	Connecticut Department o	f Public Health Drinki	ng Water Se	ection
	Water Quality Moni	toring and Compliance	e Schedule	
PWS ID	PWS Name	Classification	on Population Ow	ner Type Primary Source
СТ0719103	PRIDES CORNER FARMS - POTTING SHED	NC	50	P GW
Local Address	(where applicable)	Service Residential Comme	ercial Industrial	Combined Agricultural
122 WATERMA	AN ROAD	Connections 1		
Towns Served:	LEBANON			
	Monit	toring Requirements		
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)		
<b>Total Colifor</b>	m (3100)		1 rc	outine (RT) per month
Sampling	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select fro	m Inventory of Active Sampling Points	10/1/19 - 10/31/19	_	Complete
		11/1/19 - 11/30/19		Complete
		12/1/19 - 12/31/19		Complete
		1/1/20 - 1/31/20		Complete
		2/1/20 - 2/29/20		Complete
		3/1/20 - 3/31/20		
		4/1/20 - 4/30/20		
		5/1/20 - 5/31/20		
		6/1/20 - 6/30/20		
		7/1/20 - 7/31/20		
		8/1/20 - 8/31/20		
Dh	- materia (DDC)	9/1/20 - 9/30/20	4	
_	ameters (PPS) Point (Sampling Point ID)	Monitoring Period	Collection Period	outine (RT) per month  Compliance Status
	m Inventory of Active Sampling Points	10/1/19 - 10/31/19	Concension remod	Complete
30,000,110		11/1/19 - 11/30/19		Complete
		12/1/19 - 12/31/19		Complete
		1/1/20 - 1/31/20		Complete
		2/1/20 - 2/29/20		Complete
		3/1/20 - 3/31/20		·
		4/1/20 - 4/30/20		
		5/1/20 - 5/31/20		
		6/1/20 - 6/30/20		
		7/1/20 - 7/31/20		
		8/1/20 - 8/31/20		
		9/1/20 - 9/30/20		
Water Systen	n Facility: ENTRY POINT (WSF ID: 00700	)		
Nitrate And	Nitrite (NOX)		1	routine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	Collection Period	•
ENTRY PC	DINT (3)	1/1/19 - 12/31/19		Complete
		1/1/20 - 12/31/20		
	- 11.	1/1/21 - 12/31/21		
•	n Facility: WELL 1 (WSF ID: 20050)			/55
E. Coli (3014	•			outine (RT) per month
	Point (Sampling Point ID)	Monitoring Period	Collection Period	•
WELL (2)		10/1/19 - 10/31/19		Complete
		11/1/19 - 11/30/19		Complete
		12/1/19 - 12/31/19		Complete

	Connecticu	•						_		ection	
	Wat	er Qual	lity Monit	oring a	nd Con	npli	iance	Sch	edule		
PWS ID	PWS Name					Clas	sificatio	n Popu	lation Ov	vner Type I	Primary Source
CT0719103	PRIDES CORNER F	FARMS - PO	TTING SHED				NC	į	50	Р	GW
Local Addres	ss (where applicable)			Service	Residen	itial	Comme	rcial lı	ndustrial	Combined	d Agricultura
122 WATERN	MAN ROAD			Connection	1						
Towns Serve	ed: LEBANON									I	
			Monito	oring Red	quireme	nts					
Water Syste	em Facility: WELL 1	1 (WSF ID:	20050)								
E. Coli (30	14)								1 r	outine (RT	) per month
Samplii	ng Point (Sampling Po	oint ID)			Monitor	ing Pe	eriod	Collect	ion Perio	d Comp	liance Status
					1/1/20 -	- 1/31	L/20			С	omplete
					2/1/20 -	- 2/29	9/20			С	omplete
					3/1/20 -	- 3/31	L/20				
					4/1/20 -						
					5/1/20 -	- 5/31	1/20				
					6/1/20 -	-	-				
					7/1/20 -		-				
					8/1/20 -	-	-				
					9/1/20 -	-	-				
			Other C	ompliano		-					
Compliance	Schedule Activity					Due L	Date		Achieved	l Date	
CROSS CON	NECTION SURVEY REPO	ORT				3/1/2	2020				
	\	Water Sy	stem Facili	ity and Sa	ampling	Poi	int Inv	ento	ry		
Water								Total	Lead and	d	
•	Vater System Facility		Sampling Point				C	-	Copper		Stage
Facility ID			ID	Description	)		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPI
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	1	Α	Υ			
			DOWNSTREAM	WITHIN 5 S	ERVICE COI	N	Α				
			LDRM1	SLOP SINK			Α	Υ			
			UPSTREAM	WITHIN 5 S	ERVICE COI	N	Α				
00700 E	NTRY POINT		3	ENTRY POIN	NT		Α				
20050 W	VELL 1		2	WELL			Α				
	OTTING SHED TREATM TATION	<b>MENT</b>									
			Con	tact Info	rmation	1					
Name				rganization						Job Title	
Mr. Mark Se	ellew			ide's Corner	Farmhouse	د		Ow	ner		
	ress Line One		Mailing Address						ity	State	Zip Code
122 Waterm			iviaming / tadir co.	J Line 1 WO			Leba		,	CT	06249
Business P		Fax	Mohi	le Phone	Emergency	/ Pho			SS	<u> </u>	
860-642-7		860-642-4									
	e(s): Legal Contact, O										

C	onnectic	ut Depa	irtmen	IC OI	Public	Health	ı pri	nking	g vvater	. Se	ection	
	Wa	ter Qua	lity Mo	onito	oring a	nd Con	nplia	ance S	Schedu	le		
PWS ID P	WS Name						Classi	fication	Population	Owi	ner Type	Primary Source
CT0719103 P	RIDES CORNER	FARMS - PO	TTING SHE	ED				NC	50		Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial C	ommerci	al Industri	ial	Combine	d Agricultural
122 WATERMAN F	ROAD				Connection	ns 1						
Towns Served: LEE	BANON											
Name				Org	ganization						Job Title	
Mr. Christian Jose	ph			Pri	des Corner	Farms, Inc.			Facilities	Man	ager	
Mailing Address Li	ne One		Mailing Ad	ddress	Line Two				City		State	Zip Code
122 Waterman Ro	ad							Leband	ebanon		СТ	06268
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email A	Address			
860-642-3081	3013	860-642-2	2027			860-642	-7535	cjosep	h@pridesco	rner.	.com	
Contact Role(s):	Administrative	Contact										

Connecticut Department of Dublic Health Drinking Water Costion

# 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

Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Prim  CT0710014 GIRL SCOUTS OF CT - CAMP LAUREL - WELL 1 NC 140 P  Local Address (where applicable) Service Connections 1 Industrial Combined A  Towns Served: LEBANON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	mary Source GW Agricultural
CT0710014 GIRL SCOUTS OF CT - CAMP LAUREL - WELL 1 NC 140 P  Local Address (where applicable) Service Residential Commercial Industrial Combined A  175 CLUBHOUSE ROAD 1  Towns Served: LEBANON  Monitoring Requirements	GW
Local Address (where applicable)  175 CLUBHOUSE ROAD  Towns Served: LEBANON  Monitoring Requirements	
175 CLUBHOUSE ROAD Connections 1  Towns Served: LEBANON  Monitoring Requirements	Agricultural
Towns Served: LEBANON  Monitoring Requirements	
Monitoring Requirements	
· · · · · · · · · · · · · · · · · · ·	
Total Coliform (3100) 1 routine (RT) pe	er quarter
· · ·	nce Status
	plete
	plete
	plete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Physical Parameters (PPS) 1 routine (RT) pe	er guarter
	nce Status
	plete
, , , , , , , , , , , , , , , , , , , ,	plete
	plete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routine (RT)	) per year
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Complian	nce Status
ENTRY POINT (3) 1/1/19 - 12/31/19 Comp	plete
1/1/20 - 12/31/20 Comp	plete
1/1/21 - 12/31/21	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System Facility Sampling Point Sampling Point Coliform Copper	Stage
Facility ID ID Description Status Rule Rule Tier Asbestos W	VQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	
BH87387 KITCHEN SINK A Y	
BK05449 RANGER HOUSE KITCHEN A Y	
BK79872 SERVICE CTR KITCHEN A Y	
BK81563 SERVICE CTR KITCHEN A Y	
BK81565 LEFT BATHROOM SINK A Y	
BN14584 RANGER HOUSE KITCHEN A Y	
BN14587 SERVICE CTR RIGHT BA A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	

	Connectic	ut Depa	rtment	of	Public	Health	Dri	nking	Water	Sec	ction	
		*	lity Mor					_				
PWS ID	PWS Name						Class	fication	Population	Own	er Type	Primary Source
CT0710014	GIRL SCOUTS O	CT - CAMP	LAUREL - WE	LL 1				NC	140		Р	GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	al Industr	ial (	Combine	d Agricultural
175 CLUBHOUSE	ROAD				Connection	IS		1				
Towns Served: LI	BANON					1			1	'		1
			C	ont	act Info	rmation	1					
Name				Org	ganization						Job Title	!
Ms. Michele Vel	ez			Girl Scouts of Connecticut Dir. Property Svcs.								
Mailing Address	Line One		Mailing Add	Iress Line Two City					State	Zip Code		
20 Washington A	venue							North	Haven		СТ	06473
Business Phone	Extension	Fax	М	obile	e Phone	Emergency	y Phon	e Email A	Address			
203-239-2922	3329	203-239-	7220			800-922	-2770	mvelez	@gsofct.or	g		
Contact Role(s):	Administrative	Contact	,		,							
Name				Org	ganization						Job Title	!
Girl Scouts of America, Inc.												
Mailing Address	Line One		Mailing Add	ldress Line Two				City		State	Zip Code	
340 Washington	Street					Hartford			rd		СТ	06106

Contact Role(s): Legal Contact, Owner

Extension

# Please note the following:

**Business Phone** 

860-522-0163

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

**Mobile Phone** 

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

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 Dej								
	Water Qu	iality Monit	oring an	d Com	plianc	e Sche	edule		
PWS ID	PWS Name							wner Type Pri	mary Source
CT0710024	GIRL SCOUTS OF CT - CAN	1P LAUREL - WELL 2	2		NC	2		P	GW
Local Addre	ess (where applicable)		Service	Residentia			dustrial	Combined	Agricultural
	IOUSE ROAD		Connections		1				8
	ved: LEBANON				_				
		Monit	oring Requ	iiromon	tc				
Water Sys	stem Facility: <b>DISTRIBUTION</b>			an emen	13				
<b>Total Coli</b>	iform (3100)						1 rc	outine (RT) p	er quarter
	ling Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Perio		nce Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9	/30/19			Cor	nplete
	<u> </u>								nplete
				1/1/20 - 3					nplete
				4/1/20 - 6					-
				7/1/20 - 9					
Physical I	Parameters (PPS)			, ,	, , -		1 rc	outine (RT) p	er guarter
-	ling Point (Sampling Point ID)			Monitoring	a Period	Collecti	ion Perio		ince Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9					nplete
	,			 10/1/19 - 1					nplete
				1/1/20 - 3					nplete
				4/1/20 - 6					<u> </u>
				7/1/20 - 9					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)		771720 3	730/20				
Nitrate A	nd Nitrite (NOX)							1 routine (R	Γ) per vear
	ling Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Perio	<del>-</del>	nce Status
ENTR	Y POINT (3)			1/1/19 - 12	2/31/19			Cor	nplete
				1/1/20 - 12	2/31/20			Cor	nplete
				1/1/21 - 12	-				<u>.</u>
		Public Not	tification R						
					1	in Natifia	***	DN Combi	fi a metia m
Violation/S	Situation	(	ompliance Period	Notice Tier		ic Notifica		PN Certi Due to DPH	
•	n Color MCL Violation	1/1	/12 - 6/30/12	2	<b>Requir</b> 9/8/20		formed	9/18/2012	Received
Distribution		System Facili					~/	3/10/2012	
14/estau	water	System racin	ity and Jai	inpinig i	Oiiit ii		•	. d	
Water System	Water System Facility	Sampling Point	Samplina Poi	int		Total Coliform	Lead an		Stage
Facility ID	Tracer System raemey	ID	Description		Status	Rule		er Asbestos I	_
-	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTFM	A	Y			
00000	5.5.11.56.1.61.61.51.51.11	BH87193	FROST FREE T		A	Y			
		BJ11209	HEALTH CENT		A	Ϋ́			
		BK05448	HEALTH CTR			Ϋ́			
		DOWNSTREAM			A	1			
		UPSTREAM	WITHIN 5 SEF		A				
00700	ENTRY POINT	3	ENTRY POINT		A				
21212	WELL 2	2	WELL		Α				

