Connecticut Department						ection	
Water Quality Mo	mtoring an					- 5	
PWS ID PWS Name CT0700024 CHATFIELD HOLLOW S.P./MAIN WELL		Clas	NC		25	ner Type P	rimary Source GW
Local Address (where applicable)	Service	Residential			Industrial	Combined	
381 ROUTE 80	Connections		COMMINE	ercial	illuustilai	Combined	Agricultural
Towns Served: KILLINGWORTH		4					
	nitoring Dogu	iromonto					
Water System Facility: DISTRIBUTION SYSTEM (W	nitoring Requ SF ID: 00600)	uirements					
Total Coliform (3100)					1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period		iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	0/19			Co	mplete
	_	4/1/20 - 6/3	0/20	_			
		7/1/20 - 9/3	0/20				
Physical Parameters (PPS)					1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period	Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	0/19			Co	mplete
		4/1/20 - 6/3	0/20				
		7/1/20 - 9/3	0/20				
Water System Facility: ENTRY POINT (WSF ID: 007	700)						
Nitrate And Nitrite (NOX)					1	routine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period	Compl	iance Status
ENTRY POINT (3)		1/1/19 - 12/3	31/19			Co	mplete
		1/1/20 - 12/3	31/20				
		1/1/21 - 12/3	31/21				
	r Compliance	Schedule	es				
Compliance Schedule Activity			Date		Achieved	Date	
SEASONAL START UP COMPLETION			2020				
CROSS CONNECTION SURVEY REPORT		3/1/	2024				
Water System Fa	acility and Sar	mpling Po	int In	vento	ory		
Water				Total	Lead and		
,	oint Sampling Poi			Coliforn		A-t :	Stage
Facility ID ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A	Υ			
00700 ENTRY POINT 3	ENTRY POINT		A				
21196 WELL 2	WELL	_	A				
	Contact Inform	mation					
Name	Organization					Job Title	
Mr. David Cooley	Deep-Engineerin	ng Unit	Г	Su	pv Civil Eng	ineer	
	dress Line Two				City	State	Zip Code
163 Great Hill Road				tland		СТ	06480
		mergency Pho					
		860-424-3333	3 dav	id.coole	y@ct.gov		
Contact Role(s): Administrative Contact, Legal Contact,	Owner						

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0700024	CHATFIELD HOLLOW	5.P./MA	IN WELL			NC	25	S	GW
Local Address (v	vhere applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
381 ROUTE 80				Connections	4				

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

C	onnectic	ut Departme	nt of Publi	с Н	lealth l	Drir	nking '	Water	Secti	on	
	Wa	ter Quality M	lonitoring	an	d Com	plia	nce So	chedule	9		
PWS ID PV	VS Name				C	Classifi	cation P	opulation (Owner T	уре Рі	rimary Source
CT0700054 CH	IATFIELD HOLI	LOW S.P./SHOP WELL	-			N	С	25	S		GW
Local Address (whe	re applicable)		Service		Residentia	al Co	mmercial	Industria	l Com	bined	Agricultural
381 ROUTE 80			Connecti	ions			1				
Towns Served: KILL	INGWORTH										
		N	Ionitoring R	equ	iiremen	ts					
Water System Fa	cility: DISTR	IBUTION SYSTEM	(WSF ID: 00600))							
Total Coliform (3100)							1	routine	(RT)	per quarter
Sampling Poir	t (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection Peri	iod (Compli	ance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 - 9					Со	mplete
					4/1/20 - 6						
					7/1/20 - 9	/30/2	0				
Physical Parame	• •										per quarter
Sampling Poir					Monitoring			lection Peri	od (ance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 - 9					Со	mplete
					4/1/20 - 6						
					7/1/20 - 9	/30/2	U				
•	•	Y POINT (WSF ID: 0	00700)								
Nitrate And Nitr		of the LD			0.4 - 10 it - 11 in	a Davi	-d C-l	lastian Davi		-	T) per year
Sampling Poir ENTRY POINT		oint iDj			<i>Monitoring</i> 1/1/19 - 12			lection Peri	oa (ance Status
ENTRY POINT	(5)				1/1/19 - 12					CO	mplete
					1/1/20 - 12						
		Otl	her Complia				2.1				
Compliance Schedu	ıle Activity					ue Dat	te	Achiev	ed Date	•	
RESPOND TO SANIT						22/20					
		Publi	c Notificatio	n R							
			Compliance		Notice		Public Not	ification	F	PN Cert	rification
Violation/Situation)		Period		Tier			Performed	Due t	o DPH	Received
Physical Parameter	s M&R Violatio	on	7/1/14 - 9/30/	/14	3	11/2	25/2015		12/5,	/2015	
		Water System	Facility and	Sar	mpling F	Point	t Inven	tory			
Water							Tota				
•	ystem Facility		g Point Sampling		nt		Colifo				Stage
Facility ID		ID	= 5551.45			Sta			ier Ask	estos	WQP 2 DBPR
00600 DISTRIB	JTION SYSTEM				N SYSTEM	A					
			TREAM WITHIN 5			A					
00700 FNTDY D	OINT	UPSTR			RVICE CON	Α					
00700 ENTRY P	OINT	2		ו אווכ							
21198 WELL			Contact Inf	Forr	mation	Α	4				
Name					nation				1-1	Tial -	
Name Mr. David Cooley			Organization		a Unit			Supy Civil 5		Title	
Mr. David Cooley Mailing Address Lir	ua Ono	Mailina	Deep-Engineering Unit Address Line Two				Supv Civil Engineer City State Zi				Zip Code
163 Great Hill Road		iviailing	Address Line TWO								06480
Business Phone	Extension	Fax	Mobile Phone	Er	mergency P	hone		dress	(υ Ι	00400
860-342-2215	LACCIONI	860-344-2560	860-205-7552		860-424-33			oley@ct.go	v		
000 042 2210		200 344 2300	300 203 7332		JUU 727 J.		44.4.CO	,	-		

	Connecticut Department	of Public	Health	וע ו	rinking	, water	Section	
	Water Quality Mon	itoring a	nd Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0700054	CHATFIELD HOLLOW S.P./SHOP WELL		NC	25	S	GW		
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combine	d Agricultural	

Connections

A CD block of the block of the two

1

Towns Served: KILLINGWORTH

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

Please note the following:

381 ROUTE 80

- 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.

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

End of schedule

Со		ıt Departm						_			ction	
	Wat	er Quality	Monit	oring a	nd Com	ıpli	iance	Sch	edule	е		
PWS ID PW	S Name					Class	sificatio	n Popu	ulation	Owne	er Type P	rimary Soui
CT0700084 DEE	R LAKE SCOU	T RESERVATION					NC	2	25		Р	GW
Local Address (wher	e applicable)			Service	Resident	tial	Comme	rcial lı	ndustria	I C	Combined	Agricultu
101 PAPER MILL ROA	AD			Connection	ns		1					
Towns Served: KILLII	NGWORTH											
			Monito	oring Red	quireme	nts						
Water System Faci	ility: DISTR	BUTION SYSTEN	/ (WSF II	D: 00600)								
Total Coliform (3	100)								1	rout	ine (RT)	per quarte
Sampling Point	(Sampling Po	oint ID)			Monitori	ng Pe	eriod	Collect	tion Peri	iod	Compl	iance Statu
Select from Inve	entory of Acti	ve Sampling Points	S		7/1/19 -	9/30)/19				Co	mplete
					10/1/19 -	12/3	31/19			_	Co	mplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	-	-					
Physical Paramete	ers (PPS)				, , -		, -		1	rout	ine (RT)	per quarte
Sampling Point	• •	oint ID)			Monitori	na Pe	eriod	Collect	tion Peri			iance Statu
	• • •	ve Sampling Points	s		7/1/19 -							mplete
00.000 0					10/1/19 -		-					mplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -		-					
Water System Faci	ility: FNTRV	POINT (WSF ID	• 00700)		771720	3,30	,, 20					
Nitrate And Nitrit	•	101111 (1131 12	. 007007							1 -	outino /I	PT) nor voc
Sampling Point	• •	oint ID)			Monitorii	na Da	oriod	Collect	tion Peri		=	RT) per yea iance Statu
		אוונ וטן						Conect	lion Pen	lou		
ENTRY POINT (3	9)				1/1/19 - 1						CC	mplete
					1/1/20 - 1							
					1/1/21 - :		-					
		Water Syster	m Facili	ity and Sa	ampling	Poi	int Inv	<i>r</i> ento	ry			
Water								Total	Lead a			
-	stem Facility	Sampl	_	Sampling P			C	oliform				Stag
Facility ID			ID	Description			Status	Rule	Rule 1	ier .	Asbestos	WQP 2 DB
00600 DISTRIBU	TION SYSTEM		4	DISTRIBUTI			Α	Υ				
				WITHIN 5 S			Α					
		UPS	TREAM	WITHIN 5 S	ERVICE CON	J	Α					
00700 ENTRY PC	DINT		3	ENTRY POIN	NT		Α					
21200 WELL			2	WELL			Α					
			Con	tact Info	rmation							
Name			Or	rganization							Job Title	
Mr. Mark Clifton				S A / CT Yanl	kee Council			Cai	mp Rang	ger		
Mailing Address Line	e One	Mailir		s Line Two					ity		State	Zip Code
101 Paper Mill Road			-				Killin	gworth	•		СТ	06419
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phor					1	
203-421-4040		203-421-9911			203-421-				.@gmail	.com		
Contact Role(s): Ad	ministrative (tact									

