

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

|                                  |                                        |                     |             |            |                |          |              |
|----------------------------------|----------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                               | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700024</b>                 | <b>CHATFIELD HOLLOW S.P./MAIN WELL</b> | NC                  | 25          | S          | GW             |          |              |
| Local Address (where applicable) |                                        | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 381 ROUTE 80                     |                                        |                     | 4           |            |                |          |              |
| Towns Served: KILLINGWORTH       |                                        |                     |             |            |                |          |              |

## Monitoring Requirements

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

|                                                 |                          |                          |                                   |
|-------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| <b>Total Coliform (3100)</b>                    |                          |                          | <b>1 routine (RT) per quarter</b> |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>          |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                          | Complete                          |
|                                                 | 4/1/20 - 6/30/20         |                          |                                   |
|                                                 | 7/1/20 - 9/30/20         |                          |                                   |

|                                                 |                          |                          |                                   |
|-------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| <b>Physical Parameters (PPS)</b>                |                          |                          | <b>1 routine (RT) per quarter</b> |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>          |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                          | Complete                          |
|                                                 | 4/1/20 - 6/30/20         |                          |                                   |
|                                                 | 7/1/20 - 9/30/20         |                          |                                   |

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

|                                           |                          |                          |                                |
|-------------------------------------------|--------------------------|--------------------------|--------------------------------|
| <b>Nitrate And Nitrite (NOX)</b>          |                          |                          | <b>1 routine (RT) per year</b> |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>       |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                          | Complete                       |
|                                           | 1/1/20 - 12/31/20        |                          |                                |
|                                           | 1/1/21 - 12/31/21        |                          |                                |

## Other Compliance Schedules

|                                     |                 |                      |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| SEASONAL START UP COMPLETION        | 4/1/2020        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2024        |                      |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21196                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

## Contact Information

|                                                                      |           |                       |                          |                 |                     |          |       |          |
|----------------------------------------------------------------------|-----------|-----------------------|--------------------------|-----------------|---------------------|----------|-------|----------|
| Name                                                                 |           | Organization          |                          |                 | Job Title           |          |       |          |
| <b>Mr. David Cooley</b>                                              |           | Deep-Engineering Unit |                          |                 | Supv Civil Engineer |          |       |          |
| Mailing Address Line One                                             |           |                       | Mailing Address Line Two |                 |                     | City     | State | Zip Code |
| 163 Great Hill Road                                                  |           |                       |                          |                 |                     | Portland | CT    | 06480    |
| Business Phone                                                       | Extension | Fax                   | Mobile Phone             | Emergency Phone | Email Address       |          |       |          |
| 860-342-2215                                                         |           | 860-344-2560          | 860-205-7552             | 860-424-3333    | david.cooley@ct.gov |          |       |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |           |                       |                          |                 |                     |          |       |          |

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

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

| PWS ID                           | PWS Name                        | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------------|----------------|------------|------------|----------------|--------------|
| CT0700024                        | CHATFIELD HOLLOW S.P./MAIN WELL | NC             | 25         | S          | GW             |              |
| Local Address (where applicable) | Service Connections             | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 381 ROUTE 80                     |                                 | 4              |            |            |                |              |
| Towns Served: KILLINGWORTH       |                                 |                |            |            |                |              |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                        |                     |             |            |                |          |              |
|----------------------------------|----------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                               | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700054</b>                 | <b>CHATFIELD HOLLOW S.P./SHOP WELL</b> | NC                  | 25          | S          | GW             |          |              |
| Local Address (where applicable) |                                        | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 381 ROUTE 80                     |                                        |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                        |                     |             |            |                |          |              |

### Monitoring Requirements

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

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

|                                           |                          |                                |                          |  |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|--|
| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|                                           | 1/1/20 - 12/31/20        |                                |                          |  |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |  |

### Other Compliance Schedules

|                                     |                 |                      |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| RESPOND TO SANITARY SURVEY          | 11/22/2007      |                      |

### Public Notification Requirements

|                                   |                          |                    |                            |                  |                         |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Physical Parameters M&R Violation | 7/1/14 - 9/30/14         | 3                  | 11/25/2015                 |                  | 12/5/2015               |                 |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21198                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |           |              |                          |                 |                     |                     |       |          |
|--------------------------|-----------|--------------|--------------------------|-----------------|---------------------|---------------------|-------|----------|
| Name                     |           |              | Organization             |                 |                     | Job Title           |       |          |
| Mr. David Cooley         |           |              | Deep-Engineering Unit    |                 |                     | Supv Civil Engineer |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two |                 |                     | City                | State | Zip Code |
| 163 Great Hill Road      |           |              |                          |                 |                     | Portland            | CT    | 06480    |
| Business Phone           | Extension | Fax          | Mobile Phone             | Emergency Phone | Email Address       |                     |       |          |
| 860-342-2215             |           | 860-344-2560 | 860-205-7552             | 860-424-3333    | david.cooley@ct.gov |                     |       |          |

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

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

|                                                                      |                                        |                |            |            |                |              |
|----------------------------------------------------------------------|----------------------------------------|----------------|------------|------------|----------------|--------------|
| PWS ID                                                               | PWS Name                               | Classification | Population | Owner Type | Primary Source |              |
| <b>CT0700054</b>                                                     | <b>CHATFIELD HOLLOW S.P./SHOP WELL</b> | NC             | 25         | S          | GW             |              |
| Local Address (where applicable)                                     | Service Connections                    | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 381 ROUTE 80                                                         |                                        |                | 1          |            |                |              |
| Towns Served: KILLINGWORTH                                           |                                        |                |            |            |                |              |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |                                        |                |            |            |                |              |

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700084</b>                 | <b>DEER LAKE SCOUT RESERVATION</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 101 PAPER MILL ROAD              |                                    |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                    |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          |                          |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          |                          |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          |                          |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21200                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

