	Connecticut Dep	artment of	Public Health	Drink	ing Wa	ater Se	ction		
	Water Qua	ality Monit	oring and Com						
PWS ID	PWS Name		(	Classificat	ion Popul	ation Own	er Type Pi	rimary	Source
CT0691132	474 PUTNAM PIKE			NC	4	6	Р	G۷	
Local Address (v	vhere applicable)		Service Residenti	al Comm	nercial In	dustrial	Combined	Agric	cultural
474 PUTNAM PI			Connections 1						
Towns Served: k	KILLINGLY								
			oring Requiremen	ts					
	Facility: DISTRIBUTION:	SYSTEM (WSF II	D: 00600)						
Asbestos (10	•						e (RT) per		-
	Point (Sampling Point ID)		Monitorin			on Period	Compli	ance S	tatus
	Inventory of Active Samplin	ng Points	1/1/11 - 1	0/30/12	1/1-	10/30	(>=\		
Total Coliform			A diameter action	Danifa d	C-114		tine (RT)		
	Point (Sampling Point ID)	a Doints	Monitorin		Collecti	on Period	Compli		
Select from	n Inventory of Active Samplin	ig Pullits	7/1/19 - 9 10/1/19 - 1					mplete mplete	
			1/1/20 - 3					mplete	
			4/1/20 - 6				CO	iiipiett	-
			7/1/20 - 9						
Physical Parai	meters (PPS)		7/1/20 3	730720		1 rou	tine (RT)	ner au	ıarter
•	Point (Sampling Point ID)		Monitorin	a Period	Collecti	on Period	Compli	•	
	n Inventory of Active Samplin	ng Points	7/1/19 - 9					mplete	
	· ·		10/1/19 - 1					mplete	
			1/1/20 - 3					mplete	
			4/1/20 - 6						
			7/1/20 - 9	/30/20					
Water System	Facility: ENTRY POINT (	WSF ID: 00700)							
Nitrate And N	litrite (NOX)					1	routine (R	T) per	year
Sampling F	Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compli	ance S	tatus
ENTRY POI	NT (3)		1/1/19 - 1	2/31/19			Co	mplete	ة
			1/1/20 - 1	2/31/20					
			1/1/21 - 1	2/31/21					
		Other C	ompliance Schedu	ıles					
Compliance Sch	edule Activity		D	ue Date		Achieved I	Date		
CROSS CONNEC	TION SURVEY REPORT		3,	1/2017					
CROSS CONNEC	TION SURVEY REPORT		3,	1/2018					
CROSS CONNEC	TION SURVEY REPORT		3,	1/2019					
CROSS CONNEC	TION SURVEY REPORT		3,	1/2020					
	Water 9	System Facili	ity and Sampling I	Point In	nventor	У			
Water					Total	Lead and			
	er System Facility		Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
00600 DISTE	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
			WITHIN 5 SERVICE CON	Α		_			
		MW001	KITCHEN SINK	A	Y	2	Υ		
		MW002	DEEP SINK	A	Y	2			
		MW003	POT SINK	A	Y	2			
		MW004	MENS ROOM	Α	Y	2			

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source	
СТ0691132	474 PUTNAM PIKE				NC	46	Р	GW
Local Address (	(where applicable)	Service	Residen	ntial Commerc		al Industri	al Combine	d Agricultural
474 PUTNAM F	PIKE	Connections	1					

Towns Served: KILLINGLY

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	tage DBPR
		MW005	WOMENS ROOM	Α	Υ	2		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10305	WELL	2	WELL	Α				

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. George P. Gion	is			Golden Gree	k Restaurant & Pub		President			
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
P.O. Box 518						Dayville		СТ	06241	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-774-0167		860-779-2	2971 860-982-3691 tsg@att.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

Schedule Generation Date: 3/10/2020

Page 2

	Connecticut Dep	oartment of	Public H	<b>Iealth</b>	Dri	inkiı	ng W	ater	Se	ction		
	Water Ou	ality Monit	oring an	d Com	nnli	ance	Sch	edule	<b>e</b>			
PWS ID	PWS Name		or mg am	u dom	_	ificatio				er Type P	rimary <sup>q</sup>	Source
CT0690114		ROUND				NC		00	O W1	P	GW	
	ress (where applicable)	NO OND	Service	Resident		Comme		ndustria	1	Combined	_	ultural
1060 NOR			Connections	Resident	ciai c	300		iaastiia		Combined	7.81100	arcarar
	ved: KILLINGLY					300						
		Monit	oring Requ	iiromoi	ntc							
Water Sys	stem Facility: <b>DISTRIBUTION</b>			ill eillei	IILS							
Total Col	liform (3100)							1	. roı	utine (RT)	per m	onth
	oling Point (Sampling Point ID)			Monitorii	ng Pe	riod	Collect	ion Peri			ance St	
Select	t from Inventory of Active Sampli	ng Points		10/1/19 -	10/31	1/19				Co	mplete	
			_	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						
Physical	Parameters (PPS)							1	. roı	utine (RT)	per m	onth
Samp	oling Point (Sampling Point ID)			Monitorii	ng Pe	riod	Collect	ion Peri	iod	Compli	ance St	atus
Select	t from Inventory of Active Sampli	ng Points	:	10/1/19 -	10/31	1/19				Co	mplete	
				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 -								
				9/1/20 -	9/30/	/20						
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1 ו	routine (R	T) per	year
Samp	oling Point (Sampling Point ID)			Monitorii			Collect	ion Peri	iod	Compli	ance St	atus
ENTR	Y POINT (3)			1/1/19 - 3		-				Со	mplete	
				1/1/20 - 3		-						
				1/1/21 - 1	12/31	./21						
		Other Co	ompliance	Sched	ules	S						
Complianc	ce Schedule Activity			L	Due D	ate		Achiev	ed L	Date		
SEASONAL	START UP COMPLETION			4,	/18/2	2020						
	Water	System Facili	ity and Sar	mpling	Poir	nt Inv	vento	ry				
Water							Total	Lead a				
	Water System Facility	Sampling Point		nt			Coliform			0-66		Stage
Facility ID		ID	Description	L CVCTER 1		tatus	Rule	Kule 1	ier	Asbestos	WQP 2	DRLK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
		DOWNSTREAM				A						
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SER		N	A						
	ENTRY POINT	3	ENTRY POINT			A						
	WELL #1	2	WELL #1			A						
21183	WELL #2	2	WELL #2			Α						

56805 HYDROPNEUMATIC TANK

	Water Quality Monit	toring an	d Con	npl	liance S	Schedul	le			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source	
CT0690114	HIDE AWAY COVE CAMPGROUND				NC	100	Р		GW	
Local Address (v	vhere applicable)	Service Reside		ntial	Commerci	al Industri	al Combine	ed	Agricultural	
1060 NORTH RO	DAD	Connections			300					
Towns Served: I	wns Served: KILLINGLY									

			Contact Inf	ormation				
			Organization				Job Title	
it			Hide Away C	ove Campground		Owner		
ne		Mailing	Address Line Two			City	State	Zip Code
1060 North Road					East Killi	ngly	СТ	06243
xtension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
	860-774-1	1128		352-400-2528				
er								
			Organization				Job Title	
			Hide Away C	ove Campground		Manager		
ne		Mailing	Address Line Two			City	State	Zip Code
		P.O. Box 129				East Killingly		06243
xtension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
					mikeber	waaa@vaho	no com	
n x n	r ne	re Fax 860-774-2	Mailing P. O. Bo stension Fax 860-774-1128  r  Mailing P. O. Bo P. O. Bo	Organization Hide Away C  Mailing Address Line Two P. O. Box 129  Itension Fax Mobile Phone 860-774-1128  T  Organization Hide Away C  Mailing Address Line Two P.O. Box 129	Mailing Address Line Two P. O. Box 129  Itension Fax Mobile Phone Emergency Phone 860-774-1128 352-400-2528  T  Organization Hide Away Cove Campground Mailing Address Line Two P.O. Box 129	Organization Hide Away Cove Campground  P. O. Box 129 East Killing Address Line Two P. O. Box 129 East Killing Address Line Two Beautiful Address Line Two Beautiful Address Line Two Beautiful Address Line Two Beautiful Address Line Two P. O. Box 129 East Killing Address Line Two P. O. Box 129 East Killing Address Line Two P. O. Box 129 East Killing Address Line Two East Killing Address Line Tw	Organization Hide Away Cove Campground Owner  Mailing Address Line Two City P. O. Box 129 East Killingly Itension Fax Mobile Phone Emergency Phone Email Address  860-774-1128 Organization Hide Away Cove Campground Manager  Mailing Address Line Two City P.O. Box 129 East Killingly East Killingly East Killingly East Killingly Email Address  Mobile Phone Emergency Phone Email Address	Organization Job Title  Hide Away Cove Campground Owner  De Mailing Address Line Two City State P. O. Box 129 East Killingly CT  Steension Fax Mobile Phone Emergency Phone Email Address 860-774-1128 352-400-2528  TOUR Mailing Address Line Two Manager  Mailing Address Line Two City State P.O. Box 129 East Killingly CT