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0700084	DEER LAKE SCOUT RESE	RVATION			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
101 PAPER MILL	ROAD		Connections		1			

Please note the following:

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

End of schedule

		ut Departm								ction	
	Wat	ter Quality I	Monit	oring a	and Con	nplia	nce So	chedul	e		
PWS ID	PWS Name					Classif	ication Po	opulation	Owne	er Type P	rimary Source
CT0700124	KILLINGWORTH (COUNTRY MARKET				N	IC	25		Р	GW
Local Addr	ess (where applicable)			Service	Residen	tial Co	mmercial	Industria	al C	Combined	Agricultural
256 ROUTE	81			Connectio	ons		1				
Towns Serv	ved: KILLINGWORTH				·						
		1	Monit	oring Re	quireme	nts					
Water Sys	tem Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coli	iform (3100)							1	rout	ine (RT)	per quarter
Samp	ling Point (Sampling Po	oint ID)			Monitori	ng Peri	iod Col	lection Per	iod	Compli	ance Status
Select	from Inventory of Acti	ve Sampling Points			7/1/19 -	9/30/1	L9			Co	mplete
					10/1/19 -	12/31/	/19			Со	mplete
					1/1/20 -	3/31/2	20			Со	mplete
					4/1/20 -						
					7/1/20 -						
Physical I	Parameters (PPS)				·			1	rout	ine (RT)	per quarter
-	ling Point (Sampling Po	oint ID)			Monitori	ng Peri	iod Col	ection Per			ance Status
	from Inventory of Acti	•			7/1/19 -						mplete
	•				10/1/19 -						mplete
					1/1/20 -						mplete
					4/1/20 -						
					7/1/20 -						
Water Sys	stem Facility: ENTRY	POINT (WSF ID:	00700)		,, 1, 20	3,30,2					
•	nd Nitrite (NOX)	101111 (1131 121	007007						1 r	outino (E	T) per year
	ling Point (Sampling Po	oint ID)			Monitori	na Dori	ind Cali	ection Per		-	ance Status
	Y POINT (3)	אוונ וטן			1/1/19 -			ection ren	104		mplete
LINIIN	T FOINT (3)				1/1/19 -					CO	ilipiete
					1/1/21 -						
		Water System	i Facili	ity and S	Sampling	Poin					
Water	Markey Contains English	C!!	an Datat	Carren llan ar	Defet		Tota				
	Water System Facility		ng Point D	Sampling Descriptio			Colifo			Achostos	Stage 2 DBB
Facility ID	DICTRIBUTION CVCTEN			-			atus Rul	e kule l	ner i	ASDESIOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4		TION SYSTEM		A Y				
					SERVICE CON		A				
0075			REAM		SERVICE CON		Α				
	ENTRY POINT		3	ENTRY PO	INT		A				
	WELL		2	WELL		,	A				
54042	TREATMENT PLANT										
			Con	tact Info	ormation						
Name			Oı	rganization						Job Title	
Mr. Nitrim	Patel				Country Mar	ket		Owner			
	dress Line One	Mailin		s Line Two	•			City		State	Zip Code
256 Route							Killingwo			CT	06419
Business		Fax	Mohi	le Phone	Emergency	Phone					
860-663		860-663-1698		3.1.0.10				- : 			
200 003	1 () 1 1 1 1		l		1						

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

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

						_ <u> </u>		·	<u> </u>
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0700124	KILLINGWORTH COUN	ITRY MA	ARKET			NC	25	Р	GW
Local Address (w	here applicable)			Service	Residen	ntial Commerc	cial Industri	al Combine	ed Agricultural
256 ROUTE 81				Connections		1			

Please note the following:

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

End of schedule

	С	onnecticu	•								ection	
		Wat	er Qualit	y Monit	coring a	ind Com	pliai	nce So	che	dule		
PWS ID	P۱	VS Name				(Classific	cation P	opula	ition Ow	ner Type I	Primary Source
CT070014		LLINGWORTH L	IBRARY				NO	С	25		L	GW
		ere applicable)			Service	Residentia	al Cor	mmercial	Ind	ustrial	Combine	d Agricultural
301 ROUT					Connectio	ns		1				
Towns Sei	rved: KILL	INGWORTH										
						quiremen	ts					
•		cility: DISTRI	BUTION SYST	EM (WSF)	D: 00600)							
Total Co												per quarter
_		nt (Sampling Po	-			Monitoring			lectio	n Period		liance Status
Selec	ct from In	ventory of Activ	ve Sampling Po	ints		7/1/19 - 9						omplete
						10/1/19 - 1						omplete
						1/1/20 - 3					С	omplete
						4/1/20 - 6 7/1/20 - 9	-					
Physical	Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Samj	pling Poir	nt (Sampling Po	oint ID)			Monitoring	g Perio	od Col	lectio	n Period	Comp	liance Status
Selec	ct from In	ventory of Activ	ve Sampling Po	ints		7/1/19 - 9	/30/19	9			С	omplete
						10/1/19 - 1	2/31/1	19			С	omplete
						1/1/20 - 3	/31/20)			С	omplete
						4/1/20 - 6	/30/20)				
						7/1/20 - 9	/30/20)				
Water Sy	stem Fa	cility: ENTRY	POINT (WSF	ID: 00700)								
Nitrate A	And Nitr	ite (NOX)								1	routine (RT) per year
Sam	pling Poir	nt (Sampling Po	oint ID)			Monitoring	g Perio	od Col	lectio	n Period	Comp	liance Status
ENTF	RY POINT	(3)				1/1/19 - 12	2/31/1	.9			С	omplete
						1/1/20 - 12	2/31/2	0			С	omplete
						1/1/21 - 12	2/31/2	1				
			Water Syst	em Facil	ity and S	Sampling F	Point	Inven	tory	1		
Water	Markon C		Carr	online Deint	Communities	Doint		Toto		Lead and	1	C.
System Facility ID		ystem Facility	Sai	npling Point ID	Description		_	Colifo Rul		Copper	Achasta	Stage WQP 2 DBPI
00600		UTION SYSTEM		4		ION SYSTEM	Stat	lus		nuie Hei	ASDESIUS	WQF 2 DDF1
00000	סואוכוט	UTION STSTEIN	DC			SERVICE CON	A					
				JPSTREAM		SERVICE CON	A					
00700	ENTRY F	OINT		3	ENTRY POI		A					
21206	WELL	OINT		2	WELL	INI	A A					
21206	VVELL						A	<u> </u>				
						ormation						
Name					rganization				- : ·	C-I :	Job Title	
Mr. David			0.4		own of Killin	gworth				Selectma		7:- CI-
Mailing A		ie Une	Mi	ailing Addres	s Line Two			Killia er	City	/	State	Zip Code
323 Route		Fytomo:	Ferr	A A = 1	ilo Dhaz -	[menser = 5		Killingwo			СТ	06419
Busines		Extension	Fax		ile Phone	Emergency P						
860-66		agal Camba at	860-663-330	5		860-663-1	/65	twn.killir	igwoi	τn@snet	.net	
Contact R	oie(s): L	egal Contact										

	Connectic	ut Depa	rtment	of Public	c Heal	th Dr	inking	Water	'Sect	tion	
	Wat	ter Qual	lity Mon	itoring a	and Co	ompli	ance S	chedul	le		
PWS ID P	WS Name								1	Type I	Primary Source
СТ0700144 К	ILLINGWORTH	LIBRARY					NC	25	L		GW
Local Address (wh	ere applicable)			Service	Resid	dential (Commercia	al Industri	al Co	mbine	d Agricultural
301 ROUTE 81				Connection	ons		1				
Towns Served: KIL	LINGWORTH								'		
Name				Organization	1				Jo	ob Title	
Killingworth Heal	th Department										
Mailing Address Li	ne One		Mailing Addr	ress Line Two				City		State	Zip Code
27 Commerce St.							Clinton			СТ	06413
Business Phone	Extension	Fax	Mo	obile Phone	Emerge	ncy Phor	e Email A	ddress			
860-669-8659											
Contact Role(s):	Owner		·		·		·				
Name				Organization	1				Jo	ob Title	
Mr. Paul Hutcheo	n			Town of Killi	ngworth			Director o	of Healt	h	
Mailing Address Li	ne One		Mailing Addr	ress Line Two				City		State	Zip Code
323 Route 81							Killingw	orth		CT	06419
Business Phone	Extension	Fax	Mo	obile Phone	Emerge	ncy Phor	e Email A	ddress			
860-663-1765	223	860-663-3	305 86	0-391-5190			phutch	eon@town	ofkilling	worth.	com
Contact Role(s):	Administrative	Contact									

Please note the following:

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

End of schedule

Connecticut Departmen				O		ection		
Water Quality M	onitoring and	d Comp	oliance	Sched	lule			
PWS ID PWS Name		C	lassification	Populat	ion Ov	vner Type Pi	rimary Source	
CT0700154 KILLINGWORTH VILLAGE CENTER			NC	27		Р	GW	
Local Address (where applicable)	Service	Residentia	l Commerc	cial Indu	strial	Combined	Agricultural	
184 RT 81, KILLINGWORTH	Connections		5					
Towns Served: KILLINGWORTH								
	onitoring Requ	irement	ts					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform (3100)							per quarter	
Sampling Point (Sampling Point ID)	ı	Monitoring		Collection	Period		ance Status	
Select from Inventory of Active Sampling Points		7/1/19 - 9/					mplete	
	<u>-</u>	1/1/19 - 12					mplete	
		1/1/20 - 3/ 4/1/20 - 6/				Co	mplete	
		7/1/20 - 9/						
Physical Parameters (PPS)					1 ro	utine (RT)	per quarter	
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collection	Period	d Compli	ance Status	
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			Со	mplete	
		10/1/19 - 12					mplete	
		1/1/20 - 3/		Со	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)			5	o			per quarter	
Sampling Point (Sampling Point ID)	ı	Monitoring		Collection	Period	-	ance Status	
ENTRY POINT (3)		7/1/19 - 9/					mplete	
	-	10/1/19 - 12 1/1/20 - 3/				Complete Complete		
		4/1/20 - 6/				CO	Implete	
		7/1/20 - 9/	· ·					
Oth	er Compliance							
Compliance Schedule Activity	<u> </u>		e Date	A	chieved	d Date		
RESPOND TO SANITARY SURVEY			3/2012					
RESPOND TO SANITARY SURVEY			1/2018					
INLOFOND TO SANTIANT SURVET		1/1	1/2010					
	Notification R							
	Notification R		nents	Votificatio	on	PN Cert	ification	
		equiren	nents	_		Due to DPH	ification Received	
Violation/Situation Total Coliform MCL Violation	Compliance Period 4/1/05 - 6/30/05	equiren	Public I Required 6/9/2005	Perfor		Due to DPH 6/19/2005	_	
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16	Notice Tier 2	Public I Required 6/9/2005 7/30/2010	Perfor		Due to DPH 6/19/2005 8/9/2016		
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation REVISED TOTAL COLIFORM RULE (RTCR)	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19	Notice Tier 2 2 3	Public I Required 6/9/2005 7/30/2010 7/30/2020	Perfor		Due to DPH 6/19/2005		
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19	Notice Tier 2 2 3	Public I Required 6/9/2005 7/30/2010 7/30/2020	Performance Perfor	rmed	Due to DPH 6/19/2005 8/9/2016 8/9/2020	_	
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation REVISED TOTAL COLIFORM RULE (RTCR) Water System I	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19 Facility and Sar	Notice Tier 2 2 2 3 npling P	Public I Required 6/9/2005 7/30/2010 7/30/2020	Performance Perfo	ead and	Due to DPH 6/19/2005 8/9/2016 8/9/2020	Received	
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation REVISED TOTAL COLIFORM RULE (RTCR) Water System I Water System Water System Facility Sampling	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19 Facility and Sar Point Sampling Poin	Notice Tier 2 2 2 3 npling P	Public I Required 6/9/2005 7/30/2010 7/30/2020 coint Inve	Performance Perfor	ead and	Due to DPH 6/19/2005 8/9/2016 8/9/2020	Received Stage	
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation REVISED TOTAL COLIFORM RULE (RTCR) Water System I Water System Water System Facility Sampling Facility ID ID	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19 Facility and Sar Point Sampling Poin Description	Notice Tier 2 2 3 npling P	Public I Required 6/9/2005 7/30/2010 7/30/2020 Coint Invo	Perform Cotal Leading Comments Cotal Leading Comments Rule R	ead and	Due to DPH 6/19/2005 8/9/2016 8/9/2020	Received	
Violation/Situation Total Coliform MCL Violation Total Coliform M&R Violation REVISED TOTAL COLIFORM RULE (RTCR) Water System I Water System Water System Facility Sampling Facility ID ID 00600 DISTRIBUTION SYSTEM 4	Compliance Period 4/1/05 - 6/30/05 1/1/16 - 1/31/16 5/25/19 - 6/18/19 Facility and Sar Point Sampling Poin	equiren Notice Tier 2 2 3 npling P	Public I Required 6/9/2005 7/30/2010 7/30/2020 coint Inve	Performance Perfor	ead and	Due to DPH 6/19/2005 8/9/2016 8/9/2020	Received Stage	

CT0700154	KILLINGWORTH VILLAGE CENTER	NC	27	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	אוואוווועוון	3 Water	occuon	

Connecticut Department of Public Health Drinking Water Section

CT0700154	KILLINGWORTH VILLAGE CENTER				NC	27	Р		GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural
184 RT 81 KILLI	NGWORTH	Connections			5				

Towns Served: KILLINGWORTH

	W	ater System Facili	ity and Samplir	ng Point II	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	А				
21207	WELL	2	WELL	А				

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Garth Brown				Killingworth	Village		President		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
P. O. Box 652						Hebron		СТ	06248
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-539-2487						webster	mgmt@sbcglo	bal.net	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

Connecticut Departr							ction		
	Monitoring an								
PWS ID PWS Name		Cla		n Pop				Primary Sc	ource
CT0700174 206 ROUTE 80			NC		25		Р	GW	
Local Address (where applicable)	Service Connections	Residential	Comme	ercial	Industri	al C	Combine	d Agricul	ltural
	Connections		1						
Towns Served: KILLINGWORTH									
	Monitoring Requ	uirements	5						
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)								
Total Coliform (3100)					1	rout	ine (RT)	per quai	rter
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collec	tion Pe	riod	Comp	liance Sta	ıtus
Select from Inventory of Active Sampling Poin	ts	7/1/19 - 9/3	0/19				C	omplete	
		10/1/19 - 12/	/31/19	_			C	omplete	
		1/1/20 - 3/3	1/20				С	omplete	
		4/1/20 - 6/3							
		7/1/20 - 9/3							
Physical Parameters (PPS)					1	rout	ine (RT)	per quai	rter
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collec	tion Pe			liance Sta	
Select from Inventory of Active Sampling Poin	ts	7/1/19 - 9/3	0/19				C	omplete	
		10/1/19 - 12/						omplete	
		1/1/20 - 3/3	1/20				С	omplete	
		4/1/20 - 6/3	0/20						
		7/1/20 - 9/3	-						
Water System Facility: ENTRY POINT (WSF I	D: 00700)		•						
Nitrate And Nitrite (NOX)	•					1 r	outine (RT) per y	vear
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collec	tion Pe		_	liance Sta	-
ENTRY POINT (3)		1/1/19 - 12/3						omplete	
		1/1/20 - 12/3						omplete	
		1/1/21 - 12/3						ompiete	
Water Syste	m Eacility and Car			vonto	> K1 (
•	m Facility and Sa	inpling Po	onne m						
Water System Easility Sam	oling Point Sampling Po	int		Total	Lead			C	
System Water System Facility Samp Facility ID	ID Description			Coliforn Rule			Achesto	วเ : WQP 2 I	tage DRPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION		Status A	Y	nuic	TICT .	A30C3103	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUIN
	/NSTREAM WITHIN 5 SEE		A	ī					
	STREAM WITHIN 5 SE								
			Α						
00700 ENTRY POINT			A						
21209 WELL	2 WELL		Α						
	Contact Infor	mation							
Name	Organization						Job Title		
Mr. Ralph Albanese	206 Route 80			O	wner				
	ing Address Line Two			(City		State	Zip Cod	
92 R Hellgate Road				ham			CT	06422	2
Business Phone Extension Fax	Mobile Phone E	mergency Pho	one Ema	ail Addr	ess				
203-215-3592									
Contact Role(s): Administrative Contact, Legal Co									

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

			U		1			ı	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0700174	206 ROUTE 80					NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
			Connections			1			

Please note the following:

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End of schedule

(Connectic Wat			of Public nitoring a			U				ction		
PWS ID	PWS Name	-				Classifi	ication I	Popul	ation	Owne	er Type P	rimary S	ource
	ST. LAWRENCE C	HURCH (WELL	2)			N		2			Р	GW	
Local Address (wh				Service	Residen	tial Co	mmercia	l In	dustria	l C	Combined	Agricu	ıltural
7 HEMLOCK DRIV				Connection	ns		2						
Towns Served: KI	LLINGWORTH					_							
				nitoring Red	quireme	nts							
Water System F	•	IBUTION SYST	TEM (W	SF ID: 00600)									
Total Coliform											ine (RT)		
	oint (Sampling P	-			Monitori			llecti	on Peri	iod		iance Sto	atus
Select from	nventory of Acti	ve Sampling Po	ints		7/1/19 -					<u> </u>	_	mplete	
					10/1/19 -							mplete	
					1/1/20 -						Co	mplete	
					4/1/20 - 7/1/20 -								
Physical Param	eters (PPS)				- , -, 20	-,00,2	-		1	rout	ine (RT)	per qua	arter
~	oint (Sampling P	oint ID)			Monitori	ng Peri	od Co	llecti	on Peri			iance Sta	
Select from	nventory of Acti	ve Sampling Po	ints		7/1/19 -	9/30/1	.9				Co	mplete	
					10/1/19 -	12/31/	'19				Co	mplete	
					1/1/20 -	3/31/2	.0				Co	mplete	
					4/1/20 -	6/30/2	.0						
					7/1/20 -	9/30/2	.0						
Water System F	acility: ENTRY	POINT (WSI	ID: 007	00)									
Nitrate And Ni	trite (NOX)									1 r	outine (I	RT) per	year
Sampling Po	oint (Sampling P	oint ID)			Monitori	ng Peri	od Co	llecti	on Peri	iod	Compl	iance Sto	atus
ENTRY POIN	T (3)				1/1/19 -	12/31/2	19				Co	mplete	
					1/1/20 -	12/31/2	20				Co	mplete	
					1/1/21 -	12/31/2	21						
		Water Sys	tem Fa	cility and S	ampling	Point	t Inver	ntor	У				
Water							To		Lead o				
*	System Facility	Sai	npling Po ID	oint Sampling F			Colif		Copp		0-66		Stage
Facility ID	DUTION CYCTEM			Description		Sta	itus	ile	Kule I	ier .	Asbestos	WQP 2	DBPK
00600 DISTRI	BUTION SYSTEM		4		ION SYSTEM			1					
				AM WITHIN 5 S			A ^						
00700 ENTEN	DOINT		JPSTREAN 2		SERVICE CON		<u>4</u>						
00700 ENTRY	POINT		3 2	ENTRY POII WELL1	IN I		4 4						
ZZOZS WELL	+ ∠			ontact Info	rmatia		1						
Namo			C		rmation						Job Titlo		
Name Mr. Rev. Robert I	Ruongirno			Organization St. Lawrence (Church			Past	tor		Job Title		
Mailing Address L		M	ailing Ado	Iress Line Two	CHUICH			Cit			State	Zip Co	do
7 Hemlock Drive	.ine One	IVI	uning Auc	II C33 LIIIC I WU			Killingw		- y		CT	0641	
Business Phone	Extension	Fax	N/	lobile Phone	Emergency	Phone			:s		CI	0041	
860-663-2576	EXCENSION	860-663-423		ISSUE I HOHE	Lineigency	1 Hone	STLAWF			HOO	.COM		
Contact Role(s):	Administrative						21 LA\VV	LIVU	۱۸ سات	100	.colvi		
one noice (a).		eemaa, Legar											

