	Connecticut De	partmen	nt of	f Public H	Iealth	Dr	inking	g V	Vater	Secti	on	
	Water 0	uality M	onit	oring an	d Com	pl	iance	Scl	hedule	9		
PWS ID	PWS Name						sification	-			Type Pr	imary Source
СТ075001	4 CAMP CLAIRE, INC.						NC		25	Р	71	GW
Local Add	ress (where applicable)			Service	Residenti	ial	Commerc	ial	Industria	l Con	nbined	Agricultural
	ND AVENUE			Connections			7					
Towns Ser	ved: LYME				1							1
		М	onit	oring Requ	uiremen	nts						
Water Sv	stem Facility: DISTRIBUTIO			• •				_				
	liform (3100)	(101012.00)		2.00000					1	routine	) (RT) r	per quarter
	bling Point (Sampling Point ID)				Monitorin	na P	eriod (	Colle	ction Peri		• • •	ance Status
-	t from Inventory of Active Sam	ling Points			7/1/19 - 9	-						nplete
	,				4/1/20 - 6							
					7/1/20 - 9							
Physical	Parameters (PPS)								1	routine	e (RT) r	oer quarter
-	oling Point (Sampling Point ID)				Monitorin	ng P	eriod C	Colle	ction Peri		• • •	ance Status
Selec	t from Inventory of Active Samp	ling Points			7/1/19 - 9	9/30	0/19				Со	mplete
					4/1/20 - 6	6/30	0/20					
					7/1/20 - 9	9/30	0/20					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate A	And Nitrite (NOX)									1 rou	tine (R	T) per year
	oling Point (Sampling Point ID)				Monitorin			Colle	ction Peri	iod (	Complie	ance Status
ENTF	RY POINT (3)				1/1/19 - 1						Со	mplete
					1/1/20 - 1							
					1/1/21 - 1							
		Oth	ner C	ompliance	Schedu	ule	S					
Complian	ce Schedule Activity				D	uel	Date		Achiev	ed Date	2	
SEASONA	L START UP COMPLETION				4/	′15/	2020					
		Public	: Not	ification R	equirer	me	ents					
			C	ompliance	Notice		Public N	lotif	ication	1	PN Cert	i <u>fication</u>
Violation/	Situation			Period	Tier		Required		Performed	Due t	o DPH	Received
	OTAL COLIFORM RULE (RTCR)			/17 - 6/5/17	3	_	0/13/2018	_		-	3/2018	
REVISED T	OTAL COLIFORM RULE (RTCR)		1	/18 - 5/30/18	3		6/6/2019			6/16	/2019	
	Wate	r System I	Facil	ity and Sar	npling I	Po	int Inve	ent	ory			
Water								otal		Ind		
System	Water System Facility		Point	Sampling Poi	nt			lifor				Stage
Facility ID		ID		Description			Stutus	Rule	Rule I	ier Asi	pestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOM/NET					A	Y				
		UPSTRE		WITHIN 5 SER WITHIN 5 SER			A A					
00700	ENTRY POINT	3		ENTRY POINT			A					
21317	WELL	2		WELL			A					
55933	BLADDER TANKS	2		**			•					
55555			Corr	toot lefa	motion							
				tact Inform	nation							
Name	for Amoutor			rganization							Title	
	fer Amantea	Mailing		amp Claire, Inc					City		tata	Zip Code
107 Rice F	ddress Line One		Audres	s Line Two			Merid		City		tate CT	Zip Code 06450
	nformation has been provided to help o	where and once	ators of	nublic water suct	oms maintain	1.000		-	nking water		-	
				passie water syste	munitum		mance with	um	y wuter	quanty II	.s.ntoring	, cyanements.

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. Schedule Generation Date: 3/10/2020

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

						P :					
PWS ID	AVENUE Cr : LYME one Extension Fax Mobile F 203-464 s): Legal Contact					Cla	ssification	Population	Owner Typ	oe Pr	rimary Source
СТ0750014	ID PWS Name 50014 CAMP CLAIRE, INC. Address (where applicable) AKLAND AVENUE is Served: LYME siness Phone Extension Fax Mo act Role(s): Legal Contact e eff McBride ng Address Line One Mailing Addre Box 702 siness Phone Extension Fax Mo 3-213-0913 act Role(s): Administrative Contact						NC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Comb	ined	Agricultural
15 OAKLAND AV	ENUE			Connection	S						
Towns Served: L	YME										
Business Phone	e Extension	Fax	Mobil	e Phone I	Emergency	y Pho	one Email	Address			
			203-464-0745					eramantea@	yahoo.com	1	
Contact Role(s):	Legal Contact										
Name			Or	ganization					Job T	itle	
Mr. Jeff McBride	9		Ca	mp Claire Ind				Facility M	lanager		
Mailing Address	Line One		Mailing Address	Line Two				City	Stat	e	Zip Code
P. O. Box 702							Old Ly	me	СТ		06371
Business Phone	e Extension	Fax	Mobil	e Phone I	Emergency	y Pho	one Email	Address			
203-213-0913							jeff@c	ampclaire.o	rg		
Contact Role(s):	Administrative	Contact									
Please note the	following:										
1. The residual d	isinfectant concent	ration must l	be measured at the	same location	n and time a	as ea	ch total coli	form sample.			
	Dente dite an estitud				and a state of the		and the state of				

