Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PMS ID PWS Name Classification Pepulation Owner Type Primary Source NC 25 P GW NC 26 P GW NC 26 P GW NC 27 P GW NC 27 P GW NC 27 P GW NC 28 P GW NC 28 P GW NC 28 P GW NC Combined NC		Co	onnectic	ut Dena	artme	nt of	Puhlic	Healt	h D	rin	king '	Wate	or Se	ection		
PMUSE PMUS				•												
COTO 2013 B.O.Q. INVESTMENT INC Service Residential Commercial Industrial Industr	PW/S ID	PΜ		ici Qua	iiity iv	101110	or mg a	iiu Go	_					ner Tyne P	rimary Source	
Coan Address (where applicable) Service Connections Residential Commercial Industrial Combined Agricultura Computer				ENT INC					Cit)II OW			
Touting Requirements							Service	Resid	ential	_			trial			
Monitoring Requirements			те аррисавте;						Circiai			maas	ciiai	Combined	7.81104104141	
Monitoring Requirements Monitoring Requirements			YARD													
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Physical Parameters (PPS)																
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 6/30/20 Toll/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 11/1/20 - 12/31/20 Complete 11/1/20 - 12/31/2																
Select from Inventory of Active Sampling Points	Physical	Paramet	ters (PPS)										1 ro	utine (RT)	per quarter	
10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Compliance Status Compliance Status Compliance Status Compliance Status Compliance Status 1/1/20 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete Compliance Status 1/1/20 - 12/31/21 Complete Compliance Status	Samp	ling Poin	t (Sampling P	oint ID)				Monit	oring	Perio	d Col	lection l	Period	Compl	iance Status	
1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 A/1/20 - 6/30/20 A/1/20 - 6/30/20 A/1/20 - 6/30/20 A/1/20 - 9/30/20 A/1/20 A	Select	t from Inv	ventory of Acti	ive Sampling	g Points			7/1/1	9 - 9/3	30/19)			Co	mplete	
Addition								10/1/1	9 - 12	/31/1	L9			Co	mplete	
## Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Other Compliance Schedules Compliance Schedules Compliance Schedules Compliance Schedule Activity CROSS CONNECTION EXEMPTION Water System Facility Bue Date Achieved Date Water System Facility and Sampling Point Inventory Water System Facility Bue Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2024 ***Total Lead and Coliform Copper Stage Facility ID Description Stage Facility ID Description Description Stage Rule Rule Tier Asbestos WQP 2 DBPR NUTHIN 5 SERVICE CON A UPSTREAM WITHIN								1/1/2	0 - 3/3	31/20)			Co	mplete	
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1/1/20 - 12/31/20 1/1/21 - 12/31/21	Samp	ling Poin	t (Sampling P	oint ID)				Monit	oring	Perio	d Col	lection l		=		
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Name Organization Job Title Boq Investments, Inc. Mailing Address Line One Mailing Address Line Two City State Zip Code 1649 Route 12 Gales Ferry CT 06335	58221	PRESSUF	RE STORAGE													
Boq Investments, Inc.Mailing Address Line OneMailing Address Line TwoCityStateZip Code1649 Route 12Gales FerryCT06335						Con	tact Info	rmatio	on							
Mailing Address Line OneMailing Address Line TwoCityStateZip Code1649 Route 12Gales FerryCT06335	Name					0	rganization							Job Title		
1649 Route 12 Gales Ferry CT 06335	Boq Invest	ments, I	nc.													
1649 Route 12 Gales Ferry CT 06335	Mailing Ad	dress Lin	e One		Mailing	Addres	s Line Two					City		State	Zip Code	
											Gales Fe	rry		СТ	-	
	Business	Phone	Extension	Fax		Mobi	le Phone	Emerger	ncy Ph	one	Email Ad	dress				

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

	Connectic	ut Depa	irtm	ent of	Public	Health	ı D	rinking	g Water	· Se	ection	
	Wa	ter Qua	lity l	Monit	oring a	nd Con	np.	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owr	ner Type P	rimary Source
CT0720174 B	.O.Q. INVESTIV	IENT INC						NC	25		Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial	Commerci	ial Industri	al	Combined	Agricultural
1649 ROUTE 12 Connections 1												
Towns Served: LEI	DYARD											
860-464-2030												
Contact Role(s):	Owner											
Name				Or	ganization						Job Title	
Mr. Spiros A. Vito	uladitis			В.0	O.Q. Investm	nents						
Mailing Address Li	ne One		Mailin	g Address	Line Two				City		State	Zip Code
151 Ocean Avenue	9							New Lo	ondon		СТ	06320
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Pho	one Email A	Address			
860-464-2030		860-464-	7223			860-303	-065	0				
Contact Role(s):	Administrative	Contact. Les	al Cont	act								