	Connectio	ut Depa	rtment	of Public	Health	Dri	nking	g Water	Sec	ction		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type	Primary So	ource
CT0700184	ST. LAWRENCE	CHURCH (WE	LL 2)			1	NC	26		Р	GW	
ocal Address (w	here applicable)			Service	Residen	itial Co	ommerci	al Industri	al C	Combine	d Agricul	tural
HEMLOCK DRIV	/E			Connection	ns		2					
Towns Served: K	ILLINGWORTH										,	
Name				Organization						Job Title	2	
St. Lawrence Chi	urch of Killingw	orth										
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Cod	e
201 Broadway							Norwic	h		СТ	06419	
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	Address				
860-887-9294												
Contact Role(s):	Owner	•	,									

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End of schedule

C	Connecticut Dep Water Qua										ection	
PWS ID P	WS Name					Cla	ssification	Pop	ulation	Owi	ner Type Pr	imary Source
CT0700204 K	ILLINGWORTH TOWN HA	LL					NC		25		L	GW
Local Address (wh	ere applicable)			Service	Residen	tial	Commer	cial I	ndustria	ıl	Combined	Agricultural
ROUTE 81				Connections			4					
Towns Served: KIL	LINGWORTH											
		M	onit	oring Requ	ireme	nts	•					
Water System Fa	acility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliform	(3100)								1	rou	itine (RT) p	er quarter
Sampling Poi	int (Sampling Point ID)				Monitori	ing F	Period	Collec	tion Peri			ance Status
Select from Ir	nventory of Active Samplir	ng Points			7/1/19 -	9/3	0/19				Cor	mplete
				1	10/1/19 -	12/	31/19				Cor	mplete
					1/1/20 -	3/3	1/20				Cor	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Physical Parame	eters (PPS)								1	rou	itine (RT) p	er quarter
Sampling Poi	int (Sampling Point ID)			1	Monitori	ing F	Period	Collec	tion Peri	iod	Complia	ance Status
Select from Ir	nventory of Active Samplir	ng Points			7/1/19 -	9/3	0/19				Cor	mplete
				1	10/1/19 -	12/	31/19				Cor	mplete
					1/1/20 -	3/3	1/20				Cor	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Water System Fa	acility: ENTRY POINT (WSF ID: 0	0700)									
Nitrate (1040)									1	rou	itine (RT) p	er quarter
	int (Sampling Point ID)			ı	Monitori			Collec	tion Peri	iod	Complia	ance Status
ENTRY POINT	(3)				7/1/19 -	9/3	0/19				Cor	mplete
				1	10/1/19 -	12/	31/19				Cor	mplete
					1/1/20 -	3/3	1/20				Cor	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Nitrite (1041)										1	=	T) per year
	int (Sampling Point ID)				Monitori			Collec	tion Peri	iod		ance Status
ENTRY POINT	(3)				1/1/19 -							mplete
					1/1/20 -						Cor	mplete
					1/1/21 -	12/3	31/21					
		Public	Not	ification R	equire	eme	ents					
			C	ompliance	Notice		<u>Public</u>	Notific	ation		PN Certi	<u>fication</u>
Violation/Situatio				Period	Tier		Required		rformed	l D	ue to DPH	Received
•	orm M&R Violation			/04 - 9/30/04	2		2/9/2005				2/19/2005	
Total Coliform M&	kR Violation		10/1	/04 - 10/31/04	2		6/23/200)5			7/3/2005	
	Water 9	System I	acil	ity and San	npling	Po	int Inv	ento	ry			
Water								Total	Lead a			
•	System Facility		Point	Sampling Poir	nt		Co	oliform				Stage
Facility ID		ID		Description		_	Status	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	4		DISTRIBUTION			Α	Υ				
				WITHIN 5 SER			A					
		UPSTRE	AM	WITHIN 5 SER	VICE CO	N	A					
00700 ENTRY	POINT	3		ENTRY POINT			Α					

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
СТ0700204	KILLINGWORTH TOWN HALL	NC		25	L	GW							
Local Address (w	here applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural					
ROUTE 81		Connections			4								

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH

		Water Sy	ysten	ո Faci	lity and S	Sampling Po	int Ir	vento	ory		
Facility ID	System Facility			D	t Sampling Descriptio		<u>Status</u>	Total Coliforn Rule		Asbestos	Stage WQP 2 DBPR
21210 WELL				2	WELL		A				
				Co	ntact into	ormation					
Name				(Organization					Job Title	
Ms. Catherine lin	0			1	Town of Killin	ngworth		Fir	rst Selectmar	า	
Mailing Address L	ine One	g Addre	ess Line Two		(City	State	Zip Code			
Town Office Building 323 Route							Kil	lingwortl	h	СТ	06417
Business Phone	Extension	Fax		Mol	oile Phone	Emergency Pho	ne Em	nail Addr	ess		
860-663-1765		860-663-3	3305				ciir	no@tow	nofkillingwor	th.com	
Contact Role(s):	Legal Contact										
Name				(Organization					Job Title	
Mr. Paul Hutched	n			1	Γown of Killin	ngworth		Di	rector of Hea	alth	
Mailing Address L	ine One		Mailin	g Addre	ss Line Two			(City	State	Zip Code
323 Route 81							Kil	lingwortl	h	СТ	06419
Business Phone	Extension	Fax		Mol	oile Phone	Emergency Pho	ne Em	nail Addr	ess		
860-663-1765	223	860-663-3	3305	860	-391-5190		ph	utcheon	@townofkilli	ngworth.c	com
Contact Role(s):	Administrative (Contact				•					

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End of schedule

Mailing Address L 7 Hemlock Drive Business Phone 860-663-2576	F. Buongirno Line One Extension	Mailing Ad	Organization St. Lawrence dress Line Two Mobile Phone		Phone		Addres	S S	Sta	Title ate	Zip Code 06419
Name Mr. Rev. Robert I Mailing Address L 7 Hemlock Drive Business Phone	F. Buongirno Line One Extension	Mailing Ad	Organization St. Lawrence dress Line Two	Church	Phone	Email A	Cit vorth Addres	S S	Sta	ate T	
Name Mr. Rev. Robert I Mailing Address L 7 Hemlock Drive	F. Buongirno Line One	Mailing Ad	Organization St. Lawrence dress Line Two	Church	Phone		Cit vorth	:у	Sta	ate	
Name Mr. Rev. Robert I Mailing Address L	F. Buongirno		Organization St. Lawrence			Killingv	Cit		Sta	ate	
22859 WELL i	F. Buongirno		Organization St. Lawrence								Zip Code
22859 WELL a			Organization				Past	or	Job	Title	
22859 WELL #	#1			ormation					Job	Title	
	#1		Contact Info	ormation							
	#1										
		2	WELL #1			A					
		3	ENTRY POI	NT		A					
		UPSTREA		SERVICE CON		Α					
			EAM WITHIN 5			A					
00600 DISTRI	IBUTION SYSTEM			ION SYSTEM			Υ				
Facility ID		ID	Description	n		atus R	ule			estos	WQP 2 DBP
Water System Water	System Facility	Sampling P	oint Sampling	Point			tal form	Lead a			Stage
Mater		Water System Fa	acility allu 3	amping	PUIN				und		
		Mater System F	acility and S				ntor	V			
				1/1/20 - 1						CO	mplete
ENTRY POIN	1 (3)			1/1/19 - 1							
ENTRY POIN	oint (Sampling Po	סוחנ וטן		<i>Monitorir</i> 1/1/19 - 1			onecti	on Peri	va C		mplete
Nitrate And Nit	• •	oint ID)		Monitoria	a Dom	ind C	ollost:	on Dort			T) per year
	-	POINT (WSF ID: 00)	/00)						4	/-	T\
Mator Custom 5	acility ENTRY	POINT (MCC ID. CC)	700)	7/1/20 - 9	9/30/2	<u>′</u> U					
				4/1/20 -							
				1/1/20 - 3						Со	mplete
				10/1/19 -							mplete
Select from I	Inventory of Acti	ve Sampling Points		7/1/19 - 9							mplete
	oint (Sampling Po			Monitorin			ollecti	on Peri	od C		ance Status
Physical Param											per quarter
				7/1/20 -	9/30/2	20					
				4/1/20 -	6/30/2	20					
				1/1/20 - :	3/31/2	20				Co	mplete
				10/1/19 -	12/31,	/19				Co	mplete
Select from I	Inventory of Acti	ve Sampling Points		7/1/19 - 9	9/30/1	19				Co	mplete
	oint (Sampling Po	oint ID)		Monitorin	ng Peri	iod C	ollecti	on Peri			ance Status
Total Coliform	•	(3.	,					1	routine	(RT)	per quarter
Water System F	acility: DISTR I	IBUTION SYSTEM (W		9							
		Mo	nitoring Re	auiremer	nts						
Towns Served: KI	LLINGWORTH										
7 HEMLOCK DRIV			Connectio		iai cc	1	ui iii	aastria	Com	billed	7 Gilearea
Local Address (wh		HORCH (REC HALL) WE	Service	Resident		ommerci		dustria	-	bined	Agricultura
	PWS Name	HURCH (REC HALL) WE				ICation IC	Popul 2		Jwner i	ype Pi	rimary Source
DIVICID		ler Quality Mo	ilitoring a							un a Di	-i
,	Mat	er Quality Mo	nitoring	nd Com	nlia	nco					
	Commedia	ut Department	corr abile	ricultil	וווע	3111111		1166		7 1 1	

