	Co	onnectic Wat	•			c Health and Con			_			
PWS ID	PV	/S Name	ter qua	ircy 1.101	11011115	ana don						Primary Sourc
CT0781172		T BAPTIST CHU	JRCH					NC		25	Р	GW
		re applicable)			Service	Resider	ntial C	ommer	cial II	ndustrial	Combine	
945 STORR					Connect							3
Towns Serv		NSFIELD										
				Mor	itoring R	equireme	nts					
Water Sys	stem Fac	cility: DISTR	IBUTION SY	STEM (WS	F ID: 00600	)						
<b>Total Col</b>	iform (3	3100)								1 r	outine (R1	) per quarter
Samp	ling Poin	t (Sampling P	oint ID)			Monitor	ing Per	riod	Collect	ion Perio	d Com	oliance Status
Select	t from Inv	entory of Acti	ve Sampling	Points		7/1/19	- 9/30/	'19			(	Complete
						10/1/19	- 12/31	/19				Complete
						1/1/20	- 3/31/	20			(	Complete
						4/1/20	- 6/30/	'20				
						7/1/20	- 9/30/	'20				
_		ters (PPS)									=	) per quarter
_		t (Sampling P				Monitor			Collect	ion Perio		oliance Status
Select	t from Inv	entory of Acti	ve Sampling	Points		7/1/19						Complete
						10/1/19						Complete
						1/1/20						Complete
						4/1/20						
						7/1/20	- 9/30/	20				
		cility: ENTRY	POINT (W	/SF ID: 0070	00)							<b>.</b>
		te (NOX)							- "			(RT) per year
		t (Sampling P	oint ID)			Monitor			Collect	ion Perio		oliance Status
ENTR	Y POINT (	(3)				1/1/19 -						Complete
						1/1/20 -						Complete
			<b>147.1</b> C			1/1/21 -						
			water Sy	stem Fa	cility and	Sampling	Poir					
Water	Mater S	ystem Facility		Samplina Do	int Sampling	r Doint			Total oliform	Lead an		Charac
System Facility ID	water 5	stem rucinty	•	Sumping Po ID	Descripti	•			nijorm Rule			Stage s WQP 2 DBP
	DISTRIBI	JTION SYSTEM	<u> </u>	4		ITION SYSTEM		atus A	Y	71470 711	7.000000	
00000	DISTRIBO	JIION SISILIVI		-		SERVICE CO		A	•			
				UPSTREAM		SERVICE CO		A				
00700	ENTRY P	OINT		3	ENTRY PO			A				
	WELL	01111		2	WELL	51141		A				
						formation	,	-				
Name					Organization						Job Title	<u> </u>
Mr. John R	Riesen				1St Baptist (				Ch	airman of	Trustees	
Mailing Ad		e One		Mailing Add	ress Line Two					ity	State	Zip Code
945 Srorrs								Stors	/ Mans		CT	06268
Business		Extension	Fax	M	obile Phone	Emergency	/ Phone					
860-429							,			nansfield	ct.com	
		dministrative	Contact. Leg	al Contact				300				
Somuel No			-5act, EC5	Comuce								

	Connectic	ut Depa	rtment (	ot .	Public	Health	Dri	nking	g Water	Sec	tion	
	Wa	ter Qua	lity Mon	itc	oring a	nd Con	nplia	ance S	Schedul	e		
PWS ID	PWS Name						Classi	fication	Population	Owne	r Type	Primary Source
СТ0781172	1ST BAPTIST CH	URCH					1	NC	25		Р	GW
Local Address (w	here applicable)				Service	Residen	tial Co	ommerci	al Industri	al C	ombine	d Agricultural
945 STORRS ROA	۷D				Connection	1						
Towns Served: M	1ANSFIELD					·						·
Name				Org	ganization					J	lob Title	
Spring Hill Bapti	st Church											
Mailing Address	Line One		Mailing Addr	ess	Line Two				City		State	Zip Code
945 Storrs Rd								Mansfi	eld		СТ	06268
Business Phone	e Extension	Fax	Mo	bile	Phone	Emergency	/ Phone	e Email A	Address			
Contact Role(s):	Owner											
Name				Org	ganization					J	lob Title	
The First Babtist	<b>Church of Mans</b>	field										
Mailing Address	Line One		Mailing Addr	ess	Line Two				City		State	Zip Code
945 Storrs Rd								Mansfi	eld		CT	06268
<b>Business Phone</b>	e Extension	Fax	Mo	bile	Phone	Emergency	/ Phone	e Email A	Address			
Contact Role(s):	Owner											

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End of schedule

	С	onnectic	ut Depa	ırtmeı	nt of	f Public	Hea	lth I	rin	king '	Wat	er S	Sectio	n		
			ter Qua													
PWS ID	PV	VS Name	cor Qua	1109 1 1	01110	.011118 0							wner Typ	e P	imary	Source
CT078001	4 17	34 HOUSE LLC	<u> </u>						NO		97		P		G۷	
Local Addr	ress (whe	re applicable)				Service	Res	sidentia	l Cor	nmercial	Indu	ustrial	Comb	ined	Agric	cultural
957 STORE	RS ROAD					Connectio	ns			1						
Towns Ser	ved: MAI	NSFIELD				1			'				'			
				М	onite	oring Re	quire	ment	ts							
		cility: DISTR	IBUTION S													
Total Col	-	-											outine (		-	
-		nt (Sampling P						nitoring			lectior	n Perio	od Co		ance S	
Selec	t from In	ventory of Act	ive Sampling	Points				./19 - 9/							mplet	_
								/19 - 12						Со	mplet	е
								./20 - 3/								
								./20 - 6, ./20 - 9,								
Physical	Parame	ters (PPS)										1 r	outine (	RT)	per qu	uarter
		nt (Sampling P	oint ID)					nitoring			lectior	n Perio	od Co	mpli	ance S	tatus
DISTE	RIBUTION	SYSTEM (4)					•	./19 - 9/							mplet	
								./19 - 12						Со	mplet	е
								./20 - 3/								
								./20 - 6,								
							7/1	./20 - 9/	/30/20	)						
		cility: ENTR	Y POINT (V	VSF ID: 0	0700)											
		ite (NOX)											1 routir	-		-
		nt (Sampling P	oint ID)					nitoring			lectior	n Perio	od Co		ance S	
ENTR	RY POINT	(3)						/19 - 12						Со	mplet	е
								/20 - 12								
					_	••		/21 - 12		1						
				Oth	er C	omplian	ce Sc									
-		ıle Activity							e Dat		Α	chieve	ed Date			
CROSS CO	NNECTIO	N EXEMPTION						-	1/2024							
			Water S	ystem I	Facili	ity and S	amp	ling P	oint							
Water	Mater S	ystem Facility		Camplina	Doint	Sampling I	Doint			Tota		ead ai				Charac
System Facility ID		ystem rucinty		Jumping ID	Polit	Description			Charl	Colifo Rul		Coppe Rule Ti	r er Asbe:	stos	WOP	Stage 2 DRPR
00600		JTION SYSTEM	1	4		DISTRIBUT		STFM	Stat A	us		idic ii	C1 7132C.			2 001 11
00000	DISTINID	JIION JIJILIV	•		REAM	WITHIN 5 S			A							
				UPSTRE		WITHIN 5 S			A							
00700	ENTRY P	OINT		3	-7 (1 7 1	ENTRY POI		- 0011	A							
21335	WELL #1			2		WELL			A							
48718	WELL #2			2		WELL#2			Α							
					Con	tact Info	rmat	tion								
Name					Oı	rganization							Job T	itle		
Mr. Diane	Sylvestr	e Lambert				734 House L	LC				Meml	ber				
Mailing Ac				Mailing A	Addres	s Line Two					City		Stat	е	Zip C	ode
P. O. Box 5	504									Columbia	a		СТ		062	37
Business	s Phone	Extension	Fax		Mobi	le Phone	Emerg	gency P	none	Email Ad	dress		,			

	Connectic	ut Depa	rtment	of Publ	ic F	<b>lealth</b>	Dri	nking	g Water	Section	
	Wa	ter Qua	lity Mon	itoring	gan	d Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Primary Source
CT0780014	1734 HOUSE LLO	:					1	١C	97	Р	GW
Local Address (w	here applicable)			Service		Residen	ntial C	ommerci	al Industri	al Combine	ed Agricultura
957 STORRS ROA	D			Connec	tions			1			
Towns Served: M	-			,			,				
860-477-1199						860-428	-3424	info@s	pringhillinn	ct.com	
Contact Role(s):	Owner										
Name				Organizatio	on					Job Titl	e
Mr. Lee Lambert				1734 Hous	e LLC				Manager		
Mailing Address I	Line One		Mailing Add	ess Line Tw	10				City	State	Zip Code
P. O. Box 504								Colum	bia	СТ	06237
Business Phone	e Extension	Fax	Mo	obile Phone	E	mergency	/ Phone	e Email A	Address		
860-477-1199			86	0-428-3412				info@s	springhillinn	ct.com	
Contact Role(s):	Administrative	Contact. Les	al Contact. O	wner				•			

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End of schedule

	Connecticut Do	epartment of Juality Monit							ction		
DWC ID		dancy Monic	or mg am						r Tuno D	rimonru	Course
PWS ID	PWS Name				Classificati				P P		
CT078003			Comico	Danidana	NC		45		-	GW	
	ress (where applicable)		Service Connections	Resident			ndustria	I C	Combined	Agric	cultural
1733 STOF			Connections		3	•					
Towns Ser	rved: MANSFIELD										
		Monito	oring Requ	ıiremei	nts						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
<b>Total Co</b>	liform (3100)						1	routi	ine (RT)	per qu	arter
Samp	oling Point (Sampling Point ID)	)		Monitorii	ng Period	Collect	tion Peri	iod	Compli	ance S	tatus
Selec	t from Inventory of Active Sam	pling Points		7/1/19 -	9/30/19				Co	mplete	دِ
				10/1/19 -	12/31/19				Co	mplete	خ
				1/1/20 -	3/31/20						
				4/1/20 -	6/30/20						
				7/1/20 -	9/30/20						
Physical	Parameters (PPS)						1	routi	ine (RT)	per au	arter
_	pling Point (Sampling Point ID)	)		Monitorii	ng Period	Collect	tion Peri		Compli		
	t from Inventory of Active Sam			7/1/19 -						mplete	
	•			10/1/19 -						mplete	
				1/1/20 -							
				4/1/20 -							
				7/1/20 -							
Water Sv	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
	And Nitrite (NOX)	. (						1 r	outine (F	(T) ner	vear
	pling Point (Sampling Point ID)	)		Monitorii	na Period	Collect	tion Peri		Compli		-
-	RY POINT (3)	<u>'</u>		1/1/19 - 1	_	Conce	ilon i cii	ou _		mplete	
LIVIII	(11011(15)			1/1/20 - 1						inpicto	
				1/1/21 - 1							
		041	12								
		Otner C	ompliance	Schea	uies						
	ce Schedule Activity				Due Date		Achiev	ed D	ate		
CROSS CO	NNECTION EXEMPTION			3	3/1/2018						
	Wate	er System Facili	ity and Sar	mpling	<b>Point Ir</b>	rvento	ry				
Water						Total	Lead a	ınd			
System	Water System Facility	Sampling Point	Sampling Poi	int		Coliform	Сорр	er			Stage
Facility ID	)	ID	Description		Status	Rule	Rule 1	ier /	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	l A						
		UPSTREAM	WITHIN 5 SER	RVICE CON	l A						
00700	ENTRY POINT	3	ENTRY POINT		Α						
21337	WELL	2	WELL		Α						
54218	HOLIDAY MALL TREATMENT SYSTEM										
54220	BLADDER STORAGE										
		Con	tact Inform	mation							
Name			rganization						Job Title		
	rt Moskowitz		RI Associates, I	10				-	אטט וונופ		
				LLC			`i+v		State	7in C	ode
Mailing AC	ddress Line One	Mailing Address	b Lille I WU				City		State	Zip Co	