57392 PRESSURE STORAGE

	Connectic Wa	ut Depa ter Qua						_			ction	
PWS ID	PWS Name						Classif	ication	Population	Owne	er Type	Primary Source
CT0710024	GIRL SCOUTS OF	CT - CAMP	LAUREL -	WELL 2			N	IC	25		Р	GW
Local Address (wi	nere applicable)				Service	Resider	ntial Co	mmerci	al Industr	ial C	ombine	ed Agricultural
175 CLUBHOUSE	ROAD				Connection	IS		1				
Towns Served: LE	owns Served: LEBANON					1	'		'			
				Cont	tact Info	rmation	า					
Name				Or	ganization						Job Title	e
Ms. Michele Vele	ez			Gir	l Scouts of 0	Connecticu	t		Dir. Property Svcs.			
Mailing Address L	ine One		Mailing A	Address	Line Two		City State			Zip Code		
20 Washington A	venue							North I	Haven		СТ	06473
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email A	Address			
203-239-2922	3329	203-239-	7220			800-922	-2770	mvelez	@gsofct.or	g		
Contact Role(s):	Administrative	Contact			,							
Name				Org	ganization						Job Title	е
Girl Scouts of Am	erica, Inc.											
Mailing Address L	ine One		Mailing A	Address	Line Two		City State Zip (			Zip Code		
340 Washington	Street							Hartfor	·d		СТ	06106

# Contact Role(s): Legal Contact, Owner Please note the following:

Extension

**Business Phone** 

860-522-0163

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

**Mobile Phone** 

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

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

End of schedule

	Connecticut [	Janartment of	Public Health D	rinbi	ng W	otor So	ction
		•	oring and Comp				Ction
PWS ID	PWS Name	Quality Monit					ner Type Primary Source
CT071003	GIRL SCOUTS OF CT - 0	CAMP LAUREL - WELL 3	3	NC	2	5	P GW
Local Add	ress (where applicable)		Service Residentia	Comm	ercial In	dustrial	Combined Agricultura
175 CLUB	HOUSE ROAD		Connections	10	)		
Towns Se	rved: LEBANON					1	+
		Monito	oring Requirement	S			
Water Sy	stem Facility: <b>DISTRIBUT</b>	ION SYSTEM (WSF I	D: 00600)				
Total Co	oliform (3100)					1 rou	tine (RT) per quarte
Sam	pling Point (Sampling Point II	D)	Monitoring	Period	Collecti	on Period	Compliance Status
Selec	ct from Inventory of Active Sa	mpling Points	7/1/19 - 9/	30/19			Complete
			10/1/19 - 12				Complete
			4/1/20 - 6/				
			7/1/20 - 9/	30/20			
Physical	Parameters (PPS)					1 rou	tine (RT) per quarte
	pling Point (Sampling Point II		Monitoring		Collecti	on Period	Compliance Status
Selec	ct from Inventory of Active Sa	mpling Points	7/1/19 - 9/	-			Complete
			10/1/19 - 12				Complete
			4/1/20 - 6/				
			7/1/20 - 9/	30/20			
	stem Facility: ENTRY POI	NT (WSF ID: 00700)					
	And Nitrite (NOX)	-1					routine (RT) per year
Sam	pling Point (Sampling Point II	(ט	Monitoring	Perioa	Collecti	on Period	Compliance Status
	2) / DOINT (0)	,	4/4/40 40	104 140			6 1.
ENTF	RY POINT (3)	,	1/1/19 - 12/				Complete
ENTF	RY POINT (3)	•	1/1/20 - 12,	/31/20			Complete
ENTF	RY POINT (3)		1/1/20 - 12, 1/1/21 - 12,	/31/20 /31/21			Complete
ENTF	RY POINT (3)		1/1/20 - 12,	/31/20 /31/21			Complete
	RY POINT (3)		1/1/20 - 12, 1/1/21 - 12, ompliance Schedul	/31/20 /31/21 <b>es</b>		Achieved I	
Complian			1/1/20 - 12, 1/1/21 - 12, ompliance Schedul	/31/20 /31/21 <b>es</b>		Achieved l	
Complian	ce Schedule Activity L START UP COMPLETION	Other C	1/1/20 - 12, 1/1/21 - 12, ompliance Schedul	/31/20 /31/21 <b>es</b> <i>2 Date</i> /2020			
Complian	ce Schedule Activity L START UP COMPLETION	Other C	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul Duc 5/1	/31/20 /31/21 <b>es</b> <i>2 Date</i> /2020			
Complian SEASONA Water System	ce Schedule Activity L START UP COMPLETION  Wat  Water System Facility	Other Coter System Facili	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul Duc 5/1 ity and Sampling Point	/31/20 /31/21 es e Date /2020 oint In	ventor  Total  Coliform	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Co	1/1/20 - 12, 1/1/21 - 12, ompliance Schedul Duc 5/1 ity and Sampling Point Description	/31/20 /31/21 es e Date /2020 oint In	ventor	Lead and	Date
Complian SEASONA Water System	ce Schedule Activity L START UP COMPLETION  Wat  Water System Facility	Other Cotter System Facility  Sampling Point ID 4	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul Duc 5/1 ity and Sampling Point Description	/31/20 /31/21 es <i>Date</i> /2020 oint In	Total Coliform Rule	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Cotter System Facility  Sampling Point ID 4 BJ11211	1/1/20 - 12, 1/1/21 - 12, compliance Schedul  Due 5/1  ity and Sampling Point  Description  DISTRIBUTION SYSTEM WHITE PRE HAND WASH	/31/20 /31/21 es <i>Date</i> /2020 oint In	ventor Total Coliform Rule	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Content of	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul Duc 5/1 ity and Sampling Point Description DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS	/31/20 /31/21 es e Date /2020 oint In Status A A	Total Coliform Rule Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Conternation of the Content of the Conte	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul 5/1 ity and Sampling Point Description DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES	/31/20 /31/21 es @ Date /2020 oint In Status A A A A	Total Coliform Rule Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Conternation of the Content of the Conte	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul 5/1 ity and Sampling Point Description DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT	/31/20 /31/21 es ¿ Date /2020 Dint In Status A A A A A	Total Coliform Rule Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Conternation of the Conternation of the Content of the	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul Duc 5/1 ity and Sampling Point Description DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE	/31/20 /31/21 es e Date /2020 oint In Status A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Conternation of the Content of the Conte	1/1/20 - 12/ 1/1/21 - 12/ ompliance Schedul 5/1 ity and Sampling Point Description DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE DISTRIBUTION TAP	/31/20 /31/21 es 2 Date /2020 oint In Status A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conternation of the Conternation of the Conternation of the Content of the	1/1/20 - 12/ 1/1/21 - 12/ compliance Schedul  Due 5/1 ity and Sampling Point Description  DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE DISTRIBUTION TAP RAMBLERS REST SINK	/31/20 /31/21 es ¿ Date /2020 oint In Status A A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conter System Facilia  Sampling Point ID  4  BJ11211  BJ91401  BJ91403  BJ91404  BJ91405  BK05447  BN21690  DOWNSTREAM	1/1/20 - 12/ 1/1/21 - 12/ compliance Schedul  Duc 5/1 ity and Sampling Point Description  DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE DISTRIBUTION TAP RAMBLERS REST SINK WITHIN 5 SERVICE CON	/31/20 /31/21 es ¿ Date /2020 oint In Status A A A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE 00600	Ce Schedule Activity L START UP COMPLETION  Water System Facility  DISTRIBUTION SYSTEM	Other Conternation of the Conternation of the Content of the Conte	1/1/20 - 12/ 1/1/21 - 12/ compliance Schedul  Duc 5/1 ity and Sampling Point Description  DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE DISTRIBUTION TAP RAMBLERS REST SINK WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	/31/20 /31/21 es ¿ Date /2020 oint In Status A A A A A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y Y	Lead and	Date Stage
Complian SEASONA Water System Facility IE	ce Schedule Activity L START UP COMPLETION  Water System Facility	Other Conter System Facilia  Sampling Point ID  4  BJ11211  BJ91401  BJ91403  BJ91404  BJ91405  BK05447  BN21690  DOWNSTREAM	1/1/20 - 12/ 1/1/21 - 12/ compliance Schedul  Duc 5/1 ity and Sampling Point Description  DISTRIBUTION SYSTEM WHITE PRE HAND WASH 4 CORNERS WHITE PINES WATERFRONT OFFICE DISTRIBUTION TAP RAMBLERS REST SINK WITHIN 5 SERVICE CON	/31/20 /31/21 es ¿ Date /2020 oint In Status A A A A A A A A A	Total Coliform Rule Y Y Y Y Y Y Y Y	Lead and	Date Stage

57398 PRESSURE STORAGE

(		•	rtment of lity Monit				U	<b>'</b>		ction	
PWS ID P	WS Name					Classi	fication	Population	Owne	er Type	Primary Source
CT0710034	IRL SCOUTS OF	CT - CAMP	LAUREL - WELL 3	3		ı	NC	25		Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial C	ommercia	al Industri	ial C	ombine	ed Agricultural
175 CLUBHOUSE F	ROAD			Connection	IS		10				
Towns Served: LEI	1	'					1				
			Con	tact Info	rmation	1					
Name			Oı	rganization					,	Job Titl	e
Ms. Michele Vele	Z		Gi	irl Scouts of (	Connecticu	t	Dir. Property Svcs.				
Mailing Address Li	ine One		Mailing Address	s Line Two				City			Zip Code
20 Washington Av	renue						North F	Haven		СТ	06473
Business Phone	Extension	Fax	Mobi	le Phone	Emergenc	y Phone	e Email A	ddress			
203-239-2922	3329	203-239-	7220		800-922	-2770	mvelez	@gsofct.or	g		
Contact Role(s):	Administrative	Contact									
Name			Oi	rganization						Job Titl	е
Girl Scouts of Am											
Mailing Address Li	ine One		Mailing Address	s Line Two			City			State	Zip Code
340 Washington S	treet									06106	