## Contact Information

|                          |           |                                              |                          |                 |                       |              |       |          |
|--------------------------|-----------|----------------------------------------------|--------------------------|-----------------|-----------------------|--------------|-------|----------|
| Name                     |           | Organization                                 |                          |                 | Job Title             |              |       |          |
| <b>Mr. Mark Clifton</b>  |           | B S A / CT Yankee Council                    |                          |                 | Camp Ranger           |              |       |          |
| Mailing Address Line One |           |                                              | Mailing Address Line Two |                 |                       | City         | State | Zip Code |
| 101 Paper Mill Road      |           |                                              |                          |                 |                       | Killingworth | CT    | 06419    |
| Business Phone           | Extension | Fax                                          | Mobile Phone             | Emergency Phone | Email Address         |              |       |          |
| 203-421-4040             |           | 203-421-9911                                 |                          | 203-421-8484    | cliftonm511@gmail.com |              |       |          |
| Contact Role(s):         |           | <b>Administrative Contact, Legal Contact</b> |                          |                 |                       |              |       |          |

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

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

| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| <b>CT0700084</b>                 | <b>DEER LAKE SCOUT RESERVATION</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 101 PAPER MILL ROAD              |                                    |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                    |                     |             |            |                |          |              |

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700124</b>                 | <b>KILLINGWORTH COUNTRY MARKET</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 256 ROUTE 81                     |                                    |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                    |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|                                           | 1/1/20 - 12/31/20        |                                |                          |  |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |  |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21204                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |
| 54042                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

## Contact Information

|                                                                      |           |              |                             |                 |               |              |  |       |          |
|----------------------------------------------------------------------|-----------|--------------|-----------------------------|-----------------|---------------|--------------|--|-------|----------|
| Name                                                                 |           |              | Organization                |                 |               | Job Title    |  |       |          |
| Mr. Nitrim Patel                                                     |           |              | Killingworth Country Market |                 |               | Owner        |  |       |          |
| Mailing Address Line One                                             |           |              | Mailing Address Line Two    |                 |               | City         |  | State | Zip Code |
| 256 Route 81                                                         |           |              |                             |                 |               | Killingworth |  | CT    | 06419    |
| Business Phone                                                       | Extension | Fax          | Mobile Phone                | Emergency Phone | Email Address |              |  |       |          |
| 860-663-1698                                                         |           | 860-663-1698 |                             |                 |               |              |  |       |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |           |              |                             |                 |               |              |  |       |          |

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

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

| PWS ID                           | PWS Name                    | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|----------------|------------|------------|----------------|--------------|
| CT0700124                        | KILLINGWORTH COUNTRY MARKET | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) | Service Connections         | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 256 ROUTE 81                     |                             |                | 1          |            |                |              |

Towns Served: KILLINGWORTH

**Please note the following:**

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

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

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

**End of schedule**



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                             |                     |             |            |                |          |              |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                    | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700144</b>                 | <b>KILLINGWORTH LIBRARY</b> | NC                  | 25          | L          | GW             |          |              |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 301 ROUTE 81                     |                             |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                             |                     |             |            |                |          |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                          |                          |
|-------------------------------------------------|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19           |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19         |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20           |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20           |                          |                          |
|                                                 | 7/1/20 - 9/30/20           |                          |                          |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                          |                          |
|-------------------------------------------------|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19           |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19         |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20           |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20           |                          |                          |
|                                                 | 7/1/20 - 9/30/20           |                          |                          |

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

| Nitrate And Nitrite (NOX)                 | 1 routine (RT) per year  |                          |                          |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                          | Complete                 |
|                                           | 1/1/21 - 12/31/21        |                          |                          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description      | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM             | A      | Y                   |                           |          |                  |
|                          |                       |                   | DOWNSTREAM WITHIN 5 SERVICE CON | A      |                     |                           |          |                  |
|                          |                       |                   | UPSTREAM WITHIN 5 SERVICE CON   | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                     | A      |                     |                           |          |                  |
| 21206                    | WELL                  | 2                 | WELL                            | A      |                     |                           |          |                  |

### Contact Information

|                            |           |                      |                          |                 |                           |              |       |          |
|----------------------------|-----------|----------------------|--------------------------|-----------------|---------------------------|--------------|-------|----------|
| Name                       |           | Organization         |                          |                 | Job Title                 |              |       |          |
| <b>Mr. David L. Denvir</b> |           | Town of Killingworth |                          |                 | First Selectman           |              |       |          |
| Mailing Address Line One   |           |                      | Mailing Address Line Two |                 |                           | City         | State | Zip Code |
| 323 Route 81               |           |                      |                          |                 |                           | Killingworth | CT    | 06419    |
| Business Phone             | Extension | Fax                  | Mobile Phone             | Emergency Phone | Email Address             |              |       |          |
| 860-663-1765               |           | 860-663-3305         |                          | 860-663-1765    | twn.killingworth@snet.net |              |       |          |
| Contact Role(s):           |           | <b>Legal Contact</b> |                          |                 |                           |              |       |          |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                     |                          |                 |                                  |                    |              |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|--------------------------|-----------------|----------------------------------|--------------------|--------------|----------|
| PWS ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PWS Name                    | Classification      | Population               | Owner Type      | Primary Source                   |                    |              |          |
| <b>CT0700144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>KILLINGWORTH LIBRARY</b> | NC                  | 25                       | L               | GW                               |                    |              |          |
| Local Address (where applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Service Connections | Residential              | Commercial      | Industrial                       | Combined           | Agricultural |          |
| 301 ROUTE 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                     |                          | 1               |                                  |                    |              |          |
| Towns Served: KILLINGWORTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                     |                          |                 |                                  |                    |              |          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                     | Organization             |                 |                                  | Job Title          |              |          |
| <b>Killingworth Health Department</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                     |                          |                 |                                  |                    |              |          |
| Mailing Address Line One                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                     | Mailing Address Line Two |                 |                                  | City               | State        | Zip Code |
| 27 Commerce St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                     |                          |                 |                                  | Clinton            | CT           | 06413    |
| Business Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Extension                   | Fax                 | Mobile Phone             | Emergency Phone | Email Address                    |                    |              |          |
| 860-669-8659                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                     |                          |                 |                                  |                    |              |          |
| Contact Role(s): <b>Owner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                     |                          |                 |                                  |                    |              |          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                     | Organization             |                 |                                  | Job Title          |              |          |
| <b>Mr. Paul Hutcheon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                     | Town of Killingworth     |                 |                                  | Director of Health |              |          |
| Mailing Address Line One                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                     | Mailing Address Line Two |                 |                                  | City               | State        | Zip Code |
| 323 Route 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                     |                          |                 |                                  | Killingworth       | CT           | 06419    |
| Business Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Extension                   | Fax                 | Mobile Phone             | Emergency Phone | Email Address                    |                    |              |          |
| 860-663-1765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 223                         | 860-663-3305        | 860-391-5190             |                 | phutcheon@townofkillingworth.com |                    |              |          |
| Contact Role(s): <b>Administrative Contact</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                     |                          |                 |                                  |                    |              |          |
| <b>Please note the following:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                     |                          |                 |                                  |                    |              |          |
| <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.</li> </ol> |                             |                     |                          |                 |                                  |                    |              |          |