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

Schedule Generation Date: 3/10/2020

	Connecticut D	anautmant of	Dublia Haalth D	ا مانما	- TAZ	oton Co	ation		
		*	Public Health D		0		Cuon		
	Water (Quality Monit	oring and Comp			edule			
PWS ID	PWS Name		Cla	assificati		lation Owr			
CT072019		RCH		NC		5	Р	GW	
	ress (where applicable)		Service Residential			dustrial	Combined	Agric	ultural
52 FANNII			Connections	1	_				
Towns Sei	rved: LEDYARD								
		Monito	oring Requirement	S					
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)					1 rou	tine (RT)	per qu	arter
	pling Point (Sampling Point ID		Monitoring		Collecti	ion Period		iance St	
Selec	ct from Inventory of Active Sar	npling Points	7/1/19 - 9/					mplete	
			10/1/19 - 12	-				mplete	
			1/1/20 - 3/				Co	mplete	;
			4/1/20 - 6/						
DI	(DDC)		7/1/20 - 9/	30/20		4	(DT)		
_	Parameters (PPS) pling Point (Sampling Point ID	1)	Monitoring	Dariod	Collecti	1 rou ion Period	tine (RT)	per qu iance St	
	ct from Inventory of Active Sar	-	7/1/19 - 9/		Conecti	on Feriou		mplete	
Seice	Striom inventory of Active Sur	inplinig Formes	10/1/19 - 12	-				mplete	
			1/1/20 - 3/					mplete	
			4/1/20 - 6/	-				<u> </u>	
			7/1/20 - 9/						
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)					1	routine (I	RT) per	year
Sam	pling Point (Sampling Point ID)	Monitoring	Period	Collecti	ion Period	Compl	iance St	tatus
ENTF	RY POINT (3)		1/1/19 - 12/	/31/19			Co	mplete	j
			1/1/20 - 12/	/31/20			Co	mplete	<u>;</u>
			1/1/21 - 12/	/31/21					
	Wat	er System Facili	ty and Sampling Po	oint Ir	nventor	γ			
Water					Total	Lead and			
System	Water System Facility		Sampling Point		Coliform	Copper			Stage
Facility ID		ID .	Description	Status		Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		4-1	Men s Bathroom Upsta	A	Y				
		4-2 4-3	Men s Bathroom Downs Women s Bathroom Ups	A A	Y Y				
		4-4	Women's Bathroom Dow		Y				
			WITHIN 5 SERVICE CON	A	·				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21243	WELL	2	WELL	Α					
58570	BLADDER TANK								
		Con	tact Information						
Name			ganization				Job Title		
	ence Richmond		nchor Baptist Church		Pas	tor	Job Title		
	ddress Line One	Mailing Address	<u> </u>		Ci		State	Zip Co	ode
				Led	dyard	-1	CT	0633	
52 Fannin					, -				

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	9 · · · · · · · · · · · · · · · · · · ·											
	Wa	ter Quality N	Jonit o	oring an	d Con	np]	liance S	Schedul	le			
PWS ID	PWS Name					Cla	Classification Population Owner Type		Pri	mary Source		
CT0720194	ANCHOR BAPTIS			NC 25 P				GW				
Local Address (where applicable)				Service	Resider	ntial Commerc		al Industri	al Combin	ed	Agricultural	
52 FANNING RD.	52 FANNING RD.						1					
Towns Served: L	EDYARD											
860-886-9892	2				860-464	-264	6		·			

