax	Mobile Phon	Ŭ	-	e Email Ao			
860-342-221		860-344-2560	860-205-755	2 860-42	4-3333	uavi0.00	oley@ct.go	v	
	: Administrative C	Contact, Legal CON	act, Owner						

		0		1				
PWS ID	PWS Name			Class	sification	Population Ov	wner Type	Primary Source
СТ0680094	KENT FALLS STATE PARK				NC	573	S	GW
Local Address	(where applicable) Set	ervice	Resider	ntial	Commerci	al Industrial	Combine	ed Agricultural
ROUTE 7	C	onnections	3					
Towns Served	: KENT							
Please note th	ne following:							
1. The residua	al disinfectant concentration must be measured at the sa	me location	and time a	as eacl	h total colif	orm sample.		
2. If a Collecti	on Period is specified, all water quality samples must be	collected dur	ing the sp	oecifie	d period.			
<ol> <li>If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>								

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	Connecticut De	*					0			ction	
	<b>`</b>	Juality Monit	oring an	a con	<b>1</b>						
PWS ID	PWS Name								Own		rimary Source
CT0680114		RINK		<b>D</b>		IC		08		P	GW
	ess (where applicable)		Service Connections	Residen	tial Co	ommer	cial in	idustria		Combined	Agricultura
ROUTE 341			Connections	2		2					
Towns Serv	ved: KENT								_		
			oring Requ	iireme	nts						
Water Sys	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)								
	iform (3100)							1	rout	ine (RT)	per quarter
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Peri	iod	Compl	iance Status
Select	t from Inventory of Active Sam	pling Points		7/1/19 -	9/30/1	.9				Co	omplete
				10/1/19 -	12/31/	/19				Сс	omplete
				1/1/20 -	3/31/2	20					
				4/1/20 -	6/30/2	20					
				7/1/20 -	9/30/2	20					
<b>Physical</b>	Parameters (PPS)							1	rout	ine (RT)	per quarter
Samp	ling Point (Sampling Point ID)	1		Monitori	ng Peri	iod	Collect	ion Peri	iod	Compl	iance Status
Select	t from Inventory of Active Sam	pling Points		7/1/19 -	9/30/1	9				Co	omplete
				10/1/19 -	12/31/	/19				Co	omplete
				1/1/20 -	3/31/2	20					
				4/1/20 -	6/30/2	20					
				7/1/20 -	9/30/2	20					
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)			<u> </u>						
	nd Nitrite (NOX)								1 r	outine (I	RT) per year
	ling Point (Sampling Point ID)	1		Monitori	na Peri	iod	Collect	ion Peri		-	iance Status
	Y POINT (3)			1/1/19 -	-						omplete
				1/1/20 -							piete
				1/1/21 -							
		Other C	ompliance								
Complianc	e Schedule Activity		p		Due Da	te		Achiev	ved D	ate	
	NNECTION SURVEY REPORT				3/1/202	20					
	TO SANITARY SURVEY				1/8/202						
		er System Facili	itv and Sar				ento	rv			
Water							Total	Lead a	nd		
	Water System Facility	Sampling Point	Samplina Poi	nt			oliform				Stage
Facility ID		ID	Description		Sta		Rule			Asbestos	WQP 2 DBPI
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Y				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER			A					
00700	ENTRY POINT	3	ENTRY POINT			A					
	WELL	2	WELL			A					
	ATMOSPHERIC TANK										
	HYDROPNEUMATIC TANK										
	BOOSTER PUMP										
61824	BOOSTER PUMP										

						- P				
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0680114	KENT SCHOOL	HOCKEY RINK				Ν	IC	108	Р	GW
Local Address (w	here applicable	)		Service	Residen	tial Co	mmercia	I Industri	al Combin	ed Agricultural
ROUTE 341W				Connection	ns 2		2			
Towns Served: K	ENT							1		·
				Contact Info	rmation	1				
Name				Organization					Job Titl	e
Mr. Joseph Woli	inski			Kent School Co	orp.			Facilities I	Director	
Mailing Address	Line One		Mailing	g Address Line Two				City	State	Zip Code
P.O. Box 2006							Kent		СТ	06757
Business Phone	e Extension	Fax		Mobile Phone	Emergency	/ Phone	Email A	ddress		I
860-927-3160	)	860-927-	1376		860-248-	-5800	WOLINS	SKIJ@KENT	-SCHOOL.EDU	J
Contact Role(s):	Administrativ	e Contact					·			
Name				Organization					Job Titl	e
Kent School Cor	poration									
Mailing Address	Line One		Mailing	g Address Line Two				City	State	Zip Code
			P O Bo	x 2006			Kent		СТ	06757
Business Phon	e Extension	Fax		Mobile Phone	Emergency	/ Phone	Email A	ddress		
860-927-6000	)									
Contact Role(s):	Owner									
Name				Organization					Job Titl	e
Mr. Jeffrey Cata	ldo			Kent School				Business I	Manager	
Mailing Address	Line One		Mailing	g Address Line Two				City	State	Zip Code
P.O. Box 2006							Kent		СТ	06757
Business Phon	e Extension	Fax		Mobile Phone	Emergency	/ Phone	Email A	ddress		
860-927-6046	5	806-927-	6052				cataldo	k@kent-sch	nool.edu	
Contact Role(s):	Legal Contact									
Please note the	following:									
1. The residual d	isinfectant conce	ntration must b	e measu	red at the same locatio	n and time a	as each t	otal colifo	rm 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