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

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

***End of schedule***

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700154</b>                 | <b>KILLINGWORTH VILLAGE CENTER</b> | NC                  | 27          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 184 RT 81, KILLINGWORTH          |                                    |                     |             | 5          |                |          |              |
| Towns Served: KILLINGWORTH       |                                    |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                           | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                           | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                           | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                           | 7/1/20 - 9/30/20         |                                   |                          |  |  |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 9/8/2012        |                      |
| RESPOND TO SANITARY SURVEY          | 1/11/2018       |                      |

## Public Notification Requirements

| <i>Violation/Situation</i>         | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|------------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                    |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Total Coliform MCL Violation       | 4/1/05 - 6/30/05         | 2                  | 6/9/2005                   |                  | 6/19/2005               |                 |
| Total Coliform M&R Violation       | 1/1/16 - 1/31/16         | 2                  | 7/30/2016                  |                  | 8/9/2016                |                 |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/25/19 - 6/18/19        | 3                  | 7/30/2020                  |                  | 8/9/2020                |                 |

## Water System Facility and Sampling Point Inventory

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

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

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700154</b>                 | <b>KILLINGWORTH VILLAGE CENTER</b> | NC                  | 27          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 184 RT 81, KILLINGWORTH          |                                    |                     |             | 5          |                |          |              |
| Towns Served: KILLINGWORTH       |                                    |                     |             |            |                |          |              |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21207                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

## Contact Information

|                          |           |     |                          |                 |                           |           |  |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------------------|-----------|--|-------|----------|
| Name                     |           |     | Organization             |                 |                           | Job Title |  |       |          |
| <b>Mr. Garth Brown</b>   |           |     | Killingworth Village     |                 |                           | President |  |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |                           | City      |  | State | Zip Code |
| P. O. Box 652            |           |     |                          |                 |                           | Hebron    |  | CT    | 06248    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address             |           |  |       |          |
| 860-539-2487             |           |     |                          |                 | webstermgmt@sbcglobal.net |           |  |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                     |                     |             |            |                |          |              |
|----------------------------------|---------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name            | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700174</b>                 | <b>206 ROUTE 80</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                     |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21209                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                                                                      |           |     |                          |                 |               |           |  |       |          |
|----------------------------------------------------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name                                                                 |           |     | Organization             |                 |               | Job Title |  |       |          |
| <b>Mr. Ralph Albanese</b>                                            |           |     | 206 Route 80             |                 |               | Owner     |  |       |          |
| Mailing Address Line One                                             |           |     | Mailing Address Line Two |                 |               | City      |  | State | Zip Code |
| 92 R Hellgate Road                                                   |           |     |                          |                 |               | Durham    |  | CT    | 06422    |
| Business Phone                                                       | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |           |  |       |          |
| 203-215-3592                                                         |           |     |                          |                 |               |           |  |       |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |           |     |                          |                 |               |           |  |       |          |

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

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

|                                  |                     |                     |             |            |                |          |              |
|----------------------------------|---------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name            | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700174</b>                 | <b>206 ROUTE 80</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                     |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                     |                     |             |            |                |          |              |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                            | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700184</b>                 | <b>ST. LAWRENCE CHURCH (WELL 2)</b> | NC                  | 26          | P          | GW             |          |              |
| Local Address (where applicable) |                                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 7 HEMLOCK DRIVE                  |                                     |                     |             | 2          |                |          |              |
| Towns Served: KILLINGWORTH       |                                     |                     |             |            |                |          |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                          |                          |
|-------------------------------------------------|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19           |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19         |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20           |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20           |                          |                          |
|                                                 | 7/1/20 - 9/30/20           |                          |                          |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                          |                          |
|-------------------------------------------------|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19           |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19         |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20           |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20           |                          |                          |
|                                                 | 7/1/20 - 9/30/20           |                          |                          |

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

| Nitrate And Nitrite (NOX)                 | 1 routine (RT) per year  |                          |                          |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                          | Complete                 |
|                                           | 1/1/21 - 12/31/21        |                          |                          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description      | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|---------------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM             | A      | Y                   |                           |          |                  |
|                          |                       |                   | DOWNSTREAM WITHIN 5 SERVICE CON | A      |                     |                           |          |                  |
|                          |                       |                   | UPSTREAM WITHIN 5 SERVICE CON   | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                     | A      |                     |                           |          |                  |
| 22823                    | WELL #2               | 2                 | WELL1                           | A      |                     |                           |          |                  |

### Contact Information

|                                     |           |                                              |                          |                 |                       |              |       |          |
|-------------------------------------|-----------|----------------------------------------------|--------------------------|-----------------|-----------------------|--------------|-------|----------|
| Name                                |           | Organization                                 |                          |                 | Job Title             |              |       |          |
| <b>Mr. Rev. Robert F. Buongirno</b> |           | St. Lawrence Church                          |                          |                 | Pastor                |              |       |          |
| Mailing Address Line One            |           |                                              | Mailing Address Line Two |                 |                       | City         | State | Zip Code |
| 7 Hemlock Drive                     |           |                                              |                          |                 |                       | Killingworth | CT    | 06419    |
| Business Phone                      | Extension | Fax                                          | Mobile Phone             | Emergency Phone | Email Address         |              |       |          |
| 860-663-2576                        |           | 860-663-4238                                 |                          |                 | STLAWRENCEC@YAHOO.COM |              |       |          |
| Contact Role(s):                    |           | <b>Administrative Contact, Legal Contact</b> |                          |                 |                       |              |       |          |

