	Connecticut D	•				_			ection	
		Quality Monit	oring and							
PWS ID	PWS Name			C	lassifi	cation P	opulation	n Owi	ner Type P	rimary Source
CT0760014					N	_	400		Р	GW
	ess (where applicable)		Service	Residenti	al Coi	mmercial	Industi	rial	Combined	Agricultural
	ER HILL ROAD		Connections			1				
Towns Serv	ed: MADISON									
		Monito	oring Requ	iremen	ts					
Water Syst	tem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)							
Total Coli	form (3100)							1 rou	itine (RT)	per quarter
Sampl	ing Point (Sampling Point ID))		Monitoring	g Perio	od Col	lection P	eriod	Compl	iance Status
Select	from Inventory of Active Sar	npling Points		7/1/19 - 9	/30/19	9			Co	mplete
			:	10/1/19 - 1	2/31/	19			Co	mplete
				4/1/20 - 6	/30/20	0				
			<u></u>	7/1/20 - 9	/30/20	0				
Physical P	Parameters (PPS)							1 rou	itine (RT)	per quarter
Sampl	ing Point (Sampling Point ID))		Monitoring	g Perio	od Col	lection P	eriod	Compl	iance Status
Select	from Inventory of Active Sar	npling Points		7/1/19 - 9	/30/1	9			Co	mplete
			:	10/1/19 - 1	2/31/:	19	10/1-11/	′ 5	Co	mplete
				4/1/20 - 6	/30/20	0				
				7/1/20 - 9	/30/20	0				
Water Syst	tem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate Ar	nd Nitrite (NOX)							1	routine (F	RT) per year
Sampl	ing Point (Sampling Point ID)		Monitoring	g Perio	od Col	lection P	eriod	Compl	iance Status
ENTRY	POINT (3)			1/1/19 - 12	2/31/1	.9			Co	mplete
				1/1/20 - 12	2/31/2	.0				
				1/1/21 - 12	2/31/2	1				
		Other Co	ompliance	Schedu	ıles					
Compliance	Schedule Activity		•	Di	ıe Dat	·e	Achi	ieved	Date	
	START UP COMPLETION			5/	5/202	0				
		er System Facili	ty and Sar	•			tory			
Water	wat	ci System i aciii	ty and sai	iibiiiig i	Oiiii	Tot		d and		
	Water System Facility	Sampling Point	Sampling Poi	nt		Colife		oper		Stage
Facility ID	,	ID	Description		Sta	Ď.,		-	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Δ	١				
		UPSTREAM	WITHIN 5 SER	VICE CON	Δ	١				
00700 E	ENTRY POINT	3	ENTRY POINT		Д	\				
	WELL #2	2	WELL		Δ					
	WELL #3	2	WELL #3		Δ					
	WELL #4	2	WELL#4		Δ					
	WELL #5	2	WELL #5		Α					
	ATMOSPHERIC STORAGE	<u>-</u>				-				
37313 7	GOT TIENTE OF OWNER	Con	tact Inforr	nation						
				nation					: :	
Name	• • • • • •		ganization	1				.	Job Title	
	nn Ornstein Msw		mp Laurelwoo	d			Executiv	e Dire		—
	dress Line One	Mailing Address	S Line Two				City		State	Zip Code
463 Summe	er Hill Road		1			Madison	1		CT	06443

								,		
	Wa	ter Quality N	Monit	oring ai	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0760014	CAMP LAURELW					NC	400	Р	GW	
Local Address (wi	nere applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
463 SUMMER HIL	L ROAD			Connection	IS		1			
Towns Served: M	ADISON				·					
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	y Pho	one Email A	Address		
203-421-3736 203-421-3570										