# Please note the following:

Contact Role(s): Legal Contact, Owner

Extension

**Business Phone** 

860-522-0163

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

**Mobile Phone** 

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

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 Depar	tment	of Public H	lealth i	Drinl	king '	Water	Sect	ion	
Water Quali									
PWS ID PWS Name	ity Moi	intornig an		<u> </u>				Typo D	rimary Source
CT0710044 FIRE SAFETY COMPLEX				NC	יווטוון די	25	I	Type F	GW
Local Address (where applicable)		Service	Residenti		mercial		_	nbined	Agricultural
GOSHEN HILL ROAD		Connections	Residenti	iai Coiii	1	muustii	ai Coi	IIDIIIEU	Agricultural
Towns Served: LEBANON									
TOWNS SELVED. LEBANON	N/1	sitavina Danı							
Water System Facility: <b>DISTRIBUTION SYS</b>		nitoring Requ SF ID: 00600)	iiremen	its					
Total Coliform (3100)	(	<b>,</b>				1	routing	- (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	a Period	l Col	lection Pe			ance Status
Select from Inventory of Active Sampling F	Points		7/1/19 - 9						mplete
		-	10/1/19 - 1		9				mplete
			1/1/20 - 3						mplete
			4/1/20 - 6						Пріссе
			7/1/20 - 9						
Physical Parameters (PPS)			., _,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	routing	- (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	a Period	l Col	lection Pe			ance Status
Select from Inventory of Active Sampling F	Points		7/1/19 - 9						mplete
, 1 0			 10/1/19 - 1		9				mplete
			1/1/20 - 3						mplete
			4/1/20 - 6						•
			7/1/20 - 9						
Water System Facility: ENTRY POINT (WS	SF ID: 007	00)		· ·					
Nitrate And Nitrite (NOX)		•					1 rou	tine (R	T) per year
Sampling Point (Sampling Point ID)			Monitorin	g Period	l Col	lection Pe		-	ance Status
ENTRY POINT (3)			1/1/19 - 1						mplete
, ,			1/1/20 - 1	2/31/20				Со	mplete
			1/1/21 - 1						
	Public N	Notification R							
		Compliance	Notice	Pu	blic Not	<u>ification</u>	1	PN Cert	rification_
Violation/Situation		Period	Tier	Requ	uired	Performe	d Due	to DPH	Received
Physical Parameters M&R Violation		1/1/19 - 3/31/19	3	5/28/	/2020		6/7/	/2020	
Total Coliform M&R Violation		1/1/19 - 3/31/19	3	5/28/	/2020		6/7,	/2020	
Water Sys	stem Fa	cility and Sar	npling I	Point	Inven	tory			
Water					Tote	al Lead	and		
•		oint Sampling Poi	nt		Colifo				Stage
E		Doccrintion			Desi	o Dulo	Tier As	bestos	<b>WQP 2 DBPR</b>
Facility ID	ID	Description		Statu	ıs Rul	e kule	7.0.		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Statu A	<u>is Kui</u> Y	e kule	7101 7101		
00600 DISTRIBUTION SYSTEM	4 OWNSTRE	DISTRIBUTION AM WITHIN 5 SER	VICE CON	A A	13	<u>e kule</u>			
00600 DISTRIBUTION SYSTEM D	4	DISTRIBUTION AM WITHIN 5 SER	VICE CON	A A	13	e kule			
00600 DISTRIBUTION SYSTEM  D  00700 ENTRY POINT	4 OWNSTRE	DISTRIBUTION  AM WITHIN 5 SER  WITHIN 5 SER  ENTRY POINT	VICE CON	A A	13	e Kule			
00600 DISTRIBUTION SYSTEM D	4 OOWNSTRE UPSTREAM	DISTRIBUTION AM WITHIN 5 SER M WITHIN 5 SER	VICE CON	A A A	13	е кие			
00600 DISTRIBUTION SYSTEM  D  00700 ENTRY POINT	4 OWNSTRE UPSTREAM 3	DISTRIBUTION  AM WITHIN 5 SER  WITHIN 5 SER  ENTRY POINT	VICE CON	A A A	13	е кие			
00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  21214 WELL	4 OOWNSTRE UPSTREAM 3 2 2	DISTRIBUTION AM WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	VICE CON	A A A A	13	е кие			
00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  21214 WELL	4 OOWNSTRE UPSTREAM 3 2 2	DISTRIBUTION AM WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL WELL 2	VICE CON	A A A A	13	e Kule		) Title	
00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT 21214 WELL 60931 WELL 2	4 OOWNSTRE UPSTREAM 3 2 2	DISTRIBUTION AM WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL WELL 2 Contact Inform	VICE CON	A A A A	13	e Kule			

(	Connectic	ut Depa	irtment	of Pu	ıblic F	Health	ı Drii	ıking '	Water	Sect	tion	
	Wa	ter Qua	lity Moi	nitori	ng an	d Con	nplia	nce So	chedul	e		
PWS ID	PWS Name						Classif	ication Po	opulation	Owner	Type Pr	imary Source
CT0710044	FIRE SAFETY CO	<b>VIPLEX</b>					N	С	25	L		GW
Local Address (wh	nere applicable)			Serv	vice	Resider	ntial Co	mmercial	Industri	al Co	mbined	Agricultural
GOSHEN HILL ROA	AD			Con	nections			1				
Towns Served: LE	BANON									'		
Business Phone	Extension	Fax	N	1obile Ph	one E	mergency	/ Phone	Email Ad	dress			
Contact Role(s):	Owner											
Name				Organiz	zation					Jo	ob Title	
Ms. Betsy Petrie				Town o	of Lebano	n			First Selec	tman		
Mailing Address L	ine One		Mailing Add	dress Line	e Two				City		State	Zip Code
579 Exeter Road								Lebanon			СТ	06249
Business Phone	Extension	Fax	N	1obile Ph	one E	mergency	/ Phone	Email Ad	dress		·	
860-642-6100		860-642-	7716					bpetrie@	lebanont	ownhal	l.org	
Contact Role(s):	Administrative	Contact, Leg	gal 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.

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End of schedule

	Connecticut Depa	rtment of	Public	Health	Drir	ıking	Wa	ater S	Section	
	Water Qual	lity Monit	oring ar	nd Com	iplia	nce S	che	edule	•	
PWS ID	PWS Name				Classifi	cation	Popul	ation C	wner Type	Primary Source
CT0710064	GOSHEN HILL CHURCH				N	С	2.	5	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Co	mmercia	al In	dustrial	Combine	d Agricultural
CHURCH ROAD			Connections	S		1				
Towns Served:	LEBANON									
		Monito	oring Req	uireme	nts					
Water System	Facility: DISTRIBUTION SY	STEM (WSF II	D: 00600)							
<b>Total Coliforn</b>	m (3100)								1 routine	(RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Co	llecti	on Perio	od Comp	oliance Status
Select fron	n Inventory of Active Sampling	Points		1/1/19 -	12/31/1	L9				Complete
				1/1/20 -	12/31/2	20			(	Complete
				1/1/21 -	12/31/2	21				
-	meters (PPS)									(RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	od Co	llecti	on Perio		oliance Status
Select from	m Inventory of Active Sampling	Points		1/1/19 -					(	Complete
				1/1/20 -					(	Complete
				1/1/21 -	12/31/2	21				
Water System	Facility: ENTRY POINT (W	/SF ID: 00700)								
Nitrate And N	Nitrite (NOX)								1 routine	(RT) per year
	Point (Sampling Point ID)			Monitori			llecti	on Perio	od Comp	oliance Status
ENTRY POI	INT (3)			1/1/19 -						Complete
				1/1/20 -					(	Complete
				1/1/21 -	12/31/2	21				
	Water Sy	/stem Facili	ty and Sa	mpling	Point	t Inve	ntor	У		
Water						То	tal	Lead a	nd	
*	ter System Facility	Sampling Point		oint		Colij	form	Coppe		Stage
Facility ID		ID	Description		Sta	tus Ri	ule	Rule Ti	ier Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	P	Α .	Y			
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	N A	A				
		UPSTREAM	WITHIN 5 SE	RVICE CON	<b>1</b> A	4				
00700 ENT	RY POINT	3	ENTRY POIN	Т	P	4				
21215 WEL	L	2	WELL		P	4				
58519 BLAD	DDER STORAGE									
		Con	tact Infor	mation						
Name			ganization						Job Title	!
Ms. Maureen N	McCall		oshen Hill Chu	urch		T				
Mailing Address	s Line One	Mailing Address	s Line Two				Cit	ty	State	Zip Code
157 Church Roa	ad					Lebano	n		СТ	06249
Business Pho	ne Extension Fax	Mobi	le Phone	Emergency	Phone	Email A	ddres	S		
860-642-715	50			860-305-	3662	mmcca	ll023@	စ္စearthli	ink.net	
Contact Role(s)	: Administrative Contact, Leg	al Contact								

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

		<del></del>		F				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0710064	GOSHEN HILL CHURCH				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
CHURCH ROAD		Connections			1			

Towns Served: LEBANON

#### Please note the following:

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End of schedule

Page 13

Conne	ecticut Department of I	Public F	lealth	Drin	king	Water	· Se	ction	
Comin	Water Quality Monito				U			CCIOII	
DIAIC ID		illig all	u Con				1	T D	······· 6
PWS ID PWS Nam						-	Own		Primary Source
	LIAMS CAMPGROUND	Service	Dosidon	NO tial Can	nmercial	25 Industr	ial	P	GW
Local Address (where appl 1742 EXETER ROAD	,	Connections	Residen	tiai Coi	1	maustr	Idl	Combined	Agricultural
Towns Served: LEBANON					<b>T</b>				
TOWNS SCIVED. ELBANON	Manitar	ina Dogu	inomo	<b>1</b>					
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID:	ring Requ	iireme	nts					
Total Coliform (3100)	(	, , , , , , , , , , , , , , , , , , , ,					1 rou	tine (RT)	per quarter
Sampling Point (Sam	pling Point ID)		Monitori	ng Perio	od Co	llection Pe			iance Status
	of Active Sampling Points		7/1/19 -						omplete
,			10/1/19 -						omplete
			4/1/20 -						
			7/1/20 -	9/30/20	)				
Physical Parameters (F	PPS)						1 rou	tine (RT)	per quarter
Sampling Point (Sam	pling Point ID)		Monitori	ng Perio	d Co	llection Pe	riod	Compl	iance Status
Select from Inventory	of Active Sampling Points		7/1/19 -	9/30/19	)			Co	omplete
			10/1/19 -	12/31/1	19			Co	omplete
			4/1/20 -	6/30/20	)				
			7/1/20 -	9/30/20	)				
Water System Facility:	ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NO	OX)						1 :	routine (I	RT) per year
Sampling Point (Sam	pling Point ID)		Monitori	ng Perio	od Co	llection Pe	riod	Compl	iance Status
ENTRY POINT (3)			1/1/19 -	12/31/1	9	4/1-12/32	1	Co	omplete
			1/1/20 -			4/1-12/33			
			1/1/21 -	12/31/2	1	4/1-12/3	1		
	WELL #2 (WSF ID: 21217)								
E. Coli (3014)									per quarter
Sampling Point (Sam	pling Point ID)					llection Pe	riod		iance Status
WELL (2)			7/1/19 -						omplete
			10/1/19 -					Co	omplete
			4/1/20 -						
	WELL 112 (1410ELD COECO)		7/1/20 -	9/30/20	)				
	WELL #3 (WSF ID: 60568)								
E. Coli (3014)	ultura Detact (D)		0.4 14 1						per quarter
Sampling Point (Sam	pling Point ID)		Monitori			llection Pe	rioa		iance Status
WELL 3 (2)			7/1/19 -						omplete omplete
			- 4/1/20 - 4/1/20					CC	mpiete
			7/1/20 -						
D. (	athly Motor Cretors To silit	(\A/CT\ I				) o au siu s		-	
	nthly Water System Facilit ENTRY POINT (WSFID: 00700)	y (VVSF) I	Level IV	nonite	oring F	kequire	mei	its	
Analyte	Monitoring Requirement (Summar	v Tyne)	One	rating Li	mit			Samples P	eq/Month
pH	Entry Point pH Monitoring (PHRD)	, , , , , ,		mum: 7				-	4
Start Date: 4/1/2019	j · oe pri momeomig (r mo)	Complia	nce Histo			ration Lies	ie	Monito	-
7/1/2013		-	ing Perio	-	-	rating Lim			ance Status:
			19 - 10/3					•	