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

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

|                                            |                                     |                     |                          |                 |                |           |              |          |
|--------------------------------------------|-------------------------------------|---------------------|--------------------------|-----------------|----------------|-----------|--------------|----------|
| PWS ID                                     | PWS Name                            | Classification      | Population               | Owner Type      | Primary Source |           |              |          |
| <b>CT0700184</b>                           | <b>ST. LAWRENCE CHURCH (WELL 2)</b> | NC                  | 26                       | P               | GW             |           |              |          |
| Local Address (where applicable)           |                                     | Service Connections | Residential              | Commercial      | Industrial     | Combined  | Agricultural |          |
| 7 HEMLOCK DRIVE                            |                                     |                     |                          | 2               |                |           |              |          |
| Towns Served: KILLINGWORTH                 |                                     |                     |                          |                 |                |           |              |          |
| Name                                       |                                     |                     | Organization             |                 |                | Job Title |              |          |
| <b>St. Lawrence Church of Killingworth</b> |                                     |                     |                          |                 |                |           |              |          |
| Mailing Address Line One                   |                                     |                     | Mailing Address Line Two |                 |                | City      | State        | Zip Code |
| 201 Broadway                               |                                     |                     |                          |                 |                | Norwich   | CT           | 06419    |
| Business Phone                             | Extension                           | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |           |              |          |
| 860-887-9294                               |                                     |                     |                          |                 |                |           |              |          |
| Contact Role(s): <b>Owner</b>              |                                     |                     |                          |                 |                |           |              |          |

**Please note the following:**

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

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

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

**End of schedule**



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                               |                     |             |            |                |          |              |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                      | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700204</b>                 | <b>KILLINGWORTH TOWN HALL</b> | NC                  | 25          | L          | GW             |          |              |
| Local Address (where applicable) |                               | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| ROUTE 81                         |                               |                     |             | 4          |                |          |              |
| Towns Served: KILLINGWORTH       |                               |                     |             |            |                |          |              |

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

| <b>Nitrate (1040)</b>                     |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
|-------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                           | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                           | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                           | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                           | 7/1/20 - 9/30/20         |                                   |                          |  |  |

| <b>Nitrite (1041)</b>                     |                          | <b>1 routine (RT) per year</b> |                          |  |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |  |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |  |

### Public Notification Requirements

| <i>Violation/Situation</i>          | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-------------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                     |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Repeat Total Coliform M&R Violation | 7/1/04 - 9/30/04         | 2                  | 2/9/2005                   |                  | 2/19/2005               |                 |
| Total Coliform M&R Violation        | 10/1/04 - 10/31/04       | 2                  | 6/23/2005                  |                  | 7/3/2005                |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |

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

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

|                                  |                               |                     |             |            |                |          |              |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                      | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700204</b>                 | <b>KILLINGWORTH TOWN HALL</b> | NC                  | 25          | L          | GW             |          |              |
| Local Address (where applicable) |                               | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| ROUTE 81                         |                               |                     |             | 4          |                |          |              |
| Towns Served: KILLINGWORTH       |                               |                     |             |            |                |          |              |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 21210                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

## Contact Information

|                           |           |                          |              |                 |                              |       |          |
|---------------------------|-----------|--------------------------|--------------|-----------------|------------------------------|-------|----------|
| Name                      |           | Organization             |              |                 | Job Title                    |       |          |
| <b>Ms. Catherine Iino</b> |           | Town of Killingworth     |              |                 | First Selectman              |       |          |
| Mailing Address Line One  |           | Mailing Address Line Two |              |                 | City                         | State | Zip Code |
| Town Office Building      |           | 323 Route 81             |              |                 | Killingworth                 | CT    | 06417    |
| Business Phone            | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                |       |          |
| 860-663-1765              |           | 860-663-3305             |              |                 | ciino@townofkillingworth.com |       |          |

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

|                          |           |                          |              |                 |                                  |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|----------------------------------|-------|----------|
| Name                     |           | Organization             |              |                 | Job Title                        |       |          |
| <b>Mr. Paul Hutcheon</b> |           | Town of Killingworth     |              |                 | Director of Health               |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City                             | State | Zip Code |
| 323 Route 81             |           |                          |              |                 | Killingworth                     | CT    | 06419    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                    |       |          |
| 860-663-1765             | 223       | 860-663-3305             | 860-391-5190 |                 | phutcheon@townofkillingworth.com |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                                              |                     |             |            |                |          |              |
|----------------------------------|----------------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                     | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700214</b>                 | <b>ST. LAWRENCE CHURCH (REC HALL) WELL 1</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                              | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 7 HEMLOCK DRIVE                  |                                              |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                              |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          | Complete                 |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 22859                           | WELL #1                      | 2                        | WELL #1                           | A             |                            |                                  |                 |                         |

## Contact Information

|                                     |           |                                              |                          |                 |                       |              |       |          |
|-------------------------------------|-----------|----------------------------------------------|--------------------------|-----------------|-----------------------|--------------|-------|----------|
| Name                                |           | Organization                                 |                          |                 | Job Title             |              |       |          |
| <b>Mr. Rev. Robert F. Buongirno</b> |           | St. Lawrence Church                          |                          |                 | Pastor                |              |       |          |
| Mailing Address Line One            |           |                                              | Mailing Address Line Two |                 |                       | City         | State | Zip Code |
| 7 Hemlock Drive                     |           |                                              |                          |                 |                       | Killingworth | CT    | 06419    |
| Business Phone                      | Extension | Fax                                          | Mobile Phone             | Emergency Phone | Email Address         |              |       |          |
| 860-663-2576                        |           | 860-663-4238                                 |                          |                 | STLAWRENCEC@YAHOO.COM |              |       |          |
| Contact Role(s):                    |           | <b>Administrative Contact, Legal Contact</b> |                          |                 |                       |              |       |          |