### 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 Depa Water Qua								_			ection	
PWS ID PWS Name	iiity ivi	OIIIC	ornig a	IIU	COII					_	wpor Typo	Primary Source
CT0690174 430 LEDGE ROAD						Cia	NC	11 FC	33	11 0	P	GW
Local Address (where applicable)			Service		Resident	tial	Comme	rcial	Indust	rial	Combine	_
escarriadress (where approalse)			Connection	_	residen	ciai	2	Ciai	maase		Combine	a /igirearearar
Towns Served: KILLINGLY							_					
	М	onite	oring Red	aui	reme	nts						
Water System Facility: DISTRIBUTION S				70								
Total Coliform (3100)										1 rc	outine (RT	) per quarter
Sampling Point (Sampling Point ID)				٨	/lonitori	ng P	Period	Coll	ection F	erio	d Comp	liance Status
Select from Inventory of Active Sampling	g Points				7/1/19 -							Complete
					0/1/19 -						(	Complete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/3	0/20			_	/	
Physical Parameters (PPS)					Annitoui.	F	) a wind	Call	ection F		=	) per quarter
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling	a Doints				<i>Nonitori</i> 7/1/19 -			COII	ection F	erio		Complete
Select from inventory of Active Sampling	g Politis				0/1/19 -		-					Complete
					1/1/20 -							ompiete
					4/1/20 -							
					7/1/20 -							
Water System Facility: ENTRY POINT (\)	WSF ID: 0	0700)			,, -		-, -					
Nitrate And Nitrite (NOX)		•									1 routine	(RT) per year
Sampling Point (Sampling Point ID)				٨	/lonitori	ng P	Period	Coll	ection F			liance Status
ENTRY POINT (3)				1	/1/19 -	12/3	31/19				(	Complete
				1	./1/20 - :	12/3	31/20					
				1	/1/21 - :	12/3	31/21					
	Public	Not	ification	Re	equire	me	ents					
		С	ompliance		Notice		<u>Public</u>	Noti	fication		PN Ce	<u>rtification</u>
Violation/Situation		- 1-	Period	_	Tier		Require		Perform	ed	Due to DP	
GROUNDWATER RULE TT Violation			/19 - 3/11/1		2		8/2/201				8/12/2019	)
Water S	ystem	Facili	ity and S	am	pling	Po	int Inv	/en	tory			
Water								Tota		d an		_
System Water System Facility Facility ID	Sampling	Point	Sampling F Description		t			olifo Rule		ppei		Stage s WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTI		CVCTENA		<u>Status</u> A	Y	e Kui	ene	er Asbesto	S WQF 2 DBPK
00000 DISTRIBUTION STSTEIN	-	RΕΔΙΛ	WITHIN 5 S				A	ĭ				
	UPSTRE		WITHIN 5 S				A					
00700 ENTRY POINT	3	-,	ENTRY POI		102 001	•	A					
21186 WELL	2		WELL				A					
		Con	tact Info	rm	ation							
Name			rganization								Job Title	
Ms. Starlet Lenth			-						Propert	y Ow		
Mailing Address Line One	Mailing A	Addres	s Line Two						City		State	Zip Code
375 Ledge Rd							Dayı	/ille			СТ	06241
Business Phone Extension Fax		Mobi	le Phone	Em	ergency	Pho	ne Ema	il Add	dress			
960_774_9221				0	60-774	161	4 nizza	kina	بطديرها	00.00	m	

Page 5

	Connecticut Department of Fublic Health Drinking Water Section											
	Water Quality Monit	oring an	d Con	npliance :	Schedul	le						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT0690174	430 LEDGE ROAD			NC	33	Р	GW					
Local Address (	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combin	ed Agricultural					
		Connections		2								
Towns Served:	_											
000-774-022	-1		000-774	-4014 Pizzak	п <del>вншуанос</del>	.com						
Contact Role(s)	: Administrative Contact, Legal Contact, Own	ier										

#### 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 Dep				_		ection	
	· ·	ality Monit	oring and Con					
PWS ID	PWS Name							Primary Source
CT0690254	STATELINE CAMP RESORT-	WELL #1		NC		50	Р	GW
	where applicable)		Service Residen	tial Comm	nercial In	ndustrial	Combined	d Agricultural
ROUTE 101			Connections	1				
Towns Served: I	KILLINGLY							
Water System	Facility: <b>DISTRIBUTION</b> 9		oring Requireme	nts				
Total Coliforn	,	31312101 (0031 11	<i>5.</i> 00000 <sub>1</sub>			1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period		liance Status
	n Inventory of Active Samplin	g Points		9/30/19	Conce	1011 1 61104		omplete
30,000 11011	or neave sumpling		<del></del>	12/31/19				omplete
				6/30/20				piete
				9/30/20				
Physical Para	maters (PDS)		7,1,20	3/30/20		1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period		liance Status
	n Inventory of Active Samplin	g Points		9/30/19				omplete
	, ,	<u> </u>		12/31/19				omplete
				6/30/20				
				9/30/20				
Water System	Facility: ENTRY POINT (	WSF ID: 00700)	, .	· ·				
Nitrate (1040	,	•				1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period		liance Status
ENTRY POI				9/30/19				omplete
	. ,			12/31/19				•
				6/30/20				
				9/30/20				
Nitrate And N	litrite (NOX)		, ,	· ·		1	routine (	RT) per year
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	•	liance Status
ENTRY POI			1/1/19 -	12/31/19			C	omplete
			1/1/20 -	12/31/20				•
			1/1/21 -	12/31/21				
		Other Co	ompliance Sched	lules				
Compliance Sch	edule Activity		1	Due Date		Achieved	Date	
SEASONAL STAF	RT UP COMPLETION		4	/15/2020				
	Water	System Facili	ty and Sampling	Point Ir	nvento	ry		
Water	on Constant English	Community D. C.	Consulto a B. C.		Total	Lead and	1	
System Water Facility ID	er System Facility	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Pula Tia	Achastas	Stage WQP 2 DBPR
_	DIDLITION CVCTCN4		•	<u>Status</u>		nuie IIEI	ASDESIOS	VVQF Z DDPK
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
			WITHIN 5 SERVICE CON					
00700 5175	DV DOINT	UPSTREAM	WITHIN 5 SERVICE CON					
	RY POINT	3	ENTRY POINT	Α				
21193 WEL	L	2	WELL	Α				

56807 BLADDER TANKS

(	Connoctic	ut Dono	ntm ont	of Dublia	Hoolth	Dwin	alrino	Motor	Coation	
(	Connectic						_	•		
	Wa	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0690254	TATELINE CAM	P RESORT-W	ELL #1			١	IC	50	Р	GW
Local Address (wh	ere applicable)			Service	Resider	itial Co	mmerci	al Industri	al Combin	ed Agricultural
ROUTE 101				Connection	ıs		1			
Towns Served: KII	LINGLY				"				'	
			Co	ontact Info	rmation	1				
Name				Organization					Job Titl	e
Ms. Joyce Hart										
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
1639 Hartford Pik	е						East Ki	llingly	СТ	06243
Business Phone	Extension	Fax	Me	obile Phone	Emergency	/ Phone	Email A	Address	,	
860-774-3016										
Contact Role(s):	Legal Contact, (	Owner	'	1						
Name				Organization					Job Titl	е
Mr. Nicola G. Leo	netti			Resort Campla	nds Int. Inc	:.		Vp		
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
1639 Hartford Tu	npike						East Ki	llingly	СТ	06243
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	ergency Phone Email Address				
860-774-3016		860-774-6	5470		860-234	-6955	CAMPL	ANDS@AOL	COM	