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID LAKE WARRAMAUG/CAMPGROUND WELL CT0680124 NC 300 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections WEST SHORE ROAD 7 Towns Served: KENT **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 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) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Other Compliance Schedules** Achieved Date **Compliance Schedule Activity Due Date** CROSS CONNECTION EXEMPTION 3/1/2017 SEASONAL START UP COMPLETION 5/1/2020 **Public Notification Requirements** Compliance Notice **Public Notification PN** Certification Violation/Situation Period Tier Required Performed Due to DPH Received Distribution Turbidity MCL Violation 4/1/13 - 6/30/13 2 10/30/2013 11/9/2013 Distribution Turbidity MCL Violation 7/1/13 - 9/30/13 2/8/2014 2/18/2014 2 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status γ 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM А DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT ENTRY POINT 3 А 2 WELL 21166 WELL А **Contact Information** Name Organization Job Title Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer Mailing Address Line One Mailing Address Line Two Zip Code City State 06480 163 Great Hill Road Portland CT

				<u> </u>		P							
PWS ID	PWS Name					Cla	assification	Population	Owner Type	Primary Source			
СТ0680124	LAKE WARRAM	AUG/CAMPGROUNI	D WELL				NC	300	S	GW			
Local Address (	where applicable)			Service	Reside	ntial	Commerc	ial Industri	al Combine	ed Agricultural			
WEST SHORE R	DAD		Connectio	ns 7									
Towns Served:	owns Served: KENT												
Business Phone Extension Fax Mobile Phone Emerge							Emergency Phone Email Address						
860-342-221	5	860-344-2560	860-2	05-7552	860-424	1-333	3 david.	cooley@ct.g	ov				
Contact Role(s)	Administrative	Contact, Legal Cont	act, Own	er									
Please note the	following:												
1. The residual	disinfectant concen	tration must be measu	ured at the	same locati	on and time	as ea	hch total coli	form sample.					
2. If a Collection	n Period is specified	, all water quality sam	ples must l	be collected	during the s	pecif	ied period.						
1 0	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 Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID LAKE WARRAMAUG/DAY USE WELL CT0680134 NC 300 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections WEST SHORE ROAD З Towns Served: KENT **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 - 8/31/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 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 4/1-9/30 Complete 1/1/20 - 12/31/20 4/1-9/30 1/1/21 - 12/31/21 4/1-9/30 **Other Compliance Schedules** Achieved Date **Compliance Schedule Activity Due Date** SEASONAL START UP COMPLETION 4/1/2020 **Public Notification Requirements** Notice Public Notification Compliance **PN Certification** Violation/Situation Period Tier Required Performed Due to DPH Received Distribution Turbidity MCL Violation 4/1/13 - 6/30/13 2 10/30/2013 11/9/2013 Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point System Water System Facility Coliform Copper Staae Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 4 00600 DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM Υ Α DOWNSTREAM WITHIN 5 SERVICE CON А **UPSTREAM** WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 **ENTRY POINT** А 21167 WELL 2 WELL А **Contact Information** Organization Job Title Name Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer Mailing Address Line One Mailing Address Line Two City State Zip Code 163 Great Hill Road Portland СТ 06480 Emergency Phone Email Address **Business Phone** Mobile Phone Extension Fax 860-205-7552 860-424-3333 david.cooley@ct.gov 860-342-2215 860-344-2560

	C 5	0								
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source		
СТ0680134	LAKE WARRAMAUG/DAY USE WELL				NC	300	S	GW		
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
WEST SHORE F	OAD	3								
Towns Served:	owns Served: KENT									
Contact Role(s	: Administrative Contact, Legal Contact, Owr	ner								
Please note th	e following:									
1. The residua	disinfectant concentration must be measured at the	e same location	and time a	as ead	ch total colif	orm sample.				
2. If a Collection	on Period is specified, all water quality samples must	be collected du	ing the sp	ecifie	ed period.					
3. Depending	on results, additional monitoring may be required (i.e	e. repeat or conf	irmation s	samp	les). This sc	hedule is subj	ect to change,	and any related		
correspond	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 Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name** LAKE WARRAMAUG/SHOP WELL 26 ς СТ0680144 NC GW