		•	irtment of				Ŭ			ection	
		ater Qua	lity Monit	oring a	and Con	-					
PWS ID	PWS Name								n Ow		Primary Source
CT0710074	LAKE WILLIAM		IND			-	VC	25		Р	GW
	(where applicable	e)		Service	Residen	itial Co	ommercia	l Indust	rial	Combine	d Agricultura
1742 EXETER R				Connection	ons		1				
Towns Served:											
•	n Facility: <b>ENTI</b>										
Analyte			irement (Summ		Ope	rating	Limit			Samples I	Req/Month
рН		ry Point pH M	onitoring (PHRD			imum:	7 PH				4
Start Date:	4/1/2019				pliance Histo	-	Оре	erating Lir	nit	Monito	_
					itoring Perio			npliance S	Status	: Compli	ance Status:
					/2019 - 11/3						
					/2019 - 12/3		)				
					2020 - 1/31/2						
				2/1/	2020 - 2/29/2	2020					
			Other C	ompliar	ice Sched						
-	hedule Activity					Due Do		Achi	ieved	Date	
SEASONAL STA	RT UP COMPLET					4/1/20					
		Water S	ystem Facili	ity and S	Sampling	Poin	t Inver	ntory			
Water			c "	c !:	5		To		d and	1	
•	ter System Facili	ty	Sampling Point ID	Sampling Description			Colif		pper		Stage
Facility ID	TOUDUITION CVCTC	· N 4		-			atus Ru		e Hei	Aspestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTE	:IVI	4		TION SYSTEM		A \				
			DOWNSTREAM				A				
00700 FNI	TOV DOINT		UPSTREAM		SERVICE COI		A				
	TRY POINT		3	ENTRY PO	IIN I		A				
	LL #2		2	WELL			A				
	ATMENT PLANT			\\/			•				
60568 WE	LL #3		2	WELL 3			A				
			Con	tact Info	ormation	1					
Name			0	rganization						Job Title	
Mr. John Olek	siw				s Campgrour	nd Asso	С	Presider	nt		
Mailing Addres	ss Line One		Mailing Addres	s Line Two				City		State	Zip Code
PO Box 571							Manche	ster		СТ	06045
Business Pho	one Extension	Fax	Mobi	le Phone	Emergency	/ Phone	e Email A	ddress			
860-908-184	42						lwca.inc	.pc@gma	il.con	n	
Contact Role(s	): Legal Contact	, Owner									
Name			0	rganization						Job Title	
Mr. Franklin P				licy & Ryan	, Pc			Attorney	/		
Mailing Addres			Mailing Addres	s Line Two				City		State	Zip Code
365 Main Stree							Waterto			CT	06795
Business Pho				le Phone	Emergency	/ Phone					
860-274-00		860-274-	0061				pilicylav	v@pilicy.c	com		
Contact Role(s	): Legal Contact										
1											

	Connectic	ut Depa	artment (	of Public	Health	ı Dr	ınkıng	g Water	Section	l
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedu	le	
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary So
CT0710074	LAKE WILLIAMS	CAMPGROU	JND				NC	25	Р	GW
Local Address (wl	nere applicable)			Service	Residential		Commerci	al Industri	ial Combin	ed Agricult
1742 EXETER ROA	AD.			Connection	ns		1			
Towns Served: LE	BANON									
Name				Organization					Job Titl	е
Ms. Kim Gillette				Lake Williams	Campgroui	nd Ass	ос	Vice Presi	ident	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
PO Box 571							Manch	ester	СТ	06045
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phor	ne Email A	Address	·	
860-908-1842					860-280	-4638	lwca.ir	c.pc@gmail	l.com	
Contact Role(s):	Administrative	Contact	'							

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 147 - (-)

#### Contact Role(s): Administrative Conta

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Depar Water Quali						_			
PWS ID PWS Name				Clas	ssification	Popu	lation O	wner Type P	rimary Source
CT0710084 LEBANON COMMUNITY HOUS	E				NC	2	5	L	GW
Local Address (where applicable)		Service	Residen	tial	Commerc	cial In	dustrial	Combined	Agricultural
ROUTE 207 AND ROUTE 87		Connections			1				
Towns Served: LEBANON									
	Monit	oring Requ	ireme	nts					
Water System Facility: DISTRIBUTION SYS	TEM (WSF I	D: 00600)							
Total Coliform (3100)							1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Collecti	ion Perio		iance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 -	9/30	0/19			Co	mplete
		:	10/1/19 -	12/3	31/19			Co	mplete
			1/1/20 -	3/3	1/20			Co	mplete
			4/1/20 -	6/30	0/20				
			7/1/20 -	9/30	0/20				
Physical Parameters (PPS)							1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Collecti	ion Perio	d Compl	iance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 -	9/30	0/19			Co	mplete
			10/1/19 -	12/3	31/19			Co	mplete
			1/1/20 -					Co	mplete
			4/1/20 -	6/30	0/20				
			7/1/20 -	9/30	0/20				
Water System Facility: ENTRY POINT (WS	F ID: 00700)	1							
Nitrate (1040)								=	RT) per year
Sampling Point (Sampling Point ID)			Monitori			Collecti	ion Perio		iance Status
ENTRY POINT (3)			1/1/19 - :						mplete
			1/1/20 - :					Co	mplete
			1/1/21 - :	12/3	1/21				
Nitrite (1041)								<del>-</del>	RT) per year
Sampling Point (Sampling Point ID)			Monitori			Collecti	ion Perio		iance Status
ENTRY POINT (3)			1/1/19 - :						mplete
			1/1/20 - :	_				Co	mplete
			1/1/21 - :	12/3	1/21				
, , , , , , , , , , , , , , , , , , ,	Public Not	tification R	equire	me	ents				
	(	ompliance	Notice		Public I	Votifica	<u>ition</u>	PN Cer	tification_
Violation/Situation		Period	Tier		Required		formed	Due to DPH	Received
Total Coliform MCL Violation		/06 - 9/30/06	2		9/10/2006	5		9/20/2006	
Nitrate M&R Violation		/13 - 6/30/13	3		.0/17/201			10/27/2013	
Physical Parameters M&R Violation		/19 - 3/31/19	3		5/28/2020			6/7/2020	
Total Coliform M&R Violation	1/1	/19 - 3/31/19	3		5/28/2020	)		6/7/2020	
Water Sys	tem Facil	ity and Sar	npling	Ро	int Inv	entor	y		
Water					7	otal	Lead ar	nd	
		Sampling Poi	nt			liform	Coppe		Stage
Facility ID	ID	Description			Jiuius	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ			
		WITHIN 5 SER			A				
	UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700 ENTRY POINT	3	ENTRY POINT			Α				

	301111CCC1C	•					0			
	wa	ter Qual	lity Mon	itoring a	and Con					
PWS ID	PWS Name					Classif	ication Po	opulation Ov	ner Type	Primary Source
CT0710084	EBANON COMI	MUNITY HOU	JSE			N	IC	25	L	GW
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combine	d Agricultural
ROUTE 207 AND	ROUTE 87			Connection	ons		1			
Towns Served: LE	BANON									
		Water Sy	stem Fac	cility and S	Sampling	Poin	t Inven	tory		
Water							Tota	ıl Lead and	1	
System Water	System Facility		Sampling Poi	int Sampling			Colifo	rm Copper		Stage
Facility ID			ID	Description	n	Sta	itus Rul	e Rule Tie	r Asbesto	s WQP 2 DBPR
21218 WELL			2	WELL		ı	4			
58254 BLADE	ER TANK									
			C	ontact Inf	ormation	1				
Name				Organization					Job Title	!
Lebanon										
Mailing Address I	ine One		Mailing Add	ress Line Two				City	State	Zip Code
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Ad	dress		
Contact Role(s):	Owner									
Name				Organization					Job Title	!
Ms. Betsy Petrie				Town of Leba	anon			First Selectm	an	
Mailing Address I	ine One		Mailing Add	ress Line Two				City	State	Zip Code
579 Exeter Road		ı					Lebanon		СТ	06249
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Ad	dress		
860-642-6100		860-642-7	7716				bpetrie@	lebanontowi	nhall.org	
Contact Role(s):	Administrative	Contact, Leg	al Contact							

