

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	C	6,378	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</b>		<b>7 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Asbestos (1094)</b>		<b>3 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		Complete		
<b>Total Coliform (3100)</b>		<b>7 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Disinfectant Byproducts - TTHM &amp; HAA5 (DBP)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
VINA LN BST STAT. (C4350)	1/1/19 - 12/31/19	8/10-8/16	Complete		
	1/1/20 - 12/31/20	8/10-8/16			
	1/1/21 - 12/31/21	8/10-8/16			
<b>Lead And Copper (PBCU)</b>		<b>20 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30	Complete		
	1/1/20 - 12/31/20	6/1-9/30			

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### Monitoring Requirements

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

**Lead And Copper (PBCU) 20 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/21 - 12/31/21	6/1-9/30	

**Physical Parameters (PPS) 7 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

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

**Gross Beta Particle Activity (4100) 1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/18 - 12/31/20		Complete
	1/1/21 - 12/31/23		

**Man-Made Beta Particle & Photon Emitters (4101) 1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/18 - 12/31/20		Complete
	1/1/21 - 12/31/23		

**Tritium (4102) 1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

**Strontium-90 (4174) 1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

**Inorganic Chemicals (IOCS) 1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		

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### Monitoring Requirements

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

<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/18 - 12/31/20		Complete
	1/1/21 - 12/31/23		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>2 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - HOPKINS (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
Water System Facility: ENTRY POINT - BROOKLYN (WSF ID: 00701)			
<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - BROOKLYN (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - BROOKLYN (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - BROOKLYN (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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Towns Served: BROOKLYN, KILLINGLY

### Monitoring Requirements

Water System Facility: **ENTRY POINT - BROOKLYN (WSF ID: 00701)**

<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - BROOKLYN (3)	1/1/18 - 12/31/20		Complete	
	1/1/21 - 12/31/23			
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - BROOKLYN (3)	1/1/19 - 12/31/19		Complete	
	1/1/20 - 12/31/20		Complete	
	1/1/21 - 12/31/21			
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>2 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - BROOKLYN (3)	1/1/17 - 12/31/19		Complete	
	1/1/20 - 12/31/22			
	1/1/23 - 12/31/25			
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - BROOKLYN (3)	1/1/17 - 12/31/19		Complete	
	1/1/20 - 12/31/22			
	1/1/23 - 12/31/25			

Water System Facility: **BROOKLYN WELL 1 (WSF ID: 1325)**

<b>E. Coli (3014)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
BROOKLYN WELL 1 (2)	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Out of Service	
	2/1/20 - 2/29/20		Out of Service	
	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: **BROOKLYN WELL 2 (WSF ID: 1326)**

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

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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Towns Served: BROOKLYN, KILLINGLY

### Monitoring Requirements

Water System Facility: **BROOKLYN WELL 2 (WSF ID: 1326)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **BROOKLYN WELL 3 (WSF ID: 1327)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BROOKLYN WELL 3 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **PHILIP B HOPKINS WELL 2 (WSF ID: 1328)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
PHILIP B HOPKINS WELL 2 (2)	10/1/19 - 10/31/19		Out of Service
	11/1/19 - 11/30/19		Out of Service
	12/1/19 - 12/31/19		Out of Service
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Out of Service
	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		

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

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Towns Served: BROOKLYN, KILLINGLY

## Monitoring Requirements

Water System Facility: **PHILIP B HOPKINS WELL 2 (WSF ID: 1328)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	9/1/20 - 9/30/20		

Water System Facility: **PHILIP B HOPKINS WELL 3 (WSF ID: 1329)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
PHILIP B HOPKINS WELL 3 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **PHILIP B HOPKINS WELL 4 (WSF ID: 58613)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
P. B. HOPKINS WELL 4 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

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Towns Served: BROOKLYN, KILLINGLY

**Water System Facility: ENTRY POINT - HOPKINS (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 1/1/2014			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 1/1/2014			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
<b>Start Date:</b> 1/1/2014			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

**Water System Facility: ENTRY POINT - BROOKLYN (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.31 MG/L	Daily
<b>Start Date:</b> 2/1/2009			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

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Towns Served: BROOKLYN, KILLINGLY