	Connectio	ut Depa	rtment	of Public	Health	Dri	nking	g Water	Sec	ction		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classif	fication	Population	Owne	er Type	Prima	ry Source
CT0700214	ST. LAWRENCE	CHURCH (RE	C HALL) WELL	. 1		١	١C	25		Р	(3W
ocal Address (w	here applicable)			Service	Residen	ntial Co	ommerci	al Industri	rial Combin		ed Ag	ricultural
HEMLOCK DRIV	/E			Connection	าร		1					
Towns Served: K	ILLINGWORTH				·			·				
Name				Organization						Job Title	9	
Diocese of Norw	ich											
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip	Code
203 Broadway							Norwic	:h		CT	06	5360
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	Address				
Contact Role(s):	Owner		'									

Please note the following:

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

End of schedule

	Cor	nnectic	ut Depa	rtment o	of Public	Health	Drir	nking	Wa	iter	Se	ction	
			•	lity Moni				_					
PWS ID	PWS	Name	cer qua	iicy i ioii								er Type P	rimary Source
CT0700284			KILLINGWOF	RTH			N		25			P	GW
	ress (where			••••	Service	Resident		mmercia	_	dustria		Combined	Agricultural
2000171001	(111010	аррисавіс)			Connectio		u. 00	1		2030110	•		, ignical cara
Towns Ser	ved: KILLING	GWORTH											
				Moni	toring Re	auiremer	ıts						
Water Sys	stem Facili	ty: DISTR	IBUTION S	YSTEM (WSF		quii ciiici							
Total Col	liform (310	00)								1	rou	tine (RT)	per quarter
Samp	oling Point (Sampling Po	oint ID)			Monitorin	g Peri	od Co	llectio	on Peri	od	Compli	ance Status
Selec	t from Inver	ntory of Acti	ve Sampling	Points		7/1/19 - 9	9/30/1	9				Со	mplete
						10/1/19 - 1	12/31/	19				Со	mplete
						1/1/20 - 3	3/31/2	0					
						4/1/20 - 6	5/30/2	0					
						7/1/20 - 9	9/30/2	0					
Physical	Parameter	s (PPS)								1	rou	tine (RT)	per quarter
Samp	oling Point (Sampling Po	oint ID)			Monitorin	g Peri	od Co	llectio	on Peri	od	Compli	ance Status
Selec	t from Inver	ntory of Acti	ve Sampling	Points		7/1/19 - 9	9/30/1	9				Co	mplete
						10/1/19 - 3	12/31/	19				Co	mplete
						1/1/20 - 3	3/31/2	0					
						4/1/20 - 6	5/30/2	0					
						7/1/20 - 9	9/30/2	0					
Water Sys	stem Facili	ty: ENTRY	POINT (V	VSF ID: 00700	0)								
Nitrate A	And Nitrite	(NOX)									1 1	routine (R	T) per year
	oling Point (• •	oint ID)			Monitorin	g Peri	od Co	llectio	on Peri		=	ance Status
ENTR	Y POINT (3)					1/1/19 - 1	2/31/2	19				Со	mplete
						1/1/20 - 1	2/31/2	20					
						1/1/21 - 1							
			Water S	ystem Fac	ility and S				ntor	V			
Water				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			Tot		Lead a	ınd		
System	Water Syst	em Facility		Sampling Poin	t Sampling I	Point		Colif		Сорр			Stage
Facility ID)			ID	Description	n	Sta	D.				Asbestos	WQP 2 DBPR
00600	DISTRIBUTI	ON SYSTEM		4	DISTRIBUT	ION SYSTEM		Α γ	1				
				DOWNSTREAM	M WITHIN 5 S	SERVICE CON	A	A					
				UPSTREAM	WITHIN 5 S	SERVICE CON	A	A					
00700	ENTRY POI	NT		3	ENTRY POI	NT	A	A					
47839	WELL 1			2	WELL 1		P	A					
54049		CLOVERLEAF	-										
	TREATMEN												
				Co	ntact Info	rmation							
Name					Organization							Job Title	
Mr. Jay Na	ahlawi				81 Highmart l	LLC			Own	ner			
Mailing Ad	ddress Line (One		Mailing Addre	ess Line Two				Cit	У		State	Zip Code
81 Highma	art LLC			260 Rt 80				Killingw	orth			СТ	06419
Business	s Phone I	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email Ad	ddres	S			
860-663	3-2733					860-663-2	733	highmaı	rt81@	yahoo	.cor	n	
						I .				-			

Schedule Generation Date: 3/10/2020 Page 21

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

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

						1				
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0700284	260 ROUTE 80 - KILLIN	NGWORT	Ή				NC	25	Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
				Connections			1			

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

End of schedule

	Connectic	•							_			ection	
		ter Qua	nty M	lonit	oring a	na Con							
PWS ID	PWS Name								n Po	-	1 Ow		Primary Source
CT0709154	SHELDON FIELD				<u> </u>			NC		25		L	GW
	where applicable)	- \			Service Connection	Residen	tial C	omme	rcial	Industi	rial	Combined	d Agricultural
	T OF TRAFFIC CIRC	ILE)			Connection	5		1					
Towns Served:	KILLINGWORTH										_		
Water System	Facility: DISTR	RIBUTION SY			oring Rec D: 00600)	uireme	nts						
Total Coliforn	n (3100)										1 roı	utine (RT)	per quarter
	Point (Sampling P	oint ID)				Monitori	ing Pei	riod	Colle	ction P			liance Status
	n Inventory of Act		Points			7/1/19 -						C	omplete
	•					10/1/19 -	12/31	L/19				C	omplete
						4/1/20 -	6/30/	20					·
						7/1/20 -							
Physical Para	meters (PPS)						· '				1 roı	utine (RT)	per quarter
•	Point (Sampling P	oint ID)				Monitori	ing Pei	riod	Colle	ction P			liance Status
	n Inventory of Act		Points			7/1/19 -							omplete
	.	<u> </u>				10/1/19 -						C	omplete
						4/1/20 -	-	-					
						7/1/20 -	9/30/	'20					
Water System	Facility: ENTR	Y POINT (W	VSF ID: 0	0700)									
Nitrate And N	•	•									1	routine (RT) per year
	Point (Sampling P	oint ID)				Monitori	ing Pei	riod	Colle	ction P		=	liance Status
ENTRY POI		,				1/1/19 -							omplete
						1/1/20 -							
						1/1/21 -							
			Otl	her C	ompliand	e Sched	lules	;					
Compliance Sch	nedule Activity					ı	Due Do	ate		Achi	eved	Date	
SEASONAL STAF	RT UP COMPLETIO	N					4/1/20)20					
144		Water Sy	ystem	Facili	ity and Sa	ampling	Poir	nt Inv			, ,	•	
Water System Wat	er System Facility		Samplina	n Point	Sampling P	oint			Total Colifor		d and oper		Stage
Facility ID	er system ruemty	•	Jampinig ID		Description	Jiiic	C.		Rule	-	-	Asbestos	WQP 2 DBPR
	RIBUTION SYSTEM	1	4		DISTRIBUTION)N	31	atus A				7.000000	
22300 2131	2000101210			TREAM	WITHIN 5 SI		N	A					
			SF0		CONCESSIO			Α	Υ				
			UPSTR		WITHIN 5 SI		N	Α	•				
00700 ENT	RY POINT		3		ENTRY POIN		•	A					
52659 WEL			2		WELL 1			A					
2233 WEE						rmatio:							
					tact Info	mation						=	
Name					rganization							Job Title	
Mr. Paul Hutch					own of Killing	worth			C	Director	ot He		
Mailing Address	s Line One		Mailing	Address	s Line Two			1,0111		City		State	Zip Code
323 Route 81		_			1 51		DI.		ngwor			СТ	06419
Business Phor		Fax	2205			Emergency	Phone				C1 ···	1	
860-663-176		860-663-3			391-5190			phut	tcheor	n@towr	notkil	lingworth.	com
Contact Role(s)	Administrative	contact, Leg	aı Conta	ct									

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

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0709154	SHELDON FIELD				NC	25	L	GW
Local Address	(where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 80 (EAST OF TRAFFIC CIRCLE)		Connections		1				