Connecticut Department of Public Health Drinking Water Section

# 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 Do	•									on	
	water Q	uality Mo	onit	oring and								
PWS ID	PWS Name				С		ition				ype Pr	imary Source
CT0710104						NC		25		L		GW
	ress (where applicable)			Service	Residentia	I Com	mercia	al Ind	ustrial	Com	bined	Agricultural
580 EXETE				Connections			1					
Towns Ser	ved: LEBANON											
				oring Requ	iremen	ts						
Water Sys	stem Facility: DISTRIBUTION	ON SYSTEM (\	WSF I	D: 00600)								
<b>Total Col</b>	liform (3100)								1 r	outine	(RT) p	er quarter
	oling Point (Sampling Point ID)			-	Monitoring		l Co	ollectio	n Perio	d C	ompli	ance Status
Select	t from Inventory of Active Sam	pling Points			7/1/19 - 9,						Coı	mplete
				1	10/1/19 - 1		)					mplete
					1/1/20 - 3/						Coi	mplete
					4/1/20 - 6,							
					7/1/20 - 9,	/30/20						
•	Parameters (PPS)											er quarter
	pling Point (Sampling Point ID)			-	Monitoring		Co	ollectio	n Perio	d C		ance Status
Select	t from Inventory of Active Sam	pling Points			7/1/19 - 9/							nplete
					10/1/19 - 12		}					nplete
					1/1/20 - 3						Col	nplete
					4/1/20 - 6/							
Mator Cou	store Facility FAITRY BOIN	T (MCF ID: 00	2001		7/1/20 - 9,	/30/20						
•	stem Facility: ENTRY POIN	I (WSF ID: UC	J/UU)								. /-	_,
	And Nitrite (NOX)									1 rout	ıne (R	T) per year
Causass	alina Daint (Committee Daint ID)				N // i+ i	Douted		- 11+:-	- Davis	4 6		Charles
	oling Point (Sampling Point ID)				Monitoring			ollectio	n Perio	d C		nnce Status
	pling Point (Sampling Point ID) Y POINT (3)				1/1/19 - 12	/31/19		ollectio	n Perio	od C	Соі	mplete
					1/1/19 - 12 1/1/20 - 12	2/31/19 2/31/20		ollectio	n Perio	od C	Соі	
					1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	2/31/19 2/31/20 2/31/21		ollectio	n Perio	od C	Соі	mplete
			Not		1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	/31/19 /31/20 /31/21 nents					Cor	nplete nplete
ENTR	Y POINT (3)			cification R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 <b>equiren</b> <i>Notice</i>	/31/19 /31/20 /31/21 nents	blic No	otificat	<u>ion</u>	P	Con Con	mplete mplete ification
ENTR  Violation/	Y POINT (3)		С	ification R compliance Period	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 <b>equiren</b> <i>Notice</i> <i>Tier</i>	/31/19 2/31/20 2/31/21 nents Pul Requ	blic No	otificat		P. Due to	Cor Cor N Cert	nplete nplete
ENTR	Y POINT (3)  Situation	Public	1/1,	cification R compliance Period /19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 <b>equiren</b> <i>Notice</i> <i>Tier</i> 3	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/	blic No	otificat Perfo	ion ormed	P	Cor Cor N Cert	mplete mplete ification
ENTR  Violation/	Y POINT (3)  Situation		1/1,	cification R compliance Period /19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 <b>equiren</b> <i>Notice</i> <i>Tier</i> 3	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/	blic No	otificat Perfo	ion ormed	P. Due to	Cor Cor N Cert	mplete mplete ification
Violation/E. Coli  Water	Y POINT (3)  'Situation  Wate	Public er System F	1/1, acili	cification R compliance Period /19 - 3/31/19 ity and San	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/	blic No sired (2020 Inve	etificat Perfo	ion ormed / Lead an	<u>P</u> Due to 6/9/2	Cor Cor N Cert	mplete mplete ification Received
Violation/E. Coli  Water System	Y POINT (3)  Situation  Water  Water System Facility	Public er System F	1/1, acili	cification R compliance Period /19 - 3/31/19 ity and San	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/	blic No pired (2020 Invel To Colij	etificat Perfo	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/ E. Coli Water System Facility ID	Y POINT (3)  /Situation  Water System Facility	Publicer System For System For Sampling	1/1, acili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete ification Received
Violation/SE. Coli  Water System Facility ID	Y POINT (3)  Situation  Water  Water System Facility	Public er System F Sampling ID 4	1/1, Facili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	etificat Perfo	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID	Y POINT (3)  /Situation  Water System Facility	Public er System F Sampling ID 4 DOWNSTR	1/1,Facili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600	Y POINT (3)  (Situation  Water System Facility  DISTRIBUTION SYSTEM	Public er System F Sampling ID 4 DOWNSTR UPSTRE	1/1,Facili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/ E. Coli  Water System Facility ID 00600	Y POINT (3)  (Situation  Water  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT	Public er System F Sampling ID 4 DOWNSTR UPSTRE 3	1/1,Facili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600  00700 21220	Y POINT (3)  /Situation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Public er System F Sampling ID 4 DOWNSTR UPSTRE	1/1,Facili	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600  00700 21220	Y POINT (3)  (Situation  Water  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT	Public er System F Sampling ID 4 DOWNSTR UPSTRE 3	2 1/1, Facili Point REAM	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600  00700 21220	Y POINT (3)  /Situation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Public er System F Sampling ID 4 DOWNSTR UPSTRE 3	2 1/1, Facili Point REAM	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2	Con Con N Cert.	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600  00700 21220	Y POINT (3)  /Situation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Public er System F Sampling ID 4 DOWNSTR UPSTRE 3	1/1/ Facili Point REAM AM	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2 and reer Asb	Con Con N Cert.	mplete mplete fication Received
Violation/ E. Coli Water System Facility ID 00600 00700 21220 58256	Y POINT (3)  /Situation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Public er System F Sampling ID 4 DOWNSTR UPSTRE 3	1/1/ Facili Point REAM AM	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe	P. Due to 6/9/2 and reer Asb	N Cert	mplete mplete fication Received
Violation/SE. Coli  Water System Facility ID 00600  00700 21220 58256  Name Lebanon	Y POINT (3)  /Situation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Public er System F Sampling ID 4 DOWNSTE UPSTRE 3 2	1/1/ Facili Point REAM AM	cification R compliance Period /19 - 3/31/19 ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 npling P nt I SYSTEM VICE CON VICE CON	2/31/19 2/31/20 2/31/21 nents Pul Requ 5/30/ Point I	blic No iired (2020 Inve To Colij	ntory otificat	ion ormed Lead an Coppe Rule Tid	PDue to 6/9/2 and reer Asb	N Cert	mplete mplete fication Received

	Connec	tici	ut Depa	rtm	ent of	Public	Healtl	n Dri	nking	g Water	· Se	ction	
	V	Vat	ter Qual	lity I	Monito	oring a	nd Co	nplia	ance S	Schedu	le		
PWS ID	PWS Name							Classi	fication	Population	Own	er Type	Primary Source
CT0710104	TRUMBULL	LIBR	ARY					ı	NC	25		L	GW
Local Address (w	here applica	ble)				Service	Reside	ntial C	ommerci	ial Industri	ial	Combine	ed Agricultural
580 EXETER ROA	.D								1				
Towns Served: LI	_						·			·			
business Phon	e Extensi	OII	гах		IVIODIII	e Phone	Emergend	у Рпопе	e Elliali /	Address			
Contact Role(s):	Owner												
Name					Org	ganization						Job Title	2
Ms. Betsy Petrie					Tov	wn of Leba	non			First Sele	ctmar	1	
Mailing Address	Line One			Mailin	g Address	Line Two				City		State	Zip Code
579 Exeter Road									Leban	on		СТ	06249
Business Phone	e Extensi	on	Fax		Mobile	e Phone	Emergeno	y Phone	e Email <i>i</i>	Address			
860-642-6100			860-642-7	716					bpetri	e@lebanont	ownh	all.org	
Contact Role(s):	Administra	tive (	Contact. Leg	al Cont	act								

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Sam	Parameters (PPS)  pling Point (Sampling Point ID)  ct from Inventory of Active Samp	ling Points		<b>Monitoring</b> 7/1/19 - 9/		Collection Period	d Comp	per quarter liance Status complete
Selec	ct from Inventory of Active Samp	ling Points		7/1/19 - 9/ 10/1/19 - 12 1/1/20 - 3/	2/31/19		C	omplete omplete omplete
				4/1/20 - 6/ 7/1/20 - 9/	/30/20			omplete
	stem Facility: ENTRY POINT And Nitrite (NOX)	(WSF ID: 00	700)			1	1 routine (	RT) per year
/						-	/	
	Poling Point (Sampling Point ID) RY POINT (3)			Monitoring 1/1/19 - 12 1/1/20 - 12	/31/19 /31/20	Collection Period	d Comp	omplete omplete
		Duklia	Notification	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	/31/19 /31/20 /31/21		d Comp	liance Status omplete
		Public	Notification	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren	/31/19 /31/20 /31/21 nents	Collection Period	d Comp C	iomplete complete
ENTF Violation,	YSituation	Public	Compliance Period	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier	/31/19 /31/20 /31/21 <b>1ents</b> <i>Public</i> <i>Require</i>	Collection Period  Notification  d Performed	COMP  COMP  COMP  PN Ce  Due to DPI	diance Status complete complete
ENTF Violation,	/Situation form M&R Violation		Compliance Period 1/1/19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier	/31/19 /31/20 /31/21 <b>nents</b> <i>Public</i> <i>Require</i> 5/30/202	Notification  d Performed	d Comp C C	diance Status complete complete
Violation, Total Colif Water System	/Situation form M&R Violation  Water  Water System Facility	System Fa	Compliance Period  1/1/19 - 3/31/19  acility and Sampling P	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12  Requiren Notice Tier 3  ampling P	/31/19 /31/20 /31/21 nents <i>Public</i> <i>Require</i> 5/30/202	Notification d Performed 20 /entory Total Lead and oliform Copper	PN Ce Due to DPI 6/9/2020	iomplete complete rtification H Received
Violation, Total Colif	/Situation form M&R Violation  Water  Water System Facility	Sampling P ID 4 DOWNSTRI	Compliance Period  1/1/19 - 3/31/19  acility and Sa  coint Sampling P Description  DISTRIBUTION  EAM WITHIN 5 S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12  Requiren Notice Tier 3 3 ampling P oint ON SYSTEM ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 oint Inv C Status A A	Notification d Performed 20 /entory Total Lead and oliform Copper	PN Ce Due to DPI 6/9/2020	iomplete complete rtification H Received
Violation, Total Colif  Water System Facility IE 00600	/Situation form M&R Violation  Water  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT	Sampling P ID 4 DOWNSTRI UPSTREA	Compliance Period  1/1/19 - 3/31/19  acility and Sampling P Description DISTRIBUTION DISTRIBUTION DISTRIBUTION EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12  Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020	iomplete complete rtification H Received
Violation, Total Colif  Water System Facility IE 00600  00700 21221	VSituation Form M&R Violation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	System Faster Sampling PID 4 DOWNSTRIA	Compliance Period  1/1/19 - 3/31/19  acility and Sampling P Description  DISTRIBUTION  EAM WITHIN 5 S  M WITHIN 5 S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12  Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020	iomplete complete rtification H Received
Violation, Total Colif  Water System Facility IE 00600	/Situation form M&R Violation  Water  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT	Sampling P ID 4 DOWNSTRI UPSTREA 3 2	Compliance Period  1/1/19 - 3/31/19  acility and Sa  coint Sampling P Description  DISTRIBUTION  DISTRIBUTION  EAM WITHIN 5 S  ENTRY POIN  WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020	iomplete complete rtification H Received
Violation, Total Colif  Water System Facility IE 00600  00700 21221 58258	VSituation Form M&R Violation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Sampling P ID 4 DOWNSTRI UPSTREA 3 2	Compliance Period  1/1/19 - 3/31/19  acility and Sa  coint Sampling P Description  DISTRIBUTION  EAM WITHIN 5 S  ENTRY POIN  WELL  Contact Info	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020 d	iance Status complete complete complete  rtification H Received  Stage s WQP 2 DBPR
Violation, Total Colif  Water System Facility ID  00600  00700 21221 58258	VSituation Form M&R Violation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Sampling P ID 4 DOWNSTRI UPSTREA 3 2	Compliance Period  1/1/19 - 3/31/19  acility and Sa  coint Sampling P Description  DISTRIBUTION  DISTRIBUTION  EAM WITHIN 5 S  ENTRY POIN  WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020	iance Status complete complete complete  rtification H Received  Stage s WQP 2 DBPR
Violation, Total Colif  Water System Facility ID  00600  00700  21221  58258  Name Lebanon	VSituation Form M&R Violation  Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL	Sampling P ID 4 DOWNSTRI UPSTREA 3 2	Compliance Period  1/1/19 - 3/31/19  acility and Sa  coint Sampling P Description  DISTRIBUTION  EAM WITHIN 5 S  ENTRY POIN  WELL  Contact Info	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 3 ampling P oint ON SYSTEM ERVICE CON ERVICE CON	/31/19 /31/20 /31/21 nents Public Require 5/30/202 coint Inv  C Status A A A A	Notification  d Performed  ventory  Total Lead and foliform Copper Rule Rule Tie	PN Ce Due to DPI 6/9/2020 d	iance Status complete complete complete  rtification H Received  Stage s WQP 2 DBPR

	Conne	ctic	ut Depa	rtm	ent of	Public	Healt	n Dri	nking	g Water	Se	ction	
		Wa	ter Qual	lity I	Monito	oring a	nd Co	mplia	ance S	Schedul	le		
PWS ID	PWS Name	9						Class	fication	Population	Own	er Type	Primary Source
CT0710124	LEBANON	IWOT	N HALL						VС	25		L	GW
Local Address (w	here applic	cable)				Service	Reside	ntial C	ommerci	al Industri	al (	Combine	ed Agricultural
ROUTE 207 AND	ROUTE 87					Connectio	ns		1				
Towns Served: LI	_						·			·			
business Phon	e Extern	SIOH	Гах		IVIODIII	e Phone	Emergend	у РПОП	e Eman /	Address			
Contact Role(s):	Owner												
Name					Org	ganization						Job Title	9
Ms. Betsy Petrie					To	wn of Leba	non			First Selec	ctman	1	
Mailing Address	Line One			Mailin	g Address	Line Two				City		State	Zip Code
579 Exeter Road									Leband	on		СТ	06249
Business Phone	e Exten	sion	Fax		Mobile	e Phone	Emergend	y Phon	e Email A	Address			
860-642-6100			860-642-7	716					bpetri	e@lebanont	ownh	all.org	
Contact Role(s):	Administr	ative	Contact. Leg	al Cont	act								

#### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

	Connectic	ut Depart	tment of	f Public	Health	Drir	nking	g Wa	ater S	Section		
	Wa	ter Qualit	ty Monit	oring a	nd Com	ıplia	nce S	Sch	edule			
PWS ID	PWS Name					Classifi	ication	Popu	lation O	wner Type	Primar	y Source
CT0710154	ST FRANCIS OF A	ASSISI				N	С	2	.5	Р	G	W
Local Address (w	here applicable)			Service	Resident	ial Co	mmerci	al In	dustrial	Combine	ed Agr	icultural
WEST TOWN STR	REET			Connection	ns		1					
Towns Served: L	EBANON				·	·		·		•		
			Monit	oring Red	quireme	nts						
Water System	Facility: <b>DISTR</b>	IBUTION SYS	TEM (WSF I	D: 00600)								
<b>Total Coliform</b>	• •								1 rd	outine (R1	) per c	Juarter
Sampling P	oint (Sampling P	oint ID)			Monitorin			ollect	ion Perio	d Com	oliance	Status
Select from	Inventory of Act	ive Sampling Po	oints		7/1/19 -	9/30/1	.9				Comple	te
					10/1/19 -	12/31/	19				Comple	te
					1/1/20 -	3/31/2	.0				Comple	te
					4/1/20 -	6/30/2	.0					
					7/1/20 -	9/30/2	.0					
<b>Physical Paran</b>	neters (PPS)								1 rc	outine (R1	) per c	uarter
Sampling P	oint (Sampling P	oint ID)			Monitorin	ng Peri	od C	ollect	ion Perio	d Com	oliance	Status
Select from	Inventory of Act	ive Sampling Po	oints		7/1/19 -	9/30/1	.9				Comple	te
					10/1/19 -	12/31/	'19			(	Comple	te
					1/1/20 -	3/31/2	.0			(	Comple	te
					4/1/20 -	6/30/2	.0					
					7/1/20 -	9/30/2	.0					
Water System	Facility: ENTR	Y POINT (WS	F ID: 00700)									
Nitrate And N	itrite (NOX)									1 routine	(RT) p	er year
Sampling P	oint (Sampling P	oint ID)			Monitorin	ng Peri	od C	ollect	ion Perio	d Com	oliance	Status
ENTRY POIN	NT (3)				1/1/19 - 1	12/31/2	19			(	Comple	te
					1/1/20 - 1	12/31/2	20			(	Comple	te
					1/1/21 - 1	12/31/2	21					
		Water Sys	tem Facil	ity and S	ampling	Poin	t Inve	nto	ſy			
Water							To	otal	Lead an	nd		
•	r System Facility	Sai	mpling Point					iform	Coppe			Stage
Facility ID			ID	Description	1	Sta	itus R	ule	Rule Tie	er Asbesto	s WQF	2 DBPR
00600 DISTR	IBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	A	4	Υ				
		DC	DWNSTREAM	WITHIN 5 S	ERVICE CON	I A	4					
			UPSTREAM	WITHIN 5 S	ERVICE CON	I /	4					
00700 ENTR	Y POINT		3	ENTRY POI	NT	A	4					
21224 WELL			2	WELL		A	4					
58291 PRESS	SURE STORAGE											
			Con	tact Info	rmation							
Name			0	rganization						Job Title	9	
Reverend Mark	Masnicki			Francis of A	ssisi Church			Pas	tor			
Mailing Address		M	ailing Addres					Ci		State	Zip	Code
67 West Town St			<u> </u>				Lebano		•	СТ		249
Business Phone		Fax	Mobi	le Phone	Emergency	Phone			SS			•
860-642-6711		860-642-403			2.0001				si@catho	lic.org		
333 3 12 07 11		333 312 100					20.70110					

Contact Role(s): Administrative Contact, Legal Contact

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

	8		-P				
PWS Name			Clas	ssification	Population	Owner Type	Primary Source
ST FRANCIS OF ASSISI				NC	25	Р	GW
vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
WEST TOWN STREET				1			
	PWS Name ST FRANCIS OF ASSISI where applicable)	PWS Name ST FRANCIS OF ASSISI where applicable) Service	PWS Name ST FRANCIS OF ASSISI where applicable) Service Resider	PWS Name Clas  ST FRANCIS OF ASSISI  where applicable) Service Residential	PWS Name Classification  ST FRANCIS OF ASSISI  where applicable)  Service Residential Commercia	PWS Name Classification Population ST FRANCIS OF ASSISI NC 25 where applicable) Service Residential Commercial Industria	PWS Name  Classification Population Owner Type  ST FRANCIS OF ASSISI  NC 25 P  where applicable)  Service Residential Commercial Industrial Combine

Towns Served: LEBANON

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dej	oartment	of Public H	lealth :	Drinking	g Water S	Section	
			nitoring an		•			
PWS ID	PWS Name	101110)			<u> </u>		wner Type Pr	imary Source
CT0710174	THE LOG CABIN RESTAUR	ANT			NC	25	Р	GW
Local Addre	ess (where applicable)		Service	Residenti	al Commerci	ial Industrial	Combined	Agricultural
	BULL HIGHWAY (ROUTE 87)		Connections		1			
Towns Serv	ved: LEBANON							
		Mo	nitoring Requ	iiremen	ts			
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (W	SF ID: 00600)					
<b>Total Coli</b>	form (3100)					1 1	outine (RT) p	er quarter
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period C	Collection Perio	od Compli	ance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9	/30/19		Coı	mplete
			:	10/1/19 - 1	.2/31/19		Coi	mplete
				1/1/20 - 3			Coi	mplete
				4/1/20 - 6	5/30/20			
				7/1/20 - 9	/30/20			
-	Parameters (PPS)					1 1	outine (RT) բ	er quarter
	ling Point (Sampling Point ID)			Monitorin		Collection Perio		ance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9				mplete
10/1/19 - 12/31/19 Comple								
1/1/20 - 3/31/20 Comple								mplete
				4/1/20 - 6				
				7/1/20 - 9	/30/20			
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 007	'00)					
	nd Nitrite (NOX)						1 routine (R	
_	ling Point (Sampling Point ID)			Monitorin	_	Collection Perio		ance Status
ENTRY	POINT (3)			1/1/19 - 1				mplete
				1/1/20 - 1			Coi	mplete
				1/1/21 - 1				
		Othe	r Compliance					
-	e Schedule Activity			D	ue Date	Achiev	ed Date	
RESPOND T	O SANITARY SURVEY			5,	/5/2019			
		Public I	Notification R	equire	ments			
			Compliance	Notice	<u>Public N</u>	<u>otification</u>	PN Cert	<u>ification</u>
Violation/S	Situation		Period	Tier	Required	Performed	Due to DPH	Received
Total Colifo	orm M&R Violation		1/1/19 - 3/31/19	3	5/30/2020		6/9/2020	
Physical Par	rameters M&R Violation		1/1/19 - 3/31/19	3	5/30/2020		6/9/2020	
	Water	System Fa	cility and Sar	npling I	Point Inve	entory		
Water					To	otal Lead a	nd	
System	Water System Facility		oint Sampling Poi	nt		iform Coppe		Stage
		ID	Description		Status F		ier Asbestos	WQP 2 DBPR
Facility ID						Υ		
Facility ID	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Y		
Facility ID	DISTRIBUTION SYSTEM	DOWNSTRE	AM WITHIN 5 SER	VICE CON	A	1		
Facility ID 00600			AM WITHIN 5 SER	VICE CON		Ť		
00600 I	DISTRIBUTION SYSTEM  ENTRY POINT  WELL 1	DOWNSTRE	AM WITHIN 5 SER	VICE CON	Α	<b>'</b>		

Α

WELL 2

2

59754

WELL 2

	Connectic	ut Depa	rtment	of Public	Health	ı Dı	rinking	<mark>Water Water Water</mark>	Sec	ction	
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	ssification	Population	Owne	er Type	Primary Source
CT0710174	THE LOG CABIN	RESTAURAN	Т				NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al C	ombine	d Agricultural
383 TRUMBULL I	HIGHWAY (ROUT	E 87)		Connection	ıs		1				
Towns Served: LI	EBANON					,			·		
			Co	ntact Info	rmatior	1					
Name				Organization					,	Job Title	1
Mr. Robert D'eli	seo			The Log Cabin	Restaurant	t		Owner			
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
389 Route 87							Leband	on		CT	06249
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Pho	ne Email <i>i</i>	Address			
860-456-7663					860-716	-2205	5 rdelise	o@sbcgloba	al.net		
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner							
Name				Organization						Job Title	!
Lebanon Propert	ties LLC										
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
383 Trumbull Hg	wy						Leband	on		СТ	06249

Contact Role(s): Owner

Extension

**Business Phone** 

# Please note the following:

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

**Mobile Phone** 

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

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

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

End of schedule

	Connecticut Dep	artment o	of Public F	lealth	Drir	king '	Water	Sect	ion	
	Water Qua									
PWS ID	PWS Name	J	8 -						Гуре Р	rimary Source
CT071018	4 WATERS EDGE CAMPGROU	JND			N		60	Р		GW
Local Add	ress (where applicable)		Service	Residenti	ial Co	mmercial	Industria	l Cor	nbined	Agricultural
271 LEON	ARD BRIDGE ROAD		Connections			150				
Towns Ser	rved: LEBANON			,			,			
		Moni	itoring Requ	ıiremen	nts					
Water Sy	stem Facility: <b>DISTRIBUTION</b>									
<b>Total Co</b>	liform (3100)						1	routine	e (RT)	per quarter
Samj	pling Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection Per	iod	Compl	iance Status
Selec	ct from Inventory of Active Samplir	ng Points		7/1/19 - 9	9/30/1	9			Cc	mplete
				4/1/20 - 6	5/30/2	0				
				7/1/20 - 9	9/30/2	0				
-	Parameters (PPS)						1			per quarter
	pling Point (Sampling Point ID)			Monitorin			lection Per	iod		iance Status
Selec	ct from Inventory of Active Samplir	ng Points		7/1/19 - 9					Cc	mplete
				4/1/20 - 6						
				7/1/20 - 9		0				
Water Sy	stem Facility: ENTRY POINT -	LOWER SAFAI	RI WELL (WSF	ID: 00701	.)					
	And Nitrite (NOX)								_	RT) per year
	pling Point (Sampling Point ID)			Monitorin			lection Per	iod		iance Status
EP - I	LOWER SAFARI WELL (3)		1/1/19 - 1					Cc	mplete	
				1/1/20 - 1						
				1/1/21 - 1		1				
		Other	Compliance	Schedu	ules					
	ce Schedule Activity				ue Dat		Achie	ved Date	е	
SEASONAI	L START UP COMPLETION			4,	/1/202	0				
		Public No	otification R	equire	ment	:S				
			Compliance	Notice		ublic Not				<u>tification</u>
Violation/		_	Period	Tier		quired	Performed		to DPH	Received
Total Colif	form M&R Violation	-	/1/04 - 9/30/04	2		)/2005		2/19	/2005	
	Water 9	System Fac	ility and Sar	mpling I	Point	Inven	tory			
Water						Tota				
System	Water System Facility	Sampling Poil ID	nt Sampling Poi Description	nt		Colifo			l t	Stage
Facility ID				LCVCTERA	Sta		е ките	iier Asi	bestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Δ.					
			M WITHIN 5 SER		Α					
		OKS	OFFICE KITCH		Δ					
00701	ENTRY POINT - LOWER SAFARI	UPSTREAM 3	WITHIN 5 SER EP - LOWER S		Α					
00701	WELL		EP - LOWER 3	AFAKI WE	F	\				
57171	LOWER SAFARI WELL	2	LOWER SAFA	RI WELL	Δ	١				
		Co	ntact Inform	mation						
Name			Organization					Jol	Title	
Mr. Brian	Korten		Waters Edge Car	mpground			Owner			
Mailing Ad	ddress Line One	Mailing Addr	ess Line Two				City	S	tate	Zip Code
271 Leona	ard Bridge Rd					Lebanon			СТ	06249