## Please note the following:

Contact Role(s): Administrative Contact, Owner

- 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 Dep	artmen	t of Public I	Health	Dr	inkin	g W	ater	Se	ction		
	Water Qu	ality Mo	nitoring an	d Com	ıpl	iance	Sch	edul	e			
PWS ID	PWS Name				Clas	sification	Popu	ulation	Owr	ner Type	Prir	nary Source
CT0690274	ZIPS DINER INC					NC	1	25		Р		GW
Local Address (v	where applicable)		Service	Resident	tial	Commerc	cial II	ndustri	al	Combine	d	Agricultural
1086 NORTH M	AIN ST / 725 HARTFORD PIKE	<u>-</u>	Connections			1						
Towns Served: I	KILLINGLY											
		Mo	nitoring Req	uireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (W	/SF ID: 00600)									
<b>Total Coliforn</b>	n (3100)							1	. rou	tine (RT	) pe	r quarter
Sampling I	Point (Sampling Point ID)			Monitori	ng P	eriod (	Collect	tion Pe	riod	Comp	oliar	ce Status
Select from	n Inventory of Active Samplin	ng Points		7/1/19 -	9/30	0/19				(	Com	plete
				10/1/19 -	12/3	31/19					Com	plete
				1/1/20 -	3/31	1/20				(	Com	plete
				4/1/20 -	6/30	0/20						
				7/1/20 -	9/30	0/20						
<b>Physical Para</b>								1	rou	-		r quarter
	Point (Sampling Point ID)			Monitori			Collect	tion Pe	riod			ce Status
Select from	n Inventory of Active Samplin	ng Points		7/1/19 -								plete
				10/1/19 -								plete
				1/1/20 -						(	Com	plete
				4/1/20 -								
			1	7/1/20 -	9/30	0/20						
-	Facility: ENTRY POINT	(WSF ID: 00)	700)								•	
Nitrate And N					_		- "				-	per year
	Point (Sampling Point ID)			Monitorii			Collect	tion Pe	riod			ice Status
ENTRY POI	NT (3)			1/1/19 - :								plete
				1/1/20 - :						(	Com	plete
		0.1		1/1/21 - 1								
		Othe	er Compliance	e Sched	ule	es .						
Compliance Sch	edule Activity					Date		Achie	ved	Date		
CROSS CONNEC	TION EXEMPTION			3	3/1/2	2021						
		Public	Notification F	Require	me	ents						
			Compliance	Notice		<u>Public I</u>	Votific	<u>ation</u>		PN Ce	ertifi	<u>cation</u>
Violation/Situa			Period	Tier		Required	Pe	rforme	d D	ue to DP	Н	Received
Total Coliform N			1/1/15 - 3/31/15	2		8/5/2015			8	3/15/201	5	
Total Coliform N			4/1/15 - 6/30/15	2		.0/24/201				1/3/201		
	eters M&R Violation		1/1/15 - 3/31/15	3		7/5/2016				7/15/2016		
Physical Parame	eters M&R Violation		4/1/15 - 6/30/15	3	Š	9/23/2016	5		1	10/3/201	6	
	Water	System Fa	acility and Sa	mpling	Po	int Inv	ento	ry				
Water							Total	Lead	and			
-	er System Facility		oint Sampling Po	int			liform					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	<b>s</b> И	/QP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO			Α	Υ					
		4-1	KITCHEN DIS			Α	Υ					
		4-2	DISTRIBUTIO			Α	Υ					
		4-3	DISTRIBUTIO	N SYSTEM		Α	Υ					

**DISTRIBUTION SYSTEM** 

Α

Υ

4-4

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
СТ0690274	ZIPS DINER INC				NC	25	Р	GW				
Local Address	(where applicable)	Service	Residen	itial	Commerci	ial Industri	al Combine	ed Agricultural				
1086 NORTH	86 NORTH MAIN ST / 725 HARTFORD PIKE Connections											
Towns Served	: KILLINGLY											

**Water System Facility and Sampling Point Inventory** 

Connecticut Department of Public Health Drinking Water Section

Water System Facility ID	Water S <sub>)</sub>	stem Facility	, ,	Sampling Poin ID	t Sampling Descriptio		Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
				4-5	DISTRIBUT	ION SYSTEM	A	Υ				
				DOWNSTREAN	WITHIN 5	SERVICE CON	Α					
				MW4	DISTRIBUT	ION SYSTEM	Α	Υ				
				UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700	ENTRY P	TNIC		3	ENTRY PO	INT	Α					
21195	WELL			2	WELL		Α					
				Co	ntact Info	ormation						
Name				(	Organization					Job Title		
Mr. Kevin	R. Cole			k	Crc Enterprise	es, LLC		Me	mber			
Mailing Ad	dress Lin	e One		Mailing Addre	ss Line Two			Ci	ty	State	Zip C	ode
P.O. Box 26	63						Da	yville		СТ	062	41
Business	Phone	Extension	Fax	Mok	oile Phone	Emergency Pl	none Em	ail Addre	SS			
860-774	l-6335						ke	vincole680	O@gmail.co	m		

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

Name				Organization				Job Title	2
Krc Enterprises LLC									
Mailing Address Lin	e One		Mailing Add	ess Line Two		,	City	State	Zip Code
725 Hartford Pike						Dayville		CT	06241
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Add	ress		

Contact Role(s): 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

		•	irtment of					_		ection	
	V	Vater Qua	lity Monit	oring an	d Com	ıpli	ance	e Sch	edule		
PWS ID	PWS Name					Class	sificatio	n Popu	ulation Ow	ner Type P	rimary Source
CT0690324	4 MOZZARELL	AS OF KILLINGLY	, INC				NC		35	Р	GW
	ess (where applical	ble)		Service	Resident	tial (	Comme	rcial I	ndustrial	Combined	Agricultural
460 HARTE	ORD TURNPIKE			Connections			1				
Towns Ser	ved: KILLINGLY										
			Monito	oring Requ	iireme	nts					
Water Sys	stem Facility: <b>DI</b>	STRIBUTION S	YSTEM (WSF I	D: 00600)							
<b>Total Col</b>	iform (3100)								1 ro	utine (RT)	per quarter
Samp	oling Point (Samplin	ng Point ID)			Monitori	ng Pe	riod	Collect	tion Period	Compli	ance Status
Select	t from Inventory of	Active Sampling	Points		7/1/19 -	9/30,	/19			Сс	mplete
				_	10/1/19 -	12/3	1/19			Сс	mplete
					1/1/20 -	3/31,	/20			Co	mplete
					4/1/20 -	6/30,	/20				
					7/1/20 -	9/30,	/20				
Physical	Parameters (PPS	5)							1 ro	utine (RT)	per quarter
	ling Point (Samplir	<u> </u>			Monitori			Collect	tion Period	Compli	ance Status
Select	t from Inventory of	Active Sampling	Points		7/1/19 -		-				mplete
					10/1/19 -	12/3	1/19			Co	mplete
					1/1/20 -					Co	mplete
					4/1/20 -		-				
					7/1/20 -	9/30,	/20				
Water Sys	stem Facility: EN	ITRY POINT (V	VSF ID: 00700)								
	and Nitrite (NOX)	-							1	=	RT) per year
	ling Point (Samplir	ng Point ID)			Monitori			Collect	tion Period		ance Status
ENTR	Y POINT (3)				1/1/19 - :	-				Со	mplete
					1/1/20 - :						
					1/1/21 - :		-				
			Other Co	ompliance	Sched	lules	S				
Compliand	e Schedule Activity	/			L	Due D	ate		Achieved	Date	
CROSS COI	NNECTION SURVEY	REPORT			3	3/1/20	010				
RESPOND T	TO SANITARY SURV	'EY			9	/22/2	2019				
		Water S	ystem Facili	ity and Sar	npling	Poi	nt Inv	vento	ry		
Water			•	•				Total	Lead and		
System	Water System Fac	ility	Sampling Point		nt		C	Coliform			Stage
Facility ID			ID	Description		S	tatus	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYS	TEM	4	DISTRIBUTION	N SYSTEM		Α	Υ			
			DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α				
			UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700	ENTRY POINT		3	ENTRY POINT			Α				
22689	WELL		2	WELL			Α				
56166	BLADDER TANK										
			Con	tact Inforr	nation						
Name				rganization						Job Title	
Mr. Glen R	Ravenelle			ilside Tavern				Ow	ner		
	ldress Line One		Mailing Address						ity	State	Zip Code
460 Hartfo			<u> </u>				Day		•	СТ	06241
			<del>'                                    </del>				- /				

	domicetic	at Departin	CIIC OI	I ablic i	itcaiti			, water	Decelon	
	Wat	ter Quality	Monit	oring an	nd Con	npl	iance S	Schedul	le	
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0690324	MOZZARELLAS C	OF KILLINGLY, INC					NC	35	Р	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
460 HARTFORD T	TURNPIKE			Connections	S		1			
Towns Served: K	ILLINGLY				·			·	·	
Business Phone	e Extension	Fax	Mobil	e Phone L	Emergency	/ Pho	ne Email A	Address		
860-774-4400					860-933-	-316	6 railside	etavern@gm	nail.com	
0										