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

End of schedule

	С	onnectic								ection	
		Wat	ter Qual	ity Moni	toring a	ind Com	plian	ce Sc	hedule		
PWS ID	P۱	VS Name				(Classifica	ation Po	pulation Ov	vner Type	Primary Source
СТ070916	64 TH	IE COOKING C	OMPANY - KI	LLINGWORTH			NC		37	Р	GW
Local Add	ress (whe	re applicable)			Service	Resident	al Com	mercial	Industrial	Combine	d Agricultura
187 ROUT	E 81				Connectio	ns		1			
Towns Sei	rved: KILL	INGWORTH									
						quiremer	its				
		cility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)						
Total Co											per quarter
		nt (Sampling P				Monitorin		l Colle	ection Period		liance Status
Selec	ct from In	ventory of Act	ive Sampling	Points		7/1/19 - 9					omplete
						10/1/19 - 1		9			omplete
						1/1/20 - 3				С	omplete
						4/1/20 - 6					
						7/1/20 - 9	9/30/20				
-		ters (PPS)									per quarter
_		nt (Sampling P				Monitorin	_	l Colle	ection Period		liance Status
Selec	ct from In	ventory of Act	ive Sampling	Points		7/1/19 - 9					omplete
						10/1/19 - 1		9			omplete
						1/1/20 - 3				C	omplete
						4/1/20 - 6					
	_					7/1/20 - 9	9/30/20				
		cility: ENTRY	Y POINT (W	/SF ID: 00700)						
		ite (NOX)	4 1							-	RT) per year
_		nt (Sampling P	oint ID)			Monitorin	_		ection Period		liance Status
ENIF	RY POINT	(3)				1/1/19 - 1					omplete
						1/1/20 - 1				C	omplete
						1/1/21 - 1					
			Water Sy	stem Faci	lity and S	Sampling	Point	Invent	ory		
Water								Total			
System		ystem Facility	S	Sampling Point ID	t Sampling I Description			Colifor			Stage
Facility ID		LITIONI SYSTEM					Statu	_{IS} Rule	Kule He	r Aspestos	WQP 2 DBP
00600	אוא ו פוח	UTION SYSTEM		4	DISTRIBUT	-	A				
				DOWNSTREAM			A				
00700	511TD\/ 5			UPSTREAM		SERVICE CON	Α .				
00700	ENTRY P	OINT		3	ENTRY POI	NI	A				
53137	WELL			2	WELL		Α				
				Coi	ntact Info	ormation					
Name				C	Organization					Job Title	
Ms. Susar					he Cooking (Company		C	Owner		
Mailing A		ne One		Mailing Addre	ss Line Two				City	State	Zip Code
187 Route		<u> </u>				T		illingwor		СТ	06419
	s Phone	Extension	Fax		ile Phone	Emergency	Phone E	mail Add	ress		
	5-8008		860-345-8								
Contact R	ole(s): A	dministrative	Contact, Leg	al Contact, Ow	ner						

Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qual	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owne	Owner Type P		mary Source
CT0709164	THE COOKING C	OMPANY - K	ILLINGWORTH	1		N	IC	37		Р		GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al C	Combine		Agricultural
187 ROUTE 81				Connection	ns		1					
Towns Served: K	ILLINGWORTH			·	·	·			·			
Name				Organization						Job Title	9	
Main Street Coo	kery Real Estate	LLC										
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	2	Zip Code
14 Landing Rd							East Ha	addam		CT		06423
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner		·									

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

End of schedule

	Connecticut Dep							_			ction	
	Water Qua	ality Mo	onit	oring and	d Con	npl	liance	Sc	hedule)		
PWS ID	PWS Name					Clas	ssification	n Po	pulation ()wne	er Type Pri	mary Source
CT0709174	183 ROUTE 81 LLC						NC		25		Р	GW
Local Address (w	vhere applicable)			Service	Residen	tial	Commer	cial	Industrial	C	Combined	Agricultural
183 ROUTE 81				Connections			1					
Towns Served: k	KILLINGWORTH											
Matau Custana	Facility DISTRIBUTION			oring Requ	ireme	nts	•					
-	Facility: DISTRIBUTION	SYSTEM (1	WSF II): 00600)							· (DT)	
Total Coliform	•				0.4 it		Doutod	C-11-				er quarter
	Point (Sampling Point ID)	- D-i-t-			Monitori			Colle	ection Peri	oa		ince Status
Select from	n Inventory of Active Samplin	ig Points			7/1/19 -							nplete
				-	10/1/19 -							nplete
					1/1/20 -						Cor	nplete
					4/1/20 -							
	. (220)				7/1/20 -	9/3	0/20				. (>=)	_
Physical Parar	meters (PPS) Point (Sampling Point ID)				0.4 iti		Doutod	Calla				er quarter
	, , , ,	- Dainta			<i>Monitori</i> 7/1/19 -			Colle	ection Peri	oa		ince Status
Select Iron	n Inventory of Active Samplin	ig Points					-					nplete
				<u>-</u>	10/1/19 -							nplete
					1/1/20 -						Cor	nplete
					4/1/20 -		-					
M/-1 61	F. Chi. POINT OF FAIT	W /WCE ID		201	7/1/20 -	9/3	0/20					
-	Facility: POINT OF ENTR	Y (WSF ID): 0070	וטט							/=-	_,
Nitrate And N								- "			=	Γ) per year
	Point (Sampling Point ID)				Monitori			Colle	ection Peri	od		ince Status
POINT OF E	ENTRY (3)				1/1/19 -							nplete
					1/1/20 -						Cor	nplete
					1/1/21 -	_						
		Oth	er Co	ompliance	Sched	lule	es					
Compliance Sch	edule Activity				L	Due	Date		Achiev	ed D	ate	
RESPOND TO SA	NITARY SURVEY				2	2/18/	/2013					
RESPOND TO SA	NITARY SURVEY				8	3/23/	/2017					
		Public	Not	ification R	equire	eme	ents					
	-•		Co	ompliance	Notice			_	<u>fication</u>		<u>PN Certi</u>	
Violation/Situat	tion			Period	Tier		Require		Performed		ie to DPH	Received
E. Coli				16 - 6/30/16	3		11/7/201			11	/17/2017	
	Water 9	System F	acili	ty and Sar	npling	Po	oint Inv	ent	ory			
Water								Tota		nd		
•	er System Facility		Point	Sampling Point	nt		C	olifor				Stage
Facility ID		ID		Description			Status	Rule	Rule T	ier .	Asbestos I	NQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	4		DISTRIBUTION			Α					
				WITHIN 5 SER			Α					
		UPSTRE	AM	WITHIN 5 SER		V	Α					
00700 POIN	T OF ENTRY	3		POINT OF ENT	ΓRY		Α					

Α

WELL

2

53612 WELL

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0709174	183 ROUTE 81 LLC				NC	25	Р	GW
Local Address (where applicable)	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
183 ROUTE 81	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH

	Contact Information											
Name				Organization	1			Job Title	9			
Mr. Dean Bochanis						Owner						
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code			
878 East Pond Mea	dow Road					Westbro	ok	СТ	06498-2807			
Business Phone Extension Fax N			Mo	bile Phone	Emergency Phone	Email Ad	dress					
203-605-6672												

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

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End of schedule

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	Department of							ection	
	Quality Monit	.01 IIIg a	iliu Coli						· · · · ·
PWS ID PWS Name				Clas		on Pop			Primary Source
CT0709204 177 ROUTE 81					NC		25	Р	GW
Local Address (where applicable)		Service Connection	Resident	tial	Comme 2		Industrial	Combined	d Agricultural
Towns Served: KILLINGWORTH									
	Monit	oring Re	quireme	nts					
Water System Facility: DISTRIBUT	TION SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)							1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point I	ID)		Monitori	ng P	eriod	Collec	ction Perio		liance Status
Select from Inventory of Active Sa	ampling Points		7/1/19 -	9/30	0/19			С	omplete
			10/1/19 -	12/3	31/19			С	omplete
			1/1/20 -	3/3:	1/20			С	omplete
			4/1/20 -	6/30	0/20				
			7/1/20 -	9/30	0/20				
Physical Parameters (PPS)							1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point I	ID)		Monitori	ng P	eriod	Collec	ction Perio		liance Status
Select from Inventory of Active Sa	ampling Points		7/1/19 -	9/30	0/19			С	omplete
			10/1/19 -	12/3	31/19			С	omplete
			1/1/20 -	3/3:	1/20			С	omplete
			4/1/20 -	6/30	0/20				
			7/1/20 -	9/30	0/20				
Water System Facility: ENTRY PO	INT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)								1 routine (RT) per year
Sampling Point (Sampling Point I	ID)		Monitori	ng P	eriod	Collec	ction Perio	=	liance Status
ENTRY POINT (3)			1/1/19 - :	12/3	1/19			С	omplete
			1/1/20 - :	12/3	1/20			С	omplete
			1/1/21 -						·
Wa	ter System Facil	ity and S	Sampling	Ро	int In	vento	ory		
Water		c !:	5			Total	Lead an		
System Water System Facility	Sampling Point ID	Sampling Descriptio				Coliforn			Stage
Facility ID			11	-	Status	Rule	Kule He	ASDESIOS	WQP 2 DBPR
00501 WELL 1	2	WELL 1	TON SYSTEM		Α .				
00600 DISTRIBUTION SYSTEM	4		TON SYSTEM		A				
	DOWNSTREAM				A				
	UPSTREAM		SERVICE CON	J	Α .				
00700 ENTRY POINT	3	ENTRY PO			Α				
	Con	tact Info	ormation						
Name	0	rganization						Job Title	
Mr. Frank M. D'andrea	Fr	ankdan Cor	р			0	wner		
Mailing Address Line One	Mailing Addres	s Line Two					City	State	Zip Code
P.O. Box 27124			1			st Have		СТ	06516
Business Phone Extension		le Phone	Emergency	Pho					
203-799-9501 20	03-799-9503 203-6	505-9000			coff	feepot9	1@aol.con	า	
Contact Role(s): Administrative Cont	act, Legal Contact, Owi	ner							