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connecticut Dep	•								ction	
		iality Monit	oring and	a Con	_						
PWS ID	PWS Name				Clas				Owr		Primary Source
CT0760024						NC		25		Р	GW
	ess (where applicable)		Service	Residen	tial	Comm		ndustria	al	Combine	d Agricultural
1278 DURF			Connections			1					
Towns Serv	ved: MADISON										
		Monito	oring Requ	ireme	nts						
Water Sys	stem Facility: DISTRIBUTION	I SYSTEM (WSF II	D: 00600)								
Total Coli	iform (3100)							1	rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)		ı	Monitori	ng Pe	eriod	Collec	tion Pei	riod	Comp	liance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30)/19				С	Complete
			1	10/1/19 -	12/3	31/19				С	Complete
				1/1/20 -	3/31	L/20				С	Complete
				4/1/20 -							
				7/1/20 -							
Physical F	Parameters (PPS)							1	rou	tine (RT)) per quarter
-	ling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Pei			liance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30)/19					Complete
			-	10/1/19 -	12/3	31/19				С	Complete
				1/1/20 -							Complete
				4/1/20 -							•
				7/1/20 -	9/30)/20					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)			·	•					
-	nd Nitrite (NOX)	,							1 1	routine ((RT) per year
	ling Point (Sampling Point ID)			Monitori	na Pe	eriod	Collec	tion Pei		_	liance Status
	Y POINT (3)			1/1/19 -							Complete
	- (-)			1/1/20 -							Complete
				1/1/21 -							.cp.c.c
Water Sys	stem Facility: WELL (WSF ID): 21323)		_, _,		_,					
E. Coli (3								1	rou	tine (RT)) per quarter
-	ling Point (Sampling Point ID)			Monitori	na Pe	eriod	Collec	tion Pei			liance Status
WELL				7/1/19 -							Complete
	(-/			10/1/19 -		-					Complete
				1/1/20 -							Complete
				4/1/20 -							1
				7/1/20 -	-						
	Water	System Facili	ty and Sar		-	-	vento	rv			
Water	Water	- your i dom	ty and bar		. 51		Total	Lead	and		
	Water System Facility	Sampling Point	Samplina Poi	nt			Coliform				Stage
Facility ID	,	ID	Description			Status	Rule			Asbestos	s WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER			Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
	WELL	2	WELL			A					
	TREATMENT PLANT		-			- •					

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source			
СТ0760024	CIRCLE PIZZA				NC	25	Р	GW		
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural		
1278 DURHAN	1 ROAD	Connections			1					

Towns Served: MADISON

Contact Information											
Name			Organization	1	Job Title						
Mr. Robert P. Sassi		Circle Pizza			Owner						
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
1278 Durham Rd						North M	adison	СТ	06443		
Business Phone Extension Fax M				bile Phone	Emergency Phone	Email Ad	dress				
					860-663-2694						