## Water System Facility: ENTRY POINT - BROOKLYN (WSFID: 00701)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 10/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
<b>Start Date:</b> 10/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		C4350	VINA LN BST STAT.	A	Y			Y
		C4351	321 MAIN STREET	A	Y			
		C4352	VALLY RD SMPL STAT.	A	Y			
		C4353	1717 UPPER MAPLE	A	Y			
		C4354	VALLY RD MTR HOUSE	A	Y			
		C4355	WILLIAMSVILLE SCHOOL	A	Y			
		C4356	265 SOUTH ST	A		1		
		C4357	13 ERIN DR	A		N		
		C4358	27 NELSON ST	A		N		
		C4359	35 ROCK AVE	A		1		
		C4360	20 CHARLOTTE DR	A		N		
		C4361	245 MAPLE ST	A		1		

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	C	6,378	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		C4362	273 SOUTH ST	A		1		
		C4363	285 SOUTH ST	A		1		
		C4364	14 ERIN DR	A		N		
		C4365	305 SOUTH ST	A		1		
		C4366	128 FORTIN DR	A		1		
		C4367	100 FORTIN DR	A		N		
		C4368	48 FAIRWAY DR	A		N		
		C4369	19 WYNDHAM LANDING	A		2		
		C4370	281 SOUTH ST	A		1		
		C4371	14 WYNDHAM LANDING	A		2		
		C4372	101 PROSPECT	A		3		
		C4373	23 PEEPTOAD RD	A		N		
		C4374	13 COTE DR	A		1		
		C4375	19 ORANGE ST	A		3		
		C4376	291 SOUTH ST	A		1		
		C4377	269 SOUTH ST	A		1		
		C4378	37 ROBERTSON AVE	A		N		
		C4379	21 PEEPTOAD RD	A		N		
		C4380	12 WYNDHAM LANDING	A		2		
		C4381	62 PROULX ST	A		1		
		C4382	9 COTE DR	A		1		
		C4383	349 VALLEY RD	A		1		
		C4384	42 ERIN DR	A		N		
		C4385	297 SOUTH ST	A		1		
		C4386	16 TRACY RD (KIP)	A	Y			
		C4387	10 PINEVILLE RD	A	Y	1		
		C4388	PUTNAM PIKE SPL STA	A	Y			
		C4389	25 WESTCOT ROAD	A	Y			
		C4390	134 FORTIN DR	A	Y	1		
		C4391	16 FAIRWAY DR	A	Y	1		
		C4392	17 PEEPTOAD RD	A	Y	1		
		C4393	18 WILLIAMS ST	A	Y	1		
		C4394	18 CONN MILLS AVE	A	Y	2		
		C4395	1825 UPPER MAPLE	A	Y	1		
		C4396	19 DEERWOOD DR	A	Y	1		
		C4397	20 FAIRWAY DR	A	Y	1		
		C4398	23 FAIRWAY DR	A	Y	1		
		C4399	24 FAIRWAY DR	A	Y	1		
		C4400	259 WHEATLEY ST	A	Y	1		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	C	6,378	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		C4401	27 FAIRWAY DR	A	Y	1		
		C4402	277 SOUTH ST	A	Y	1		
		C4403	301 SOUTH ST	A	Y	1		
		C4404	309 SOUTH ST	A	Y	1		
		C4405	33 FAIRWAY DR	A	Y	1		
		C4406	355 VALLEY RD	A	Y	1		
		C4407	359 VALLEY RD	A	Y	1		
		C4408	363 VALLEY RD	A	Y	1		
		C4409	367 VALLEY RD	A	Y	1		
		C4410	37 FAIRWAY DR	A	Y	1		
		C4411	371 VALLEY RD	A	Y	1		
		C4412	375 VALLEY RD	A	Y	1		
		C4413	38 FAIRWAY DR	A	Y	1		
		C4414	43 FAIRWAY DR	A	Y	1		
		C4415	44 FAIRWAY DR	A	Y	1		
		C4416	49 ROCK AVE	A	Y	1		
		C4417	50 PROULX ST	A	Y	1		
		C4418	59 BUNNY LN	A	Y	1		
		C4419	59 CHESTNUT ST	A	Y	1		
		C4420	66 PROULX ST	A	Y	1		
		C4421	8 ERIN DR	A	Y	1		
		C4422	66 BUNNY LN	A	Y	3		
		C4423	15 FAIRWAY DR	A	Y	3		
		C4424	76 VENTURA DR	A	Y	3		
		C4425	80 VENTURA DR	A	Y	3		
		C4426	84 VENTURA DR	A	Y	3		
		C4427	120 NORTH ST	A	Y	3		
		C4428	14 ROBERTSON AVE	A	Y	3		
		C4429	20 ROBERTSON AVE	A	Y	3		