(	Connectic	ut Depa	rtment of	f Public	: Health	ı Dri	nking	g Water	Sec	tion	
	Wa	ter Qua	lity Monit	oring a	and Cor	nplia	ance S	Schedul	e		
PWS ID	PWS Name					Class	fication	Population	Owne	r Type	Primary Source
СТ0780034	HOLIDAY MALL						NC	45		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al C	ombine	d Agricultural
1733 STORRS RO	AD			Connections			3				
Towns Served: N							,	·			
117 Stonemili ko	ad						Storrs			CI	06268
Business Phone	Extension	Fax	Mobi	ile Phone	Emergence	y Phon	e Email A	Address			
860-429-6109		860-429-8	3758								
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name			0	rganization					J	lob Title	!
E & I Associates	LLC										
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code
117 Stonemill Rd							Stores			CT	06268
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergenc	y Phon	e Email A	Address			
0 5 . ( )					*						

Contact Role(s): Legal Contact, Owner

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

End of schedule

Connecticut Department of Public	Health Drinkii	ng Water Se	ction
Water Quality Monitoring a	and Compliance	Schedule	
PWS ID PWS Name	Classificatio	n Population Own	er Type Primary Source
CT0780064 CAMP HOLIDAY HILL	NC	132	P GW
Local Address (where applicable) Service	Residential Comme	rcial Industrial	Combined Agricultural
41 CHAFFEEVILLE ROAD Connection	ons 3		
Towns Served: MANSFIELD			
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Physical Parameters (PPS)			tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20 7/1/20 - 9/30/20		
Water System Facility: ENTRY POINT WELL #5 (WSF ID: 00700)	7/1/20 - 9/30/20		
Nitrate And Nitrite (NOX)		1 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		Complete
	1/1/21 - 12/31/21		, , , , , , , , , , , , , , , , , , ,
Water System Facility: ENTRY POINT WELL #6 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1 :	routine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
Other Complian	ice Schedules		
Compliance Schedule Activity	Due Date	Achieved L	Date
RESPOND TO SANITARY SURVEY	1/9/2014		
CROSS CONNECTION SURVEY REPORT	12/31/2019		
Water System Facility and S	Sampling Point Inv	ventory	
Water		Total Lead and	
System Water System Facility Sampling Point Sampling		Coliform Copper	Stage
Facility ID ID Description	Status		Asbestos WQP 2 DBPR
	TION SYSTEM A	Υ	
DOWNSTREAM WITHIN 5			
	SERVICE CON A		
00700 ENTRY POINT WELL #5 3 ENTRY PO			
00701 ENTRY POINT WELL #6 3 ENTRY PO	INT A		

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
СТ0780064	CT0780064 CAMP HOLIDAY HILL					132	Р	GW			
Local Address (v	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
41 CHAFFEEVILI	LE ROAD	Connections			3						

Water System Eacility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

em Facility	S	ampling Poin	at Samplina			Total	Lead and		
		ID 2	Descriptio		atus	oliform Rule	Copper	Asbestos	Stage WQP 2 DBP
		2	WELL #6		A A				
					A				
		Со	ntact Info	ormation					
			Organization					Job Title	
			Holiday Recre	eation Center, Inc		Dire	ector		
ne	I	Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
					Mar	sfield		СТ	06250
Extension	Fax	Mo	bile Phone	Emergency Phon	e Ema	il Addres	SS		
	860-456-2	444		860-423-1227	DUD	LEY.HAN	/ILIN@SNET	.NET	
inistrative C	ontact								
			Organization					Job Title	
			Holiday Recre	eation Center, Inc		Ow	ner		
ne	ı	Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
					Mar	sfield		СТ	06250
Extension	Fax	Mo	bile Phone	Emergency Phon	e Ema	il Addres	SS		
	860-456-2	444							
	One Extension	Extension Fax 860-456-20 inistrative Contact  One I  Extension Fax	Extension Fax Modern Section 860-456-2444  Dine Mailing Address  Modern Section Fax Modern Section Fax Modern Section Fax Modern Section Secti	Organization Holiday Recre One Mailing Address Line Two  Extension Fax Mobile Phone 860-456-2444  Corganization Holiday Recre One Mailing Address Line Two  Mobile Phone Mobile Phone Mailing Address Line Two  Extension Fax Mobile Phone 860-456-2444	Extension Fax Mobile Phone Emergency Phone 860-456-2444 860-423-1227  inistrative Contact  Organization Holiday Recreation Center, Inc One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone 860-456-2444	Organization Holiday Recreation Center, Inc  Mailing Address Line Two  Man Extension Fax Mobile Phone Emergency Phone Ema 860-456-2444 860-423-1227 DUD  inistrative Contact  Organization Holiday Recreation Center, Inc  One Mailing Address Line Two  Man Extension Fax Mobile Phone Emergency Phone Ema 860-456-2444	Organization Holiday Recreation Center, Inc One Mailing Address Line Two Ci Mansfield Extension Fax Mobile Phone Bemergency Phone Bemail Address 860-456-2444 Organization Holiday Recreation Center, Inc Ow One Mailing Address Line Two Ci Mansfield Extension Fax Mobile Phone Bemergency Phone Emergency Phone Mailing Address Line Two Ci Mansfield Extension Fax Mobile Phone Bemergency Phone Emergency	Organization Holiday Recreation Center, Inc One Mailing Address Line Two City Mansfield Extension Fax Mobile Phone Benergency	Organization   Job Title   Holiday Recreation Center, Inc   Director   One   Mailing Address Line Two   City   State   Extension   Fax   Mobile Phone   Emergency Phone   Email Address   860-456-2444   860-423-1227   DUDLEY.HAMLIN@SNET.NET   Inistrative Contact   Organization   Job Title   Holiday Recreation Center, Inc   Owner   One   Mailing Address Line Two   City   State   Mansfield   CT   Extension   Fax   Mobile Phone   Emergency Phone   Email Address   Extension   Fax   Mobile Phone   Emergency Phone   Email Address   860-456-2444   Emergency Phone   Emergency Phone   E

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End of schedule

Schedule Generation Date: 3/10/2020

Page 8

Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Primary Science CT0780104 FIRST CHURCH OF CHRIST IN MANSFIELD NC 25 P GW  Local Address (where applicable) Service Connections 1 Industrial Combined Agriculty Storms Served: MANSFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100) 1 routine (RT) per quantum Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete	
CT0780104 FIRST CHURCH OF CHRIST IN MANSFIELD  Local Address (where applicable)  549 STORRS ROAD  Towns Served: MANSFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  NC  25 P GW  Residential Commercial Industrial Combined Agriculation  Monitoring Requirements  1 routine (RT) per qua  Monitoring Period Collection Period Compliance States  7/1/19 - 9/30/19  Complete	
Local Address (where applicable)  549 STORRS ROAD  Towns Served: MANSFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Residential Commercial Industrial Combined Agricult  Agricult  Monitoring Requirements  1  1  1  1  1  1  1  1  1  1  1  1  1	tural
549 STORRS ROAD  Towns Served: MANSFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  1  1  1  1  1  1  1  1  1  1  1  1  1	tural
Towns Served: MANSFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  1 routine (RT) per qua  Compliance Sta	
Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Monitoring Period Collection Period Compliance States  7/1/19 - 9/30/19  Complete	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  Total Coliform (3100)  Monitoring Period Collection Period Compliance Start (2011)  Total Coliform (3100)  Amonitoring Period Collection Period Compliance Start (2011)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  Total Coliform (3100)  Tota	
Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  1 routine (RT) per qua  Monitoring Period Collection Period Compliance Sta	
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StateSelect from Inventory of Active Sampling Points7/1/19 - 9/30/19Complete	
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete	
	tus
10/1/19 - 12/31/19 Complete	
· · · · · · · · · · · · · · · · · · ·	
1/1/20 - 3/31/20 Complete	
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Physical Parameters (PPS)  1 routine (RT) per qua	
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance Sta	tus
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete	
10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete	
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Water System Facility: ENTRY POINT - WELL 1A (WSF ID: 00701)	
Nitrate And Nitrite (NOX)  1 routine (RT) per y	oar
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance Sta	
EP - WELL 1A (3) 1/1/19 - 12/31/19 Complete	5
1/1/20 - 12/31/20 Complete	
1/1/21 - 12/31/21	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
	age
Facility ID Description Status Rule Rule Tier Asbestos WQP 2	)BPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00701 ENTRY POINT - WELL 1A 3 EP - WELL 1A A	
54900 WELL 1A 2 WELL 1A A	
Contact Information	
Name Organization Job Title	
Mr. John D. Little First Church of Christ	
Mailing Address Line One Mailing Address Line Two City State Zip Coc	e
P. O. Box 36 (Attn. Business Committee) Mansfield CT 06250	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	
860-423-9008 860-305-2245	

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0780104	FIRST CHURCH OF CHRIST IN MANSFIELD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
549 STORRS RO	AD	Connections		1			