СТ0680144	LAKE WARRAM	AUG/SHOP W	/ELL			NC		26	S	GW
Local Address (w	here applicable)			Service	Residenti	al Con	nmercial	Industria	al Combined	d Agricultura
WEST SHORE RO	AD			Connection	1S 4					
Towns Served: Kl	ENT								·	
			Monit	oring Rec	quiremen	ts				
Water System F	acility: DISTR		STEM (WSFI	D: 00600)	-					
<b>Total Coliform</b>	(3100)							1	routine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	g Perio	d Col	lection Per	riod Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9	9/30/19	I		C	omplete
					4/1/20 - 6	5/30/20	1			
					7/1/20 - 9	9/30/20	1			
Physical Param	neters (PPS)							1	routine (RT)	per quarter
Sampling Po	pint (Sampling P	oint ID)			Monitoring	g Perio	d Col	lection Per	riod Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9	9/30/19			C	omplete
					4/1/20 - 6	5/30/20				
					7/1/20 - 9	9/30/20				
Water System F	acility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Ni	trite (NOX)								1 routine (	RT) per year
Sampling Po	pint (Sampling P	oint ID)			Monitoring	g Perio	d Col	lection Per	riod Comp	liance Status
ENTRY POIN	Т (3)				1/1/19 - 12	2/31/19	Ð		C	omplete
					1/1/20 - 12	2/31/20	)			
					1/1/21 - 12	2/31/22	1			
			Other C	ompliand	e Schedu	ules				
Compliance Sche	dule Activity				Du	ue Date	?	Achiev	ved Date	
SEASONAL START	UP COMPLETIC	N			4/	/1/2020	)			
		Water Sy	stem Facil	ity and Sa	ampling F	Point	Inven	tory		
Water							Toto	al Lead	and	
	<sup>r</sup> System Facility	9	Sampling Point				Colifo			Stage
Facility ID			ID	Description		Stat	us Rul	e Rule	Tier Asbestos	WQP 2 DBPI
00600 DISTR	IBUTION SYSTEM		4	DISTRIBUTIO		A	Y			
			DOWNSTREAM			A				
			UPSTREAM	WITHIN 5 SI		A				
	POINT		3	ENTRY POIN	NT	A				
21168 WELL			2	WELL		A				
			Con	tact Info	rmation			_		
Name			0	rganization					Job Title	
Mr. David Cooley	/			eep-Engineer	ring Unit			Supv Civil	Engineer	
Mailing Address			Mailing Addres	s Line Two				City	State	Zip Code
163 Great Hill Ro	ad			r			Portland		СТ	06480
Business Phone	e Extension	Fax		ile Phone	Emergency P					
860-342-2215		860-344-2	.560 860-2	205-7552	860-424-33	333	david.co	oley@ct.go	νv	

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

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0680144	LAKE WARRAMAUG/SHOP WELL			NC	26	S	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
WEST SHORE I	ROAD	Connections	4				
Towns Served	KENT			ï		1	
Please note th	ne following:						
1. The residua	I disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.		
2. If a Collection	on Period is specified, all water quality samples mus	t be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat						

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

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

	Connectic	ut Depart	ment	of Public	Health	Dri	nki	ng W	ater	Se	ction	
		ter Qualit						0			cerom	
PWS ID	PWS Name	ter Quant	<i>.</i> y 1410111				ificatio				er Type	rimary Source
CT0680164	MACEDONIA BR		P SITE #30				NC		87	0 101	S	GW
	(where applicable)		5112 #50	Service	Residen		omme		ndustri	al	Combined	
KEELER ROAD				Connectio			omme		laustin		combined	Agriculturu
Towns Served					-							
			Moni	toring Re	auireme	nts						
Water Syster	m Facility: DISTR				quirente		_			_		
Total Colifo			•				_		1	. rou	tine (RT)	per quarter
	g Point (Sampling P	oint ID)			Monitori	ng Per	riod	Collect				iance Status
	om Inventory of Act		ints		7/1/19 -	_					-	omplete
	,				4/1/20 -							
					7/1/20 -							
Physical Par	rameters (PPS)				.,_,_,	.,			1	rou	tine (RT)	per quarter
-	g Point (Sampling P	oint ID)			Monitori	na Per	riod	Collect				iance Status
	om Inventory of Act		ints		7/1/19 -	-					-	omplete
					4/1/20 -							
					7/1/20 -							
Water Syster	m Facility: ENTR	Y POINT (WSI	ID: 00700	)	771720	5,50,	20					
	Nitrite (NOX)					_	_		_	1	routine (I	RT) per year
	g Point (Sampling P	oint ID)			Monitori	na Per	riod	Collect	ion Pe		-	iance Status
ENTRY P		,			1/1/19 -	-						omplete
	0				1/1/20 -		-					mpiece
					1/1/21 -							
			Other	Complian			-					
Compliance S	chedule Activity		Other	compilan		Due Do			Achie	ved	Date	
-	SANITARY SURVEY					2/2/20			Acme	veu	Dute	
INLIFOND TO	SANITART SORVET	Motor Cust						vointo				
		Water Syst	tem Faci	liity and S	ampling	POIR	nt in		-			
Water	nton Custom Ensility	C.e.	mulium Dain	+ Complian	Doint			Total	Lead			Character
System Wo Facility ID	ater System Facility	501	npiing Poin ID	t Sampling Descriptio		_		Coliform Rule	Сор		Achestos	Stage WQP 2 DBPF
-		1					atus		nuie	Tier	ASDESIUS	WQF 2 DDFT
00600 DIS	STRIBUTION SYSTEM				ION SYSTEM		A	Y				
							A					
00700 51			JPSTREAM		SERVICE CON	N	A					
			3				A					
21170 WE	<u> </u>		2	WELL			Α					
				ntact Info	ormation							
Name				Organization							Job Title	
Mr. David Coo	-			Deep-Enginee	ering Unit				ov Civil	Engi		
Mailing Addre		Μ	ailing Addre	ess Line Two					ity		State	Zip Code
163 Great Hill								tland			СТ	06480
Business Ph		Fax		bile Phone	Emergency							
860-342-22		860-344-256		-205-7552	860-424-	3333	dav	id.cooley	@ct.g	ov		
Contact Role(s	s): Administrative	Contact, Legal	Contact, Ov	vner								