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

	Connectic Wa	*	rtment o				0			ection	
PWS ID	PWS Name				C	lassific	cation Po	opulatio	on Ow	ner Type P	rimary Source
СТ0690344	FOUR GS PIZZER	IA				NO	С	25		Р	GW
Local Addres	ss (where applicable)			Service	Residentia	al Cor	mmercial	Indus	trial	Combined	Agricultural
305 HARTFO	RD TURNPIKE (ROUT	E 101)		Connectio	ons		1				
Towns Serve	d: KILLINGLY										
			Monit	oring Re	quiremen	ts					
	em Facility: DISTR	IBUTION S	YSTEM (WSF	D: 00600)							
	orm (3100)										per quarter
	ng Point (Sampling P				Monitoring			lection	Period		ance Status
Select f	rom Inventory of Act	ive Sampling	Points		7/1/19 - 9						mplete
					10/1/19 - 1						mplete
					1/1/20 - 3					Со	mplete
					4/1/20 - 6						
					7/1/20 - 9	/30/20	0				
_	arameters (PPS) ng Point (Sampling P	oint ID)			Monitoring	g Perio	od Coll	lection i		• •	per quarter ance Status
-	rom Inventory of Act		Points		7/1/19 - 9						mplete
	·		·		10/1/19 - 1						mplete
					1/1/20 - 3						mplete
					4/1/20 - 6	/30/20	0				
					7/1/20 - 9						
Water Syst	em Facility: ENTR	Y POINT (V	VSF ID: 00700			-					
-	d Nitrite (NOX)	•		<u> </u>					1	routine (R	T) per year
	ng Point (Sampling P	oint ID)			Monitoring	a Perio	od Coll	lection		=	ance Status
	POINT (3)	•			1/1/19 - 12						mplete
	. ,				1/1/20 - 12						mplete
					1/1/21 - 12						<u> </u>
		Water S	ystem Facil	ity and S				tory			
Water							Tota		ad and	1	
	Vater System Facility		Sampling Point				Colifo		opper		Stage
Facility ID			ID .	Descriptio		Stat			ile Tiei	Aspestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	1	4		TION SYSTEM	A					
			DOWNSTREAM			A					
20722 5	NITRY DOINIT		UPSTREAM		SERVICE CON	A					
	NTRY POINT		3	ENTRY PO	IN I	A					
	/ELL		2	WELL		Α	1				
55533 V	/ELL-X-TROL BLADDE	R TANK									
			Cor	ntact Info	ormation						
Name			0	rganization						Job Title	
Golden Gree	ek Restaurants Intn'l,	Inc.									
Mailing Add	ress Line One		Mailing Addres	ss Line Two				City		State	Zip Code
305 Hartford	d Pike						Dayville			СТ	06241
Business P	hone Extension	Fax	Mob	ile Phone	Emergency P	hone	Email Ad	dress			
060 770	3659										
860-779-3	,033										
	e(s): Legal Contact, (	Owner									

	Connectic	ut Depa	rtment	of P	ublic	Health	Dri	nking	Water	Sec	ction	
	Wa	ter Qua	lity Moi	nitor	ring a	nd Con	nplia	ince S	chedul	e		
PWS ID	PWS Name						Classi	fication P	opulation	Owne	er Type Pr	rimary Source
CT0690344	FOUR GS PIZZER	IA					ı	NC .	25		Р	GW
Local Address (wh	nere applicable)			Se	ervice	Residen	itial C	ommercial	Industria	al C	ombined	Agricultural
305 HARTFORD T	URNPIKE (ROUT	E 101)		Co	onnection	ıs		1				
Towns Served: KI	LLINGLY			·		·						
Name				Orgar	nization						Job Title	
Mr. George P. Gi	onis			Golde	en Greek	Restaurant	& Pub		President			
Mailing Address L	ine One		Mailing Add	dress Lir	ne Two				City		State	Zip Code
P.O. Box 518								Dayville			СТ	06241
Business Phone	Extension	Fax	N	1obile P	Phone	Emergency	/ Phone	Email Ad	ldress			
860-774-0167		860-779-2	2971			860-982	-3691	tsg@att	.net			
Contact Role(s):	Administrative	Contact										
Name				Orgar	nization						Job Title	
Mr. Richard Burk	е								Owner/Ma	anage	r	
Mailing Address L	ine One		Mailing Add	dress Lir	ne Two				City		State	Zip Code
305 Hartford Turi	npike							Dayville			СТ	06241
Business Phone	Extension	Fax	N	1obile P	hone	Emergency	/ Phone	Email Ac	ldress			
860-779-3659												
Contact Role(s):	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