		C4430	26 ROBERTSON AVE	A	Y	3		
		C4431	141 VALLEY RD	A	Y	3		
		C4432	80 WOODWARD ST	A	Y	3		
		C4433	9 PEEPTOAD RD	A	Y	3		
		C4434	47 BUNNY LN	A	Y	3		
		C4435	53 BUNNY LN	A	Y	3		
		C4436	18 DEERWOOD DR	A	Y	3		
		C4437	25 DEERWOOD DR	A	Y	3		
		C4438	18 RICHARD ST	A	Y	3		
		C4439	8 ROCK AVE	A	Y	3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	C	6,378	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		C4440	1591 UPPER MAPLE ST	A	Y	3		
		C4441	206 STATE AVE	A	Y	3		
		C4442	42 BUNNY LN	A	Y	3		
		C4443	43 MARYLAND ST	A	Y	3		
		C4444	924 UPPER MAPLE ST	A	Y	3		
		C4445	43 LITCHFIELD AVE	A	Y	3		
		C4446	65 LITCHFIELD AVE	A	Y	3		
		C4447	26 BUNNY LN	A	Y	3		
		C4448	29 BUNNY LN	A	Y	3		
		C4449	41 BUNNY LN	A	Y	3		
		C4450	60 BUNNY LN	A	Y	3		
		C4451	227 MAPLE ST	A	Y	3		
		C4452	253 MAPLE ST	A	Y	3		
		C4453	300 MAPLE ST	A	Y	3		
		C4454	19 MARYLAND ST	A	Y	3		
		C4455	167 RIVER ST	A	Y	3		
		C4456	9 SCHOONMAN AVE	A	Y	3		
		C4457	32 BLUMENTHAL DR	A	Y	3		
		C4458	32 BUNNY LN	A	Y	3		
		C4459	36 BUNNY LN	A	Y	3		
		C4460	53 PROULX ST	A	Y	3		
		C4461	10 CHARLOTTE ST	A	Y	3		
		C4462	18 CROSS ST	A	Y	3		
		C4463	29 MARYLAND ST	A	Y	3		
		C4464	35 MARYLAND ST	A	Y	3		
		C4465	239 NORTH ST	A	Y	3		
		C4466	34 ORANGE ST	A	Y	3		
		C4467	29 WALNUT ST	A	Y	3		
		C4468	37 WALNUT ST	A	Y	3		
		C4469	1853 UPPER MAPLE ST	A	Y	3		
		C4470	31 LITCHFIELD AVE	A	Y	3		
		C4471	37 BUNNY LN	A	Y	3		
		C4472	48 BUNNY LN	A	Y	3		
		C4473	38 WESTVIEW DR	A	Y	3		
		C4474	13 ORANGE ST	A	Y	3		
		C4475	138 WHEATLEY ST	A	Y	3		
		C4476	148 WHEATLEY ST	A	Y	3		
		C4477	156 WHEATLEY ST	A	Y	3		
		C4478	1056 HIGH ST	A	Y	3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	C	6,378	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		C4479	72 BUNNY LN	A	Y	3		
		C4480	106 FORTIN DR	A	Y	3		
		C4481	70 VENTURA DR	A	Y	3		
		C4482	23 ROSEDALE ST	A	Y	3		
		C4483	214 N SHORE RD	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		P4450	219 MAIN ST	A	Y			
		P4451	57 WAUREGAN ST	A	Y			
		P4462	234 SHEPARD HILL RD	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - HOPKINS	3	ENTRY POINT - HOPKIN	A				
00701	ENTRY POINT - BROOKLYN	3	EP - BROOKLYN	A				
118	BROOKLYN WELLFIELD							
1325	BROOKLYN WELL 1	2	BROOKLYN WELL 1	A				
1326	BROOKLYN WELL 2	2	BROOKLYN WELL 2	A				
1327	BROOKLYN WELL 3	2	BROOKLYN WELL 3	A				
1328	PHILIP B HOPKINS WELL 2	2	PHILIP B HOPKINS WEL	A				
1329	PHILIP B HOPKINS WELL 3	2	PHILIP B HOPKINS WEL	A				
28902	HYGEIA TANK	28902	VALLEY ROAD	A				
28906	VALLEY ROAD BOOSTER STATION							
28908	VALLEY ROAD BOOSTER STATION							
37165	LOUISA VIENS DRIVE STANDPIPE - KIP							
491	HOPKINS WELLFIELD TP							
49335	METER HOUSE B.S.							
49337	METER HOUSE B.S.							
49339	VINA LANE B.S.							
49341	TRACY ROAD B.S.							
51872	HOPKINS CLEARWELL							
51874	HOPKINS PUMP STATION							
53029	INTERCONNECTION - CT1160011 - PUTNAM							
58613	PHILIP B HOPKINS WELL 4	2	P. B. HOPKINS WELL 4	A				