	C 5	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0680164	MACEDONIA BROOK S.P./CAMP SITE #30			NC	287	S	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultura
KEELER ROAD		Connections	1				
Towns Served	: KENT						· · ·
Please note th	ne following:						
1. The residua	l disinfectant concentration must be measured at the	same location	and time a	as each total coli	form sample.		
2. If a Collection	on Period is specified, all water quality samples must b	be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation date				-	- · ·	

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

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Connectic	ut Departr	nent of	Public	Health	Drin	nking	Wate	er Se	ection	
Wat	ter Quality	v Monit	oring ar	nd Com	nolia	nce S	chedi	ıle		
PWS ID PWS Name	cor Quartoj		<u> </u>						ner Type	Primary Source
CT0680174 MACEDONIA BR	OOK S.P./ MAIN <sup>.</sup>	TENANCE			N		37		S	GW
Local Address (where applicable)			Service	Residen	tial Co	mmercia	I Indust	trial	Combine	d Agricultural
159 MACEDONIA BROOK ROAD			Connection						4	0
Towns Served: KENT										
		Monito	oring Req	uireme	nts					
Water System Facility: DISTR	IBUTION SYSTE									
Total Coliform (3100)								1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	oint ID)			Monitori	ng Peri	od Co	llection F	Period	Сотр	liance Status
Select from Inventory of Acti	ive Sampling Poir	nts		7/1/19 -	9/30/1	.9			C	omplete
				4/1/20 -	6/30/2	.0				
				7/1/20 -	9/30/2	0				
Physical Parameters (PPS)								1 ro	utine (RT)	per quarter
Sampling Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection F	Period	Сотр	liance Status
Select from Inventory of Acti	ive Sampling Poir	nts		7/1/19 -	9/30/1	.9			С	omplete
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0				
Water System Facility: ENTRY	POINT (WSF	ID: 00700)								
Nitrate And Nitrite (NOX)								1	routine (	RT) per year
Sampling Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection F	Period	Сотр	liance Status
ENTRY POINT (3)				1/1/19 -	12/31/2	19			C	omplete
				1/1/20 -	12/31/2	20				
				1/1/21 -	12/31/2	21				
		Other Co	omplianc	e Sched	ules					
Compliance Schedule Activity					Due Da	te	Ach	ieved	Date	
CROSS CONNECTION EXEMPTION				3	3/1/201	L7				
SEASONAL START UP COMPLETIO	N				4/1/202	20				
	Water Syste	em Facili	ty and Sa	mpling	Poin	t Inver	ntory			
Water	-		•			Tot	-	d and	1	
System Water System Facility	Sam	pling Point	Sampling Po	oint		Colife	orm Co	pper		Stage
Facility ID		ID	Description		Sta	itus Ru	le Ru	le Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	l	4	DISTRIBUTIO	ON SYSTEM	4	4 Y	,			
	DOV	VNSTREAM	WITHIN 5 SE	RVICE CON	N A	4				
	UF	PSTREAM	WITHIN 5 SE	RVICE COM	N A	4				
00700 ENTRY POINT		3	ENTRY POIN	Т	ŀ	4				
21171 WELL #1		2	WELL		ŀ	4				
56199 WELL #2		2	WELL #2		ŀ	4				
		Con	tact Infor	mation						
Name		Or	ganization						Job Title	
Mr. David Cooley			eep-Engineer	ing Unit			Supv Civ	vil Eng	gineer	
Mailing Address Line One	Mai	ling Address	· -				City		State	Zip Code
163 Great Hill Road						Portland			СТ	06480
Business Phone Extension	I								- I	
DUSITIESS FITUTE EXTENSION	Fax	Mobi	le Phone I	Emergency	Phone	Email Ac	dress			
860-342-2215	Fax 860-344-2560		le Phone I 05-7552	Emergency 860-424-			ddress oley@ct	.gov		

	<b>C D</b>	0		1				
PWS ID	PWS Name			Classificat	ion	Population	Owner Type	Primary Source
СТ0680174	MACEDONIA BROOK S.P./ MAINTENANCE			NC		37	S	GW
Local Address	(where applicable)	Service	Residen	ntial Comn	nercia	al Industri	al Combine	ed Agricultura
159 MACEDO	NIA BROOK ROAD	Connections					4	
Towns Served	: KENT					·	·	
Please note tl	ne following:							
1. The residua	al disinfectant concentration must be measured at the	same location	and time a	as each total	colifo	orm sample.		
2. If a Collecti	on Period is specified, all water quality samples must b	e collected du	ing the sp	ecified perio	d.			
	on results, additional monitoring may be required (i.e. lence sent by the DWS on or after the generation date					-		