CT0691223 1075 NORTH MAIN STREET - KILLINGLY NC 30 P GW		Connecticut Denartment of	f Public F	lealth	ı D	rinkii	ng \	Water	· Se	ction	
PRUSS D PMS Name CT0691223 1075 NORTH MAIN STREET - KILLINGLY Local Address (where applicable) Loca							_			CCIOII	
Local Address (where applicable)   Service Connections   Residential   Commercial   Industrial   Combined   Agricultura   2075 NORTH MAIN STREET (RTE 12)   Monitoring Requirements	PWS ID	Ţ į	011118	0. 001	_				1	ner Type Pr	imary Source
Connections   Served: KILLINGY	CT0691223	1075 NORTH MAIN STREET - KILLINGLY						-			
Toutine (RT) per quarter   Sampling Point (Sampling Point ID)   Monitoring Period   Complete   Sampling Point (Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Complete   Complete   Complete   Collection Period   Complete   Comp	Local Address (v	where applicable)	Service	Resider	ntial	Comme	rcial	Industri	ial	Combined	Agricultural
Monitoring Requirements   Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)   Toutine (RT) per quarter   Sampling Point (Sampling Point (Sompling	1075 NORTH M	AIN STREET (RTE 12)	Connections			1					
Total Coliform (3100)	Towns Served:	KILLINGLY				1					
Sampling Point (Sampling Point ID)		Monito	oring Requ	uireme	ents	;					
Sampling Point (Sampling Point 1D)	Water System	Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)								
Select from Inventory of Active Sampling Points	<b>Total Coliforn</b>	n (3100)						1	l rou	ıtine (RT) <sub>ا</sub>	per quarter
10/1/19 - 12/31/19   Complete   11/120 - 3/31/20   Complete   11/120 - 3/31/20   Complete   11/120 - 3/31/20   Complete   14/120 - 6/30/20   T/1/20 - 9/30/20   Complete   10/1/19 - 12/31/19   Complete   10/1/20 - 3/31/20   Complete   11/1/20 - 3/31/20   Complete   11/1/20 - 9/30/20   T/1/20 - 1/2/31/20   T/1/20 - 9/30/20   T/1/20 - 1/3/31/20   T/1/20 - 9/30/20   T/1/20 - 1/3/31/20   T/1/20 - 9/30/20   T/1/20 - 1/31/20   T/1/20 - 9/30/20   T/1/20 - 1/31/20   T/1/2	Sampling	Point (Sampling Point ID)		Monitor	ing F	Period	Col	lection Pe	riod	Compli	ance Status
1/1/20 - 3/31/20   Complete   4/1/20 - 6/30/20	Select fron	n Inventory of Active Sampling Points		7/1/19	- 9/3	0/19				Co	mplete
A/1/20 - 6/30/20   7/1/20 - 9/30/20   7/1/20 - 9/30/20   7/1/20 - 9/30/20   1 routine (RT) per quarter Sampling Point (Sampling Point (WSF ID: 00700)				10/1/19	- 12/	31/19				Co	mplete
Physical Parameters (PPs)				1/1/20	- 3/3	1/20				Co	mplete
Physical Parameters (PPS)         Monitoring Period         Collection Period         Compliance Status           Seelect from Inventory of Active Sampling Points         7/1/19 - 9/30/19         Complete           Select from Inventory of Active Sampling Points         10/1/19 - 12/31/19         Complete           10/1/19 - 12/31/19         Complete         10/1/19 - 12/31/19         Complete           4/1/20 - 6/30/20         7/1/20 - 9/30/20         Complete           Water System Facility: ENTRY POINT (WSF ID: 00700)           Water System Facility: ENTRY POINT (WSF ID: 00700)         Monitoring Period         Collection Period         Complience Status           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complience Status           ENTRY POINT (3)         1/1/19 - 12/31/19         Complience Status           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complience Status           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complience Status           Sampling Point (Sampling Point ID)         1/1/19 - 12/31/19         Complience Status         Complience Status           Active System Facility Water System Facility (WSF) Level Monitoring Period         Monitoring Period         Oper				4/1/20	- 6/3	0/20					
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Point Sampling Point Sampling Point (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status  ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/20 - 12/31/20 Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status  ENTRY POINT (3) 1/1/19 - 12/31/10  ENTRY POINT (3) 1/1/19 - 12/31/10 1/1/20 - 12/31/20 1/1/21 - 12/31/20 1/1/21 - 12/31/20 1/1/21 - 12/31/20 1/1/21 - 12/31/20 1/1/21 - 12/31/20  Analyte Monitoring Requirement (Summary Type) Operating Limit Compliance Status:  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Compliance Status:  10/1/2019 - 10/31/2019 11/1/2019 - 10/31/2019 11/1/2019 - 10/31/2019 11/1/2019 - 10/31/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2019 11/1/2020 - 1/231/2020 Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date  Compliance Schedule Activity				7/1/20	- 9/3	0/20					
Select from Inventory of Active Sampling Points   7/1/19 - 9/30/19   Complete   10/1/20 - 3/31/20   Complete   1/1/20 - 6/30/20   Complete   1/1/20 - 6/20/20   Complete   1/1/20 - 12/31/20   Complete   1/1/20 - 1/2/31/20   Complete   Complete   Complete   1/1/20 - 1/2/31/20   Complete   Co	•							1	l rou		•
10/1/19 - 12/31/19   Complete   1/1/20 - 3/31/20   Complete   1/1/20 - 6/30/20   Toly   Complete   1/1/20 - 6/30/20   Toly   T							Col	lection Pe	riod	Compli	ance Status
1/1/20 - 3/31/20	Select fron	n Inventory of Active Sampling Points									*
A   1   20 - 6   30   20   7   1   20 - 9   30   20   20   20   20   20   20   20											•
Nitrate And Nitrite (NOX)										Со	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Monitoring Period  Monitoring Period  Collection Period  Complete  Complete  1/1/20 - 12/31/20  Complete  1/1/21 - 12/31/21  Organic Chemicals (VOCS) Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Complete  1/1/21 - 12/31/21  Organic Chemicals (VOCS) Sampling Point (Sampling Point ID)  Monitoring Period  Monitoring Period  Collection Period  Compliance Status  1/1/19 - 12/31/19  Complete  1/1/20 - 12/31/20  1/1/21 - 12/31/20  Complete  1/1/20 - 12/31/20  1/1/21 - 12/31/20  Northly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte  Monitoring Requirement (Summary Type)  PH  Entry Point pH Monitoring (PHRD)  Minimum: 7,0 PH  Start Date: 12/1/2014  Compliance History: Operating Limit Monitoring Compliance Status: Departing Limit Monitoring Period  Compliance Status: 1/1/2019 - 10/31/2019  1/1/2019 - 10/31/2019  1/1/2019 - 12/31/2019  1/1/2019 -						-					
Nitrate And Nitrite (NOX)         Monitoring Period         Collection Period         Compliance Status           ENTRY POINT (3)         1/1/19 - 12/31/19         Complete           ENTRY POINT (3)         1/1/19 - 12/31/12         Complete           LINTY POINT (3)         1/1/19 - 12/31/12         Complete           1/1/20 - 12/31/20         1/1/20 - 12/31/20         Complete           Organic Chemicals (VOCs)         Nonitoring Period         Collection Period         Complete           ENTRY POINT (3)         1/1/19 - 12/31/12         Compliance Status           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           ENTRY POINT (3)         1/1/19 - 12/31/19         Complete         Complete           ENTRY POINT (Sampling Point ID)         1/1/19 - 12/31/19         Complete         Complete         Complete         Complete         Complete         Complete         Level Wonitoring Requirement Status         Complete         Level Wonitoring Requirement Status         Samples Req/Month         A <t< td=""><td></td><td></td><td></td><td>7/1/20</td><td>- 9/3</td><td>0/20</td><td></td><td></td><td></td><td></td><td></td></t<>				7/1/20	- 9/3	0/20					
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  1/1/19 - 12/31/19  1/1/20 - 12/31/20  1/1/20 - 12/31/20  Complete  1/1/20 - 12/31/21  Organic Chemicals (VOCs)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Compliance Status  Compliance Status  ENTRY POINT (3)  Nonthly Point (Sampling Point ID)  Monitoring Period  Collection Period  Compliance Status  Compliance Status  1/1/19 - 12/31/19  Compliance Status  Nonthly Water System Facility (WSF) Level Monitoring Requirement  Monitoring Requirement (Summary Type)  Phy Entry Point pH Monitoring (PHRD)  Start Date: 12/1/2014  Start Date: 12/1/2014  Compliance Status: 10/1/2019 - 10/31/2019  1/1/2019 - 11/30/2019  1/1/2019 - 12/31/2019  1/1/2019 - 12/31/2019  1/1/2019 - 12/31/2019  Compliance Status: 1/1/2019 - 1/31/2020  2/1/2020 - 2/29/2020  Compliance Schedule Activity  Due Date Achieved Date	Water System	Facility: ENTRY POINT (WSF ID: 00700)									
ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21  Organic Chemicals (VOCS) 1 special (SP) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status  ENTRY POINT (3) 1/1/19 - 12/31/19 Complete  1/1/20 - 12/31/20 1/1/21 - 12/31/21  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  11/1/2019 - 11/30/2019  11/1/2020 - 1/31/2020 2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date									1	-	
1/1/20 - 12/31/20   Complete   1/1/21 - 12/31/21     Organic Chemicals (VOCS)							Col	lection Pe	riod		
Organic Chemicals (VOCS) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Requirement Monitoring Requirement (Summary Type) Monitoring Requirement (Summary Type) Minimum: 7.0 PH Monitoring Requirement (Summary Type) Monitoring Period Monitoring Per	ENTRY PO	INT (3)									
Organic Chemicals (VOCs       In special (SP) per year sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/19 - 12/31/19       Complete         1/1/20 - 12/31/20         The collity (WSF) 1/1/20 - 12/31/20         Monthly Water System Facility (WSF) Level Monitoring Requirements         Water System Facility: ENTRY POINT (WSFID: 00700)         Analyte       Monitoring Requirement (Summary Type)       Operating Limit       Samples Req/Month         pH       Entry Point pH Monitoring (PHRD)       Minimum: 7.0 PH       4         Start Date: 12/1/2014       Compliance History: Monitoring Period       Operating Limit Compliance Status: Com										Со	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  1/1/19 - 12/31/19  1/1/20 - 12/31/20  1/1/21 - 12/31/21  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Phy Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH  Start Date: 12/1/2014  Compliance History: Monitoring Period Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  11/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Other Compliance Schedule  Compliance Schedule Activity  Due Date Compliance Data (Compliance Status)  Compliance Status  Compliance Schedule Activity  Due Date Achieved Date				1/1/21 -	12/3	31/21					
ENTRY POINT (3)  1/1/19 - 12/31/19  1/1/20 - 12/31/20  1/1/21 - 12/31/21  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Compliance Status: Operating Limit Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 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	Organic Chen	nicals (VOCS)							1	special (S	P) per year
1/1/20 - 12/31/20  1/1/21 - 12/31/21  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Monitoring Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  11/1/2019 - 12/31/2019  12/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date	Sampling	Point (Sampling Point ID)		Monitor	ing F	Period	Col	lection Pe	riod	Compli	ance Status
Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  11/1/2019 - 12/31/2019  12/1/2019 - 12/31/2019  12/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date	ENTRY PO	INT (3)								Со	mplete
Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  12/1/2019 - 12/31/2019  12/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date											
Water System Facility: ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Monitoring Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  10/1/2019 - 10/31/2019 11/1/2019 - 11/30/2019 12/1/2019 - 12/31/2019 11/1/2020 - 1/31/2020 2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity Due Date Achieved Date				1/1/21 -	12/3	31/21					
Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Operating Limit Compliance Status: 10/1/2019 - 10/31/2019  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		Monthly Water System Facil	ity (WSF)	Level I	Moı	nitorir	ng R	equire	me	nts	
PH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4  Start Date: 12/1/2014 Compliance History: Monitoring Period Compliance Status: Monitoring Compliance Status: 10/1/2019 - 10/31/2019  10/1/2019 - 10/31/2019  11/1/2019 - 12/31/2019  12/1/2019 - 12/31/2019  11/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Compliance Schedule Activity Due Date Achieved Date	Water System	Facility: ENTRY POINT (WSFID: 00700)									
Compliance History:   Operating Limit   Compliance Status:   Monitoring	Analyte	Monitoring Requirement (Summ	ary Type)	Оре	erati	ng Limit				Samples Re	eq/Month
Monitoring Period   Compliance Status:   Compliance Status:	рН	Entry Point pH Monitoring (PHRD	))	Min	imu	m: 7.0 P	Н			4	
Monitoring Period         Compliance Status:         Compliance Status:           10/1/2019 - 10/31/2019         11/1/2019 - 11/30/2019           12/1/2019 - 12/31/2019         12/1/2020 - 1/31/2020           2/1/2020 - 2/29/2020         2/1/2020 - 2/29/2020           Other Compliance Schedules           Compliance Schedule Activity         Due Date         Achieved Date	Start Date:	12/1/2014	Compli	ance Hist	ory:		Oper	ating Lim	it	Monitor	ing
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			Monito	ring Perio	od		-	_			_
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			10/1/20	19 - 10/3	31/20						
1/1/2020 - 1/31/2020         2/1/2020 - 2/29/2020         Other Compliance Schedules         Compliance Schedule Activity       Due Date       Achieved Date			11/1/20	19 - 11/3	30/20	)19					
2/1/2020 - 2/29/2020  Other Compliance Schedules  Compliance Schedule Activity  Due Date  Achieved Date			12/1/20	19 - 12/3	31/20	)19					
Other Compliance Schedules  Compliance Schedule Activity  Due Date  Achieved Date			1/1/202	0 - 1/31/	2020	)					
Compliance Schedule Activity Due Date Achieved Date			2/1/202	0 - 2/29/	2020	)					
		Other C	ompliance	Sche	dule	es					
	Compliance Sch	nedule Activity			Due	Date		Achie	eved	Date	
		-		1	.0/11	/2019					