		F						,		
	Wa	ter Quality	Monit	oring a	nd Con	npli	ance S	Schedul	le	
PWS ID	PWS Name	WS Name						Population	Owner Type P	rimary Source
CT0710184	WATERS EDGE C	AMPGROUND					NC	60	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial (	Commercia	al Industri	al Combined	Agricultural
271 LEONARD B	RIDGE ROAD			Connection	nnections 150					
Towns Served: L	EBANON					,		,		
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	/ Phon	ne Email A	Address		
860-642-7470	)				860-933	-4317	office@	watersedge	ecampground.c	om
Contact Role(s):	Administrative	Contact, Legal Con	tact, Own	er						

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

*	ublic Health Drinking Water Section ring and Compliance Schedule
	9
PWS ID PWS Name  CT0710194 GIRL SCOUTS OF CT - CAMP LAUREL - WELL 4	Classification Population Owner Type Primary Source  NC 25 P GW
	rvice Residential Commercial Industrial Combined Agricultural
	onnections 1
Towns Served: LEBANON	
	ng Requirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	
Total Coliform (3100)	1 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19 Complete
	5/1/20 - 5/31/20
	6/1/20 - 6/30/20
	7/1/20 - 7/31/20
	8/1/20 - 8/31/20
	9/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per month
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points	Monitoring Period Collection Period Compliance Status 10/1/19 - 10/31/19 Complete
Select from inventory of Active Sampling Points	5/1/20 - 5/31/20
	6/1/20 - 6/30/20
	7/1/20 - 7/31/20
	8/1/20 - 8/31/20
	9/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	-, ,, -
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete
	1/1/20 - 12/31/20
	1/1/21 - 12/31/21
Other Cor	npliance Schedules
Compliance Schedule Activity	Due Date Achieved Date
SEASONAL START UP COMPLETION	5/1/2020
Public Notif	cation Requirements
	pliance Notice <u>Public Notification</u> <u>PN Certification</u>
•	riod Tier Required Performed Due to DPH Received
	3 - 6/25/19 2 1/3/2019 1/13/2019
Water System Facility	and Sampling Point Inventory
Water Section Facility Committee Relief Committee	Total Lead and
System Water System Facility Sampling Point S Facility ID ID D	escription Duly Time Ashertes MOD 2 DODD
	STRIBUTION SYSTEM A Y
	TCHEN SINK A Y
	NING HALL KITCHEN A Y
BKU3440 II	NING HALL KITCHEN A I
	NING HALL A Y
BN23624 D	

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0710194		NC		25	Р	GW					
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
175 CLUBHOUSI	ROAD	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: LEBANON

	Water System Facility and Sampling Point Inventory										
Water System Facility IL		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00700	ENTRY POINT	3	ENTRY POINT	Α							
23000	WELL #4	2	WELL	Α							
57396	PRESSURE STORAGE										

			C	ontact Inf	ormation					
Name				Organization	1			Job Title		
Ms. Michele Velez				Girl Scouts o	f Connecticut		Dir. Property Svcs.			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City State Zip			
20 Washington Ave	nue					North Ha	rth Haven CT			
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
203-239-2922	3329	203-239-	7220		800-922-2770	mvelez@gsofct.org				
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact, C	Owner						
Name				Organization	1			Job Title		
Girl Scouts of Amer	ica, Inc.									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
340 Washington Str	eet					Hartford		СТ	06106	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress			
860-522-0163										
Contact Role(s): O	wner				•					

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

End of schedule

	Connecticut De	partmei	nt of Public H	lealth I	Drinkir	ng Water S	Section	
		•	onitoring and			_		
PWS ID	PWS Name	adirey 1-1				n Population O		rimary Source
CT071911		R			NC	51	L	GW
Local Add	ress (where applicable)		Service	Residentia	ıl Commei	rcial Industrial	Combined	Agricultural
	WN STREET		Connections		1			
Towns Se	rved: LEBANON							
		М	onitoring Requ	irement	ts			
Water Sy	stem Facility: <b>DISTRIBUTION</b>	N SYSTEM (	WSF ID: 00600)					
Total Co	oliform (3100)					1 r	outine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collection Perio	d Compl	iance Status
Selec	ct from Inventory of Active Samp	ling Points		7/1/19 - 9/	/30/19		Co	mplete
			-	10/1/19 - 12	2/31/19		Co	mplete
				1/1/20 - 3/	/31/20		Cc	mplete
				4/1/20 - 6/	/30/20			
				7/1/20 - 9/	/30/20			
	Parameters (PPS)						= '='	per quarter
	pling Point (Sampling Point ID)			Monitoring		Collection Perio		iance Status
Selec	ct from Inventory of Active Samp	ling Points		7/1/19 - 9/				mplete
				10/1/19 - 12				mplete
				1/1/20 - 3/			Co	mplete
				4/1/20 - 6/				
		<i>t</i>		7/1/20 - 9/	/30/20			
	stem Facility: ENTRY POINT	(WSF ID: 0	0700)					
Nitrata	And Nitrita (NOY)							
	And Nitrite (NOX)						=	RT) per year
Sam	pling Point (Sampling Point ID)			Monitoring		Collection Perio	d Compl	iance Status
Sam	•			1/1/19 - 12	/31/19		d Compl Co	iance Status omplete
Sam	pling Point (Sampling Point ID)			1/1/19 - 12 1/1/20 - 12	/31/19		d Compl Co	iance Status
Sam	pling Point (Sampling Point ID)			1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	/31/19 /31/20 /31/21		d Compl Co	iance Status omplete
Sam	pling Point (Sampling Point ID)	Public		1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	/31/19 /31/20 /31/21 nents	Collection Perio	d Compl Co Co	iance Status omplete omplete
Sam <sub>i</sub> ENTF	pling Point (Sampling Point ID) RY POINT (3)	Public	Notification R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice	/31/19 /31/20 /31/21 nents <i>Public</i>	Collection Perio	Cc Cc	iance Status complete complete complete
Sam ENTE Violation,	Pling Point (Sampling Point ID) RY POINT (3)  /Situation	Public	C Notification R  Compliance Period	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier	/31/19 /31/20 /31/21 Tents Public Require	Collection Perio	d Comple Co Co PN Cer Due to DPH	iance Status complete complete complete
Sam <sub>i</sub> ENTF	Pling Point (Sampling Point ID) RY POINT (3)  /Situation form M&R Violation	Public	C Notification R Compliance Period 1/1/19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier	/31/19 /31/20 /31/21 nents Public Required 5/30/202	Notification  d Performed	PN Cer Due to DPH 6/9/2020	iance Status complete complete complete
Sam <sub>i</sub> ENTF	Pling Point (Sampling Point ID) RY POINT (3)  /Situation form M&R Violation Parameters M&R Violation		C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3	/31/19 /31/20 /31/21 <b>nents</b> <i>Public</i> <i>Require</i> 5/30/202	Notification  d Performed	d Comple Co Co PN Cer Due to DPH	iance Status complete complete complete
Sam <sub>i</sub> ENTF	Pling Point (Sampling Point ID) RY POINT (3)  /Situation form M&R Violation Parameters M&R Violation		C Notification R Compliance Period 1/1/19 - 3/31/19	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3	/31/19 /31/20 /31/21 <b>nents</b> <i>Public</i> <i>Require</i> 5/30/202	Notification  d Performed	PN Cer Due to DPH 6/9/2020	iance Status complete complete complete
Sam ENTE Violation, Total Coli Physical P	/Situation form M&R Violation Parameters M&R Violation Water	· System	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3	/31/19 /31/20 /31/21 nents <i>Public</i> <i>Require</i> 5/30/202 5/30/202	Notification d Performed 20 ventory Total Lead an	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete complete complete diffication Received
Violation, Total Coli Physical P  Water System	Pling Point (Sampling Point ID) RY POINT (3)  /Situation form M&R Violation Parameters M&R Violation  Water System Facility	System I	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3	/31/19 /31/20 /31/21 nents <i>Public</i> <i>Required</i> 5/30/202 5/30/202	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IL	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility	System   Sampling	C Notification R Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Poin Description	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 Coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System	Pling Point (Sampling Point ID) RY POINT (3)  /Situation form M&R Violation Parameters M&R Violation  Water System Facility	System I Sampling ID	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IL	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility	Sampling ID 4 DOWNST	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION  REAM WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600	/Situation form M&R Violation Parameters M&R Violation  Water  Water System Facility DISTRIBUTION SYSTEM	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION  REAM WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600  00700 55625	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL 1	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION  REAM WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Poin Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL 1	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P nt VICE CON VICE CON	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600  00700 55625	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL 1	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL 1  Contact Inforr	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P nt VICE CON VICE CON	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020 ad r er Asbestos	iance Status complete complete complete diffication Received
Violation, Total Coli Physical P  Water System Facility IE 00600  00700 55625	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL 1	Sampling ID 4 DOWNST UPSTRE	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Poin Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL 1	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P nt VICE CON VICE CON	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020	iance Status complete
Violation, Total Coli Physical P  Water System Facility IE 00600  00700 55625 55629  Name Lebanon	/Situation form M&R Violation Parameters M&R Violation Water Water System Facility DISTRIBUTION SYSTEM  ENTRY POINT WELL 1	Sampling ID 4 DOWNST UPSTRE 3 2	C Notification R  Compliance Period  1/1/19 - 3/31/19  1/1/19 - 3/31/19  Facility and Sar  Point Sampling Point Description  DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL 1  Contact Inforr	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 3 3 mpling P nt VICE CON VICE CON	/31/19 /31/20 /31/21 nents Public Required 5/30/202 5/30/202 coint Inv	Notification d Performed 20 20 Ventory Total Lead an Coliform Coppe	PN Cer Due to DPH 6/9/2020 6/9/2020 ad r er Asbestos	iance Status complete