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

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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0		D 111 71	1.1	_		TAT		0		
Connecticut Departn	nent of	Public H	lealth	Dr	inki	ng Wa	ater	Se	ction	
Water Quality	Monito	oring and	d Com	pli	ianc	e Sch	edule	e		
PWS ID PWS Name	1-101110		u dom						er Tyne Pr	imary Source
CT0760034 KLEINS GOLF RANGE				Class	NC		31	OVVI	P P	GW
Local Address (where applicable)		Service	Resident	tial (Comme		ıdustria		Combined	_
		Connections	Resideiii	Liai (erciai II	luustiia	1	Combined	Agricultural
391 DURHAM ROAD		COMPLETIONS			1					
Towns Served: MADISON				_						
	Monito	oring Requ	iremei	nts						
Water System Facility: DISTRIBUTION SYSTE	M (WSF I	D: 00600)								
Total Coliform (3100)							1	rou	tine (RT) _ا	er quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collect	ion Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Point	ts		7/1/19 -	9/30)/19				Со	mplete
			10/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -	3/31	L/20				Со	mplete
			4/1/20 -							-
			7/1/20 -							
Physical Parameters (PPS)			, , -		, -		1	rou	tine (RT) ı	per quarter
Sampling Point (Sampling Point ID)			Monitorii	na Pe	eriod	Collect				ance Status
Select from Inventory of Active Sampling Point	ts		7/1/19 -							mplete
Select from inventory of Active Sampling Form			10/1/19 -		-					mplete
		-	1/1/20 -							mplete
			4/1/20 -						CO	inpiete
					-					
Maria Carlos Facility FAITDY BOINT (MCF)	0.700\		7/1/20 -	9/30)/20					
Water System Facility: ENTRY POINT (WSF II	D: 00700)									_
Nitrate And Nitrite (NOX)				_		- " .			=	T) per year
Sampling Point (Sampling Point ID)			Monitorii			Collect	ion Per	iod		ance Status
ENTRY POINT (3)			1/1/19 - 1		-					mplete
			1/1/20 - 1		-				Со	mplete
			1/1/21 - 1	12/31	1/21					
Water System Facility: DUG WELL (WSF ID: 2	21324)									
E. Coli (3014)							1	rou	tine (RT) _ا	oer quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collect	ion Per	iod	Compli	ance Status
WELL (2)			7/1/19 -	9/30)/19				Со	mplete
			10/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -	3/31	L/20				Со	mplete
			4/1/20 -	6/30)/20					
		_	7/1/20 -	9/30)/20			_		
Water Syste	m Facili	tv and Sar	npling	Poi	int In	vento	rv			
Water		-,	P8			Total	Lead o	and		
	ling Point	Sampling Poil	nt			Coliform	Сорр			Stage
	_	Description		c	Status	Rule			Asbestos	WQP 2 DBPR
Facility ID			L CVCTER A		A	Υ				
-	4	DISTRIBUTION	12421FIM							
00600 DISTRIBUTION SYSTEM		DISTRIBUTION WITHIN 5 SER				•				
00600 DISTRIBUTION SYSTEM DOW	NSTREAM	WITHIN 5 SER	VICE CON	I	Α	•				
00600 DISTRIBUTION SYSTEM DOW UP:	NSTREAM STREAM	WITHIN 5 SER WITHIN 5 SER	VICE CON	I	A A	•				
00600 DISTRIBUTION SYSTEM DOW UP: 00700 ENTRY POINT	NSTREAM STREAM 3	WITHIN 5 SER WITHIN 5 SER ENTRY POINT	VICE CON	I	A A	· 				
00600 DISTRIBUTION SYSTEM DOW UP:	NSTREAM STREAM 3	WITHIN 5 SER WITHIN 5 SER	VICE CON	I	A A	•				

56262 PRESSURE STORAGE

	Connectic	•					_						
DIM/S ID	Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source												
	KLEINS GOLF RA	NGE					C	31	P P	GW			
Local Address (w				Service	Resider	-	mmerci						
391 DURHAM RO				Connectio			1			9			
Towns Served: M	ADISON												
Contact Information													
Name Organization Job Title													
Mr. David Klein				Klein Family L	р			Member					
Mailing Address I	ine One		Mailing Addr	ress Line Two			City	State	Zip Code				
391 Durham Roa	b						Madisc	n	СТ	06443			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	ne Email Address						
203-245-1139			860	0-908-3176	860-572	-9744	dklein@	kleinsgolf.	com				
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner									
Name				Organization					Job Title	9			
Kleins Golf Range LLC / Klein Family Lp													
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code			
391 Durham Roa	b						Madisc	n	СТ	06443			
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address												

Contact Role(s): Owner Please note the following:

203-245-1139

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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	Connecticut De	•					_			ction		
	Water Qi	uality Monit	oring an	d Con	npl	ianc	e Sch	edul	e			
PWS ID	PWS Name	-			Clas	ssificatio	on Popi	ulation	Owr	ner Type P	rimary	Source
CT076915	3 CHRIST CHAPEL					NC		30		Р	G۱	N
Local Add	ress (where applicable)		Service	Residen	tial	Comme	ercial I	ndustri	al	Combined	Agri	cultural
1185 DUR	RHAM ROAD		Connections	1								
Towns Sei	rved: MADISON											
		Monito	oring Requ	iireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)									
Total Co	liform (3100)							1	. rou	tine (RT)	per qı	uarter
Sam	pling Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance S	Status
Selec	ct from Inventory of Active Samp	ling Points		7/1/19 -	9/30	0/19				Co	mplet	e
				10/1/19 -	12/	31/19				Co	mplet	e
				1/1/20 -	3/3:	1/20				Co	mplet	e
				4/1/20 -	6/3	0/20						
				7/1/20 -	9/30	0/20						
Physical	Parameters (PPS)							1	rou	tine (RT)	per q	uarter
Sam	pling Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance S	Status
Selec	ct from Inventory of Active Samp	ling Points		7/1/19 -	9/30	0/19				Co	mplet	e
			:	10/1/19 -	12/3	31/19				Co	mplet	e
				1/1/20 -	3/3	1/20				Co	mplet	e
				4/1/20 -	6/30	0/20						
				7/1/20 -	9/30	0/20						
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1	routine (F	RT) pe	r year
Sam	pling Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance S	Status
ENTF	RY POINT (3)			1/1/19 -	12/3	1/19				Co	mplet	e
				1/1/20 -	12/3	1/20				Co	mplet	e
				1/1/21 -	12/3	31/21						
		Other Co	ompliance	Sched	lule	es						
Complian	ce Schedule Activity				Due	Date		Achie	ved i	Date		
CROSS CO	NNECTION EXEMPTION			3	3/1/	2016						
RESPOND	TO SANITARY SURVEY			12	2/25	/2016						
	Water	System Facili	ty and Sar	npling	Ро	int In	vento	ry				
Water							Total	Lead	and			
System	Water System Facility	Sampling Point		nt			Coliform					Stage
Facility IE)	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	001	NEW LADIES I	ROOM		Α		2	!			
		002	NEW MENS R	MOO		Α		2	!			
		003	UP STAIRS KIT	T. SINK		Α	Υ	2				
		004	DOWNSTAIRS	KITCHEN	1	Α		2	!			
		005	JANITOR CLOS	SET		Α		2	!			
		4	GENERIC DIST	RIBUTIO	N	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	N	Α						
		UPSTREAM	WITHIN 5 SER	RVICE CON	N	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
1029	CHRIST CHAPEL TREATMENT											
	STATION											

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
CT0769153	CT0769153 CHRIST CHAPEL					30	Р	GW			
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural			
1185 DURHAM	ROAD	Connections	1								

Towns Served: MADISON

	Wate	er System Facili	ity and Sampling	Point II	nvento	ry						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
10758	CHRIST CHAPEL WELL	2	CHRIST CHAPEL WELL	Α								
50174	BLADDER STORAGE TANK											
	Contact Information											
Name		0	rganization				Job Title					

Name	Name			Organization	l	Job Title			
•				Christ Chape	I		Admin Assistant		
				ddress Line Two			City		Zip Code
Christ Chapel 1185 Durha				m Road M				СТ	06443
Business Phone	Extension	Fax	Мо	obile Phone Emergency Phone Email Address					
203-421-4667						churchot	fice1185@g	mail.com	
Contact Role(s): A	dministrative (Contact							
lame			Organization			Job Title			

	Christ Chapel Board	of Trustees								
	Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
C/O Christ Chapel Board of Trustees 1185 Durhar					n Road		Madison		СТ	06443
	Business Phone	Extension	Fax	Me	obile Phone	Emergency Phone	Email Ad	dress		
	203-421-4667						churchof	fice1185@gmail	.com	