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source						
CT0691223	1075 NORTH MAIN STREET - KILLINGLY			NC	30	Р	GW					
Local Address (w	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural					
1075 NORTH MA	AIN STREET (RTE 12)	Connections		1								

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MW001	MEN'S ROOM	Α	Υ	N	Υ	
		MW002	WOMEN'S ROOM	Α	Υ	N		
		MW003	SLOP SINK	Α	Υ	N		
		OM1001	LOBBY	1		N		
		OM1002	LADIES ROOM	1		N		
		OM1003	BEVERAGE MACHINE	1		N		
		OM1004	MENS ROOM	1		N		
		OM1005	BATHROOM SINK	1		N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10855	WELL 1	2	WELL 1	Α				
58992	TREATMENT PLANT							
58994	WX-102 BLADDER TANK							

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Patricia Hansei	n			Haven Cherr	y Hill, LLC		Manager		
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
900 East Stanely Blv	/d.		Apt 18	3		Livermo	re	CA	94550
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
Contact Role(s): O	wner				<u>'</u>				
Name				Organization	1			Job Title	!
Mr. Rik Hansen				Haven Cherr	y Hill, LLC		Real Prope	rty Admin	
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
Henry R. Hansen Jr.			PO Box	x 190967		San Fran	icisco	CA	94119-0967
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
510-206-9761						RIK57PI	T@GMAIL.	COM	
Carata at Dala/a).			-l C	ha at 0	1	1			

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

#### Please note the following:

Towns Served: KILLINGLY

- 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 Departmen	nt of Public H	lealth	Drinki	ng V	Vater	Section	
Water Quality M	onitoring an	d Com	plianc	e Scl	nedule	9	
PWS ID PWS Name	<u> </u>					Owner Type Pr	imary Source
CT0691234 CHURCH OF THE NAZARINE			NC		150	Р	GW
Local Address (where applicable)	Service	Resident	tial Comm	ercial	Industrial	Combined	Agricultural
440 WESTCOTT ROAD	Connections		1				
Towns Served: KILLINGLY							
M	onitoring Requ	ıiremei	nts				
Water System Facility: <b>DISTRIBUTION SYSTEM</b> (							
Total Coliform (3100)					1	routine (RT) <sub>I</sub>	er quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Colle	ction Peri	od Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Co	mplete
	_	10/1/19 -	12/31/19			Co	mplete
		1/1/20 -	3/31/20			Co	mplete
		4/1/20 -	6/30/20				
		7/1/20 -	9/30/20				
Physical Parameters (PPS)					1	routine (RT) <sub>I</sub>	er quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Colle	ction Peri	od Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Co	mplete
		10/1/19 -	12/31/19			Co	mplete
		1/1/20 -	3/31/20			Co	mplete
		4/1/20 -	6/30/20				
		7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And Nitrite (NOX)						1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Colle	ction Peri	od Compli	ance Status
ENTRY POINT (3)		1/1/19 - 3	12/31/19			Co	mplete
		1/1/20 - 3	12/31/20				
		1/1/21 - 3	12/31/21				
Oth	er Compliance	Sched	ules				
Compliance Schedule Activity		E	Due Date		Achiev	ed Date	
RESPOND TO SANITARY SURVEY		1,	/19/2017				
Public	Notification R	Require	ments				
	Compliance	Notice		ic Notif			<u>ification</u>
Violation/Situation	Period	Tier	Requir		erformed		Received
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/26/20			9/5/2005	
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/18/2			11/28/2005	
Total Coliform M&R Violation	10/1/05 - 12/31/05		4/19/20			4/29/2006	
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/19/20			4/29/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/20			7/25/2006	
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/27/2			8/6/2006	
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/20			9/27/2006	
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/19/2			10/29/2006	
Water System I	Facility and Sar	mpling	Point In	vent	ory		
Water				Total			
	Point Sampling Poi	nt		Colifor			Stage
Facility ID ID	Doccrintion			D1-			INCOR 2 DODG
00600 DISTRIBUTION SYSTEM 4	Description DISTRIBUTION		<u>Status</u> A	Rule	Rule 1	ier Asbestos	WQP 2 DBPK

	Water Quality Monit	oring an	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0691234	CHURCH OF THE NAZARINE			NC	150	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combin	ed Agricultural
440 WESTCOT	T ROAD	Connections		1			

Towns Served: KILLINGLY

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform	Lead and Copper Rule Tier	Achestos	WOR	Stage
rucility ID			WITHIN 5 SERVICE CON	Status A	Kule	nuie Hei	Asbestos	WQP	2 DBPN
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α .					
49264	WELL 1	2	WELL 1	A					
		Con	tact Information						
Name		0	rganization				Job Title		
Pastor We	endy Ambrefe	Ch	nurch of The Nazarene		Pas	tor			