### Certified Operator Information

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

**Facility Classification:** CLASS 2 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	<b>C</b>	<b>6,378</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

### Certified Operator Information

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

**Facility Classification:** CLASS 2 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
CONNORS, JAMES	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	9/30/2021
KEARNEY, THOMAS	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
BUHLER, BRANT D.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2022
STROUSE, BRUCE W.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2021

**Water System Facility: BROOKLYN WELLFIELD (WSF ID: 118)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022

**Water System Facility: HOPKINS WELLFIELD TP (WSF ID: 491)**

**Facility Classification:** CLASS 3 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
ANDREWS, PAUL M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2021
KEARNEY, THOMAS	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022

### Contact Information

Name		Organization			Job Title	
<b>Mr. Craig J. Patla</b>		Connecticut Water Company			Vp, Service Delivery	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
93 West Main Street				Clinton	CT	06413
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-664-6140				800-391-1924	cpatla@ctwater.com	

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

Name		Organization			Job Title	
<b>Mr. David Connors</b>		Connecticut Water Company			Director, Service De	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
93 West Main St				Clinton	CT	06413
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-664-6141				860-227-4902	dconnors@ctwater.com	

Contact Role(s): **Administrative Contact**

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
<b>CT0690011</b>	<b>CTWC - CRYSTAL SYSTEM</b>	<b>C</b>	<b>6,378</b>	<b>P</b>	<b>GW</b>	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		2,476	267	37	129	

Towns Served: BROOKLYN, KILLINGLY

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0690051	FALL BROOK MOBILE HOME PARK	C	98	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			39				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/23	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Nitrite (1041)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690051</b>	<b>FALL BROOK MOBILE HOME PARK</b>	C	98	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		39					

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

### Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
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*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690051</b>	<b>FALL BROOK MOBILE HOME PARK</b>	<b>C</b>	<b>98</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		39					

Towns Served: KILLINGLY

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	08	LOT#8	A		3		
	09	LOT#9	A		3		
	14	LOT#14	A	Y	3		
	16	LOT#16	A		3		
	19	LOT#19	A	Y	3		
	38	LOT#38	A	Y			
	4	GENERIC DISTRIBUTION	A	Y			
	40	LOT#40	A	Y			
	42	LOT#42	A	Y			
00700 ENTRY POINT	3	ENTRY POINT	A				
309 WELL 2	2	WELL 2	A				
45551 HYDROPNEUMATIC STORAGE TANK							
45553 BLADDER TANKS IN WELL HOUSE							

### Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
DUFRESNE, ALFRED E.	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	12/31/2022
DUFRESNE, JANETTE	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	12/31/2022

### Contact Information

Name	Organization	Job Title
<b>Ms. Janette Dufresne</b>	Fall Brook Park	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
12 N.Frontage Raod		Danielson	CT	06239

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
			860-576-2908	860-928-3477	

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
<b>Mr. Alfred Dufresne</b>	Fall Brook Mobile Home Park	Chief Operator

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
12 North Frontage Rd		Danielson	CT	06239

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
			860-576-2908		

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

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690051</b>	<b>FALL BROOK MOBILE HOME PARK</b>	<b>C</b>	<b>98</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		39					