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

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	Connecticut De	<b>*</b>				<u> </u>		ction	
	Water Q	uality Monit	oring ar	nd Com	pliand	ce Sc	hedule		
PWS ID	PWS Name							ner Type P	rimary Source
СТ0680194	ERIC SLOANE MUSEUM				NC		25	S	GW
Local Addres	ss (where applicable)		Service	Residentia	al Comn	nercial	Industrial	Combined	Agricultural
ROUTE 7	,		Connection	S		1			
Towns Serve	ed: KENT								
		Monite	oring Req	uiremen	ts				
Water Syst	em Facility: DISTRIBUTIO								
<b>Total Colif</b>	orm (3100)						1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Period	Compl	iance Status
Select f	from Inventory of Active Samp	ling Points		7/1/19 - 9	/30/19			Out	of Service
				10/1/19 - 1	2/31/19	_		Out	of Service
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
Physical Pa	arameters (PPS)						1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Period	Compl	iance Status
Select f	from Inventory of Active Samp	ling Points		7/1/19 - 9	/30/19			Out	of Service
				10/1/19 - 1	2/31/19			Out	of Service
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate An	nd Nitrite (NOX)						1	routine (I	RT) per year
Sampli	ng Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Period	Compl	iance Status
ENTRY	POINT (3)			1/1/19 - 12	2/31/19			Out	of Service
				1/1/20 - 12					
				1/1/21 - 12	2/31/21				
		Other C	omplianc	e Schedu	les				
-	Schedule Activity			-	ue Date		Achieved	Date	
SEASONAL S	START UP COMPLETION			5/	1/2020				
	Wate	r System Facili	ity and Sa	ampling <b>F</b>	Point li	nvent	tory		
Water						Tota	Lead and		
	Vater System Facility	Sampling Point		oint		Colifo			Stage
Facility ID		ID	Description		Status	Rule	e Rule Tier	Asbestos	WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SE	ERVICE CON	А				
		UPSTREAM	WITHIN 5 SE	ERVICE CON	A				
	INTRY POINT	3	ENTRY POIN	IT	А				
	VELL	2	WELL		А				
61136 T	REATMENT PLANT								
		Con	tact Infoi	rmation					
Name		01	rganization					Job Title	
Ms. Kristina	Newman-Scott		ept of Ecomo	nic & Comm	Dev	1	Director of Cu	lture	
Mailing Add	ress Line One	Mailing Address	s Line Two				City	State	Zip Code
1 Constitutio	on Plaza				Ha	artford		СТ	06103
Business P	Phone Extension	Fax Mobi	le Phone	Emergency P	hone En	nail Ado	dress		
860-256-2	2753				kri	istina.n	ewmanscott@	ct.gov	
Contact Role	e(s): Legal Contact	· · · · · · · · · · · · · · · · · · ·			· · ·				
					-		-		

		C C	<u> </u>	0			1-			-		<u> </u>
PWS ID P	WS Name						Clas	sification	Populatio	n <mark>Own</mark>	er Type	Primary Source
СТ0680194 Е	RIC SLOANE M	JSEUM						NC	25		S	GW
Local Address (wh	ere applicable)			Service		Resider	ntial	Commerc	ial Indust	rial (	Combine	ed Agricultural
ROUTE 7				Connect	tions			1				
Towns Served: KE	NT			÷	·							
Name				Organizatio	n						Job Titl	e
Ms. Elizabeth Sha	piro			State Histor	ric Pre	eservatio	n		Director	Opera	tions	
Mailing Address Li	ne One		Mailing Addr	ess Line Two	C				City		State	Zip Code
450 Columbus Blv	d		Suite 5					Hartfo	rd		СТ	06103
Business Phone	Extension	Fax	Mo	bile Phone	En	nergency	y Pho	ne Email	Address			
860-655-1591					9	989-640	-2150	) morga	n.bengal@	ct.gov		
Contact Role(s):	Administrative	Contact						·				
Please note the fo	ollowing:											
1. The residual dis	infectant concent	tration must b	e measured at	the same loca	ation a	and time a	as eac	h total colif	orm 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.