(	Connectic	ut Depa	rtment of	Public	Health	Dri	nking	Water	Sec	ction	
	Wa	ter Qual	lity Monito	oring a	nd Con	nplia	ince S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	<b>Primary Source</b>
СТ0719114	LEBANON SENIC	OR CENTER				N	IC	51		L	GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmercia	al Industri	al C	Combine	ed Agricultural
WEST TOWN STR		Connection	ns		1						
Towns Served: Li	EBANON			1		-					-
<b>Business Phone</b>	e Extension	tension Fax Mobile Phone Emerg					Email Address				
Contact Role(s):	Owner						·				
Name			Org	ganization						Job Title	9
Ms. Betsy Petrie			Tov	wn of Lebai	non			First Selec	ctman		
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
579 Exeter Road							Lebano	n		СТ	06249
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	/ Phone	Email A	ddress		·	
860-642-6100		860-642-7	7716				bpetrie	@lebanont	ownha	all.org	
Contact Polo(c):	Administrativo	Contact Log	al 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 Dep									ction		
		ality Monit	oring and	a Con	_							
PWS ID	PWS Name				Clas						Primary S	
CT0719124	REDEEMER EVANGELICAL	LUTHERAN CHURC				NC		25		P	GW	
	(where applicable)		Service	Resident	tial	Comme	rcial In	ndustria	al C	Combine	d Agricu	ıltural
321 VILLAGE			Connections			1						
Towns Served	l: LEBANON											
Mater Syste	m Facility DISTRIBUTION		oring Requ	ireme	nts							
•	m Facility: DISTRIBUTION	STSTEIN (WSFT	D: 00600)							(5.7)		
Total Colifo							o				per qua	
	g Point (Sampling Point ID)			Monitorii			Collect	ion Per	iod		liance Sto	atus
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -			_			_	omplete	_
			-	10/1/19 -		-					omplete	
				1/1/20 -						С	omplete	
				4/1/20 -								
				7/1/20 -	9/30	0/20						
-	rameters (PPS)							1	rout		per qua	
-	g Point (Sampling Point ID)			Monitorii			Collect	ion Per	iod		liance Sto	atus
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -		-					omplete	
			-	10/1/19 -		-				С	omplete	
				1/1/20 -	3/31	1/20				С	omplete	
				4/1/20 -	6/30	0/20						
				7/1/20 -	9/30	0/20						
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (10	40)							1	rout	ine (RT)	per qua	arter
Samplin	g Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	ion Per	iod	Comp	liance Sto	atus
ENTRY P	OINT (3)			7/1/19 -	9/30	0/19				С	omplete	
			-	10/1/19 -	12/3	31/19				С	omplete	
				1/1/20 -	3/31	1/20				С	omplete	
				4/1/20 -								
				7/1/20 -		-						
Nitrite (104	11)				•	•			1 rc	outine (	RT) per	vear
-	g Point (Sampling Point ID)			Monitorii	na P	eriod	Collect	ion Per		-	liance Sto	-
ENTRY P				1/1/19 - :							omplete	
	- (-)			1/1/20 - :							omplete	
				1/1/21 - :								
	Motor	System Fasili					vonto	<b>67</b> 6				
144 -	vvater	System Facili	ity allu Sdf	uhimig	PU	1111						
Water	ater System Facility	Sampling Point	Sampling Doi:	nt			Total	Lead				****
System Wo Facility ID	uter system rucinty	ID	Description Description			Status C	Coliform Rule			Asbestos	WQP 2	tage DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	J	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	J_	Α						
00700 EN	TRY POINT	3	ENTRY POINT			Α						
55806 W	ELL 1	2	WELL 1			Α						

55808 BLADDER TANK

C	onnectic	ut Depa	rtmen	t of Public	Health	ı Di	rinking	g Water	Sec	ction		
	Wat	ter Qua	lity Mo	nitoring a	nd Con	npl	iance S	Schedul	le			
PWS ID PV	VS Name					Clas	ssification	Population	Owne	er Type	Primary S	Source
CT0719124 RE	DEEMER EVAN	IGELICAL LU	THERAN C	HURCH			NC	25		Р	GW	1
Local Address (whe	re applicable)			Service	Resider	ntial	Commerci	al Industri	al C	Combine	d Agric	ultural
321 VILLAGE HILL R	OAD			Connectio	ns		1					
Towns Served: LEBANON												
	Contact Information											
Name				Organization	Organization					Job Title	2	
Reverend Scott Sch	nuett			Redeemer Lu	Redeemer Lutheran Church				Pastor			
Mailing Address Lir	ie One		Mailing Ad	dress Line Two				City		State	Zip Co	ode
321 Village Hill Rd							Lebano	n		СТ	0624	19
Business Phone	Extension	Fax	1	Mobile Phone	Emergency	y Pho	hone Email Address					
860-423-4320		860-450-2	1064		860-208	-2194	4 Redeemer_Lutheran@Juno.com					
Contact Role(s): A	dministrative	Contact										
Name				Organization						Job Title	<u>;</u>	

Redeemer Lutheran Church

Business Phone Extension 860-423-6859

Contact Role(s): Legal Contact

# Please note the following:

Mr. Charles Bender

322 Village Hill Road

Mailing Address Line One

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

Mailing Address Line Two

**Mobile Phone** 

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Zip Code

06249

**Head Trustee** 

State

CT

City

Lebanon

Emergency Phone Email Address

860-423-9322

		•		nt of Publi			_			
	Wa	ter Qual	lity M	lonitoring	and Com	pliai	nce So	chedule		
PWS ID	PWS Name				(	Classific	cation Po	opulation O	wner Type	Primary Source
СТ0719134	903 EXETER RD -	- LEBANON				NO	С	25	Р	GW
Local Address (v	vhere applicable)			Service	Residenti	al Cor	mmercial	Industrial	Combine	d Agricultural
				Connecti	ons		1			
Towns Served: L	EBANON									
	F 1111 - D10=D			Ionitoring Re		ts				
-	•	RIBUTION SY	SIEW	(WSF ID: 00600)						
Total Coliform	•									per quarter
	Point (Sampling P				Monitorin			lection Perio		liance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9					omplete
					10/1/19 - 1	L2/31/1	19		C	omplete
					1/1/20 - 3	3/31/20	)		C	omplete
					4/1/20 - 6	5/30/20	כ			
					7/1/20 - 9	9/30/20	)			
<b>Physical Parar</b>	meters (PPS)							1 rc	outine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)			Monitorin	g Perio	od Col	lection Perio	d Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9	9/30/19	9		C	omplete
					10/1/19 - 1	12/31/1	19		C	omplete
					1/1/20 - 3	3/31/20	)		C	omplete
					4/1/20 - 6	5/30/20	)			
					7/1/20 - 9	9/30/20	)			
Water System	Facility: ENTR	Y POINT (W	/SF ID: (	00700)						
Nitrate And N	•	- (							1 routine (	RT) per year
	Point (Sampling P	oint ID)			Monitorin	a Perio	od Col	lection Perio	-	liance Status
ENTRY POII		······································			1/1/19 - 1					omplete
21111111011	(3)				1/1/20 - 1					omplete
					1/1/21 - 1					ompiete
		Matan	.a.t a	Facility				<b>L</b> our-		
		water sy	/stem	Facility and	Sampling i	Point	inven	tory		
Water							Tota			_
*	er System Facility		sampıını ID	g Point Sampling Description			Colifo			Stage
Facility ID	NEUTION SYSTEM	•				Stat			er Asbestos	WQP 2 DBPR
	RIBUTION SYSTEM	1	4		TION SYSTEM	Α				
	Y POINT		3		DINT	Α				
60439 WELL	. 2		2	WELL 2		A				
				Contact Inf	ormation					
Name				Organization					Job Title	
Mr. Vincent Der	rosa			Village Mark	et Place			Manager		
Mailing Address	Line One		Mailing	Address Line Two				City	State	Zip Code
P.O. Box 28							Waterto	wn	СТ	06795
Business Phon	e Extension	Fax		Mobile Phone	Emergency I	Phone	Email Ad	dress		
860-491-1404	1	860-945-8	3726		203-437-1					
	Administrative			ct, Owner	1		II.			
(-)		, -0		-						

Connecticut Department of Public Health Drinking Wa	iter Section
Water Quality Monitoring and Compliance Sche	dule

PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0719134	903 EXETER RD - LEBA	ANON				NC	25	Р	GW
Local Address (	where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
			Connections			1			

Towns Served: LEBANON

#### Please note the following:

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

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

End of schedule

Connecticut Departme	nt of Public H	lealth	Drinkin	g Water S	Section	
Water Quality M	lonitoring and	d Com	pliance	Schedule	9	
PWS ID PWS Name			Classification	Population C	Owner Type Pri	imary Source
CT0719154 FIRST BAPTIST CHURCH OF LEBANON	l		NC	25	Р	GW
Local Address (where applicable)	Service	Resident	ial Commerc	ial Industrial	Combined	Agricultural
694 TRUMBULL HIGHWAY	Connections				1	
Towns Served: LEBANON						
N	Ionitoring Requ	iremer	nts			
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
Total Coliform (3100)				1 ו	routine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	ng Period (	Collection Perio	od Complia	ince Status
Select from Inventory of Active Sampling Points	_	7/1/19 -	<del></del>			mplete
		10/1/19 -			Cor	nplete
		1/1/20 - 3			Cor	nplete
		4/1/20 -				
		7/1/20 -	9/30/20			
Physical Parameters (PPS)					routine (RT) p	-
Sampling Point (Sampling Point ID)	ı	Monitorin		Collection Perio		ince Status
Select from Inventory of Active Sampling Points		7/1/19 - 9				nplete
		10/1/19 -				nplete
		1/1/20 - 3			Cor	mplete
		4/1/20 -				
		7/1/20 - 9	9/30/20			
Water System Facility: ENTRY POINT (WSF ID:	00700)					•
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitorin		Collection Perio		ince Status
ENTRY POINT (3)		1/1/19 - 1				nplete
		1/1/20 - 1			Cor	nplete
Matau Costana Facility MELLA (MCF ID: F0704)		1/1/21 - 1	.2/31/21			
Water System Facility: WELL 1 (WSF ID: 58704)					(5-1)	•
E. Coli (3014)			5 1 1		routine (RT) p	•
Sampling Point (Sampling Point ID)	ı	Monitorin		Collection Perio		ince Status
WELL 1 (2)		7/1/19 - 9				nplete
	-	10/1/19 - 1 1/1/20 - 1				nplete
		4/1/20 -			COI	nplete
		7/1/20 - 9	<del></del>			
Puhli	c Notification R					
T don	Compliance	Notice		Notification	PN Certi	fication
Violation/Situation	Period	Tier	Required	<del>-</del>		Received
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	7/5/2016		7/15/2016	
	Facility and Sar	npling	Point Inve	entory		
Water	7	1		otal Lead a	nd	
	g Point Sampling Poi	nt		liform Coppe		Stage
Facility ID IE	<b>Description</b>		Status	Rule Rule T	ier Asbestos I	_
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM	А			
DOWNS	TREAM WITHIN 5 SER	VICE CON	Α			
UPSTR	EAM WITHIN 5 SER	VICE CON	Α			

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0719154	FIRST BAPTIST CHURCH OF LEBANON			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
694 TRUMBULL	HIGHWAY	Connections				1	

Towns Served: LEBANON

	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00700	ENTRY POINT	3	ENTRY POINT	Α							
58704	WELL 1	2	WELL 1	Α							
58708	TREATMENT PLANT										

		า	ontact Info	Contact Information			
Mailing Address Line One Mailing Address Line Two City State Zi	ame		Organization	Organization		Job Title	
	r. Darwin Gebbe	non	First Baptist (	First Baptist Church Lebanon	Trustee		
P.O. Box 231 Lebanon CT C	ailing Address Lir		ress Line Two	Idress Line Two	City	State	Zip Code
	O. Box 231			Lebanon		СТ	06249
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Business Phone	y Phone	obile Phone	Mobile Phone Emergency Phone Email Ad	dress		
860-642-2569 darwin@pd-properties.com	860-642-2569			darwin@	pd-properties	.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