Contact Role(s): Administrative Contact, Legal Contact

Extension

#### Please note the following:

Mailing Address Line One

440 Westcott Rd

**Business Phone** 

860-774-5844

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

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

Fax

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

Zip Code

06239

State

CT

City

wambrefe@juno.com

Danielson

**Emergency Phone Email Address** 

	Connecticut Dep									ction		
		ality Monit	oring and	ı Con	_							
PWS ID	PWS Name				Clas				Owne	er Type		
CT0691244	CUMBERLAND FARMS STO	ORE #4632		5		NC		32		Р	GW	
	ss (where applicable)		Service Connections	Resident	tial	Comme	rcial Ir	ndustria	al (	Combine	Agric	ultural
567 WAURE			Connections			1						
Towns Serve	d: KILLINGLY			-	_							
Water Syste	em Facility: <b>DISTRIBUTION</b>		oring Requ D: 00600)	ireme	nts							
-	orm (3100)	•	•					1	rout	ine (RT)	per au	arter
	ng Point (Sampling Point ID)			Monitorii	ng Po	eriod	Collect	ion Per			liance St	
	rom Inventory of Active Sampli	ng Points		7/1/19 -							omplete	
	· · ·			0/1/19 -			_		_		omplete	_
				1/1/20 -		-						
				4/1/20 -								
				7/1/20 -								
Physical Pa	arameters (PPS)				•	·		1	rout	ine (RT)	per au	arter
_	ng Point (Sampling Point ID)			Monitorii	ng Po	eriod	Collect	tion Per			liance St	
Select f	rom Inventory of Active Sampli	ng Points		7/1/19 -	9/30	0/19				C	omplete	
			-	0/1/19 -	12/3	31/19				С	omplete	
				1/1/20 -	3/31	1/20					-	
				4/1/20 -								
				7/1/20 -								
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)			,	-, -						
Nitrate (10	040)							1	rout	ine (RT)	per qu	arter
-	ng Point (Sampling Point ID)			Monitori	ng Po	eriod	Collect	tion Per			liance St	
ENTRY I	POINT (3)			7/1/19 -	9/30	0/19				С	omplete	
			-	0/1/19 -	12/3	31/19				С	omplete	
				1/1/20 -								
				4/1/20 -								
				7/1/20 -	9/30	0/20						
Nitrite (10	941)								1 r	outine (	RT) per	vear
-	ng Point (Sampling Point ID)			Monitorii	ng Po	eriod	Collect	tion Per		-	liance St	-
_	POINT (3)			1/1/19 - :							omplete	
				1/1/20 - :								
	Water	System Facili					vento	rv				
Water	Water	System racin	ity and sai	припъ	1 0		Total	Lead (	and			
	/ater System Facility	Sampling Point	Samplina Poi	nt		(	Total Coliform					Stage
Facility ID	-,	ID	Description	•		Status	Rule			Asbestos		_
	ISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A					<u> </u>	
	-	DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SER			Α						
00700 EI	NTRY POINT	3	ENTRY POINT			Α						
	/ELL #1	2	WELL #1			A						
	··· <del>-</del>	_	·			- •						

58150 TREATMENT PLANT

	Connectic	ut Depa	rtment	of Public	Health	Drir	ıking	Water	Section			
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedule	9			
PWS ID I	PWS Name					Classifi	cation	Population (	Owner Type	Primary Source		
CT0691244	CUMBERLAND F	ARMS STOR	E #4632			N	С	32	Р	GW		
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	al Industria	Combine	ed Agricultur		
567 WAUREGAN	ROAD			Connectio	ns		1					
Towns Served: KI	LLINGLY											
			Co	ontact Info	rmation	1						
Name				Organization					Job Title	5		
Mr. Mark Souza				Cumberland F	arms			Maintenan	ce Manager			
Mailing Address L	ine One		Mailing Addr	ress Line Two				City	State	Zip Code		
Cfi/Gulf A Group	of Companies		2643 Hartfor	rd Avenue			Johnsto	nnston RI 02				
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress				
401-477-2387		401-934-	1827				msouza	@cumberlandfarms.com				
Contact Role(s):	Administrative	Contact										
Name				Organization					Job Title	۶		
Cumberland Farn	ns Inc											
Mailing Address L	ine One		Mailing Addr	ress Line Two				City	State	Zip Code		
100 Crosing Blvd							Framin	gham	MA	01702		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress				
Contact Role(s):	Owner											
Name	<u> </u>			Organization					Job Title	2		
Mr. Ari N Hasete	 S			Cumberland F	arms Inc			President 8	k Coo Boar			
Mailing Address L	ine One		Mailing Addr	ress Line Two				City	State	Zip Code		
100 Crossing Blvd	l						Framin	gham	MA	01702		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress				
Contact Role(s):	Legal Contact											
Diagram mate the f	_											

### Please note the following:

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

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

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

End of schedule

	Connecticut Departme					_			ection	
	Water Quality M	ionitoring and	a Com	_						
PWS ID	PWS Name			Clas		Po		Ow		Primary Sour
CT0699203	610 WAUREGAN ROAD	T.			NC		25	-	Р	GW
	where applicable)	Service	Residen	tial	Commerc	cial	Industri	al	Combine	d Agricultu
610 WAUREGAN		Connections			1					
Towns Served: I										
		Monitoring Requ	ireme	nts						
•	Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)								
Asbestos (10	•									er nine yeaı
	Point (Sampling Point ID)		Monitori				ection Pe	riod	Сотр	liance Statu
	n Inventory of Active Sampling Points		1/1/11 -	2/1	1/12		1/1-2/11			
Total Coliforn	•								<del>-</del>	) per quarte
	Point (Sampling Point ID)		Monitori			Coll	ection Pe	riod		oliance Status Complete
Select from	n Inventory of Active Sampling Points		7/1/19 - 9/30/19 10/1/19 - 12/31/19							
						Complete Complete				
			1/1/20 - 4/1/20 -							ompiete
			7/1/20 -		•					
Physical Para	meters (PPS)		7/1/20	<i>J</i> / <i>J</i> (	0,20		1	roi	ıtine (RT	) per quarte
•	Point (Sampling Point ID)		Monitori	na P	eriod (	Coll	ection Pe		<del>-</del>	liance Statu
	n Inventory of Active Sampling Points		7/1/19 - 9/30/19							Complete
	The second control of		10/1/19 -							Complete
			1/1/20 -							Complete
			4/1/20 -							
			7/1/20 -	9/30	0/20					
Water System	Facility: ENTRY POINT (WSF ID:	00700)								
Nitrate And N	litrite (NOX)							1	routine	(RT) per yea
Sampling I	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	riod	Comp	liance Statu
ENTRY POI	NT (3)		1/1/19 -	12/3	1/19				(	Complete
			1/1/20 -	12/3	31/20					
			1/1/21 - 12/31/21							
	Ot	her Compliance	Sched	lule	es					
Compliance Sch	nedule Activity			Due	Date		Achie	ved	Date	
CROSS CONNEC	TION SURVEY REPORT		3	3/1/:	2013					
CROSS CONNEC	TION SURVEY REPORT		3	3/1/	2014					
CROSS CONNEC	TION SURVEY REPORT		3	3/1/	2015			-		
CROSS CONNEC	TION SURVEY REPORT		3	3/1/	2016					
CROSS CONNEC	TION SURVEY REPORT				2017					
	ANITARY SURVEY				2018					
	TION SURVEY REPORT				2018					
	TION SURVEY REPORT				2019					
CROSS CONNEC	TION SURVEY REPORT				2020					
	Publi	ic Notification R	equire	eme	ents					
		Compliance	Notice			ublic Notification			PN Certification	
Violation/Situa		Period	Tier		Required		Performe	d L	Due to DP	
Total Coliform N		10/1/13 - 12/31/13	2		3/27/2014				4/6/2014	
Total Coliform N	vi&K Violation	1/1/14 - 3/31/14	2		7/27/2014	4			8/6/2014	

	Water Quality Monite	oring an	d Con	npli	iance S	Schedul	le	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0699203				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	ntial (	Commercia	al Industri	al Combine	ed Agricultural
610 WAUREGAN	N ROAD	Connections			1			

Towns Served: KILLINGLY

	<b>Public Notification R</b>	equiren	nents			
	Compliance			PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	2/25/2015		3/7/2015	
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	6/27/2015		7/7/2015	
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	11/25/2015		12/5/2015	