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

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

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

End of schedule

	Connectic	ut Departm	ent of	f Public	Health	Drii	nking	Water	Se	ction	
	Wat	ter Quality	Monit	oring a	nd Con	plia	nce So	chedul	e		
PWS ID	PWS Name									er Type P	rimary Source
CT0720244	NEW LIFE CHURC	CH				Ν	IC	25		Р	GW
Local Addre	ess (where applicable)			Service	Residen	tial Co	mmercial	Industria	al	Combined	Agricultural
1729 CENTE	ER GROTON ROAD			Connectio	ns		1				
Towns Serv	ed: LEDYARD					1		I			
			Monit	oring Re	quireme	nts					
Water Syst	tem Facility: DISTR	IBUTION SYSTEM	1 (WSF I	D: 00600)							
Total Coli	form (3100)							1	rou	tine (RT)	per quarter
Sampl	ing Point (Sampling Po	oint ID)			Monitori	ng Peri	iod Col	lection Per	iod	Compli	ance Status
Select	from Inventory of Acti	ve Sampling Points	;		7/1/19 -	9/30/1	L9			Сс	mplete
					10/1/19 -	12/31/	/19			Сс	mplete
					1/1/20 -	3/31/2	20			Co	mplete
					4/1/20 -	6/30/2	20				
					7/1/20 -						
Physical P	Parameters (PPS)							1	rou	tine (RT)	per quarter
-	ing Point (Sampling Po	oint ID)			Monitori	ng Peri	iod Col	lection Per			ance Status
_	from Inventory of Acti		;		7/1/19 -						mplete
	•	<u> </u>			10/1/19 -						mplete
					1/1/20 -						mplete
					4/1/20 -						<u>'</u>
					7/1/20 -						
Water Syst	tem Facility: ENTRY	POINT (WSF ID	: 00700)		, , -						
	nd Nitrite (NOX)	(,						1 1	routine (F	RT) per year
	ing Point (Sampling Po	oint ID)			Monitori	na Peri	ind Col	lection Per		=	ance Status
	POINT (3)				1/1/19 -				10u		mplete
LIVIKI	10.111 (3)				1/1/20 -						mplete
					1/1/21 -						приссе
		Motor Cretor	o Fooil	:turned C				.			
		Water Syster	n Facii	ity and S	ampling	Poin					
Water	Water System Facility	Campl	ina Doint	Sampling I	Doint		Tota				Charac
System Facility ID	water system racinty	Sumpl	ng Point ID	Description Description		-	Colife Rui			Achestos	Stage WQP 2 DBPR
-	DISTRIBUTION SYSTEM		4	-	ION SYSTEM		itus		rici	ASDESTOS	WQF Z DDFT
00000 1	DISTRIBUTION STSTEIN				SERVICE CON						
							Α				
00700	FAITDY DOIN'T	UPS	TREAM		SERVICE CON		Α				
	ENTRY POINT		3	ENTRY POI	IN I		Α				
	WELL		2	WELL			A				
58574 E	BLADDER TANK										
			Con	itact Info	ormation						
Name			0	rganization						Job Title	
Mr. Johnny	Burns		N	ew Life Chu	rch			Pastor			
_	dress Line One	Mailir	g Addres	s Line Two				City		State	Zip Code
	r Groton Road						Ledyard			СТ	06339
Business	Phone Extension	Fax	Mobi	ile Phone	Emergency	Phone	-	dress		1 1	
860-464-		860-464-2407			2 /			@snet.net			
					l .		-				

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

Contact Role(s): Administrative Contact, Legal Contact

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

		_				_ I		,	
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0720244	NEW LIFE CHURCH					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural		
1729 CENTER GF	ROTON ROAD			Connections		1			