Towns Served: KILLINGLY

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690061</b>	<b>COUNTRY ACRES PARK</b>	C	48	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			19				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/21	6/1-9/30			
	1/1/22 - 12/31/24	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690061</b>	<b>COUNTRY ACRES PARK</b>	C	48	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			19				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION EXEMPTION	3/1/2025	

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690061</b>	<b>COUNTRY ACRES PARK</b>	<b>C</b>	<b>48</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		19					

Towns Served: KILLINGLY

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
310	WELL 1	2	WELL 1	A				
311	WELL 2	2	WELL 2	A				
51317	ATMOSPHERIC STORAGE TANK							
55337	TRANSFER PUMPS							

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
PATENAUE, DAVID I.	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	12/31/2022

## Contact Information

Name	Organization	Job Title
<b>Mr. David I. Patenaude</b>	Northeast Management/Owner	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
96 Murdock Road		Pomfret Center	CT	06259

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-928-5718		860-973-3950		860-928-5718	DAVIDPATENAUE@SBCGLOBAL.NET

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
<b>Northeast Management Company LLC</b>		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
C/O James C. Fagan	6 Calvin Rd	Weston	CT	06883

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

**Please note the following:**

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

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

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

**End of schedule**

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690071</b>	<b>CONRADS PARK</b>	C	60	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			23				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/21	6/1-9/30			
	1/1/22 - 12/31/24	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		

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

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690071</b>	<b>CONRADS PARK</b>	C	60	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			23				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Nitrate (1040)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Nitrite (1041)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Gross Beta Particle Activity (4100)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Man-Made Beta Particle &amp; Photon Emitters (4101)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Tritium (4102)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690071</b>	<b>CONRADS PARK</b>	C	60	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			23				

Towns Served: KILLINGLY

## Monitoring Requirements

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

<b>Strontium-90 (4174)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		B1022AMS	BATHROOM SINK	A	Y	N		
		B1022BMS	BATHROOM SINK	A	Y	N		
		B1024MS	BATHROOM SINK	A	Y	3		
		B13CP	BATHROOM SINK	A	Y	3		
		B15CP	BATHROOM SINK	A	Y	3		
		B19CP	BATHROOM SINK	A	Y	3		
		B1CP	BATHROOM SINK	A	Y	3		
		B20CP	BATHROOM SINK	A	Y	3		
		B3CP	BATHROOM SINK	A	Y	3		

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690071</b>	<b>CONRADS PARK</b>	C	60	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			23				

Towns Served: KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		EP1018MS	BASEMENT	A				
		K1022AMS	KITCHEN SINK	A	Y	N		
		K1022BMS	BATHROOM SINK	A	Y	N		
		K1024MS	KITCHEN SINK	A	Y	3		
		K13CP	KITCHEN SINK	A	Y	3		
		K15CP	KITCHEN SINK	A	Y	3		
		K19CP	KITCHEN SINK	A		3		
		K1CP	KITCHEN SINK	A	Y	3		
		K20CP	KITCHEN SINK	A	Y	3		
		K3CP	KITCHEN SINK	A	Y	3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
306	WELL 1	2	WELL 1	A				
45437	LOT 21 BASEMENT STORAGE							
45439	1022 N MAIN BASEMENT STORAGE							
45441	500-GALLON HYDRO TANK							

### Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
MATHEWSON, CHRIS	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	6/30/2020

### Contact Information

Name		Organization			Job Title		
<b>Ms. Carolyn J. Mathewson</b>		Elmville Heights Trailer Park			Part Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
410 Main Street					Danielson	CT	06239-2104
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-0014					cakecrazy@sbcglobal.net		

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**

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690141</b>	<b>CRANBERRY BOG APARTMENTS</b>	C	72	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			24				

Towns Served: KILLINGLY

### Monitoring Requirements

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

**Asbestos (1094)** **1 routine (RT) per nine years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		

**Total Coliform (3100)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

**Lead And Copper (PBCU)** **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		Complete
	7/1/20 - 12/31/20		

**Physical Parameters (PPS)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT - WELL 1 (WSF ID: 00700)**

**Net Gross Alpha (4000)** **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0690141	CRANBERRY BOG APARTMENTS	C	72	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			24				