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

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

|                                  |                                              |                     |                          |                 |                |           |              |          |
|----------------------------------|----------------------------------------------|---------------------|--------------------------|-----------------|----------------|-----------|--------------|----------|
| PWS ID                           | PWS Name                                     | Classification      | Population               | Owner Type      | Primary Source |           |              |          |
| <b>CT0700214</b>                 | <b>ST. LAWRENCE CHURCH (REC HALL) WELL 1</b> | NC                  | 25                       | P               | GW             |           |              |          |
| Local Address (where applicable) |                                              | Service Connections | Residential              | Commercial      | Industrial     | Combined  | Agricultural |          |
| 7 HEMLOCK DRIVE                  |                                              |                     |                          | 1               |                |           |              |          |
| Towns Served: KILLINGWORTH       |                                              |                     |                          |                 |                |           |              |          |
| Name                             |                                              |                     | Organization             |                 |                | Job Title |              |          |
| <b>Diocese of Norwich</b>        |                                              |                     |                          |                 |                |           |              |          |
| Mailing Address Line One         |                                              |                     | Mailing Address Line Two |                 |                | City      | State        | Zip Code |
| 203 Broadway                     |                                              |                     |                          |                 |                | Norwich   | CT           | 06360    |
| Business Phone                   | Extension                                    | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |           |              |          |
|                                  |                                              |                     |                          |                 |                |           |              |          |
| Contact Role(s): <b>Owner</b>    |                                              |                     |                          |                 |                |           |              |          |

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700284</b>                 | <b>260 ROUTE 80 - KILLINGWORTH</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                                    |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          |                          |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          |                          |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          |                          |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i>        | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|-------------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM                 | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                                     |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                                     |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                         | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 47839                           | WELL 1                              | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |
| 54049                           | COUNTRY CLOVERLEAF TREATMENT SYSTEM |                          |                                   |               |                            |                                  |                 |                         |

## Contact Information

|                                                                      |           |     |                          |                 |                      |              |  |       |          |
|----------------------------------------------------------------------|-----------|-----|--------------------------|-----------------|----------------------|--------------|--|-------|----------|
| Name                                                                 |           |     | Organization             |                 |                      | Job Title    |  |       |          |
| Mr. Jay Nahlawi                                                      |           |     | 81 Highmart LLC          |                 |                      | Owner        |  |       |          |
| Mailing Address Line One                                             |           |     | Mailing Address Line Two |                 |                      | City         |  | State | Zip Code |
| 81 Highmart LLC                                                      |           |     | 260 Rt 80                |                 |                      | Killingworth |  | CT    | 06419    |
| Business Phone                                                       | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address        |              |  |       |          |
| 860-663-2733                                                         |           |     |                          | 860-663-2733    | highmart81@yahoo.com |              |  |       |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |           |     |                          |                 |                      |              |  |       |          |

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

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

|                                  |                                    |                     |             |            |                |          |              |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                           | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0700284</b>                 | <b>260 ROUTE 80 - KILLINGWORTH</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                                    |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                   |                      |                     |             |            |                |          |              |
|-----------------------------------|----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                            | PWS Name             | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709154</b>                  | <b>SHELDON FIELD</b> | NC                  | 25          | L          | GW             |          |              |
| Local Address (where applicable)  |                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| ROUTE 80 (EAST OF TRAFFIC CIRCLE) |                      |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH        |                      |                     |             |            |                |          |              |

### Monitoring Requirements

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

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

|                                           |                          |                                |                          |  |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|--|
| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|                                           | 1/1/20 - 12/31/20        |                                |                          |  |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |  |

### Other Compliance Schedules

|                                     |                 |                      |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| SEASONAL START UP COMPLETION        | 4/1/2020        |                      |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION               | A      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | SF01              | CONCESSION STAND           | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 52659                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |

### Contact Information

|                          |           |                                              |                          |                 |                                  |              |       |          |
|--------------------------|-----------|----------------------------------------------|--------------------------|-----------------|----------------------------------|--------------|-------|----------|
| Name                     |           | Organization                                 |                          |                 | Job Title                        |              |       |          |
| <b>Mr. Paul Hutcheon</b> |           | Town of Killingworth                         |                          |                 | Director of Health               |              |       |          |
| Mailing Address Line One |           |                                              | Mailing Address Line Two |                 |                                  | City         | State | Zip Code |
| 323 Route 81             |           |                                              |                          |                 |                                  | Killingworth | CT    | 06419    |
| Business Phone           | Extension | Fax                                          | Mobile Phone             | Emergency Phone | Email Address                    |              |       |          |
| 860-663-1765             | 223       | 860-663-3305                                 | 860-391-5190             |                 | phutcheon@townofkillingworth.com |              |       |          |
| Contact Role(s):         |           | <b>Administrative Contact, Legal Contact</b> |                          |                 |                                  |              |       |          |

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

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

|                                   |                      |                |            |            |                |              |
|-----------------------------------|----------------------|----------------|------------|------------|----------------|--------------|
| PWS ID                            | PWS Name             | Classification | Population | Owner Type | Primary Source |              |
| <b>CT0709154</b>                  | <b>SHELDON FIELD</b> | NC             | 25         | L          | GW             |              |
| Local Address (where applicable)  | Service Connections  | Residential    | Commercial | Industrial | Combined       | Agricultural |
| ROUTE 80 (EAST OF TRAFFIC CIRCLE) |                      |                | 1          |            |                |              |

Towns Served: KILLINGWORTH

**Please note the following:**

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

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

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

**End of schedule**



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

|                                  |                                           |                     |             |            |                |          |              |
|----------------------------------|-------------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                  | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709164</b>                 | <b>THE COOKING COMPANY - KILLINGWORTH</b> | NC                  | 37          | P          | GW             |          |              |
| Local Address (where applicable) |                                           | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 187 ROUTE 81                     |                                           |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                           |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION                      | A             |                            |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 53137                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

## Contact Information

|                                                                      |           |                     |                          |                 |               |              |       |          |
|----------------------------------------------------------------------|-----------|---------------------|--------------------------|-----------------|---------------|--------------|-------|----------|
| Name                                                                 |           | Organization        |                          |                 | Job Title     |              |       |          |
| <b>Ms. Susan Bauer</b>                                               |           | The Cooking Company |                          |                 | Owner         |              |       |          |
| Mailing Address Line One                                             |           |                     | Mailing Address Line Two |                 |               | City         | State | Zip Code |
| 187 Route 81                                                         |           |                     |                          |                 |               | Killingworth | CT    | 06419    |
| Business Phone                                                       | Extension | Fax                 | Mobile Phone             | Emergency Phone | Email Address |              |       |          |
| 860-345-8008                                                         |           | 860-345-8028        |                          |                 |               |              |       |          |
| <b>Contact Role(s): Administrative Contact, Legal Contact, Owner</b> |           |                     |                          |                 |               |              |       |          |