Towns Served: MANSFIELD

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

End of schedule

	Connecticut De Water Qu	<b>-</b>						O			
DIA(C ID		ianty Mi	JIII	orning and	u Com						······
PWS ID	PWS Name										Primary Source
CT0780134	COYOTE FLACO			<u> </u>		N			25	Р	GW
	where applicable)			Service	Resident	tial Co	mmer	cial Ir	ndustrial	Combined	Agricultural
	GHWAY (ROUTE 31)			Connections			1				
Towns Served:	MANSFIELD										
Matau Cuataua	- Facility DICTRIBUTION			oring Requ	uireme	nts					
	Facility: DISTRIBUTION	1 SYSTEIN (1	WSF I	D: 00600)						/5=\	
Total Coliforn	-				0.0 10 1		1	C-114			per quarter
	Point (Sampling Point ID)				Monitorii			Collect	ion Perio		iance Status
Select from	m Inventory of Active Samp	ing Points		_	7/1/19 -						omplete
					10/1/19 -					Co	omplete
					1/1/20 -						
					4/1/20 -	•					
					7/1/20 -	9/30/2	0				
•	meters (PPS)										per quarter
	Point (Sampling Point ID)				Monitorii			Collect	ion Perio		iance Status
Select fror	m Inventory of Active Samp	ing Points			7/1/19 -						omplete
					10/1/19 -					Co	omplete
					1/1/20 -						
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Water System	Facility: ENTRY POINT	(WSF ID: 00	) <b>700</b> )								
Nitrate And I	Nitrite (NOX)									1 routine (	RT) per year
Sampling	Point (Sampling Point ID)				Monitorii	ng Perio	od	Collect	ion Perio	od Compl	iance Status
ENTRY PO	INT (3)				1/1/19 - :	12/31/1	19			Co	omplete
					1/1/20 - 1	12/31/2	20				
					1/1/21 - :	12/31/2	21				
		Public	Not	ification R	Pennire	ment	tc				
		i ubiic			•					DN 6	
Violation/Situa	ation		C	ompliance Period	Notice Tier			<u>Votifica</u>			<u>tification</u>
Total Coliform			1/1				quired		formed	Due to DPH	
				/04 - 6/30/04 /04 - 6/30/04	2		6/2004			11/16/2004	
	eters M&R Violation				3		6/2004			11/16/2004	•
Total Coliform				/04 - 9/30/04	2	-	0/2005			2/20/2005	
	eters M&R Violation			/04 - 9/30/04	3		1/2006			1/21/2006	
Total Coliform				/06 - 9/30/06	2		7/2006			10/17/2006	
	Water	System F	acili	ity and Sar	mpling	Point	t Inv	ento	ry		
Water							7	Total	Lead a	nd	
	er System Facility		Point	Sampling Poi	nt			liform			Stage
Facility ID		ID		Description		Sta	tus	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	A	A	Υ			
		DOWNSTI	REAM	WITHIN 5 SER	RVICE CON	1 <i>A</i>	Ą				
		UPSTRE	AM	WITHIN 5 SER	RVICE CON	l /	4				
00700 ENT	RY POINT	3		ENTRY POINT		P	<b>A</b>				
				·						· · · · · · · · · · · · · · · · · · ·	

WELL

Α

2

21346 WELL

	Water Quality Moni	toring an	d Con	npli	iance S	chedul	le	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0780134	COYOTE FLACO				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	d Agricultural
50 HIGGINS H	IGHWAY (ROUTE 31)	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. William Cabrer	а			Coyote Flaco					
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
50 Higgins Highway						Mansfiel	d	СТ	06250
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-423-4414									

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

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

End of schedule

	Connectio	*									ction	
		iter Qua	lity Mon	itoring a	na Con	_						
PWS ID	PWS Name					Clas	ssificatio			Owr		rimary Source
CT0780154			IDMA COMFO				NC		25	.	Р	GW
	ess (where applicable)			Service	Resider	ntial		ercial I	ndustri	al	Combined	Agricultural
452 STAFF				Connectio	IIS		1					
Towns Serv	ved: MANSFIELD					_				_		
Water Sys	stem Facility: <b>DISTI</b>	RIBUTION SY		itoring Re	quireme	ents	<b>-</b>					
	iform (3100)		•	<u> </u>					1	rou	tine (RT)	per quarter
	ling Point (Sampling I	Point ID)			Monitor	ing P	Period	Collec	tion Pe			iance Status
	from Inventory of Ac		Points		7/1/19							omplete
	•				10/1/19			_				omplete
					1/1/20		-					
					4/1/20							
					7/1/20							
Physical	Parameters (PPS)						•		1	rou	tine (RT)	per quarter
	ling Point (Sampling I	Point ID)			Monitor	ing P	Period	Collec	tion Pe			iance Status
	from Inventory of Ac		Points		7/1/19	- 9/3	0/19					omplete
	·				10/1/19	- 12/	31/19				Co	omplete
					1/1/20	- 3/3	1/20					
					4/1/20	- 6/3	0/20					
					7/1/20	- 9/3	0/20					
Water Sys	tem Facility: ENTR	Y POINT (W	VSF ID: 0070	0)								
	nd Nitrite (NOX)	•		•						1 1	routine (	RT) per year
	ling Point (Sampling I	Point ID)			Monitor	ing P	Period	Collec	tion Pe		-	iance Status
	Y POINT (3)	<u> </u>			1/1/19 -	12/3	31/19				Co	omplete
					1/1/20 -	12/3	31/20					
					1/1/21 -	12/3	31/21					
			Other	Complian								
	e Schedule Activity						Date		Achie	ved l	Date	
	TO SANITARY SURVEY						7/2018					
RESPOND	TO SANITARY SURVEY				1	.0/27	7/2018					
		Water Sy	ystem Fac	ility and S	ampling	, Po	int In	vento	ry			
Water								Total	Lead	and		
- /	Water System Facility	,		nt Sampling I				Coliform				Stage
Facility ID			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM		4		ION SYSTEM		Α	Υ				
				M WITHIN 5			Α					
			UPSTREAM		SERVICE CO	N	Α					
	ENTRY POINT		3	ENTRY POI	NT		Α					
21348	WELL		2	WELL			Α					
			Co	ntact Info	rmation	1						
Name				Organization							Job Title	
Mr. Ken Bu	ırkamp											
	dress Line One		Mailing Addr	ess Line Two				C	City		State	Zip Code
811 Main 9	Street		P O Box 1021	-			Mai	ncheste	r		СТ	06045-1021
Business	Phone Extension	Fax	Mo	bile Phone	Emergency	y Pho	one Ema	ail Addre	ess			
		+										

	Connectic	ut Depa	rtmen	t of	Public	Health	ı Drii	nking	g Water	· Se	ection		
	Wa	ter Qua	lity Mo	nit	oring a	nd Con	nplia	nce S	Schedu	le			
PWS ID	PWS Name						Classif	ication	Population	Ow	ner Type	Primary Source	:e
CT0780154	452 STAFFORD F	ROAD - GRAN	NDMA CON	/IFOR	T FOOD		N	IC	25		Р	GW	
Local Address (w	here applicable)				Service	Residen	ntial Co	mmerci	al Industri	al	Combine	d Agricultur	al
452 STAFFORD R	OAD				Connection	ns		1					
Towns Served: N	-								,	,			
860-646-1442						860-646	-1442						
Contact Role(s):	Administrative	Contact, Leg	al Contact										
Name				Or	ganization						Job Title	!	
The Five Ks Real	ity Trust LLC												
Mailing Address	Line One		Mailing Ad	ddress	Line Two				City		State	Zip Code	
452 Stafford Rd								Mansfi	eld		СТ	06250	
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner												

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

End of schedule

Schedule Generation Date: 3/10/2020

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	Connecticut Departmen	at of Dublic L	Joalth	D	rinkino	Mator	Soction	
	Connecticut Department Water Quality M				_			
DIA/C ID	PWS Name	officoring an	u Con	_				Duimonus Cossusos
PWS ID				Cia	NC	-		Primary Source
CT0780164	CUMBERLAND FARMS	Comico	Danidan	امند		33	P	GW
	where applicable)	Service Connections	Resider	itiai	Commerci	al Industria	l Combine	d Agricultural
Towns Served: I	OAD(OR 643 MIDDLE TURNPIKE)	Connections			1			
Towns Served:		onitoring Dog						
Mator Systom		onitoring Requ	ııreme	ents				
-	Facility: DISTRIBUTION SYSTEM (	W3F ID: 00000)				1	routing /DT	l man arrantan
Total Coliforn	•		0.4		David C		- '	per quarter
	Point (Sampling Point ID)		Monitor			ollection Peri		liance Status
Select from	n Inventory of Active Sampling Points		7/1/19					omplete
			10/1/19					omplete
			1/1/20 - 4/1/20 -					omplete
Dhysiaal Daya	mostoria (DDC)		7/1/20	- 9/3	0/20			\
Physical Para	meters (PPS) Point (Sampling Point ID)		Monitor	ina E	Period C	⊥ ollection Peri		per quarter liance Status
	n Inventory of Active Sampling Points		7/1/19			onection Pen		complete
Sciect iron	Tillventory of Active Sampling Follits		10/1/19					omplete
			1/1/20					omplete
			4/1/20					ompiete
			7/1/20					
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)	7/1/20	- 9/3	0/20			
Nitrate And N		<u> </u>					1 routine	RT) per year
	Point (Sampling Point ID)		Monitor	ina F	Period C	ollection Peri		liance Status
ENTRY POI	<u> </u>		1/1/19 -					omplete
	V-7		1/1/20 -					omplete
			1/1/21 -					
	Oth	ner Compliance						
Compliance Sch		•			Date	Achiev	ed Date	
-	ANITARY SURVEY				/2014	,,,,,,,,		
	TION SURVEY REPORT				<sup>'</sup> 2015			
	ANITARY SURVEY				7/2018			
	ANITARY SURVEY				7/2018			
	TION SURVEY REPORT				<sup>7</sup> 2019			
	TION SURVEY REPORT				2020			
		Notification F						
		Compliance	Notice			otification	PN Ce	rtification
Violation/Situa	tion	Period	Tier		Required	Performed		
Total Coliform N		1/1/13 - 3/31/13	2		7/24/2013	. s.ysziniew	8/3/2013	
Physical Parame	eters M&R Violation	1/1/13 - 3/31/13	3		6/24/2014		7/4/2014	
Total Coliform N		11/1/17 - 11/30/17	3		3/19/2019		3/29/2019	
	Water System		_			ntory		
Water			1,			otal Lead o	und	
	or System Easility Campling	Doint Compline Doi			- 10	c c		

**DISTRIBUTION SYSTEM** 

**Description** 

Coliform

Rule

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**Status** 

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

4

System Water System Facility

00600 DISTRIBUTION SYSTEM

Facility ID

	Water Quality Monite	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0780164	CUMBERLAND FARMS				NC	33	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural
1660 STORRS R	OAD(OR 643 MIDDLE TURNPIKE)	Connections			1			

Connecticut Department of Public Health Drinking Water Section

		Water Sy	ystem Fac	ility and S	Sampling P	oint Ir	vento	ry		
Water System Water : Facility ID	System Facility	, .	Sampling Poir ID	nt Sampling Descriptio		Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
			DOWNSTREA	M WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY	POINT		3	ENTRY PO	INT	Α				
21349 WELL			2	WELL		Α				
			Co	ntact Info	ormation					
Name				Organization					Job Title	
Mr. Mark Souza				Cumberland I	Farms		Ma	intenance l	Manager	
Mailing Address Li	ne One		Mailing Addre	ess Line Two			C	ity	State	Zip Code
Cfi/Gulf A Group o	f Companies		2643 Hartford	d Avenue		Joh	nnston		RI	02919
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pl	hone Em	ail Addre	SS		
401-477-2387		401-934-2	1827			ms	ouza@cu	mberlandfa	arms.com	
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	
Mr. Robert C. Sch	uler			Cumberland (	Gulf Gpoup		Ma	nager		
Mailing Address Li	ne One		Mailing Addre	ess Line Two			C	ty	State	Zip Code
2643 Hartford Ave	nue					Joh	nnston		RI	02719
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pl	hone Em	ail Addre	SS		
800-452-0333					508-270-14	13 rsc	huler@cu	ımberlandg	gulf.com	