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	Connecticut Dep	partment of	Public H	ealth	Drink	ing W	ater S	ection	
	Water Qu	ality Monit	oring and	d Com	plianc	ce Sch	edule		
PWS ID	PWS Name		0					vner Type P	rimary Source
СТ0680244	BULLS BRIDGE INN				NC		29	Р	GW
Local Address (	where applicable)		Service	Resident	tial Comn	nercial I	ndustrial	Combined	Agricultural
333 KENT ROAD	D		Connections			1			
Towns Served:	KENT				ł				1
		Monite	oring Requ	ireme	nts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliforn							1 ro		per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Period	d Compli	ance Status
Select fror	m Inventory of Active Sampli	ng Points		7/1/19 -					mplete
				10/1/19 -	12/31/19			Co	mplete
				1/1/20 -				Co	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)				ng Period	Collec	tion Period		ance Status
Select fror	m Inventory of Active Sampli	ng Points		7/1/19 -					mplete
					12/31/19				mplete
				1/1/20 -				Cc	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)						1	-	T) per year
	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Period	l Compli	ance Status
ENTRY PO	INT (3)			1/1/19 - 1				Co	mplete
					12/31/20				
				1/1/21 -	12/31/21				
Water System	n Facility: WELL #1 (WSF	ID: 23054)							
E. Coli (3014	.)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Period	d Compli	ance Status
WELL #1 (2	2)			10/1/19 -	12/31/19				
				1/1/20 -	3/31/20			Co	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
		Other C	ompliance	Sched	ules				
Compliance Scl	hedule Activity			L	Due Date		Achieved	l Date	
CAP - ADDRESS	DEFICIENCY			8	/18/2015				
RESPOND TO SA	ANITARY SURVEY			7	/19/2019				
	Water	System Facili	ity and Sar	npling	Point I	nvento	ory		
Water						Total	Lead and	d	
	er System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION			Y			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700 ENT	RY POINT	3	ENTRY POINT		А				

(	Connectic	ut Depa	rtment o	of Public	Health	Dri	nking	g Wa	ater	Sec	tion	
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	nce	Sche	edul	e		
PWS ID	PWS Name					Classif	ication	Popu	lation	Owne	r Type	Primary Source
СТ0680244	BULLS BRIDGE IN	IN				٩	IC	2	9	F	D C	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	ial In	dustria	al Co	ombine	d Agricultural
333 KENT ROAD				Connectior	าร		1					
Towns Served: KE	NT											
		Water Sy	ystem Faci	ility and Sa	ampling	; Poin	t Inve	ento	γ			
Water System Water Facility ID	System Facility		Sampling Poin ID	t Sampling P Description		Sta	Col	otal iform Rule	Lead o Copp Rule	per	Asbesto	Stage s WQP 2 DBPR
23054 WELL #	#1		2	WELL #1			Ą					
			Со	ntact Info	rmation	1						
Name				Organization						J	ob Title	
Mr. Henry J. Zacc	ara			Bulls Bridge In	n							
Mailing Address L	ine One		Mailing Addre	ess Line Two				Ci	ty		State	Zip Code
333 Kent Road							Kent				СТ	06757
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email /	Addres	SS			
860-210-1982												
Contact Role(s):	Legal Contact, C	Owner										
Name				Organization						J	ob Title	
Mr. Thomas Zacc	ara			Bulls Bridge In	n		-1					
Mailing Address L	ine One		Mailing Addre	ess Line Two				Ci	ty		State	Zip Code
333 Kent Road							Kent				СТ	06757
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email /	Addres	SS			
860-927-1000												
Contact Role(s):	Administrative	Contact										
Please note the fermation of the residual distance of the second	sinfectant concent							form sa	mple.			

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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		-	oartment ( ality Mon					U			ction		
PWS ID	PWS Name		-			Cl	assificatior	n Pop	ulation	Owr	ner Type	Primary	Source
СТ0688104	CLUB GETA	WAY					NC		26		Р	G١	N
Local Address (\	where applic	able)		Service	e Resi	dentia	Commer	cial	Industri	ial	Combine	ed Agri	cultural
59 SOUTH KENT	r Road			Conne	ctions		6						
Towns Served:	KENT												
			Mon	itoring	Require	nent	S						
Water System	Facility:	DISTRIBUTION	SYSTEM (WS	F ID: 0060	0)								
<b>Total Coliforn</b>	n (3100)								1	L rou	tine (RT	ີ) per qເ	uarter
		ling Point ID)					Period	Collec	tion Pe	riod	Com	oliance S	Status
Select fron	n Inventory o	of Active Sampl	ing Points			19 - 9/						Complet	-
							/31/19				0	Complet	e
						20 - 6/							
					7/1/	20 - 9/	30/20						
Physical Para	-	-									tine (RT		
		ling Point ID)				-		Collec	tion Pe	riod		oliance S	
Select fron	n inventory o	of Active Sampl	ing Points			19 - 9/						Complet	
							2/31/19				(	Complet	е
						20 - 6/							
			(M/CE ID: 0070	0)	//1/	20 - 9/	30/20						
			(WSF ID: 0070	0)								(07)	
Nitrate And N	-	-			1400	the set of a	Devied	Callar	tion De		routine		-
		ling Point ID)				-		Collec	tion Pe	rioa		oliance S	
ENTRY POI	INT (3)					19 - 12,	/31/19				,	Complet	e
						20 - 12/ 21 - 12/							
	Man	thu Matan	Sustan Fa					~ D ~			at a		
Water System			System Fac		-		mitorin	g ne	quire	me	nts		
Analyte			quirement (Sum	=		-	ing Limit				Samples	Reg/Mc	onth
Chlorine		Entry Point RD	-				um: 0.65 N	/G/I			-	Daily	
Start Date:			e ( )	С	ompliance I				ing Lim	:+	Monit	•	
	, _,				onitoring P	-	· · · · · ·	-	ing Lim			liance St	tatus:
					)/1/2019 - 1			ompi	Y	acus			
					L/1/2019 - 1								
				12	2/1/2019 - 1	2/31/2	019						
				1/	/1/2020 - 1/	31/202	20						
				2/	/1/2020 - 2/	29/202	20						
			Other	Compli	ance Sch	nedul	les						
Compliance Sch	nedule Activi	ty				Due	e Date		Achie	eved	Date		
SEASONAL STAF	RT UP COMP	LETION				5/1	/2020						
CROSS CONNEC	TION SURVE	Y REPORT				3/1	/2021						
		Water	System Fac	ility and	d Sampli	ng P	oint Inv	ento	ory				
Water			e 11					Total	Lead				_
	er System Fa	icílity	Sampling Poi	-	-			oliforn			Achert		Stage
Facility ID			ID	Descrip		-	Status	Rule	Rule	Tier	Asbesto	os WQP	Z DBPI
00600 DIST	RIBUTION SY	SIEIVI	4 4X	-	PEAT - LOCA BUTION	ATIO	A I	Y Y					
NOTE: This informa	ation has been r	provided to help ov	vners and operators	of public wa	ter systems m	aintain c	ompliance w	ith drin	kina wate	er aua	litv monito	rina reaui	rements