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

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

|                                            |                                           |                     |                          |                 |                |             |              |          |
|--------------------------------------------|-------------------------------------------|---------------------|--------------------------|-----------------|----------------|-------------|--------------|----------|
| PWS ID                                     | PWS Name                                  | Classification      | Population               | Owner Type      | Primary Source |             |              |          |
| <b>CT0709164</b>                           | <b>THE COOKING COMPANY - KILLINGWORTH</b> | NC                  | 37                       | P               | GW             |             |              |          |
| Local Address (where applicable)           |                                           | Service Connections | Residential              | Commercial      | Industrial     | Combined    | Agricultural |          |
| 187 ROUTE 81                               |                                           |                     |                          | 1               |                |             |              |          |
| Towns Served: KILLINGWORTH                 |                                           |                     |                          |                 |                |             |              |          |
| Name                                       |                                           |                     | Organization             |                 |                | Job Title   |              |          |
| <b>Main Street Cookery Real Estate LLC</b> |                                           |                     |                          |                 |                |             |              |          |
| Mailing Address Line One                   |                                           |                     | Mailing Address Line Two |                 |                | City        | State        | Zip Code |
| 14 Landing Rd                              |                                           |                     |                          |                 |                | East Haddam | CT           | 06423    |
| Business Phone                             | Extension                                 | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |             |              |          |
|                                            |                                           |                     |                          |                 |                |             |              |          |
| Contact Role(s): <b>Owner</b>              |                                           |                     |                          |                 |                |             |              |          |

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                         |                     |             |            |                |          |              |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709174</b>                 | <b>183 ROUTE 81 LLC</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 183 ROUTE 81                     |                         |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                         |                     |             |            |                |          |              |

## Monitoring Requirements

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

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

|                                                 |                          |                                   |                          |  |  |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--|
| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |  |  |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |  |  |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |  |  |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |  |  |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |  |  |

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

|                                           |                          |                                |                          |  |  |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|--|--|
| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| POINT OF ENTRY (3)                        | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |  |  |
|                                           | 1/1/21 - 12/31/21        |                                |                          |  |  |

## Other Compliance Schedules

|                                     |                 |                      |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| RESPOND TO SANITARY SURVEY          | 2/18/2013       |                      |
| RESPOND TO SANITARY SURVEY          | 8/23/2017       |                      |

## Public Notification Requirements

|                            |                          |                    |                            |                  |                         |                 |
|----------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|                            |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| E. Coli                    | 4/1/16 - 6/30/16         | 3                  | 11/7/2017                  |                  | 11/17/2017              |                 |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION                      | A             |                            |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | POINT OF ENTRY               | 3                        | POINT OF ENTRY                    | A             |                            |                                  |                 |                         |
| 53612                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

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

|                                  |                         |                     |             |            |                |          |              |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709174</b>                 | <b>183 ROUTE 81 LLC</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 183 ROUTE 81                     |                         |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                         |                     |             |            |                |          |              |

### Contact Information

|                           |           |     |                          |                 |               |           |  |       |            |
|---------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|------------|
| Name                      |           |     | Organization             |                 |               | Job Title |  |       |            |
| <b>Mr. Dean Bochanis</b>  |           |     |                          |                 |               | Owner     |  |       |            |
| Mailing Address Line One  |           |     | Mailing Address Line Two |                 |               | City      |  | State | Zip Code   |
| 878 East Pond Meadow Road |           |     |                          |                 |               | Westbrook |  | CT    | 06498-2807 |
| Business Phone            | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |           |  |       |            |
| 203-605-6672              |           |     |                          |                 |               |           |  |       |            |

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                     |                     |             |            |                |          |              |
|----------------------------------|---------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name            | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709204</b>                 | <b>177 ROUTE 81</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                     |                     |             | 2          |                |          |              |

Towns Served: KILLINGWORTH

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          | Complete                 |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00501                           | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |

### Contact Information

|                              |           |                                                     |              |                 |                     |  |       |          |
|------------------------------|-----------|-----------------------------------------------------|--------------|-----------------|---------------------|--|-------|----------|
| Name                         |           | Organization                                        |              |                 | Job Title           |  |       |          |
| <b>Mr. Frank M. D'andrea</b> |           | Frankdan Corp                                       |              |                 | Owner               |  |       |          |
| Mailing Address Line One     |           | Mailing Address Line Two                            |              |                 | City                |  | State | Zip Code |
| P.O. Box 27124               |           |                                                     |              |                 | West Haven          |  | CT    | 06516    |
| Business Phone               | Extension | Fax                                                 | Mobile Phone | Emergency Phone | Email Address       |  |       |          |
| 203-799-9501                 |           | 203-799-9503                                        | 203-605-9000 |                 | coffeepot91@aol.com |  |       |          |
| Contact Role(s):             |           | <b>Administrative Contact, Legal Contact, Owner</b> |              |                 |                     |  |       |          |

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

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

|                                  |                     |                     |                          |                 |                |            |              |          |
|----------------------------------|---------------------|---------------------|--------------------------|-----------------|----------------|------------|--------------|----------|
| PWS ID                           | PWS Name            | Classification      | Population               | Owner Type      | Primary Source |            |              |          |
| <b>CT0709204</b>                 | <b>177 ROUTE 81</b> | NC                  | 25                       | P               | GW             |            |              |          |
| Local Address (where applicable) |                     | Service Connections | Residential              | Commercial      | Industrial     | Combined   | Agricultural |          |
|                                  |                     |                     |                          | 2               |                |            |              |          |
| Towns Served: KILLINGWORTH       |                     |                     |                          |                 |                |            |              |          |
| Name                             |                     |                     | Organization             |                 |                | Job Title  |              |          |
| <b>177 Clinton Street LLC</b>    |                     |                     |                          |                 |                |            |              |          |
| Mailing Address Line One         |                     |                     | Mailing Address Line Two |                 |                | City       | State        | Zip Code |
| 470 Derby Ave                    |                     |                     | P. O. Box27124           |                 |                | West Haven | CT           | 06516    |
| Business Phone                   | Extension           | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |            |              |          |
|                                  |                     |                     |                          |                 |                |            |              |          |
| Contact Role(s): <b>Owner</b>    |                     |                     |                          |                 |                |            |              |          |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                                |                     |             |            |                |          |              |
|----------------------------------|------------------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                       | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709194</b>                 | <b>DEER LAKE SCOUT RES.-DINING HALL WELL 2</b> | NC                  | 300         | P          | GW             |          |              |
| Local Address (where applicable) |                                                | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 101 PAPER MILL RD                |                                                |                     |             |            |                | 1        |              |
| Towns Served: KILLINGWORTH       |                                                |                     |             |            |                |          |              |