Contact Role(s): Legal Contact

# Please note the following:

Towns Served: MANSFIELD

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End of schedule

	Connecticut D	epartment of	Public H	lealth	Drink	ing Wa	ater Se	ection	
	Water C	uality Monit	oring an	d Con	npliand	e Sche	edule		
PWS ID	PWS Name	C J	8 -		_			ner Type Pr	imary Source
CT0780174	SPRING HILL CAFE LLC				NC		2	Р	GW
	(where applicable)		Service	Residen			dustrial	Combined	Agricultural
1029 STORRS I	* * * * * * * * * * * * * * * * * * * *		Connections	resider	1		dastriar	Combined	/ Igricultural
Towns Served:									
TOWNS SELVED.	TWW. II VOT TEED	Manit	ovina Dovi	.:					
Water Syster	n Facility: <b>DISTRIBUTIO</b>		oring Requ D: 00600)	ııreme	ents				
Total Colifor	•						1 roi	utine (RT) i	er quarter
	Point (Sampling Point ID)	)		Monitor	ing Period	Collect	ion Period		ance Status
	m Inventory of Active Sam				9/30/19				mplete
30.000		8			- 12/31/19				mplete
					- 3/31/20				piece
					- 6/30/20				
					- 9/30/20				
Physical Par	ameters (PPS)			,,1,20	3,30,20		1 roi	ıtine (RT) ı	per quarter
_	Point (Sampling Point ID)	)		Monitor	ing Period	Collect	ion Period		ance Status
	TION SYSTEM (4)				- 9/30/19	0011000			mplete
DISTRIBO	11014 31312141 (4)				- 12/31/19				mplete
					- 3/31/20				inpiete
					- 6/30/20				
					- 9/30/20				
Mater System	m Facility: ENTRY DOIN	IT /\WSE ID: 00700\		7/1/20	- 3/30/20				
	n Facility: ENTRY POIN	II (WSF ID: 00700)						/5	
	Nitrite (NOX)	1		0.0 14	to a Danta d	C-114		=	T) per year
	Point (Sampling Point ID)				ing Period	Collecti	ion Period		ance Status
ENTRY PO	JINT (3)				12/31/19			Co	mplete
					12/31/20				
					12/31/21				
		Other Co	ompliance	Sched	dules				
Compliance Sc	chedule Activity				Due Date		Achieved	Date	
RESPOND TO S	SANITARY SURVEY			8	3/31/2017				
CROSS CONNE	CTION SURVEY REPORT				3/1/2020				
	Wate	er System Facili	itv and Sar	npling	Point Ir	vento	ν		
Water		•	•			Total	Lead and	1	
	ter System Facility	Sampling Point	Sampling Poi	nt		Coliform	Copper		Stage
Facility ID	•	ID	Description		Status	Rule		Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	01	REALTOR BAT	Н	A	Υ		Υ	
		02	CAFE BATH 1		Α	Υ		Υ	
		03	CAFE BATH 2		Α	Υ		Υ	
		04	3 BAY SINK		Α	Υ		Υ	
		05	HAND SINK		Α	Υ		Υ	
		06	GIFT SHOP SII	NK	Α	Υ		Υ	
		07	APARTMENT			Y		Y	
		08	APARTMENT		A	Υ		Υ	
		4	DISTRIBUTION			Y			
		DOWNSTREAM				•			
			DISTRIBUTION		. ,				

**DISTRIBUTION SYSTEM** 

Υ

Α

**UPSTREAM** 

	Water Quality Monit	oring an	d Con	npliance	Schedu <sup>1</sup>	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780174	CT0780174 SPRING HILL CAFE LLC			NC	72	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	cial Industri	al Combine	d Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

1029 STORRS ROAD

	W	ater System Facili	ity and Sampli	ng Point lı	nvento	ry			
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
21350	WELL	2	WELL	Α					

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Michael McDo	nald			Spring Hill Ca	afe LLC				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
1029 Storrs Road						Storrs		СТ	06268
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-878-8597						stixnston	esct@yaho	o.com	

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

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End of schedule

	Connecticut Dep	artment of	Public Health	Drir	iking W	ater Se	ction	
			oring and Com					
PWS ID	PWS Name						er Type P	rimary Source
CT0780204				N		25	P	GW
	ess (where applicable)		Service Resident				Combined	
185 STAFFO	* * * * * * * * * * * * * * * * * * * *		Connections		1			
Towns Serv	red: MANSFIELD							
		Monit	oring Requiremer	its				
Water Sys	tem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)					
<b>Total Coli</b>	form (3100)					1 rout	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)		Monitorin	g Perio	od Collect	tion Period	Compl	iance Status
Select	from Inventory of Active Sampli	ng Points	7/1/19 - 9	9/30/1	9		Co	mplete
			10/1/19 - :	12/31/	19		Co	mplete
			1/1/20 - 3	3/31/2	0		Co	mplete
			4/1/20 - (	5/30/2	0			
			7/1/20 - 9	9/30/2	0			
	Parameters (PPS)							per quarter
	ling Point (Sampling Point ID)		Monitorin			tion Period		iance Status
Select	from Inventory of Active Sampli	ng Points	7/1/19 - 9					mplete
			10/1/19 - :					mplete
			1/1/20 - 3				Co	mplete
			4/1/20 - 0					
Matan Com	tors Facility . FNTDV DOINT	(M/CE ID: 00700)	7/1/20 - 9	9/30/2	0			
•	tem Facility: ENTRY POINT	(WSF ID: 00/00)				4		\ <del>-</del> \\
	nd Nitrite (NOX)		0.0 a mita nin	a Davi	- d		<del>-</del>	RT) per year
	ling Point (Sampling Point ID)		<i>Monitorin</i> 1/1/19 - 1			tion Period		iance Status
ENTRY	POINT (3)							mplete
			1/1/20 - 1 1/1/21 - 1					
		Oth an C			11			
		Other C	ompliance Sched					
	e Schedule Activity			ue Dat		Achieved D	Date	
CORRECTIV	E ACTION/CORRECTIVE ACTION			30/20:				
	Water	System Facili	ity and Sampling	Point		•		
Water	Water System Facility	Camplina Boint	Sampling Point		Total	Lead and		Stano
System Facility ID	water system racinty	ID	Description		Coliform tus Rule		Ashestos	Stage WQP 2 DBPR
_	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Sta</u>	tus	Naic Hei	ASSESTEDS	TTQ! Z DD! K
00000	DISTRIBUTION STSTEM	•	WITHIN 5 SERVICE CON	Α	•			
		UPSTREAM	WITHIN 5 SERVICE CON	,				
00700	ENTRY POINT	3	ENTRY POINT	Α				
	WELL	2	WELL	Α				
	ATM STORAGE TANK		***	,	•			
	PRESSURE STORAGE							
J-7227	THESSORE STORAGE	Con	tact Information					
Name							Job Title	
Name Mr. Jessie I	Dunnack		rganization Icky Strike Lanes Inc		Sa	c. & Treasure		
	dress Line One	Mailing Addres				ity	State	Zip Code
127 Staffor		ivialing Addres	S LITE I WU		Mansfield C	•	CT	06250
TTI SIGNO	u Nu	1			ivialislielu C	CIILCI	CI	00230

	Connectic	ut Depa	rtment	of F	Public	Health	n Dri	nking	g Water	Se	ection	
	Wa	ter Qua	lity Mon	ito	ring a	nd Con	nplia	ance S	Schedu	le		
PWS ID	PWS Name						Classi	fication	Population	Owr	ner Type I	Primary Source
CT0780204	LUCKY STRIKE LA	ANES, INC.						NC	25		Р	GW
Local Address (w	here applicable)			S	Service	Resider	ntial C	ommerci	al Industri	ial	Combined	d Agricultural
185 STAFFORD R	OAD			C	Connection	ns		1				
Towns Served: M	IANSFIELD					<u>'</u>			<u> </u>	1		
Business Phone	e Extension	Fax	Mo	obile	bile Phone   Emergency Phone   Email Address							
860-423-8510												
Contact Role(s):	Owner											
Name				Orga	anization						Job Title	
Mr. Robert A. Du	ınnack, Sr.			Luck	ky Strike La	nes Inc			Owner			
Mailing Address I	Line One		Mailing Add	ress L	ine Two				City		State	Zip Code
127 Stafford Rd								Mansf	Mansfield Center		CT	06250
Business Phone	Phone Extension Fax Mo			obile	Phone	Emergency Phone Er		e Email Address				
203-423-8510								luckyst	rikelanesct(	@gm	ail.com	
Contact Role(s):	Administrative	Contact, Leg	gal Contact					1				