	Connectic	ut Department (of Public	Health	Drir	ıkıng	vvater	. Sec	tion		
	Wa	ter Quality Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name				Classifi	ication	Population	Owne	r Type	Primary S	ource
СТ0709204	177 ROUTE 81				N	С	25	I	Р	GW	
Local Address (v	here applicable)		Service	Residen	tial Co	mmercia	al Industri	al C	ombine	ed Agricu	ltural
			Connection	ns		2					
Towns Served: k	ILLINGWORTH		-	,						1	
Name			Organization					J	ob Title	9	
177 Clinton Stre	et LLC										
Mailing Address	Line One	Mailing Addr	ess Line Two				City		State	Zip Cod	de
470 Derby Ave		P. O. Box271	24			West H	aven		CT	06516	õ
Business Phon	e Extension	Fax Mo	bile Phone	Emergency	/ Phone	Email A	ddress				
Contact Role(s):	Owner										

CD 1-11-11-1-1-1 D -1-1-1- MI-1-- C

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End of schedule

	Connectic	•							ection	
	Wat	ter Qual	ity Moni	toring a	nd Com	plia	nce Sc	chedule		
PWS ID	PWS Name					Classifi	cation Po	opulation O	wner Type P	rimary Source
СТ0709194	DEER LAKE SCOU	JT RESDININ	IG HALL WELL	2		N	С	300	Р	GW
Local Address	(where applicable)			Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultura
101 PAPER MI	LL RD			Connection	ns				1	
Towns Served	: KILLINGWORTH									
			Monit	toring Red	guiremei	nts				
Water Syster	m Facility: DISTR	IBUTION SY			<u>-</u>					
Total Colifor	•		•	•				1 rc	outine (RT)	per quarter
	g Point (Sampling P	oint ID)			Monitorii	ng Perio	od Coll	ection Perio		iance Status
	om Inventory of Acti		Points		7/1/19 -					mplete
	•				10/1/19 -	12/31/	19			mplete
					1/1/20 -					
					4/1/20 -					
					7/1/20 -					
Physical Par	ameters (PPS)					•		1 rc	outine (RT)	per quarter
-	g Point (Sampling P	oint ID)			Monitorii	ng Perio	od Coll	ection Perio	= =	iance Status
Select fro	m Inventory of Acti	ive Sampling	Points		7/1/19 -	9/30/1	9		Co	mplete
					10/1/19 -	12/31/	19		Co	mplete
					1/1/20 -	3/31/2	0			
					4/1/20 -	6/30/2	0			
					7/1/20 -	9/30/2	0			
Water Syster	m Facility: ENTRY	POINT - W	ELL 2 (WSF	ID: 00700)						
Nitrate And	Nitrite (NOX)								1 routine (F	RT) per year
	g Point (Sampling P	oint ID)			Monitorii	ng Perio	od Coll	ection Perio	=	iance Status
EP - WEL	L 2 (3)				1/1/19 - 1	12/31/1	.9		Co	mplete
					1/1/20 - 1	12/31/2	20			
					1/1/21 - 3	12/31/2	21			
		Water Sv	stem Faci	lity and S	ampling	Point	Inven	torv		
Water		•		•			Tota	<u> </u>	d	
System Wa	iter System Facility	S	ampling Poin	t Sampling P	Point		Colifo	rm Coppei	r	Stage
Facility ID			ID	Description	1	Sta	tus Rul	e Rule Tie	er Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	Α	١			
		[OOWNSTREAM	1 WITHIN 5 S	ERVICE CON	Δ.	١			
			UPSTREAM	WITHIN 5 S	ERVICE CON	Δ.	١			
00700 EN	TRY POINT - WELL 2		3	EP - WELL 2	2	Α	١			
58006 WE	ELL 2		2	WELL 2		Δ	١			
58011 BLA	ADDER TANK									
			Coi	ntact Info	rmation					
Name				Organization	.,				Job Title	
Mr. Mark Clift	ton			S A / CT Yanl	kee Council			Camp Range		
Mailing Addre			ا Mailing Addre		Journal			City	State	Zip Code
101 Paper Mil			amig /laare	33 2.116 1 110			Killingwo		CT	06419
Business Pho		Fax	Moh	oile Phone	Emergency	Phone			Ç.	00.13
203-421-40		203-421-9			203-421-8			511@gmail.c	om	
203 721-40	\	203 421-3			200 721-0	, 10T	J (O/1111)		J.111	

Schedule Generation Date: 3/10/2020 Page 31

Contact Role(s): Administrative Contact, Legal Contact

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

		·			_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0709194	DEER LAKE SCOUT RES	DINING HALL W	ELL 2		NC	300	Р	GW
Local Address (w	here applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
101 PAPER MILL	RD		Connections				1	
			*					

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

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	Connecticut De	•				_		ection	
	Water Q	Quality Monit	oring and	d Comp	olianc	e Sch	edule		
PWS ID	PWS Name			C	lassificati	on Popu	lation Ow	ner Type P	rimary Source
CT070921	4 PARMELEE FARMS				NC	2	29	L	GW
Local Addı	ress (where applicable)		Service	Residentia	I Comm	ercial Ir	ndustrial	Combined	Agricultural
465 ROUT	E 81		Connections		1				
Towns Ser	ved: KILLINGWORTH								
		Monito	oring Requ	irement	ts				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
	liform (3100)						2 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9/	/30/19			Co	mplete
			1	.0/1/19 - 12	2/31/19			Со	mplete
				1/1/20 - 3/	/31/20			Со	mplete
				4/1/20 - 6/	/30/20				
				7/1/20 - 9/	/30/20				
-	Parameters (PPS)			Mant		6 !!			per quarter
	oling Point (Sampling Point ID)		ı	Monitoring		Collect	ion Period		ance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9/					mplete
			1	.0/1/19 - 12					mplete
				1/1/20 - 3/				Со	mplete
				4/1/20 - 6/	-				
				7/1/20 - 9/	/30/20				
Water Sy	stem Facility: ENTRY POIN	T - WELL 1 (WSF II	D: 00700)						
	And Nitrite (NOX)						1	=	T) per year
Samp	oling Point (Sampling Point ID)		1	Monitoring	Period	Collect	ion Period	Compli	ance Status
EP - V	WELL 1 (3)			1/1/19 - 12	/31/19			Со	mplete
				1/1/20 - 12	/31/20			Со	mplete
				1/1/21 - 12	/31/21				
Water Sy	stem Facility: ENTRY POIN	T - WELL 2 (WSF II	D: 00701)						
Nitrate A	And Nitrite (NOX)						1	routine (R	T) per year
Samp	oling Point (Sampling Point ID)		1	Monitoring	Period	Collect	ion Period	Compli	ance Status
EP - V	WELL 2 (3)			1/1/19 - 12	/31/19			Со	mplete
				1/1/20 - 12	/31/20			Со	mplete
				1/1/21 - 12	/31/21				
	Wate	er System Facili	ity and San	npling P	oint Ir	vento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00502	WELL 2 - GARDEN	2	WELL 2 - GARI	DEN	Α				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1		Α				
00701	ENTRY POINT - WELL 2	3	EP - WELL 2		Α				
58311	WELL 1 - HOUSE	2	WELL 1 - HOU	SE	Α				

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0709214	PARMELEE FARMS				NC	29	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
465 ROUTE 81		Connections			1			

			Co	ontact Info	ormation				
Name				Organization	ı	Job Title			
Mr. Paul Hutcheon				Town of Killingworth			Director of Health		
Mailing Address Line One Mailing Address				ess Line Two			City		Zip Code
323 Route 81						Killingwo	orth	СТ	06419
Business Phone Extension Fax M				obile Phone	Emergency Phone	Email Address			
860-663-1765 223 860-663-3305 8				0-391-5190		phutche	on@townofl	killingworth.	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.
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End of schedule