		Wa	ter Qu	ality Mo	onit	oring a	nd Co	mp	liance	e Scl	hedu	le		
PWS ID	PWS	Name						Cla	assificatio	n Po	pulation	Ow	ner Type P	rimary Source
СТ0688104	CLUE	B GETAWAY	,						NC		26		Р	GW
Local Addre	ess (where	applicable)				Service	Reside	ential	Comme	rcial	Industr	ial	Combined	Agricultural
59 SOUTH I	KENT ROAI	C				Connectior	IS		6					
Towns Serv	ed: KENT													
			Water	System F	acili	ty and Sa	amplin	ng Po	oint Inv	vent	ory			
Water System Facility ID	Water Sys	tem Facility	,	Sampling ID	Point	Sampling P Description			( Status	Total Colifor Rule	т Сор	per	Asbestos	Stage WQP 2 DBPR
				DOWNST	REAM	WITHIN 5 S	ERVICE C	ON	A					
				KITCHE	EN	KITCHEN SI	NK #4		А	Y				
				LAKEVIE	W10	BATHROOK	SINK		А	Y				
				LAKEVIE	W22	BATHROON	/I SINK		А	Y				
				MEADOW	VIEW1	BATHROON	/I SINK		А	Y				
				RAILROA	AD7	BATHROON	/I SINK		А	Y				
				UPSTRE	AM	WITHIN 5 S	ERVICE C	ON	А					
00700	ENTRY POI	NT		3		ENTRY POIN	NT		А					
00700X	UNTREATE	D ENTRY PC	DINT	3		ENTRY POIN	NT		А					
CT001	CONTACT	TANK												
PF001	BOOSTER I	PUMP												
		00-GALLON ERIC TANKS												
ST002	2500 GALL	ON STORAG	GE TANK											
ST003	3000 GALL	ON STORAG	GE TANK											
	CLUB GETA PLANT	WAY TREA	TMENT	5		CONTACT T	ank ove	RFLO	A					
W001	WELL 1			2		WELL 1			А					
W002	WELL 2			2		WELL 2			А					
W003	WELL 3			2		WELL 3			А					
W004	WELL 4			2		WELL 4			А					
				Certi	fied	Operato	r Infor	mat	ion					
Water Svs	tem Facil	ity: CLUB	GFTAWA	Y TREATME		-			-	_				
		TREATME						1						Certification
Operator N	-			Operato	or Tvpe	e	Certifica	tion(s	)					Expiration
TOMASCAK		S.		CHIEF OPI			DISTRIBU		-	OPFR4	TOR - C	LASS	1	12/31/2021
	.,			0			WATER T	-		-				6/30/2022
					Con	tact Info								-,,
Namo							matic	/11					Job Title	
Name Mr. David S	Schroibor					ganization ub Getaway	Landco				resident	•	100 1116	
Mailing Ad		One		Mailing A		s Line Two	Lanuco			P	City		State	Zip Code
59 S. Kent F		one			GUIESS				Ken	ŀ	City		CT	06757
	коап								Kell	·				00737
		Extension	Fa	ax	Mohil	e Phone	Emergen	cv Ph	one Ema	hhA li	ress			
Business 860-927	Phone	Extension	Fa	ах	Mobil	le Phone	Emergen 917-83		one Ema 59 davi		ress Ibgetawa	av.co	m	