#### Please note the following:

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

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

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

End of schedule

Connecticut Department of Pub		0		ction	
Water Quality Monitoring	g and Complia	ince Sche	dule		
PWS ID PWS Name	Classif	ication Popula	ation Owr	ner Type Pr	rimary Source
CT0780234 MANSFIELD DRIVE-IN	N	IC 25	5	Р	GW
Local Address (where applicable) Service		ommercial Inc	dustrial	Combined	Agricultural
228 STAFFORD ROAD Conne	ctions	1			
Towns Served: MANSFIELD					
Monitoring	Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)				
Total Coliform (3100)			1 rou	ıtine (RT) <sub>ا</sub>	per quarter
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collectio	on Period	Compli	ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/1	L9		Со	mplete
	10/1/19 - 12/31/	/19		Co	mplete
	1/1/20 - 3/31/2	20			
	4/1/20 - 6/30/2	20			
	7/1/20 - 9/30/2	20			
Physical Parameters (PPS)			1 rou	ıtine (RT) <sub>ا</sub>	per quarter
Sampling Point (Sampling Point ID)	Monitoring Peri	iod Collectio	on Period	Compli	ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/1	19		Со	mplete
	10/1/19 - 12/31/	/19		Co	mplete
	1/1/20 - 3/31/2	20			
	4/1/20 - 6/30/2	20			
	7/1/20 - 9/30/2	20			
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)			1	routine (R	T) per year
	Monitoring Peri	iod Collectio	1 on Period	=	TT) per year
Nitrate And Nitrite (NOX)	Monitoring Perion 1/1/19 - 12/31/2			Compli	
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)		19		Compli	ance Status
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1/1/19 - 12/31/2	19 20		Compli	ance Status
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2	19 20 21	on Period	Compli	ance Status
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2	19 20 21 <b>t Inventor</b>	on Period	Compli	ance Status
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampli	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Poin	19 20 21 <b>t Inventor</b>	on Period Y	Compli	ance Status
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Water System Facility an  Water	1/1/19 - 12/31/3 1/1/20 - 12/31/3 1/1/21 - 12/31/3 d Sampling Point	19 20 21 <b>t Inventor</b> <i>Total</i>	y Lead and Copper	Compli	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampling Facility ID  Descrip	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point and Point otion Sta	19 20 21 <b>t Inventor</b> Total Coliform	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampling Facility ID  Descrip	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Poin ing Point otion Sta	19 20 21  t Inventor  Total  Coliform  Rule	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point ng Point otion Sta BUTION SYSTEM N 5 SERVICE CON	19 20 21  t Inventor  Total Coliform Rule A Y	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point ng Point otion Sta BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON	19 20 21  t Inventor  Total Coliform Rule A Y	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Water System Facility an  Water System Water System Facility Sampling Point Sampling Facility ID  1D  Description  00600 DISTRIBUTION SYSTEM  4 DISTRIBUTION SYSTEM  DOWNSTREAM WITHII	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point  orion Sta  BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON POINT	19 20 21  t Inventor  Total Coliform Rule A Y A	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHII UPSTREAM WITHII UPSTREAM WITHII O0700 ENTRY POINT 3 ENTRY	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point  orion Sta  BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON POINT	19 20 21  t Inventor  Total Coliform Rule A Y A A	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHII UPSTREAM WITHII UPSTRE	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point  orion Sta  BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON POINT	19 20 21  t Inventor  Total Coliform Rule A Y A A	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHII UPSTREAM WITHII UPSTRE	1/1/19 - 12/31/3 1/1/20 - 12/31/3 1/1/21 - 12/31/3 d Sampling Point ing Point bition Sta BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON POINT A Information	19 20 21  t Inventor  Total Coliform Rule A Y A A	y Lead and Copper	Compli	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN UPSTREAM WITHIN UPSTREAM WITHIN 100700 ENTRY POINT 21355 WELL 2 WELL 59276 HYDROPNEUMATIC TANK  Contact I  Name Organizat	1/1/19 - 12/31/3 1/1/20 - 12/31/3 1/1/21 - 12/31/3 d Sampling Point ing Point bition Sta BUTION SYSTEM N 5 SERVICE CON N 5 SERVICE CON POINT A Information	19 20 21  t Inventor      Total     Coliform     Rule A Y A A A	y Lead and Copper	Complia Co	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIT UPSTREAM WITHIT UPSTREAM WITHIT 10700 ENTRY POINT 21355 WELL 2 WELL 59276 HYDROPNEUMATIC TANK  Contact I  Name	1/1/19 - 12/31/3 1/1/20 - 12/31/3 1/1/21 - 12/31/3 d Sampling Point and Point attion State BUTION SYSTEM A 5 SERVICE CON A 5 SERVICE CON A 6 SERVICE CON A 7 S	19 20 21  t Inventor      Total     Coliform     Rule A Y A A A	y Lead and Copper Rule Tier	Complia Co	mplete  Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Water System Facility an Water System Facility Sampling Point Sampling Facility ID  00600 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIT UPSTREAM WITHIT 00700 ENTRY POINT 21355 WELL 2 WELL 59276 HYDROPNEUMATIC TANK  Contact I  Name  Organizat Mr. Michael R. Jungden  Mansfield	1/1/19 - 12/31/3 1/1/20 - 12/31/3 1/1/21 - 12/31/3 d Sampling Point and Point attion State BUTION SYSTEM A 5 SERVICE CON A 5 SERVICE CON A 6 SERVICE CON A 7 S	19 20 21  t Inventor  Total Coliform Rule A Y A A A A Pres	y Lead and Copper Rule Tier	Complia Co  Asbestos  Job Title	stage WQP 2 DBPR
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIT UPSTREAM WITHIT UPSTREAM WITHIT UPSTREAM WITHIT 21355 WELL 2 WELL 59276 HYDROPNEUMATIC TANK  Contact I  Name  Organizat Mr. Michael R. Jungden  Mailing Address Line One  Mailing Address Line To	1/1/19 - 12/31/2 1/1/20 - 12/31/2 1/1/21 - 12/31/2 d Sampling Point and Point BUTION SYSTEM A 5 SERVICE CON A 5 SERVICE CON POINT A Information Inform	19 20 21  t Inventor      Total     Coliform     Rule  A Y  A  A  A  Pres  Cit Mansfield Cer	y Lead and Copper Rule Tier	Asbestos  Job Title	stage WQP 2 DBPR

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

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

ш										
ı	PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
(	Т0780234	MANSFIELD DRIVE-IN					NC	25	Р	GW
Ī	Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
	228 STAFFORD ROAD			Connections		1				

Towns Served: MANSFIELD

# Please note the following:

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

End of schedule

	Connectic	•									ection		
		ter Qua	lity Moi	nit	coring a								
PWS ID	PWS Name										ner Type P	-	urce
CT0780244	466 STORRS RD						N			_	Р	GW	
	where applicable)				Service Connection	Resident	ial Co	mmercia	l In	dustrial	Combined	Agricult	tural
466 STORRS RC					Connection	15		1					
Towns Served:	MANSFIELD								_				
Water System	Facility: <b>DISTR</b>	RIBUTION S			oring Red D: 00600)	quiremei	nts						
<b>Total Coliforn</b>	n (3100)									1 ro	utine (RT)	per quar	rter
Sampling	Point (Sampling P	oint ID)				Monitorii	ng Peri	od Co	llecti	on Period		ance Stat	
Select fror	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	mplete	
						10/1/19 -	12/31/	19			Co	mplete	_
						1/1/20 -	3/31/2	.0					
						4/1/20 -	6/30/2	.0					
						7/1/20 -	9/30/2	.0					
<b>Physical Para</b>	meters (PPS)									1 ro	utine (RT)	per quar	rter
Sampling	Point (Sampling P	oint ID)				Monitorii	ng Peri	od Co	llecti	ion Period	Compl	ance Stat	tus
Select fror	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	mplete	
						10/1/19 -					Co	mplete	
						1/1/20 -							
						.0							
						7/1/20 -	9/30/2	.0					
-	Facility: ENTR	Y POINT (V	VSF ID: 007	(00									
Nitrate And N											routine (I		
	Point (Sampling P	oint ID)				Monitorii			llecti	ion Period		ance Stat	tus
ENTRY PO	INT (3)					1/1/19 - 1					Co	mplete	
						1/1/20 - 1							
						1/1/21 - 1		21					
			Othe	r C	ompliand	ce Sched	ules						
Compliance Sch	nedule Activity					E	ue Da	te		Achieved	Date		
RESPOND TO SA	ANITARY SURVEY					9,	/17/20	17					
		Water S	ystem Fa	cili	ity and Sa	ampling	Poin	t Invei	ntor	У			
Water								То		Lead and	1		
- /	er System Facility	,	Sampling Po ID	oint	Sampling P Description				orm	Copper	Asbestos		age
Facility ID	DIDLITION CVCTCM	<u> </u>			•			itus	ıle ,	Kule Hel	ASDESIUS	WQF Z D	JDPK
00600 DIST	RIBUTION SYSTEM	1	4 DOWNSTRE	Λ N Λ	WITHIN 5 S	ON SYSTEM		ላ ՝ ላ	Y				
			UPSTREAM			ERVICE CON		4					
00700 ENT	RY POINT		3	VI	ENTRY POI		, , , , , , , , , , , , , , , , , , ,						
21356 WEL			2		WELL	N I		<u>¬</u>					
21330 WLL	L			•				1					
					tact Info	rmation					1 1 2		
Name					rganization	D+			_		Job Title		
Mr. Ranjit S. Bl			Mailing Ad-		Maharaja Indian Restaurant				Owner State 7in Cod				_
				ar es	ress Line Two			City State Zip Code					
48 Cedar Swamp Rd  Business Phone Extension Fax Mc				Stor  Mobile Phone   Emergency Phone   Emargency			Storrs CT 06268						
		Fax	IV	ומטוי	ie Pilone	Emergency	rnone				com		
860-429-738	5					ranjitsb	ıagge	n@gmail.	com				

CT0780244	466 STORRS RD	NC	25	Р	GW							
PWS ID PWS Name Classification Population Owner Type Primary Sou												
Water Quality Monitoring and Compliance Schedule												
	Connecticut Department of Public Health Drinking Water Section											

Connections

Residential

Commercial

1

Industrial

Service

Towns Served: MANSFIELD

466 STORRS ROAD

Local Address (where applicable)

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

## Please note the following:

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

End of schedule

Page 24

Agricultural

Combined

	Connecticut D	•					_		ection			
	Water	<b>Quality Monit</b>	oring an	d Con	ıpl	ianc	e Sch	redule				
PWS ID	PWS Name	-			Clas	ssificati	on Pop	ulation Ov	ner Type F	Primary Source		
CT078027	4 MANSFIELD LIBRARY E	BUCHANAN CENTER				NC		217	L	GW		
Local Add	ress (where applicable)		Service	Residen	tial	Comm	ercial	Industrial	Combined	d Agricultural		
54 WARRE	ENVILLE ROAD		Connections			1						
Towns Ser	ved: MANSFIELD											
		Monito	oring Requ	iireme	nts							
Water Sy	stem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II	D: 00600)									
<b>Total Co</b>	liform (3100)							1 ro	utine (RT)	per quarter		
Sam	oling Point (Sampling Point IL	<i>)</i>		Monitori	ng P	eriod	Collec	ction Period	l Compl	liance Status		
Selec	t from Inventory of Active Sar	mpling Points		7/1/19 -	9/30	0/19			Co	omplete		
				10/1/19 -	12/3	31/19			Co	omplete		
				1/1/20 -					Co	omplete		
				4/1/20 -		-						
				7/1/20 -	9/30	0/20						
-	Parameters (PPS)							1 ro	utine (RT)	per quarter		
Sam	oling Point (Sampling Point IL	<i>)</i>		Monitori			Collec	ction Period	Compl	iance Status		
Selec	t from Inventory of Active Sar	mpling Points		7/1/19 -		-				omplete		
				10/1/19 -						omplete		
				1/1/20 -					Co	omplete		
			4/1/20 - 6/30/20									
				7/1/20 -	9/30	0/20						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)										
	And Nitrite (NOX)							1	-	RT) per year		
_	oling Point (Sampling Point IL	<i>)</i>	Monitoring Period				Collec	ction Period		iance Status		
ENTF	RY POINT (3)		1/1/19 - 12/31/19					Со				
				31/20								
				1/1/21 -	12/3	1/21						
		Other Co	ompliance	Sched	lule	es						
Complian	ce Schedule Activity				Due	Date		Achieved	Date			
RESPOND	TO SANITARY SURVEY		11/18/2018									
CROSS CO	NNECTION SURVEY REPORT				3/1/2	2021						
	Wat	er System Facili	ty and Sai	mpling	Po	int In	vent	ory				
Water							Total	Lead and	1			
System	Water System Facility	Sampling Point		nt			Coliforn			Stage		
Facility ID	)	ID	Description			Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	l	Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	N	Α						
		UPSTREAM	WITHIN 5 SEF	RVICE CON	N	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
21358	WELL	2	WELL			Α						
55690	BLADDER TANK											
		Con	tact Infori	mation								
Name		Or	ganization						Job Title			
Mr. Bill J.	Trietch	To	Town of Mansfield				D	eputy Dir. F	acility			
Mailing Ad	ddress Line One	Mailing Address	Line Two				-	City	State	Zip Code		
4 South Ea	agleville Road					Ma	nsfield		СТ	06268		
	_	,										