Towns Served: KILLINGLY

### Monitoring Requirements

Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700)

<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701)			
<b>Di(2-Ethylhexyl) - Phthalate (2039)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	4/1/20 - 6/30/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690141</b>	<b>CRANBERRY BOG APARTMENTS</b>	C	72	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		24					

Towns Served: KILLINGLY

### Monitoring Requirements

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

<b>Di(2-Ethylhexyl) - Phthalate (2039)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	7/1/20 - 9/30/20		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - WELL 2 (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Water System Facility: <b>WELL 2 (WSF ID: 1485)</b>			
<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690141</b>	<b>CRANBERRY BOG APARTMENTS</b>	C	72	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			24				

Towns Served: KILLINGLY

## Monitoring Requirements

Water System Facility: **WELL 2 (WSF ID: 1485)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2020	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1	APT. S	A	Y	2	Y	Y
		4-2	APT. O	A	Y	2		
		4-3	APT. X	A	Y	2		
		4-4	APT. K	A	Y	2		
		4-5	APT. H	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT - WELL 1	3	ENTRY POINT	A				
00701	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	A				
1485	WELL 2	2	WELL 2	A				
307	WELL 1	2	WELL 1	A				
45410	BUILDING 130 STORAGE							
45412	BUILDING 126 STORAGE							

## Certified Operator Information

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690141</b>	<b>CRANBERRY BOG APARTMENTS</b>	<b>C</b>	<b>72</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			24				

Towns Served: KILLINGLY

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021
LAPORTE, SCOTT	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2022
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

## Contact Information

Name		Organization		Job Title		
<b>Ms. Barbara Fischer</b>		Cranberry Bog Apts, LLC				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
PO Box 85				Armonk	NY	10504
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
914-273-2868		914-273-2869			Barbara Fischer <bfischer461@gmail.com>	

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 Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0691011	WESTVIEW NURSING CARE & REHAB CTR, INC.	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2				

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	7/1-9/30	
	1/1/20 - 12/31/20	7/1-9/30	
	1/1/21 - 12/31/21	7/1-9/30	
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	7/1-9/30	
	1/1/20 - 12/31/20	7/1-9/30	
	1/1/21 - 12/31/21	7/1-9/30	
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0691011	WESTVIEW NURSING CARE & REHAB CTR, INC.	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2				

Towns Served: KILLINGLY

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	9/1/20 - 9/30/20		

**Lead And Copper (PBCU)** **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		

**Physical Parameters (PPS)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT - WELLS 2, 3, & 4A (WSF ID: 00701)**

**Chloride (1017)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

**E. Coli (3014)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0691011	WESTVIEW NURSING CARE & REHAB CTR, INC.	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2				

Towns Served: KILLINGLY

### Monitoring Requirements

Water System Facility: ENTRY POINT - WELLS 2, 3, & 4A (WSF ID: 00701)

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0691011</b>	<b>WESTVIEW NURSING CARE &amp; REHAB CTR, INC.</b>	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2				

Towns Served: KILLINGLY

### Monitoring Requirements

**Water System Facility: ENTRY POINT - WELLS 2, 3, & 4A (WSF ID: 00701)**

<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
POE - WELLS 1,2,3,4A (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

**Water System Facility: WELL 3 (WSF ID: 122)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 3 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

**Water System Facility: WELL 2 (WSF ID: 123)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

**Water System Facility: WELL 4A (WSF ID: 53857)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0691011</b>	<b>WESTVIEW NURSING CARE &amp; REHAB CTR, INC.</b>	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		2					

Towns Served: KILLINGLY

## Monitoring Requirements

Water System Facility: **WELL 4A (WSF ID: 53857)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 4A (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 2, 3, & 4A (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 7/1/2019	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
STAGE 2 DBPR - SUBMIT MONITORING PLAN	7/17/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Water System Facility and Sampling Point Inventory

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

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0691011</b>	<b>WESTVIEW NURSING CARE &amp; REHAB CTR, INC.</b>	C	140	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		2					