	<b>C J</b>	0							
PWS ID	PWS Name	Class	sification	Population	Owner Type	Primary Source			
СТ0688104	CLUB GETAWAY		NC	26	Р	GW			
Local Address (v	where applicable)	Service	Residen	lential Comme		al Industri	al Combine	ed Agricultural	
59 SOUTH KENT	Connections			6					
Towns Served:	KENT	·							
Please note the	e following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.									
. If a Collection Period is specified, all water quality samples must be collected during the specified period.									
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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	Water Quality Mon	itoring an	d Com	pliance	Sche	dule	ė		
PWS ID	PWS Name		Classification Population Owner Type Primary						imary Source
СТ0688024	KENT FALLS BREWING COMPANY			NC	35	5	Р		GW
ocal Address	(where applicable)	Service	Resident	tial Commer	rcial Inc	lustrial	Comb	oined	Agricultura
33 CAMPS RO	Connections					5			
Towns Served	: KENT								
	Mon	itoring Requ	lireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	• •							
Total Colifo						1	routine	(RT)	per month
	g Point (Sampling Point ID)		Monitori	na Period	Collectio				ance Status
	om Inventory of Active Sampling Points		10/1/19 -	-					mplete
			11/1/19 - 11/30/19						mplete
			12/1/19 -						mplete
			1/1/20 -						mplete
			2/1/20 -						
			3/1/20 -						
			4/1/20 -						
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
			9/1/20 -	9/30/20					
Physical Par	ameters (PPS)					1	routine	(RT)	per month
-	y Point (Sampling Point ID)		Monitori	ng Period	Collectio			ance Status	
Select fro	om Inventory of Active Sampling Points		10/1/19 -	10/31/19				Со	mplete
			11/1/19 -	11/30/19				Со	mplete
			12/1/19 -	12/31/19				Со	mplete
			1/1/20 - 1/31					Со	mplete
			2/1/20 -	2/29/20					
			3/1/20 -	3/31/20					
			4/1/20 - 4/30/20 5/1/20 - 5/31/20						
			6/1/20 -	6/30/20					
			7/1/20 -	7/31/20					
			8/1/20 -	8/31/20					
			9/1/20 -	9/30/20					
Water System	m Facility: ENTRY POINT - WELL 1 (WSI	F ID: 00700)							
Nitrate And	Nitrite (NOX)						1 routi	ne (R	T) per year
	g Point (Sampling Point ID)		Monitori	-	Collectio	on Perio	od Co	omplie	ance Status
EP - WEL	L 1 (3)		1/1/19 - 1					Со	mplete
			1/1/20 - 2						
			1/1/21 - 2	12/31/21					
Water Syster	m Facility: WELL 1 (WSF ID: 59572)								
E. Coli (301	4)					1	routine	(RT)	per month
Sampling	y Point (Sampling Point ID)		Monitori	ng Period	Collectio	on Perio	od Co	omplie	ance Status
Sumpling								Col	mplete
WELL 1 (2			10/1/19 -	10/31/19				0	npiete
			10/1/19 - 11/1/19 -						mplete

### **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 CT0688024 KENT FALLS BREWING COMPANY NC 35 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 33 CAMPS ROAD 5 Towns Served: KENT **Monitoring Requirements** Water System Facility: WELL 1 (WSF ID: 59572) E. Coli (3014) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) Monitoring Period **Collection Period** 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status DISTRIBUTION SYSTEM 00600 DISTRIBUTION SYSTEM 4 Α DOWNSTREAM WITHIN 5 SERVICE CON А KF000 TAP IMMEDIATELY AFTE А Υ KF001 TASTING ROOM HAND-Α Υ **\**\/A KF002 TASTING ROOM CLEANIN Υ Т KF003 TASTING ROOM MOP SIN A Υ KF004 **BREWERY BATHROOM** Α SIN KF005 **BREWERY BATHROOM** Α SIN KF006 SOLAR SHED OUTDOOR F Α γ KF007 SAGE HOUSE HYDRANT A γ KF008 PARKING LOT HYDRANT А Υ KF009 **GREENHOUSE HYDRANT** Υ Α UPSTREAM WITHIN 5 SERVICE CON А 00700 **ENTRY POINT - WELL 1** 3 EP - WELL 1 А 2 59572 WELL 1 WELL 1 А 61106 ATMOSPHERIC STORAGE TANKS 61278 TREATMENT PLANT **Contact Information** Organization Job Title Name Mr. David Birnbaum Mailing Address Line One Mailing Address Line Two City State Zip Code 33 Camps Rd Kent CT 06757

	-	· · · · ·	- ) -	-	- 0 -		1-			-				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source			
СТ0688024	KENT FALLS BREWING COMPANY							NC	35	Р	GW			
Local Address (where applicable)					Service	Reside	ntial	Commerc	ial Industr	ial Combin	ed Agricultural			
33 CAMPS ROAD					Connectio	ons				5				
Towns Served: KI	ENT													
Business Phone Extension Fax Mo					e Phone	Emergenc	cy Phone Email Address							
860-398-9645	5 646				16-6721	917-716	-6270	davidt	davidb@thefoodcycleny.com					
Contact Role(s):	Administrative	Contact, Ow	ner			÷								
Name					Organization				Job Title					
Mr. Barry Laben	dz													
Mailing Address Line One Mailing Addr					ress Line Two				City		Zip Code			
33 Camps Rd							Kent	Kent CT 0						
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency Phone		ne Email	Email Address					
860-398-9645								barryl	barryl@kentfallsbrewing.com					
Contact Role(s):	Legal Contact													
Please note the	ollowing:													
1. The residual di	sinfectant concent	ration must b	e measured	at the	same locati	ion and time	as eacl	n total coli	form sample.					
2. If a Collection	Period is specified,	all water qua	lity samples	must l	be collected	during the s	pecifie	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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