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	oartment of	Public	Health	Dri	nking	Water S	Section					
Water Ou	ality Monit	oring a	nd Con	nolia	ance So	chedule						
PWS ID PWS Name		0						rimary Source				
CT0750104 1 FERRY ROAD					NC	35	P	GW				
Local Address (where applicable)		Service	Residen		ommercial	Industrial	Combined					
1 FERRY ROAD		Connection				maastria	2	, ignearcara				
Towns Served: LYME							2					
	Monite	aring Dog										
Water System Facility: DISTRIBUTION		o <mark>ring Rec</mark> D: 00600)	quireme	nts								
Total Coliform (3100)						1 r	outine (RT)	per quarter				
Sampling Point (Sampling Point ID)			Monitori	ng Peri	iod Col	lection Perio	od Compl	iance Status				
Select from Inventory of Active Sampli	ng Points		7/1/19 -	9/30/1	19		Co	omplete				
			10/1/19 -	12/31,	/19		Co	omplete				
			1/1/20 -			Complete						
			4/1/20 -									
			7/1/20 -									
Physical Parameters (PPS)						1 r	outine (RT)	per quarter				
Sampling Point (Sampling Point ID)			Monitori	ng Per	iod Col	lection Perio		iance Status				
DISTRIBUTION SYSTEM (4)			7/1/19 -	-				omplete				
			10/1/19 -					omplete				
			1/1/20 -					omplete				
			4/1/20 - 6/30/20									
			7/1/20 -									
Water System Facility: ENTRY POINT	(WSE ID: 00700)		.,_,_,	0,00,1								
Nitrate And Nitrite (NOX)	(						1 routine (	RT) per year				
Sampling Point (Sampling Point ID)			Monitori	na Per	iod Col	lection Perio	-	iance Status				
ENTRY POINT (3)			1/1/19 -	-				Complete				
			1/1/20 -					omplete				
			1/1/20 -					mpiete				
Water	System Facili	ity and Sa				tory						
	System Facili	ity and Se	amping	FUII		-	1					
Water System Water System Facility	Sampling Point	Sampling D	oint		Toto Colifo			Stago				
Facility ID	ID	Description		<b>C</b> 1	<b>D</b> !			Stage WQP 2 DBPR				
00501 WELL 1	2	WELL 1			<del>atus Rui</del> A	e naren		11Q1 2 001 11				
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTI			A							
00000 DISTRIBUTION STSTEIN	4 DOWNSTREAM											
	UPSTREAM				A							
		WITHIN 5 SI			A							
00700 ENTRY POINT	3	ENTRY POIN			A							
	Con	tact Info	rmation									
Name	Or	rganization					Job Title					
Ms. Susan Birch						Owner						
Mailing Address Line One	Mailing Address	s Line Two				City	State	Zip Code				
P.O. Box 746					Old Lyme	9	СТ	06371				
Business Phone         Extension         Fax         Mobile Phone				Phone	Phone Email Address							
860-434-8016												
Contact Role(s): Administrative Contact, L	egal Contact, Own	ner										
	· · · · · ·											

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. Schedule Generation Date: 3/10/2020

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

	e y	0		1					
PWS ID	PWS Name 1 FERRY ROAD				fication	Population	Owner Type	Primary Source GW	
СТ0750104					NC	35	Р		
Local Address (	where applicable)	Service	Residen	ntial Co	ommercia	al Industri	al Combine	ed Agricultura	
1 FERRY ROAD		Connections					2		
Towns Served:	LYME								
Please note the	e following:								
1. The residual	disinfectant concentration must be measured at the s	ame location	and time a	as each t	total colife	orm sample.			
2. If a Collectio	n Period is specified, all water quality samples must be	e collected dur	ing the sp	ecified	period.				
	on results, additional monitoring may be required (i.e. ence sent by the DWS on or after the generation date of						0,	,	

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

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

End of schedule