Total Colif	orm MCL Violation		10/1,	/15 - 12/31/15 2	11/2	5/2015		12/5/2015		
		Water System	Facil	ity and Sampling	g Point	Invento	ry			
Water						Total	Lead and			
System	Water System Facili	ty Samplin	g Point	Sampling Point		Coliform	Copper		2	Stage
Facility ID	)	IL	)	Description	Stat	us Rule	Rule Tiei	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTE	EM 4		DISTRIBUTION SYSTEM	И А					
		DOWNS	TREAM	WITHIN 5 SERVICE CO	N A					
		UPSTF	REAM	WITHIN 5 SERVICE CO	N A					
00700	ENTRY POINT	3		ENTRY POINT	Α					
57896	WELL 1	2		WELL 1	А					
			Con	tact Information	n					
Name			0	rganization				Job Title		
Mr. Willia	m Bourque		Ce	entral Coffee Company,	, LLC.	Ov	vner			
Mailing Ad	ddress Line One	Mailing	Addres	s Line Two		C	City	State	Zip Co	ode
612 Waur	egan Road					Danielson		СТ	0623	39
1	The state of the s									

**Emergency Phone Email Address** 

bill@centralcoffeecompany.com

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

Fax

Extension

302

Organization Job Title Central Coffee Properties LLC

Mobile Phone

Mailing Address Line One Mailing Address Line Two City State Zip Code 612 Wauregan Rd Danielson CT 06239 **Business Phone** Fax Extension Mobile Phone **Emergency Phone Email Address** 

860-779-6336

Contact Role(s): Owner

**Business Phone** 

860-779-6336

#### Please note the following:

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

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

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

End of schedule

	Connecti	cut Depa	rtment o	f Public	Health	Dr	inkii	ng W	ater	Se	ction	
	Wa	ater Qua	lity Moni	toring a	nd Con	npli	iance	e Sch	edul	le		
PWS ID	PWS Name					Class	sificatio	n Pop	ulation	Owr	ner Type F	Primary Source
CT0699224	OU812, LLC						NC		33		Р	GW
Local Addr	ess (where applicable	2)		Service	Residen	tial	Comme	ercial I	ndustri	al	Combined	d Agricultural
165 HARTE	ORD PIKE			Connection	ns		2					
Towns Ser	ved: KILLINGLY					·		,				·
			Monit	oring Red	quireme	nts						
-	stem Facility: <b>DIST</b>	RIBUTION S	YSTEM (WSF	ID: 00600)								
<b>Total Col</b>	iform (3100)								1	rou	tine (RT)	per quarter
Samp	ling Point (Sampling	Point ID)			Monitori	ng Pe	eriod	Collec	tion Pe	riod	Comp	liance Status
Select	from Inventory of A	ctive Sampling	Points		7/1/19 -			_			C	omplete
					10/1/19 -	12/3	31/19				C	omplete
					1/1/20 -						C	omplete
					4/1/20 -	6/30	)/20					
					7/1/20 -	9/30	)/20					
Physical	Parameters (PPS)								1	rou		per quarter
Samp	ling Point (Sampling	Point ID)			Monitori	ng Pe	eriod	Collec	tion Pe	riod	Comp	liance Status
Select	from Inventory of A	ctive Sampling	Points		7/1/19 -	9/30	)/19				C	omplete
					10/1/19 -	12/3	31/19				C	omplete
					1/1/20 -	3/31	L/20				C	omplete
					4/1/20 -	6/30	)/20					
					7/1/20 -	9/30	)/20					
Water Sys	stem Facility: <b>ENT</b>	RY POINT (V	VSF ID: 00700	)								
	and Nitrite (NOX)									1	=	RT) per year
	ling Point (Sampling	Point ID)			Monitori			Collec	tion Pe	riod		liance Status
ENTR	Y POINT (3)				1/1/19 -						C	omplete
					1/1/20 -							
					1/1/21 -	12/3	1/21					
		Water S	ystem Faci	lity and S	ampling	Poi	int In	vento	ry			
Water								Total	Lead	and		
	Water System Facilit	y	Sampling Point				(	Coliforn				Stage
Facility ID			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTE	M	4		ON SYSTEM		Α					
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 S		١	Α					
00700	ENTRY POINT		3	ENTRY POI	NT		Α					
60504	WELL		2	WELL			Α					
			Coi	ntact Info	rmation							
Name			C	Organization							Job Title	
Mr. Heath	Meagher											
Mailing Ad	dress Line One		Mailing Addres	ss Line Two				(	City		State	Zip Code
P. O. Box 3	63						Rog	ers			СТ	06263
Business	Phone Extension	Fax	Mob	ile Phone	Emergency	Pho	ne Ema	il Addr	ess			
860-933	3-7708						heat	thmeag	her@ya	ahoo.	.com	
Contact Do	lo(s). Advainintmetis.	· Contact Los	ral Contact Ow									

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

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

		0 0 0		- P		011001		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0699224	OU812, LLC				NC	33	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
165 HARTFORD	PIKE	Connections			2			

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

	Wa	ter Qual				Health l						
PWS ID PV	VS Name									_	ner Type F	rimary Source
CT0699234 AN	MERICAN SPO	RTS CENTER					N	С	45		Р	GW
Local Address (whe	re applicable)			Ser	vice	Residentia	al Coi	mmercial	Indust	rial	Combined	Agricultura
551 WESTCOTT RO	AD			Coi	nnectio	ns		1				
Towns Served: KILL	INGLY											
			M	onitorir	ng Re	quiremen	ts					
Water System Fac	-	IBUTION SY	STEM (	WSF ID: 0	0600)							
Total Coliform (	-											per quarter
Sampling Poir						Monitoring			ection P	eriod	Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points			10/1/19 - 1						
1						1/1/20 - 3						
						4/1/20 - 6	-					
						7/1/20 - 9	/30/20	0				
Physical Parame	= =											per quarter
Sampling Poir			<b>.</b>			Monitoring			ection P	eriod	Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points			10/1/19 - 1						
						1/1/20 - 3	-					
						4/1/20 - 6						
Water System Fac	cility: ENTD	V DOINT (M	SE ID: 00	1700)		7/1/20 - 9	/30/20	J				
•	-	T POINT (W	3F ID. 00	7700)						1	vantina (I	DT\ nonon
Nitrate And Nitri	• •	oint ID)				Monitoring	a Dorid	nd Coll	lection P		=	RT) per year <i>iance Status</i>
ENTRY POINT		onit ibj				1/1/19 - 12			ection F	eriou	Compi	idiice Status
LIVINI FOINT	(3)					1/1/20 - 12						
						1/1/21 - 12						
		Water Sy	stem F	acility	and S	ampling F			tory			
Water		•		•				Tota	al Lea	d and		
System Water S	ystem Facility		Sampling	Point San	npling F	Point		Colifo	rm Co	pper		Stage
Facility ID			ID	Des	cription	1	Sta	tus Rul	e Rul	e Tier	Asbestos	WQP 2 DBP
00600 DISTRIB	JTION SYSTEM	1	4	DIS	TRIBUTI	ION SYSTEM	Δ	. Y				
00700 ENTRY P	OINT		3	EN	TRY POI	NT	Δ	1				
61242 WELL #1	-		2	WE	LL #1		Δ	١				
				Contac	t Info	rmation						
Name				Organ	ization						Job Title	
Mr. Robert Liebsch	er					rts Centers In	c.					
Mailing Address Lin	ie One		Mailing A	ddress Lin					City		State	Zip Code
174 Cranberry Bog								Danielso	n		СТ	06239
Business Phone	Extension	Fax		Mobile Ph	none	Emergency P	hone	Email Ad	dress		1	
business Phone						860-428-8	812	bob@ctir	ndoorspo	orts.co	om	
860-481-0108			1					_				

	Connectic	ut Depa	rument c	of Public	пеани	ווזעו	IKIIIg	g water	Sec	uon		
	Wa	ter Qual	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name				Classification		Population	Owne	r Type	Primary Sour	ce	
CT0699234	AMERICAN SPO				IC	45	Р		GW			
Local Address (where applicable)				Service	Residen	ntial Commerc		I Industrial C		ombine	ed Agricultur	ral
551 WESTCOTT ROAD				Connection	ns		1					
Towns Served: K	ILLINGLY			·	·							
Name				Organization			Job Title					
American Sports Center Inc.												
Mailing Address Line One Mailing Addr			ess Line Two		City			State	Zip Code			
174 Cranberry Bog Road							Danielson			CT	06239	
Business Phone	e Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email Address					
860-481-0108					860-428-	-8812						
Contact Role(s):	Owner		·									

nt of Dublic Hoolth Duinling Water Coati

contact Role(s). 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