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   |                          |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   |                          |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

**Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00700)**

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| EP - WELL 2 (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                                |                          |
|                                           | 1/1/21 - 12/31/21        |                                |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT - WELL 2         | 3                        | EP - WELL 2                       | A             |                            |                                  |                 |                         |
| 58006                           | WELL 2                       | 2                        | WELL 2                            | A             |                            |                                  |                 |                         |
| 58011                           | BLADDER TANK                 |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|                                                               |           |              |                           |                 |                       |              |  |       |          |
|---------------------------------------------------------------|-----------|--------------|---------------------------|-----------------|-----------------------|--------------|--|-------|----------|
| Name                                                          |           |              | Organization              |                 |                       | Job Title    |  |       |          |
| <b>Mr. Mark Clifton</b>                                       |           |              | B S A / CT Yankee Council |                 |                       | Camp Ranger  |  |       |          |
| Mailing Address Line One                                      |           |              | Mailing Address Line Two  |                 |                       | City         |  | State | Zip Code |
| 101 Paper Mill Road                                           |           |              |                           |                 |                       | Killingworth |  | CT    | 06419    |
| Business Phone                                                | Extension | Fax          | Mobile Phone              | Emergency Phone | Email Address         |              |  |       |          |
| 203-421-4040                                                  |           | 203-421-9911 |                           | 203-421-8484    | cliftonm511@gmail.com |              |  |       |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |           |              |                           |                 |                       |              |  |       |          |

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

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

| PWS ID                           | PWS Name                                | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------------------|----------------|------------|------------|----------------|--------------|
| CT0709194                        | DEER LAKE SCOUT RES.-DINING HALL WELL 2 | NC             | 300        | P          | GW             |              |
| Local Address (where applicable) | Service Connections                     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 101 PAPER MILL RD                |                                         |                |            |            | 1              |              |
| Towns Served: KILLINGWORTH       |                                         |                |            |            |                |              |

**Please note the following:**

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

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

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

**End of schedule**



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                       |                     |             |            |                |          |              |
|----------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name              | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709214</b>                 | <b>PARMELEE FARMS</b> | NC                  | 29          | L          | GW             |          |              |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 465 ROUTE 81                     |                       |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>2 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

| <b>Physical Parameters (PPS)</b>                |                          | <b>2 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   | Complete                 |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| EP - WELL 1 (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |
|                                           | 1/1/21 - 12/31/21        |                                |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| EP - WELL 2 (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                                | Complete                 |
|                                           | 1/1/21 - 12/31/21        |                                |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00502                           | WELL 2 - GARDEN              | 2                        | WELL 2 - GARDEN                   | A             |                            |                                  |                 |                         |
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT - WELL 1         | 3                        | EP - WELL 1                       | A             |                            |                                  |                 |                         |
| 00701                           | ENTRY POINT - WELL 2         | 3                        | EP - WELL 2                       | A             |                            |                                  |                 |                         |
| 58311                           | WELL 1 - HOUSE               | 2                        | WELL 1 - HOUSE                    | A             |                            |                                  |                 |                         |

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

|                                  |                       |                     |             |            |                |          |              |
|----------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name              | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709214</b>                 | <b>PARMELEE FARMS</b> | NC                  | 29          | L          | GW             |          |              |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 465 ROUTE 81                     |                       |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

### Contact Information

|                          |           |                          |              |                    |                                  |          |
|--------------------------|-----------|--------------------------|--------------|--------------------|----------------------------------|----------|
| Name                     |           | Organization             |              | Job Title          |                                  |          |
| <b>Mr. Paul Hutcheon</b> |           | Town of Killingworth     |              | Director of Health |                                  |          |
| Mailing Address Line One |           | Mailing Address Line Two |              | City               | State                            | Zip Code |
| 323 Route 81             |           |                          |              | Killingworth       | CT                               | 06419    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone    | Email Address                    |          |
| 860-663-1765             | 223       | 860-663-3305             | 860-391-5190 |                    | phutcheon@townofkillingworth.com |          |

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

**Please note the following:**

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

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

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

**End of schedule**

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

|                                  |                                             |                     |             |            |                |          |              |
|----------------------------------|---------------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                    | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709224</b>                 | <b>DEER LAKE SCOUT RESERVATION - WELL 3</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 101 PAPER MILL ROAD              |                                             |                     |             | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                             |                     |             |            |                |          |              |

## Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   |                          |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |
|-------------------------------------------------|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|                                                 | 10/1/19 - 12/31/19       |                                   | Complete                 |
|                                                 | 1/1/20 - 3/31/20         |                                   |                          |
|                                                 | 4/1/20 - 6/30/20         |                                   |                          |
|                                                 | 7/1/20 - 9/30/20         |                                   |                          |

**Water System Facility: ENTRY POINT - WELL 3 (WSF ID: 00700)**

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |
|-------------------------------------------|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| EP - WELL 3 (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |
|                                           | 1/1/20 - 12/31/20        |                                |                          |
|                                           | 1/1/21 - 12/31/21        |                                |                          |

## Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              |                          | DOWNSTREAM WITHIN 5 SERVICE CON   | A             |                            |                                  |                 |                         |
|                                 |                              |                          | UPSTREAM WITHIN 5 SERVICE CON     | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT - WELL 3         | 3                        | EP - WELL 3                       | A             |                            |                                  |                 |                         |
| 58471                           | WELL 3                       | 2                        | WELL 3                            | A             |                            |                                  |                 |                         |