Towns Served: LEDYARD

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

End of schedule

	Connecticut Dep	oartment of	Public He	alth D	rinki	ng Wa	ater Se	ction	
	Water Qu	ality Monit	oring and	Comp	lianc	e Sche	edule		
PWS ID	PWS Name		<u> </u>					ner Type Pi	rimary Source
CT0727094	3 CENTER DRIVE				NC	-	4	P	GW
	ess (where applicable)		Service R	esidential	_			Combined	Agricultural
3 CENTER D	* * * * * * * * * * * * * * * * * * * *		Connections	1	1				7 igi roureur ur
	red: LEDYARD				_				
		Monito	oring Requir	ements	S				
Water Syst	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
	form (3100)	•	•				1 rou	tine (RT) i	per quarter
	ling Point (Sampling Point ID)		Me	onitoring l	Period	Collecti	on Period		ance Status
	from Inventory of Active Sampli	ng Points		1/19 - 9/3					mplete
	, , , , , , , , , , , , , , , , , , ,	0		1/19 - 12/					
				1/20 - 3/3					
				1/20 - 6/3					
				1/20 - 9/3					
Physical P	Parameters (PPS)		• • • • • • • • • • • • • • • • • • • •	1,20 3,0	,0,20		1 rou	tine (RT)	per quarter
-	ling Point (Sampling Point ID)		M	onitoring l	Period	Collecti	ion Period		ance Status
	from Inventory of Active Sampli	ng Points		1/19 - 9/3					mplete
30.000	Trom inventor y or metric sample			1/19 - 12/					mpiece
				1/20 - 3/3					
				1/20 - 6/3					
				1/20 - 9/3					
Water Syst	tem Facility: ENTRY POINT	(\MSE ID: 00700)		1/20 - 3/3	50/20				
	,	(W3F ID. 00700)					1	tina (DT)	
Nitrate (1	•		0.4	nitarina l	Daviad	Callasti	ı rou on Period		per quarter ance Status
_	ling Point (Sampling Point ID)			nitoring		Conecu	on Perioa		
ENIKY	POINT (3)			1/19 - 9/3	•			Co	mplete
				1/19 - 12/					
				1/20 - 3/3					
				1/20 - 6/3					
			7/	1/20 - 9/3	30/20				_,
Nitrite (1	•							=	T) per year
_	ling Point (Sampling Point ID)			nitoring l		Collecti	on Period		ance Status
ENTRY	POINT (3)			1/19 - 12/				Со	mplete
				1/20 - 12/	•				
			1/	1/21 - 12/	31/21				
	Water	System Facili	ty and Samp	oling Po	oint In	ventor	У		
Water						Total	Lead and		
	Water System Facility		Sampling Point			Coliform	Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION S	YSTEM	Α				
		DOWNSTREAM	WITHIN 5 SERVI		Α				
		UPSTREAM	WITHIN 5 SERVI	CE CON	Α				
00700 E	ENTRY POINT	3	ENTRY POINT		Α				
59448 \	WELL 1	2	WELL 1		Α				

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

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0727094	CT0727094 3 CENTER DRIVE						Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc		al Industri	al Combine	d Agricultural
3 CENTER DRIVE		Connections	1		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: LEDYARD

Contact Information											
			Organization	on Job Title							
					Owner						
Mailing Address Line One Mailing Add						City	State	Zip Code			
			Ledyard CT					06339			
Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress					
	860-464-6	695			bryanhay	eshcc@yah	oo.com				
		Extension Fax	e One Mailing Add	e One Mailing Address Line Two Extension Fax Mobile Phone	Organization e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization e One Mailing Address Line Two Ledyard Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Owner e One Mailing Address Line Two City Ledyard Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Owner e One Mailing Address Line Two City State Ledyard CT Extension Fax Mobile Phone Emergency Phone Email Address			

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

Please note the following:

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

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

End of schedule

Schedule Generation Date: 3/10/2020

(Connectic	ut Depa	artment o	f Public	Health I	Drinl	king W	ater Se	ection	
	Wa	ter Qua	ılity Moni	toring a	ind Comp	olian	ce Sch	edule		
PWS ID	PWS Name				Cl	lassifica	ntion Pop	ulation Ow	ner Type P	rimary Source
CT0727104	MAUGLE SIERRA	A VINEYARD	S LLC			NC		32	Р	GW
Local Address (wh	nere applicable)			Service	Residentia	l Com	mercial I	ndustrial	Combined	Agricultural
825 COLONEL LED	YARD HIGHWA	Y		Connectio	ns				2	
Towns Served: LE	DYARD									
			Monit	toring Re	quirement	ts				
Water System F	acility: DISTR	RIBUTION S	SYSTEM (WSF	ID: 00600)						
Total Coliform	•							1 rou		per quarter
	int (Sampling P				Monitoring		Collec	tion Period		ance Status
Select from I	nventory of Act	ive Samplin	g Points		7/1/19 - 9/					mplete
					10/1/19 - 12)		Сс	mplete
					1/1/20 - 3/	-				
					4/1/20 - 6/					
					7/1/20 - 9/	/30/20				
Physical Param										per quarter
	int (Sampling P				Monitoring		Collec	tion Period		ance Status
Select from I	nventory of Act	ive Samplin	g Points		7/1/19 - 9/					mplete
					10/1/19 - 12)		Co	mplete
					1/1/20 - 3/					
					4/1/20 - 6/	-				
					7/1/20 - 9/	/30/20				
Water System F	acility: ENTR	Y POINT (WSF ID: 00700)						
Nitrate And Nit								1	=	RT) per year
	int (Sampling P	Point ID)			Monitoring			tion Period		ance Status
ENTRY POIN	Т (3)				1/1/19 - 12				Со	mplete
					1/1/20 - 12					
					1/1/21 - 12	/31/21				
		Water S	ystem Faci	lity and S	Sampling P	oint	Invento	ry		
Water							Total	Lead and		
*	System Facility	,	Sampling Poin				Coliform			Stage
Facility ID			ID	Descriptio	n	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4		ION SYSTEM	Α				
			DOWNSTREAM	1 WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY	POINT		3	ENTRY POI	INT	Α				
60693 WELL 1	1		2	WELL 1		Α				
			Co	ntact Info	ormation					
Name				Organization					Job Title	
Mr. Paul Maugle			r	Maugle Sierra	Vineyards LLC	;	Ov	vner/Winer	naker	
Mailing Address L	ine One		Mailing Addre	ss Line Two			(City	State	Zip Code
825 Colonel Ledya	ard Highway (CT	ΓRt 117)	P.O. Box 220			L	edyard		СТ	06339
Business Phone	Extension	Fax	Mok	oile Phone	Emergency Pl	hone E	mail Addre	ess	'	
860-464-2987					860-334-56	13 p	dm-a@coı	mcast.net		
6			10							