	Connecticu	ut Departme	nt of	f Dublic	Haalth	Drir	lking V	Mater	· So	ction	
		*								Ction	
	Wat	ter Quality M	lonit	coring a	nd Com	plia	nce Sc	chedu	le		
PWS ID	PWS Name				(Classifi	cation Po	pulation	Owr	ner Type P	rimary Source
CT0709224	DEER LAKE SCOU	T RESERVATION - W	ELL 3			N	С	25		Р	GW
Local Address (w	here applicable)			Service	Residenti	al Co	mmercial	Industri	ial	Combined	Agricultural
101 PAPER MILL	ROAD			Connectio	ns		1				
Towns Served: KI	LLINGWORTH										
		N	lonit	oring Re	quiremen	ts					
Water System F	acility: DISTR I	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform	(3100)							1	1 rou	itine (RT)	per quarter
Sampling Po	oint (Sampling Po	oint ID)			Monitorin	g Perio	od Coll	ection Pe	riod	Compli	ance Status
Select from	Inventory of Acti	ve Sampling Points			7/1/19 - 9)/30/1	9			Co	mplete
					10/1/19 - 1	2/31/	19			Со	mplete
					1/1/20 - 3						
					4/1/20 - 6	-					
					7/1/20 - 9	9/30/2	0				
Physical Param	•							1	1 rou	itine (RT)	per quarter
	oint (Sampling Po				Monitorin			ection Pe	riod		ance Status
Select from	Inventory of Acti	ve Sampling Points			7/1/19 - 9	-					mplete
					10/1/19 - 1					Со	mplete
					1/1/20 - 3						
					4/1/20 - 6						
					7/1/20 - 9	9/30/2	0				
Water System F	acility: ENTRY	POINT - WELL 3 (WSF II	D: 00700)							
Nitrate And Ni	• •								1	=	T) per year
	oint (Sampling Po	oint ID)			Monitorin			ection Pe	riod		ance Status
EP - WELL 3	(3)				1/1/19 - 1					Со	mplete
					1/1/20 - 1						
					1/1/21 - 1	2/31/2	21				
	,	Water System	Facil	ity and S	ampling I	Point	t Inven	tory			
Water							Tota	ıl Lead	and		
System Water	r System Facility	Sampling	g Point	Sampling F			Colifo	rm Cop	per		Stage
Facility ID		ID)	Description	1	Sta	tus Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4		DISTRIBUT	ION SYSTEM	A	4				
		DOWNS	ΓREAM	WITHIN 5 S	SERVICE CON	A	4				
		UPSTR	EAM	WITHIN 5 S	SERVICE CON	P	4				
00700 ENTRY	POINT - WELL 3	3		EP - WELL 3	3	A	١				
58471 WELL	3	2		WELL 3		P	4				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Mr. Mark Clifton			В	S A / CT Yan	kee Council			Camp Rai	nger		
Mailing Address	Line One	Mailing	Addres	s Line Two				City		State	Zip Code
101 Paper Mill Ro	oad						Killingwo	rth		СТ	06419
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency F	Phone	Email Ad	dress			
203-421-4040		203-421-9911			203-421-8	484	cliftonm5	511@gma	il.cor	n	

Contact Role(s): Administrative Contact, Legal Contact

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

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0709224	DEER LAKE SCOUT RESERVATION - WELL 3			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
101 PAPER MILL ROAD		Connections		1			

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C	onnectic	•					`	_			ction		
		ter Qua	lity Moni	toring a	ina Con			1	1				
	WS Name						sification			Owr	er Type P		
	53 ROUTE 81						NC		35		Р	GV	
Local Address (who	ere applicable)			Service Connectio	Residen	ntial (Commerc	ial Ir	ndustria	al	Combined	Agric	cultural
Tarria Camarada KIII	INICIA/ODTII			Connectio	113		1						
Towns Served: KIL	LINGWORTH												
			Moni	toring Re	quireme	ents							
Water System Fa	cility: DISTR	RIBUTION S	YSTEM (WSF	ID: 00600)									
Total Coliform ((3100)								1	rou	tine (RT)	per qu	uarter
Sampling Poi	nt (Sampling P	Point ID)			Monitor	ing Pe	eriod (Collect	ion Per	riod	Compli	ance S	tatus
Select from Ir	ventory of Act	ive Sampling	Points		7/1/19							mplete	
					10/1/19	- 12/3	1/19				Co	mplete	е
					1/1/20	- 3/31,	/20				Co	mplete	е
					4/1/20								
					7/1/20 -	- 9/30,	/20						
Physical Parame	eters (PPS)								1	rou	tine (RT)	per qu	uarter
Sampling Poi	nt (Sampling P	Point ID)			Monitor	ing Pe	eriod (Collect	tion Per	riod	Compli	ance S	tatus
Select from Ir	ventory of Act	ive Sampling	Points		7/1/19	- 9/30,	/19				Co	mplete	е
					10/1/19	- 12/3	1/19					mplete	
					/20				Co	mplete	е		
					4/1/20 -	- 6/30,	/20						
					7/1/20 -	- 9/30,	/20						
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 00700))									
Nitrate And Nitr	•									1	routine (F	tT) per	r year
	nt (Sampling P	Point ID)		Monitoring Period			eriod (Collection Period Compliance St				tatus	
ENTRY POINT	(3)			1/1/19 - 12/31/19					Complete				9
					1/1/20 -	12/31	L/20						
					1/1/21 -	12/31	L/21						
			Other	Complian	ce Sched	dules	S						
Compliance Sched	ule Activity					Due D	ate		Achie	ved I	Date		
CROSS CONNECTIO	N EXEMPTION	I				3/1/2	022						
		Water S	ystem Faci	lity and S	ampling	Poi	nt Inve	ento	rv				
Water				•				otal	Lead	and			
System Water S	System Facility	,	Sampling Poin	t Sampling I	Point			liform	Сорр	per			Stage
Facility ID			ID	Description	n	S	tatus	Rule	Rule	Tier	Asbestos	WQP .	2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	1	Α						
			DOWNSTREAM	/ WITHIN 5	SERVICE CO	N	Α						
			UPSTREAM	WITHIN 5	SERVICE CO	N	Α						
00700 ENTRY I	POINT		3	ENTRY POI	NT		Α						
58762 WELL 1			2	WELL 1			Α						
58766 PRESSU	RE TANK												
			Со	ntact Info	rmation	1							
Name				Organization							Job Title		
Mr. Frasher Lulaj				Laforesta Res	taurant &W	ine Ba	ar	Οw	/ner		100 1100		
Mailing Address Li	ne One		Mailing Addre			50			ity		State	Zip C	ode
8 Jacob Lane	0		ag / taure				Killing	worth	•		CT	064	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phon					Ο.	004	
200000 1 110110		I UX	1410	2		,	. z Ziiiaii						

	Connecticut Department of	I I ublic I	lealth	עו.	אווואווון ו	s vvaler	36	Ction	
	Water Quality Monit	toring an	d Con	npl	liance S	Schedul	le		
PWS ID PWS Name					ssification	ication Population		er Type	Primary Source
СТ0709234	CT0709234 163 ROUTE 81							Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	ial	Combine	ed Agricultural
		Connections		1					
	KILLINGWORTH								·
203-809-502	5				juveny	c@yahoo.co	om		
Contact Role(s)	: Administrative Contact, Legal Contact, Ow	ner							

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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End of schedule

(Connecticut Depa	artment of	Public Health	n Drink	ing W	ater Se	ction
	^		oring and Cor				
PWS ID	PWS Name	incy Monic	oring and cor	Classificat			ner Type Primary Source
_	176 RTE 81			NC	-	5	P GW
Local Address (wh			Service Reside				Combined Agricultura
			Connections		.4	luustriai	Combined Agricultura
176 ROUTE 81, KI			connections	-	.4		
Towns Served. Kil	LLINGWORTH	D.A.s.sit.	- via - Danisa				
Water System E	acility: DISTRIBUTION S		oring Requireme	ents			
Total Coliform	•	TOTEIN (WOSI II	<i>5.</i> 00000 _j			1 rou	tine (RT) per quarter
	oint (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
	Inventory of Active Samplin	g Points		- 9/30/19	Conect	on renou	Complete
Select Holli I	inventory of Active Sampling	groints		- 12/31/19			Complete
				- 3/31/20			Complete
				- 6/30/20			Complete
				- 9/30/20 - 9/30/20			
Dhysical Daram	otore (DDC)		7/1/20	- 9/30/20		1	tine (DT) new accorder
Physical Param	oint (Sampling Point ID)		Monito	ring Period	Collect	ion Period	tine (RT) per quarter Compliance Status
DISTRIBUTIO				- 9/30/19	Conecti	on Periou	Complete
DISTRIBUTIO	JN (4)			- 9/30/19 - 12/31/19			Complete
				- 3/31/19 - 3/31/20			•
							Complete
				- 6/30/20			
\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	CAND FAITDY DOINT (MCE ID 00700\	7/1/20	- 9/30/20			
	acility: ENTRY POINT (WSF ID: 00700)					(22)
Nitrate (1040)	· · /c / !				o.		tine (RT) per quarter
	oint (Sampling Point ID)			ring Period	Collect	ion Period	Compliance Status
ENTRY POIN	1 (3)			- 9/30/19			Complete
				- 12/31/19			Complete
				- 3/31/20			Complete
				- 6/30/20			
(40.44)			7/1/20	- 9/30/20			(>=)
Nitrite (1041)	tint (Committee Delict ID)		0.0 16 -	utu u Dauta d	C-114		routine (RT) per year
	oint (Sampling Point ID)			ring Period	Collect	ion Period	Compliance Status
ENTRY POIN	1 (3)			12/31/19			Complete
				12/31/20			Complete
	141			12/31/21			
	Water S	ystem Facili	ty and Sampling	g Point I			
Water	Contain Fralling	Communities in D. C. C.	Committee Del 1		Total	Lead and	
*	System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper Bula Tier	Stage Asbestos WQP 2 DBPI
Facility ID	DUITION CVCTCAA			Status		Kule Her	ASDESIUS VVQP Z DBPI
00600 DISTRI	BUTION SYSTEM	4 DOMNISTREAM	DISTRIBUTION	A	Y		
			FIVE SERVICE CONNEC		Y		
00700 5N75	' DOINT	UPSTREAM	FIVE SERVICE CONNE		Υ		
	POINT	3	ENTRY POINT	Α .			
61416 WELL		2	WELL	Α			

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					Population	Owner Type	Primary Source				
CT0709244	176 RTE 81		NC	55	Р	GW					
Local Address (v	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural					

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Connecticut Department of Public Health Drinking Water Section

Connections

176 ROUTE 81, KILLINGWORTH Towns Served: KILLINGWORTH

Contact Information													
Name				Organization	ı	Job Title							
Mr. John C. D'amato Jr.				D'amato - Ki	D'amato - Killingworth, LLC								
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code					
183 Quarry Road						Milford		СТ	06460				
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address							
203-877-3276					203-410-5353	mary@d	amatobrothe	ers.com					

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

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