	Connecticut Department of Public Health Drinking Water Section												
	,	Wa	ter Qua	lity M	lonit	oring a	and (	Con	ıpl	iance S	Schedul	e	
PWS ID	PWS Name	9							Classification I		Population	Owner Type	Primary Source
СТ0780274	MANSFIEL	D LIBF	RARY BUCHA	NAN CE	NTER					NC	217	L	GW
Local Address (where applicable) Service									tial	Commerci	al Industri	al Combin	ed Agricultura
54 WARRENVILLI	E ROAD		Connectio	ons			1						
Towns Served: N	Towns Served: MANSFIELD												
Business Phone	e Extens	sion	Fax		Mobil	bile Phone   Emergency Phone   Email Add				ne Email A	Address		
860-429-3322			860-487-	4443			860-234-1854 TrietchWJ@mansfieldct.org						
Contact Role(s):	Administr	ative	Contact										
Name					Or	ganization						Job Titl	e
Ms. Maria Capri	ola				То	wn of Man	sfield				Interim To	own Manage	
Mailing Address	Line One			Mailing	Address	Line Two					City	State	Zip Code
Audrey P. Beck N	/Junicipal B	uildin	g	4 South	Eaglevil	lle Road				Mansfi	eld	СТ	06268
Business Phone	e Extens	sion	Fax		Mobil	Mobile Phone Emergenc			cy Phone Email Address				
860-429-3336										TownN	Ingr@mans	fieldct.org	
Contact Role(s):	Contact Role(s): Legal Contact												
51													

#### Please note the following:

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

End of schedule

	Connectic							_				1	
		ter Qua	lity Mo	nit	toring a	na Con		1				1	
PWS ID	PWS Name											Prim	ary Source
CT0780334	847 STAFFORD R	ROAD						IC .		25	P		GW
	(where applicable)				Service Connection	Residen	tial Co	mmerci	al Ir	ndustrial	Combir	ied /	Agricultural
847 STAFFORE					Connection	ns 1		1					
Towns Served	: MANSFIELD			_					_				
Water Syster	m Facility: <b>DISTR</b>	IBUTION S			oring Red D: 00600)	quireme	nts						
Total Colifo	rm (3100)									1 r	outine (R	T) pe	r quarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Peri	iod C	ollect	ion Perio	=		ce Status
Select fro	om Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	L9				Comp	olete
						10/1/19 -	12/31/	/19				Comp	olete
						1/1/20 -	3/31/2	20					
						4/1/20 -	6/30/2	20					
						7/1/20 -	9/30/2	20					
<b>Physical Par</b>	ameters (PPS)									1 r	outine (R	T) pe	r quarter
Sampling	g Point (Sampling P	oint ID)				Monitori	ng Peri	iod C	ollect	ion Perio	od Con	plian	ce Status
Select fro	om Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	L9				Comp	olete
						10/1/19 -	12/31/	/19				Comp	olete
					1/1/20 - 3/31/20								
						20							
						7/1/20 -	9/30/2	20					
Water System	m Facility: ENTR	Y POINT (V	VSF ID: 00	700)									
	Nitrite (NOX)												per year
-	g Point (Sampling P	oint ID)				Monitori			ollect	ion Perio	od Con		ce Status
ENTRY PO	DINT (3)					1/1/19 -						Comp	olete
						1/1/20 -							
						1/1/21 -		21					
			Othe	er C	omplian	ce Sched	lules						
Compliance S	chedule Activity					1	Due Da	te		Achiev	ed Date		
RESPOND TO	SANITARY SURVEY					9	/21/20	17					
		Water Sy	ystem F	acil	ity and S	ampling	Poin	t Inve	nto	ry			
Water									otal	Lead a	nd		
•	iter System Facility			oint	Sampling P				form				Stage
Facility ID		_	ID		Description			itus	ule	Rule T	ier Asbesi	os W	QP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	1	4			ON SYSTEM		A	Υ				
					WITHIN 5 S			A					
22722 511	TDV DOME		UPSTREA	IVI		SERVICE CON		Α .					
	TRY POINT		3		ENTRY POII	N I		Α					
21364 WE	:LL		2	_	WELL			A					
					tact Info	rmation							
Name				0	rganization						Job Tit	le	
Ms. Kerry Joh			T		Lucile John Trust				Co-Trustee				
Mailing Addre			Mailing Ad	dres	s Line Two				С	ity	State		ip Code
855 Stafford Rd.									Storrs CT 06268				
Business Ph		Fax	1	Mob	ile Phone	Emergency	Phone	Email A	Addre	!SS			
860-429-26	522												

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

					_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0780334	847 STAFFORD ROAD				NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
847 STAFFORD	ROAD		Connections	1	1			

Towns Served: MANSFIELD

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

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		ut Departm					Ŭ			ection		
	Wa	ter Quality	Monito	oring an	nd Comp	lla	nce S	che	dule			
PWS ID	PWS Name				Cl					ner Type	Primary	Source
CT0780354	THOMPSONS GI					N		25		Р	G۱	
Local Address (	where applicable)			Service	Residentia	I Co	mmercia	l Ind	lustrial	Combine	d Agri	cultural
54 MIDDLE TUR				Connections	S		1					
Towns Served:	MANSFIELD					_						
			Monito	ring Req	uirement	:S						
Water System	Facility: <b>DISTR</b>	RIBUTION SYSTEN	1 (WSF ID	: 00600)								
<b>Total Coliforn</b>	m (3100)								1 ro	utine (RT)	per qu	uarter
	Point (Sampling P	Point ID)			Monitoring	Perio	od Co	llectio	n Period		liance S	
Select fror	m Inventory of Act	ive Sampling Point	5		7/1/19 - 9/	30/1	.9			C	omplet	 e
					10/1/19 - 12	/31/	<b>'</b> 19			C	omplet	e
					1/1/20 - 3/	31/2	20			C	omplet	e
					4/1/20 - 6/	30/2	20					
					7/1/20 - 9/	30/2	20					
Physical Para	meters (PPS)								1 ro	utine (RT)	per qu	uarter
-	Point (Sampling P	Point ID)			Monitoring	Perio	od Co	llectio	n Period		liance S	
Select from	m Inventory of Act	ive Sampling Point	5		7/1/19 - 9/	30/1	.9			C	omplet	e
	·	· -			10/1/19 - 12					C	omplet	e
					1/1/20 - 3/	31/2	20			C	omplet	e
					4/1/20 - 6/	30/2	20					
					7/1/20 - 9/	30/2	20					
Water System	Facility: ENTR	Y POINT (WSF ID	: 00700)									
Nitrate And N	Nitrite (NOX)								1	routine (	RT) pe	r vear
	Point (Sampling P	Point ID)			Monitoring	Perio	od Co	llectio	n Period	-	liance S	-
ENTRY PO		,			1/1/19 - 12/						omplet	
					1/1/20 - 12/	/31/2	20				•	
					1/1/21 - 12/							
		Water System	n Facilit	v and Sa				ntory	,			
Mator		water system	ii i aciiic	.y ana sa	iiiipiiiig i	OIII				1		
Water System Wat	ter System Facility	Sampl	ina Point	Sampling Po	oint			tal l form	Lead and Copper	1		Stage
Facility ID	ier cystem i demey		_	Description		Cta	-			Asbestos	WQP	_
	RIBUTION SYSTEM	1	4 1	DISTRIBUTIC	N SYSTEM		itus	Y			•	
				WITHIN 5 SE			A					
				WITHIN 5 SE			A					
00700 ENTI	RY POINT	0.0		ENTRY POIN			Α					
60711 WEL				WELL 1	•		Α					
00722 1122				act Infor	mation							
					mation							
Name				ganization						Job Title		
Mr. George M.					npson & Sons	5		Presi		C	<b></b> -	\I
Mailing Address		Mailir	ng Address	Line I wo			D.4 - C.	City		State	Zip C	
54 Middle Turn	-	-	2.4.1.1	Di-			Mansfie			СТ	062	51
Business Pho		Fax	Mobile	Phone E	Emergency Ph					l	1	
860-429-937		860-429-9378	1		860-208-71	16	custom	erserv	ice@gmt	hompsona	ndsons	.com
Contact Role(s)	: Administrative	Contact, Legal Con	tact, Owne	er								

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

PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0780354	THOMPSONS GENERA	AL STORE				NC	25	Р	GW
Local Address (v	Local Address (where applicable)		Service	Resider	ntial Commerc	cial Industri	al Combine	ed Agricultural	
54 MIDDLE TUR	NPIKE			Connections		1			

Towns Served: MANSFIELD

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

End of schedule

	Connecticut Wate	•		Public Horing and				_			ction	
PWS ID	PWS Name					Clas	sification	Pop	ulation	Owr	ner Type	Primary Source
СТ0780384	2103 STORRS ROAL	)					NC		25		Р	GW
Local Address	(where applicable)			Service	Residen	tial	Commerc	cial	Industr	ial	Combine	d Agricultural
2103 STORRS F	ROAD			Connections			1					
Towns Served:	MANSFIELD											
			Monit	oring Requ	ireme	nts						
Water Systen	n Facility: DISTRIB	UTION SYSTI	EM (WSF I	D: 00600)								
<b>Total Colifor</b>	m (3100)								:	1 rou	tine (RT)	per quarter
Sampling	Point (Sampling Poin	t ID)			Monitori	ing P	eriod	Collec	ction Pe	eriod	Comp	liance Status
Select fro	m Inventory of Active	Sampling Poi	nts		7/1/19 -	9/30	)/19				C	omplete
				-	10/1/19 -	12/3	31/19				C	omplete
					1/1/20 -						C	omplete
					4/1/20 -		•					
					7/1/20 -	9/30	)/20					
-	ameters (PPS)											per quarter
	Point (Sampling Poin				Monitori			Collec	ction Pe	eriod		liance Status
Select fro	m Inventory of Active	Sampling Poi	nts		7/1/19 -							omplete
					10/1/19 -							omplete
					1/1/20 -						C	omplete
					4/1/20 -							
Mator Custon	o Fooilitys FNTDV D	OINT /WCF	ID. 00700\		7/1/20 -	· 9/3C	0/20					
-	n Facility: ENTRY P	Olivi (WSF	10: 00700)							1		DT)
	Nitrite (NOX) Point (Sampling Poin	+ ID)			Monitori	ina D	oriod	Callad	ction Pe		-	RT) per year liance Status
ENTRY PC		יוטו			1/1/19 -			Conec	LIUII FE	iiou		omplete
LIVINITO	7111 (3)			1/1/20 - 12/31/20								omplete
					1/1/21 -							ompiete
Water System	n Facility: WELL (V	VSF ID: 2136	(8)		1/1/21	12/3	1/21					
E. Coli (3014	,		,							1 rou	tine (RT)	per quarter
-	· I Point (Sampling Poin	t ID)			Monitori	ina Pi	eriod	Collec	ction Pe			liance Status
WELL (2)	· · · · · · · · · · · · · · · · · · ·	· · · /			7/1/19 -							omplete
( )					10/1/19 -		-					omplete
					1/1/20 -							omplete
					4/1/20 -	6/30	)/20					•
					7/1/20 -	9/30	)/20					
			Other C	ompliance	Sched	lule	S					
Compliance Sc	hedule Activity			•		Due L	Date		Achie	eved I	Date	
RESPOND TO S	ANITARY SURVEY				2	2/20/	2020					
RESPOND TO S	ANITARY SURVEY				2	2/20/	2020					
CORRECTIVE A	CTION/CORRECTIVE A	CTION PLAN			5	5/20/	2020					
CORRECTIVE A	CTION/CORRECTIVE A	CTION PLAN			5	5/20/	2020					
	W	ater Syst	em Facil	ity and Sar	npling	Poi	int Inv	ento	ory			
Facility ID	ter System Facility  TRIBUTION SYSTEM	Sam	ppling Point ID 4	Sampling Point Description DISTRIBUTION			Co	Total Diforn Rule Y		per	Asbesto	Stage S WQP 2 DBPR