Towns Served: KILLINGLY

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		WCN007	EXAM ROOM SINK	A	Y			
		WNC001	WESTVIEW KITCHEN	A	Y	2		
		WNC002	WESTVIEW DIETARY	A	Y	2		
		WNC003	WESTVIEW PHYSICAL	A	Y	2		
		WNC004	WESTVIEW EASR NOURI	A	Y	2		
		WNC005	WESTVIEW MED ROOM	A	Y	2		
		WNC006	WESTVIEW BATHING	A	Y	2		
		WNC007	WESTVIEW EXAM ROOM	A	Y	2		
		WNC008	WESTVIEW LADIES RM	A	Y	2		
		WNC009	WESTVIEW MENS ROOM	A	Y	2		
		WNC010	WESTVIEW EAST MED R	A	Y	2		
00701	ENTRY POINT - WELLS 2, 3, & 4A	3	POE - WELLS 1,2,3,4A	A				
122	WELL 3	2	WELL 3	A				
123	WELL 2	2	WELL 2	A				
51201	ATMOSPHERIC STORAGE TANK							
51203	BLADDER STORAGE FACILITIES							
53857	WELL 4A	2	WELL 4A	A				
55547	BOOSTER PUMP							
61347	TREATMENT PLANT							

### Certified Operator Information

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

**Facility Classification:** SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

### Contact Information

Name		Organization			Job Title	
<b>Mr. David Panteleakos</b>		Westview Nursing Care & Rehab				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
150 Ware Road		P O Box 428		Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-774-8574	112		860-377-6030	860-377-6030	dtpanteleakos@snet.net	
Contact Role(s): <b>Administrative Contact</b>						

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0691011</b>	<b>WESTVIEW NURSING CARE &amp; REHAB CTR, INC.</b>	<b>C</b>	<b>140</b>	<b>P</b>	<b>GW</b>			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
		2						
Towns Served: KILLINGLY								
Name			Organization			Job Title		
<b>Mr. Chaim Herbert Czermak</b>			Westview Nursing Care & Rehab			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
150 Ware Road			P.O. Box 428			Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s):		<b>Legal Contact</b>						
Name			Organization			Job Title		
<b>Westview Land Co</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P. O. Box 428			C/O Westview Convalescent Home			Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s):		<b>Owner</b>						
<b>Please note the following:</b>								
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>								

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0699231</b>	<b>DEER CROSSING APARTMENTS</b>	<b>C</b>	<b>36</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HUBBARD HILL RD			12				
Towns Served: KILLINGLY							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete		
	1/1/20 - 12/31/28				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete		
	1/1/20 - 6/30/20				
	7/1/20 - 12/31/20				
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20				
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0699231	DEER CROSSING APARTMENTS	C	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HUBBARD HILL RD			12				
Towns Served: KILLINGLY							

## Monitoring Requirements

<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>							
<b>Inorganic Chemicals (IOCS)</b>				<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/18 - 12/31/20				Complete	
		1/1/21 - 12/31/23					
<b>Nitrate And Nitrite (NOX)</b>				<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/19 - 12/31/19				Complete	
		1/1/20 - 12/31/20				Complete	
		1/1/21 - 12/31/21					
<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>				<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		7/1/19 - 9/30/19				Complete	
		10/1/19 - 12/31/19				Complete	
		1/1/20 - 3/31/20				Complete	
		4/1/20 - 6/30/20					
		7/1/20 - 9/30/20					
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>				<b>1 (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/17 - 12/31/19		1/1-12/31		Waiver	
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>				<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/20 - 12/31/22					
		1/1/23 - 12/31/25					
<b>Organic Chemicals (VOCS)</b>				<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		7/1/19 - 9/30/19				Complete	
		10/1/19 - 12/31/19				Complete	
		1/1/20 - 3/31/20				Complete	
		4/1/20 - 6/30/20					
		7/1/20 - 9/30/20					

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0699231</b>	<b>DEER CROSSING APARTMENTS</b>	<b>C</b>	<b>36</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
HUBBARD HILL RD			12				
Towns Served: KILLINGLY							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTREAM WITHIN 5 SERVICE CON			A	Y		
	UPSTREAM WITHIN 5 SERVICE CON			A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
61028	WELL	2	WELL	A			

### Contact Information

Name		Organization			Job Title			
<b>Ms. Donna Olson</b>		Deer Crossing LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
7 Elm Street						Norton	MA	02766
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
774-265-0502				774-265-0821	donna.olson@hotmail.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**