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

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0727104	MAUGLE SIERRA VINE	YARDS LLC			NC	32	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combined Agricultu		
825 COLONEL LEDYARD HIGHWAY		Connections				2		

Towns Served: LEDYARD

Please note the following:

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

End of schedule

		. 5		CD 111	** 1.1	D		T A 7	. 0			
Co		ut Departn								ection		
	Wa	ter Quality	Monit	coring a	nd Com	ıpli	ianc	e Sch	edule			
PWS ID PWS Name						Clas	sificatio	on Popu	Population Owner Type Prima			
CT0727114 VI	TALE AQUATION	& TENNIS					NC	4	10	Р	GW	
Local Address (whe	re applicable)			Service	Resident	tial	Comme	ercial Ir	ndustrial	Combined	Agricultural	
14 IRON ST				Connection	ns					1		
Towns Served: LED	YARD											
			Monit	oring Red	quireme	nts						
Water System Fac	cility: DISTR	IBUTION SYSTE	M (WSF I	D: 00600)								
Total Coliform (3	3100)								1 ro	utine (RT)	per quarter	
Sampling Poin	t (Sampling P	oint ID)			Monitoring Period Collection Peri					l Compl	iance Status	
Select from Inv	Select from Inventory of Active Sampling Points					1/1/20 - 3/31/20						
		4/1/20 - 6/30/20										
					7/1/20 - 9/30/20							
Physical Paramet	ters (PPS)								1 ro	utine (RT)	per quarter	
Sampling Poin	t (Sampling P	oint ID)									iance Status	
Select from Inventory of Active Sampling Points					1/1/20 - 3/31/20							
				4/1/20 - 6/30/20								
					7/1/20 -	9/30)/20					
Water System Fac	cility: ENTR	POINT (WSF I	D: 00700)									
Nitrate And Nitri	• •								1 ro	utine (RT)	per quarter	
Sampling Point (Sampling Point ID)									Collection Period Compliance St			
ENTRY POINT (3)				1/1/20 - 3/31/20								
				4/1/20 - 6/30/20								
				7/1/20 - 9/30/20								
		Water Syste	m Facili	ity and Sa	ampling	Poi	int In	vento	ry			
Water								Total	Lead and	1		
	ystem Facility	Samp	_	Sampling P			(-	Copper		Stage	
Facility ID			ID .	Description			<u>Status</u>	Rule	Rule Tie	r Asbestos	WQP 2 DBPR	
00600 DISTRIBU	JTION SYSTEM		4		ON SYSTEM		A	Y				
				WITHIN 5 S			A	Y				
00700 FNTDV D	OINT	UP	STREAM	WITHIN 5 S		N	Α	Y				
00700 ENTRY P 61705 WELL	OINT		2	ENTRY POIN	V I		Α					
61705 WELL							Α					
				tact Info	rmation							
					nization					Job Title		
Ms. Anne Vitale										61 .	7: 0 1	
Mailing Address Line One			ing Addres	s Line Two					ity	State	Zip Code	
405 Pine Hill Rd			80.11	Moosu				-				
Business Phone						Phone Email Address						

Please note the following:

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

860-230-1473

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

End of schedule

avitale@thevat.org

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