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780384	2103 STORRS ROAD			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	cial Industr	al Combin	ed Agricultural
2103 STORRS R	OAD	Connections		1			

Towns Served: MANSFIELD

	Wa	iter System Facili	ity and Sampling P	oint Ir	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
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21368	WELL	2	WELL	Α			·		
57200	TREATMENT PLANT								

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Syed Sami			Saybrook Ro	ad LLC					
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code
P.O. Box 21						Durham		СТ	06422
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Phone Email Address			
203-645-6443						chorbaty	@outlook.com		

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

# Please note the following:

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End of schedule

	Со			artment of lity Monit					U			ection			
PWS ID	PWS	S Name					Class	ificati	on Po	pulatio	on Ow	ner Type P	rimary Source		
СТ078039	4 TOA	ST FOUR CO	RNERS					NC		316		Р	GW		
Local Add	ress (where	e applicable)			Service	Resident	tial (	Comm	ercial	Indus	strial	Combined	Agricultural		
625 MIDD	LE TURNPII	KE			Connection	S		1							
Towns Ser	rved: MANS	SFIELD													
				Monito	oring Req	uireme	nts								
Water Sy	stem Faci	lity: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)										
	liform (3:	-									1 rou		per quarter		
		(Sampling P				Monitori			Colle	ction	Period		iance Status		
Selec	t from Inve	entory of Act	ive Samplin	g Points		7/1/19 -							mplete		
						10/1/19 -							mplete		
						1/1/20 -						Co	mplete		
						4/1/20 -									
		(556)				7/1/20 -	9/30,	/20			_	(5=1			
•	Paramete	• •	oint ID			Manitadi	a	wied	Call-	atia -	1 rou <i>Period</i>		per quarter		
		(Sampling Pentory of Act		- Daints		Monitorii			Colle	ction	Perioa		iance Status		
Selec	L HOIH HIVE	entory of Act	ive Samping	3 POIIILS	7/1/19 - 9/30/19							omplete omplete			
					10/1/19 - 12/31/19 1/1/20 - 3/31/20								mplete		
					4/1/20 - 6/30/20						C	mpiete			
						7/1/20 -		-							
Water Sv	stem Faci	lity: FNTR	V POINT (	WSF ID: 00700)		7/1/20-	9/30/	/20							
	And Nitrite	•	110111 (	(V3) 1D. 00700)							1	routino (I	RT) per year		
		e (NOX) (Sampling P	oint ID)			Monitorii	na Pe	rind	Colle	ction	+ Period	=	iance Status		
	RY POINT (3					1/1/19 - :			Conc	CCIOII	remou		mplete		
	(1101111)	1			1/1/20 - 12/31/20								Complete		
						1/1/21 - 12/31/21									
						1/1/21 -	12/31	1//1					•		
			Water S	vstem Facili	ity and Sa			_	went	orv			<u>'</u>		
IA/ertou			Water S	ystem Facili	ity and Sa			_			a. al. a. a. al				
Water System	Water Svs					ampling		nt In	Total	Le	ad and				
Water System Facility ID		stem Facility		ystem Facili Sampling Point ID		ampling	Poi	nt In		Lei m C	opper		Stage WQP 2 DBPR		
System				Sampling Point	Sampling Po	ampling	Poi	nt In	Total Colifor	Lei m C	opper		Stage		
System Facility ID		stem Facility		Sampling Point ID	Sampling Po Description	ampling  pint  DN SYSTEM	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID		stem Facility		Sampling Point ID 4	Sampling Po Description	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID		Stem Facility		Sampling Point ID 4 DOWNSTREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600	DISTRIBUT	Stem Facility		Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Po Description DISTRIBUTIO WITHIN 5 SE	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600	DISTRIBUT	Stem Facility		Sampling Point ID  4 DOWNSTREAM UPSTREAM 3	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600 00700 21369	DISTRIBUTE ENTRY POWELL 1	Stem Facility	1	Sampling Point ID  4  DOWNSTREAM  UPSTREAM  3  2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600 00700 21369 59883	ENTRY PO WELL 1 WELL 2 ATMOSPH	TION SYSTEM	I - ROOM 1	Sampling Point ID  4  DOWNSTREAM  UPSTREAM  3  2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	ampling  pint  ON SYSTEM  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600 00700 21369 59883 59887	ENTRY PO WELL 1 WELL 2 ATMOSPH	TION SYSTEM  INT	I - ROOM 1	Sampling Point ID  4  DOWNSTREAM  UPSTREAM  3  2  2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	empling  pint  ON SYSTEM  ERVICE CON  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600 00700 21369 59883 59887	ENTRY PO WELL 1 WELL 2 ATMOSPH	TION SYSTEM  INT	I - ROOM 1	Sampling Point ID  4  DOWNSTREAM  UPSTREAM  3  2  2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 WELL 2	empling  pint  ON SYSTEM  ERVICE CON  ERVICE CON	Poi	nt In	Total Colifor Rule	Lei m C	opper		Stage		
System Facility ID 00600 00700 21369 59883 59887 59891	ENTRY PO WELL 1 WELL 2 ATMOSPH	TION SYSTEM  INT	I - ROOM 1	Sampling Point ID  4 DOWNSTREAM UPSTREAM 3 2 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 WELL 2	oint ON SYSTEM ERVICE CON ERVICE CON	S S	nt In	Total Colifor Rule Y	Lei m C	opper ule Tier	Asbestos	Stage		
System Facility ID 00600  00700 21369 59883 59887 59891  Name Mr. Alfrec	ENTRY PO WELL 1 WELL 2 ATMOSPH	TION SYSTEM  INT  JERIC TANKS  JERIC TANKS	I - ROOM 1	Sampling Point ID  4 DOWNSTREAM UPSTREAM 3 2 2	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 WELL 2  tact Information ganization arwinton Drill	oint ON SYSTEM ERVICE CON ERVICE CON	S S	nt In	Total Colifor Rule Y	Leam Ca	opper ule Tier	Asbestos	Stage		
90700 00700 21369 59883 59887 59891  Name Mr. Alfrec	ENTRY PO WELL 1 WELL 2 ATMOSPH ATMOSPH	TION SYSTEM  INT  JERIC TANKS  JERIC TANKS	I - ROOM 1	Sampling Point ID  4  DOWNSTREAM UPSTREAM 3 2 2 Con	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 WELL 2  tact Information ganization arwinton Drill	oint ON SYSTEM ERVICE CON ERVICE CON	S S	nt In	Total Colifor Rule Y	Lec m Co Ru Owner	opper ule Tier	Asbestos  Job Title	Stage WQP 2 DBPR		
5ystem Facility ID 00600  00700 21369 59883 59887 59891  Name Mr. Alfred Mailing Ad	ENTRY PO WELL 1 WELL 2 ATMOSPH ATMOSPH d Rondano	TION SYSTEM  INT  JERIC TANKS  JERIC TANKS	I - ROOM 1	Sampling Point ID  4  DOWNSTREAM UPSTREAM 3 2 2  Con On Hailing Address P.O. Box 152	Sampling Po Description  DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1 WELL 2  tact Information erwinton Drill s Line Two	oint ON SYSTEM ERVICE CON ERVICE CON	Poi S	nt In	Total Colifor Rule Y  Colifor	Lec m Co Ru	opper ule Tier	Job Title  State	Stage WQP 2 DBPR		

C	connectic	ut Depa	rtme	ent of	Public	Healti	וע ו	rinkin	g wat	er S	section	l	
	Wa	ter Qua	lity N	Ionite	oring a	nd Coi	npl	iance	Sched	dule	<u> </u>		
PWS ID P	WS Name						Clas	sification	Populat	ion C	wner Type	Prir	nary Sour
CT0780394 T	OAST FOUR CO	RNERS						NC	316		Р		GW
Local Address (who	ere applicable)				Service	Reside	ntial	Commerc	ial Indu	ustrial	Combin	ed	Agricultur
625 MIDDLE TURN	IPIKE				Connection	าร		1					
Towns Served: MA	ANSFIELD					·			·		·	·	
Contact Role(s):	Administrative	Contact											
Name				Or	ganization						Job Titl	е	
Mr. Samuel L. Sch	rager			Up	dike, Kelly 8	& Spellacy,	Pc		Attori	ney			
Mailing Address Li	ne One		Mailing	Address	ddress Line Two				City		State		Zip Code
1733 Storrs Road			P.O. Bo	x 534			Storrs CT 062						5268-0534
<b>Business Phone</b>	Extension	Fax		Mobil	e Phone	Emergeno	y Pho	ne Email	Address				
860-548-2656		860-487-0	0030			860-208	3-7867	7 sschra	sschrager@uks.com				
Contact Role(s):	egal Contact												
Name				Or	ganization						Job Titl	e	
Mr. Mark Sanders	ion			On	ns Developn	ment, LLC			Owne	r			
Mailing Address Li	ne One		Mailing	Address	Line Two				City		State		Zip Code
3180 Washington	Rd							West	Palm Bea	ich	FL		33405
Business Phone	Extension	Fax		Mobil	e Phone	Emergeno	y Pho	ne Email	Address				
828-526-2211													
Contact Role(s):	Owner												
Name				Or	ganization						Job Titl	е	
Oms Developmen	t, LLC											ı	
Mailing Address Li	ne One		Mailing	Address	Line Two				City		State		Zip Code
PO Box 534								Storrs			СТ		06268
Business Phone	Extension	Fax		Mobil	e Phone	Emergend	y Pho	ne Email	Address				
								omsaı	nderson@	gmai	l.com		
Contact Role(s):	Owner												
Please note the fo	ollowing:												
1. The residual disi	infectant concen	tration must b	e measu	red at the	same location	on and time	as ead	h total coli	form sam	ple.			