Contact Role(s): Legal Contact

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End of schedule

Schedule Generation Date: 3/10/2020

	Co	nnoctic	ut Donartm	ont o	f Dublic	Ugalth l	Dri	nlzi	na M	ator So	oction			
	CC		ut Departme								cuon			
		Wat	ter Quality N	Moni	toring a	nd Com	plia	anc	e Sch	edule				
PWS ID	PW	'S Name				(lassi	ficati	on Popu	lation Ow	ner Type F	rimary Source		
СТ076920	04 CH	URCH OF LAT	TER DAY SAINTS, M	ADISO	N		1	NC	1	72	Р	GW		
Local Add	ress (wher	e applicable)			Service	Residentia	al Co	omm	ercial Ir	ndustrial	Combined	Agricultural		
275 WAR	PAS ROAD				Connection	ns		1						
Towns Ser	rved: MAD	ISON												
			r	Monit	toring Red	quiremen	ts							
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF	ID: 00600)									
Total Co	liform (3	100)								1 rou	utine (RT)	per quarter		
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	g Per	riod	Collect	lection Period Compliance Status				
Selec	t from Inv	entory of Acti	ive Sampling Points			7/1/19 - 9	/30/:		Complete					
						10/1/19 - 1	2/31	/19			Co	mplete		
						1/1/20 - 3	/31/2	20			Co	omplete		
						4/1/20 - 6	/30/2	20						
						7/1/20 - 9	/30/2	20						
•		ers (PPS)								1 rou		per quarter		
Sampling Point (Sampling Point ID)										ion Period		iance Status		
Selec	ct from Inv	entory of Acti	ive Sampling Points			7/1/19 - 9						omplete		
						10/1/19 - 1						omplete		
						1/1/20 - 3/31/20				Complete				
					4/1/20 - 6/30/20									
						7/1/20 - 9	/30/2	20						
		•	POINT (WSF ID:	00700)									
	And Nitri	• •				11						routine (RT) per year		
Sampling Point (Sampling Point ID)										llection Period Compliance Status				
ENTF	RY POINT (3)			1/1/19 - 12/31/19							omplete		
					1/1/20 - 12/31/20						Co	omplete		
			1/1/21 - 12/31/21											
			Water System	n Faci	lity and S	ampling F	oin	nt In	vento	ry				
Water									Total	Lead and				
System		stem Facility		_	t Sampling F				Coliform			Stage		
Facility ID				D	Description	1		<u>atus</u>	Rule	Rule Her	Asbestos	WQP 2 DBPR		
00501	WELL #1	TION 0.40===		2	WELL #1	ON CYCTTO		A	.,					
00600	DISTRIBU	TION SYSTEM		4 CTDE 4 A		ON SYSTEM		A	Υ					
					/ WITHIN 5 S			A						
00700	ENITEY S	DINIT		REAM		SERVICE CON		Α						
00700	ENTRY PO			3	ENTRY POII	IN I		Α						
61496	ATMOSP	HERIC STORAG	JĖ.											
					ntact Info	rmation								
Name					Organization					Job Title				
Mr. Roy B. McDaniel					Natural Resources-Special Proj					ınager				
Mailing Address Line One Mailing Addr										City State Zip Code				
50 East North Temple St Mfd 12Th Flo										•				
Business Phone Extension Fax Me				Mol	le Phone Emergency Phone Email Add									
801-240-4656 801-240-2913						mcdanielrb@churchofjesuschrist.org								
Contact R	ole(s): Le	gal Contact, C	Owner											

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C	Difficult	ut Dcpa	i tillel	IL O	I I ublic	IIcaici	וועו	31117111	5 Wate	ı	CUOII		
	Wat	ter Qua	lity M	oni	toring a	nd Con	nplia	ance S	Schedu	le			
PWS ID P	PWS Name							fication	Population	Ow	ner Type	Primary S	ource
CT0769204 C	HURCH OF LAT	DISON	J		ı	NC	172		Р	GW			
Local Address (wh		Service	Resider	ntial C	mmercial Industria		ial	Combine	d Agricu	ultural			
275 WARPAS ROA		Connection	ns		1								
Towns Served: MA	ADISON												
Name	О	Organization				Job Title							
Ms. Christine Spe	С	Church of Jesus Christ of Lds				Hartford Admin Asst							
Mailing Address Line One Mailing Add					ress Line Two				City		State	Zip Co	de
130 South St								Cromw	vell		СТ	0651	.6
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	y Phone	e Email A	Address		·		
860-635-4035	860-835-4036							spence	spencerca@churchofjesuschrist.org				
Contact Role(s):	Administrative	Contact											

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

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