## Contact Information

|                          |           |                                              |                          |                 |                       |              |       |          |
|--------------------------|-----------|----------------------------------------------|--------------------------|-----------------|-----------------------|--------------|-------|----------|
| Name                     |           | Organization                                 |                          |                 | Job Title             |              |       |          |
| <b>Mr. Mark Clifton</b>  |           | B S A / CT Yankee Council                    |                          |                 | Camp Ranger           |              |       |          |
| Mailing Address Line One |           |                                              | Mailing Address Line Two |                 |                       | City         | State | Zip Code |
| 101 Paper Mill Road      |           |                                              |                          |                 |                       | Killingworth | CT    | 06419    |
| Business Phone           | Extension | Fax                                          | Mobile Phone             | Emergency Phone | Email Address         |              |       |          |
| 203-421-4040             |           | 203-421-9911                                 |                          | 203-421-8484    | cliftonm511@gmail.com |              |       |          |
| Contact Role(s):         |           | <b>Administrative Contact, Legal Contact</b> |                          |                 |                       |              |       |          |

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

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

| PWS ID                           | PWS Name                             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--------------------------------------|----------------|------------|------------|----------------|--------------|
| CT0709224                        | DEER LAKE SCOUT RESERVATION - WELL 3 | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) | Service Connections                  | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 101 PAPER MILL ROAD              |                                      |                | 1          |            |                |              |
| Towns Served: KILLINGWORTH       |                                      |                |            |            |                |              |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                     |                     |             |            |                |          |              |
|----------------------------------|---------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name            | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709234</b>                 | <b>163 ROUTE 81</b> | NC                  | 35          | P          | GW             |          |              |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
|                                  |                     |                     |             | 1          |                |          |              |

Towns Served: KILLINGWORTH

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          |                          |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION EXEMPTION          | 3/1/2022        |                      |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 58762                           | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |
| 58766                           | PRESSURE TANK                |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|                          |           |     |                                 |                 |               |              |  |       |          |
|--------------------------|-----------|-----|---------------------------------|-----------------|---------------|--------------|--|-------|----------|
| Name                     |           |     | Organization                    |                 |               | Job Title    |  |       |          |
| Mr. Frasher Lulaj        |           |     | Laforesta Restaurant & Wine Bar |                 |               | Owner        |  |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two        |                 |               | City         |  | State | Zip Code |
| 8 Jacob Lane             |           |     |                                 |                 |               | Killingworth |  | CT    | 06419    |
| Business Phone           | Extension | Fax | Mobile Phone                    | Emergency Phone | Email Address |              |  |       |          |
|                          |           |     |                                 |                 |               |              |  |       |          |

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

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

|                                  |                                                     |                     |                   |            |                |          |              |
|----------------------------------|-----------------------------------------------------|---------------------|-------------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                            | Classification      | Population        | Owner Type | Primary Source |          |              |
| <b>CT0709234</b>                 | <b>163 ROUTE 81</b>                                 | NC                  | 35                | P          | GW             |          |              |
| Local Address (where applicable) |                                                     | Service Connections | Residential       | Commercial | Industrial     | Combined | Agricultural |
|                                  |                                                     |                     |                   | 1          |                |          |              |
| Towns Served: KILLINGWORTH       |                                                     |                     |                   |            |                |          |              |
| 203-809-5025                     |                                                     |                     | juvenyc@yahoo.com |            |                |          |              |
| Contact Role(s):                 | <b>Administrative Contact, Legal Contact, Owner</b> |                     |                   |            |                |          |              |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                   |                     |             |            |                |          |              |
|----------------------------------|-------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name          | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT0709244</b>                 | <b>176 RTE 81</b> | NC                  | 55          | P          | GW             |          |              |
| Local Address (where applicable) |                   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 176 ROUTE 81, KILLINGWORTH       |                   |                     |             | 14         |                |          |              |
| Towns Served: KILLINGWORTH       |                   |                     |             |            |                |          |              |

### Monitoring Requirements

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

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                                 | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                                 | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                                 | 4/1/20 - 6/30/20                  |                          |                          |
|                                                 | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>          | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| DISTRIBUTION (4)                          | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                           | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                           | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                           | 4/1/20 - 6/30/20                  |                          |                          |
|                                           | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate (1040)</b>                     | <b>1 routine (RT) per quarter</b> |                          |                          |
|-------------------------------------------|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 7/1/19 - 9/30/19                  |                          | Complete                 |
|                                           | 10/1/19 - 12/31/19                |                          | Complete                 |
|                                           | 1/1/20 - 3/31/20                  |                          | Complete                 |
|                                           | 4/1/20 - 6/30/20                  |                          |                          |
|                                           | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Nitrite (1041)</b>                     | <b>1 routine (RT) per year</b> |                          |                          |
|-------------------------------------------|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|                                           | 1/1/20 - 12/31/20              |                          | Complete                 |
|                                           | 1/1/21 - 12/31/21              |                          |                          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION               | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | FIVE SERVICE CONNECT       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | FIVE SERVICE CONNECT       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 61416                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

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

|                                  |                   |                     |             |            |                |          |              |
|----------------------------------|-------------------|---------------------|-------------|------------|----------------|----------|--------------|
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| 176 ROUTE 81, KILLINGWORTH       |                   |                     |             | 14         |                |          |              |
| Towns Served: KILLINGWORTH       |                   |                     |             |            |                |          |              |

### Contact Information

|                                |           |     |                             |                 |                         |           |  |       |          |
|--------------------------------|-----------|-----|-----------------------------|-----------------|-------------------------|-----------|--|-------|----------|
| Name                           |           |     | Organization                |                 |                         | Job Title |  |       |          |
| <b>Mr. John C. D'amato Jr.</b> |           |     | D'amato - Killingworth, LLC |                 |                         |           |  |       |          |
| Mailing Address Line One       |           |     | Mailing Address Line Two    |                 |                         | City      |  | State | Zip Code |
| 183 Quarry Road                |           |     |                             |                 |                         | Milford   |  | CT    | 06460    |
| Business Phone                 | Extension | Fax | Mobile Phone                | Emergency Phone | Email Address           |           |  |       |          |
| 203-877-3276                   |           |     |                             | 203-410-5353    | mary@damatobrothers.com |           |  |       |          |

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

**Please note the following:**

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**End of schedule**