Connecticut Department of Dublic Health Drinking Water Section

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End of schedule

		45 11 7					
	Connecticut Departmen	nt of Public H	lealth L	)rinking	Water S	ection	
	Water Quality M	onitoring and	d Comr	oliance S	chedule		
PWS ID	PWS Name	0				wner Type Pr	imary Source
CT0780424	PUBLIC AMERICA/MANSFIELD AQUAS	SITION		NC	25	P	GW
Local Address (v	where applicable)	Service	Residentia	I Commercia	I Industrial	Combined	Agricultural
1659 STORRS R		Connections		1			
Towns Served:	MANSFIELD						
	M	onitoring Requ	irement	ts			
Water System	Facility: DISTRIBUTION SYSTEM (						
<b>Total Coliforn</b>	n (3100)				1 r	outine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Complic	ınce Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Cor	nplete
		-	10/1/19 - 12	2/31/19		Cor	nplete
			1/1/20 - 3/	/31/20		Cor	nplete
			4/1/20 - 6/	/30/20			
			7/1/20 - 9/	/30/20			
•	meters (PPS)				1 r	outine (RT) p	-
	Point (Sampling Point ID)		Monitoring		llection Perio		ınce Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9/				nplete
			10/1/19 - 12				nplete
			1/1/20 - 3/ 4/1/20 - 6/		Cor	nplete	
			7/1/20 - 9/	/30/20			
-	Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And N	• •					1 routine (R	
	Point (Sampling Point ID)		Monitoring		llection Perio		ince Status
ENTRY POI	INT (3)		1/1/19 - 12				nplete
			1/1/20 - 12 1/1/21 - 12	• •		Cor	nplete
	OIL						
		er Compliance					
Compliance Sch	<u> </u>			e Date	Achieve	d Date	
	CTION SURVEY REPORT			1/2012			
	CTION SURVEY REPORT			1/2015			
	CTION SURVEY REPORT			1/2016			
	CTION SURVEY REPORT			1/2017			
	CTION SURVEY REPORT			1/2018			
	CTION SURVEY REPORT			1/2019			
CROSS CONNEC	CTION SURVEY REPORT			1/2020			
	Public	Compliance	Notice	nents Public No	tification	PN Certi	fication
Violation/Situa	ition	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform		4/1/04 - 6/30/04	2	11/18/2004	renjonneu	11/28/2004	Neceived
	eters M&R Violation	4/1/04 - 6/30/04	3	10/19/2005		10/29/2005	
Total Coliform		4/1/05 - 6/30/05	2	11/23/2005		12/3/2005	
Total Coliform		7/1/05 - 9/30/05	2	2/22/2006		3/4/2006	
Total Coliform		10/1/05 - 12/31/05	2	4/27/2006		5/7/2006	
	rite M&R Violation	1/1/05 - 12/31/05	2	4/27/2006		5/7/2006	
	eters M&R Violation	4/1/05 - 6/30/05	3	10/24/2006		11/3/2006	
-		1	1				

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary S	ource
СТ0780424				NC	25	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricu	ıltural
1659 STORRS RE	)	Connections			1				

Towns Served: MANSFIELD

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u>		PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	7/24/2013		8/3/2013					
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	6/24/2014		7/4/2014					

Water System Facility and Sampling Point Inventory										
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and			Stage	
Facility ID		ID	Description Description	Status	Dula	Copper Rule Tier	Asbestos		_	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
22888	WELL #1	2	WELL #1	Α						
47553	TREATMENT PLANT	5	ENTRY POINT	Α						
54214	ATMOSPHERIC STORAGE TANK									
54216	WX203 BLADDER TANK									

Contact Information											
Name				Organization	1	Job Title					
Mr. Mark Sanderson				Oms Development, LLC			Owner				
Mailing Address Line One Mailing Ad			Mailing Addr	ess Line Two		City		State	Zip Code		
3180 Washington Rd						West Pa	lm Beach	FL	33405		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address					
828-526-2211											

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

# Please note the following:

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

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

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

End of schedule

Connecticut Departm							tion	
Water Quality l	wonitoring an							
PWS ID PWS Name  CT0780434 MANSFIELD MARKETPLACE		Cla	ssification NC	on Pop	oulation 25	Owner P		rimary Source GW
Local Address (where applicable)	Service	Residential	Commo	ercial	Industria	l Co	mbined	Agricultural
228 STAFFORD ROAD	Connections		1					
Towns Served: MANSFIELD								
	Monitoring Requ	irements	5					
Water System Facility: DISTRIBUTION SYSTEM								
Total Coliform (3100)					1	routir	ne (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period	Colle	ction Per	iod	Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	80/19				Co	mplete
	<del>-</del>	10/1/19 - 12/	/31/19				Co	mplete
		1/1/20 - 3/3	31/20					
		4/1/20 - 6/3						
		7/1/20 - 9/3						
Physical Parameters (PPS)					1	routir	ne (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period	Colle	ction Per			iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3						mplete
, , ,								mplete
		1/1/20 - 3/3	31/20					·
		4/1/20 - 6/3						
		7/1/20 - 9/3	-					
Water System Facility: ENTRY POINT (WSF ID	: 00700)	, ,,-						
Nitrate And Nitrite (NOX)						1 roi	utine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring I	Period	Colle	ction Per		=	iance Status
ENTRY POINT (3)		1/1/19 - 12/3		001101		.04		mplete
ERTITION (S)		1/1/20 - 12/3						mpiece
		1/1/21 - 12/3						
Water System	n Facility and Sai			vent	nrv			
	ir racinty and Sai	iipiilig i c	)			al		
Water System Water System Facility Sampli	ing Point Sampling Poi	nt		Total Colifori				Stage
	ID Description		Status	Rule			sbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION		A	Υ				
	ISTREAM WITHIN 5 SEF		A	•				
	TREAM WITHIN 5 SEF		A					
00700 ENTRY POINT	3 ENTRY POINT		A					
22951 WELL#1	2 WELL		A					
LESST WELLING	Contact Infor	mation						
Namo	Organization					l c	b Title	
Name  Mr. Michael B. Jungdon	Mansfield Drive	In Thoatro In	<b>C</b>	D	resident	10	אט וונופ	
Mr. Michael R. Jungden Mailing Address Line One Mailing Address Line One		iii iiieatre ini	ι 			Ι.	State	7in Codo
Mailing Address Line One Mailin 228 Stafford Rd	g Address Line Two		N 4 -	nsfield	Contor		State	Zip Code
	Mobile Phane	morgonov Db					СТ	06250
Business Phone Extension Fax	Mobile Phone E	mergency Pho				ELDDD	IV/EIN! C	ON4
860-456-2578	tast Owner	860-428-634	יס וויוו	JHAEL@	MANSFI	ELDDK	IVEIN.C	UIVI
Contact Role(s): Administrative Contact, Legal Cont	iaci, Owner							

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
CT0780434	MANSFIELD MARKETPLA	CE			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerc	al Industri	al Combine	ed Agricultural
228 STAFFORD I	ROAD		Connections		1			

Towns Served: MANSFIELD

# 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

C	Connecticut Depa	artmer	nt o	f Public H	lealth	Drir	nking	Water	Section	
	Water Qua	ality M	onit	oring an	d Con	nplia	nce S	chedule	9	
PWS ID P	WS Name					Classifi	ication [	Population C	Owner Type I	Primary Source
CT0780464 6	03 MIDDLE TURNPIKE - MA	ANSFIELD				N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	l Industrial	Combined	d Agricultural
603 MIDDLE TURN	IPIKE (ROUTE 44)			Connections			3			
Towns Served: MA	NSFIELD									
		M	onit	oring Requ	ıireme	nts				
Water System Fa	acility: DISTRIBUTION S	SYSTEM (	WSF I	D: 00600)						
<b>Total Coliform</b>	(3100)							1 1	outine (RT)	per quarter
Sampling Poi	int (Sampling Point ID)				Monitori	ng Peri	od Co	llection Peri	od Comp	liance Status
Select from Ir	nventory of Active Samplin	g Points			7/1/19 -	9/30/1	.9		C	omplete
					10/1/19 -				С	omplete
					1/1/20 -	3/31/2	.0			
					4/1/20 -	6/30/2	.0			
					7/1/20 -	9/30/2	.0			
Physical Parame										per quarter
	int (Sampling Point ID)				Monitori			llection Peri		liance Status
Select from Ir	nventory of Active Samplin	g Points			7/1/19 -					omplete
					10/1/19 -				С	omplete
					1/1/20 -					
					4/1/20 -					
					7/1/20 -	9/30/2	.0			
Water System Fa	acility: ENTRY POINT (	WSF ID: 0	0700)							
Nitrate And Nit	•								=	RT) per year
	nt (Sampling Point ID)				Monitori	ng Peri	od Co	llection Peri	od Comp	liance Status
ENTRY POINT	(3)				1/1/19 -				С	omplete
					1/1/20 -					
					1/1/21 -	12/31/2	21			
		Oth	er C	ompliance	Sched	lules				
Compliance Sched	lule Activity					Due Da	te	Achiev	ed Date	
RESPOND TO SANI	TARY SURVEY				2	2/16/20	20			
CORRECTIVE ACTION	ON/CORRECTIVE ACTION P	LAN			5	/16/20	20			
		Public	Not	tification R	equire	ement	ts			
			C	ompliance	Notice	E	Public No	<u>tification</u>	PN Ce	rtification
Violation/Situatio				Period	Tier		quired	Performed		
Physical Paramete	rs M&R Violation		1/1	/10 - 3/31/10	3	6/3	3/2011		6/13/2011	
	Water S	ystem I	Facil	ity and Sar	npling	Poin	t Inver	ntory		
Water							Tot		nd	
*	System Facility		Point	Sampling Poi	nt		Colif			Stage
Facility ID		ID		Description			itus Ru		ier Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	4		DISTRIBUTION			۹ ۱	(		
				WITHIN 5 SER			Α			
		UPSTRE	AM	WITHIN 5 SER			4			
00700 ENTRY		3		ENTRY POINT		P	4			
23034 WELL#	1	2		WELL #1		A	4			

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.

57196 TREATMENT PLANT

	7 <del>- L</del> i -	D		- C Dl-l: -	II l+l-	D:	1	- TA7 - 4	. C	. 4.2	
	Connectic	ut Depa	rtment	of Public	Health	ı pri	nking	g water	. Sec	ction	
	Wa	ter Qua	lity Mor	nitoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type	Primary Source
CT0780464	603 MIDDLE TUI	RNPIKE - MA	NSFIELD				NC	25	5 P		GW
Local Address (w	nere applicable)			Service	Resider	tial C	ommerci	al Industri	ial C	ombine	ed Agricultural
603 MIDDLE TUR	NPIKE (ROUTE 4	4)		Connectio	ns		3				
Towns Served: M	ANSFIELD			·	·			·	·		·
			С	ontact Info	rmation	1					
Name				Organization						Job Title	9
S&P Properties, I	.LC										
Mailing Address I	ine One		Mailing Add	ress Line Two				City State Zip Co			
P. O. Box 85							Andov	er		CT	06232
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phon	e Email A	Address			
860-546-8739							info@sandpproperties.com				
Contact Role(s):	Owner										
Name				Organization						Job Title	9
Mr. Daniel J. Sau	nders			S&P Propertie	es, LLC			Manager			
Mailing Address I	ine One		Mailing Add	ress Line Two				City		State	Zip Code
P.O. Box 85							Andov	er		CT	06232
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phon	e Email A	Address			

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

# Please note the following:

860-377-1362

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

End of schedule

dansaun@sbcglobal.net

	Connecticut De	partment of	f Public H	lealth	Drii	nking	Wa	ater	Se	ction	
	Water Q	uality Monit	oring an	d Con	ıplia	nce S	che	edule	9		
PWS ID	PWS Name				Classif	ication	Popul	ation	Owr	ner Type P	rimary Sourc
CT078055	4 BICENTENNIAL PARK				N	IC	2.	5		L	GW
Local Addr	ress (where applicable)		Service	Residen	tial Co	mmercia	l In	dustria	I	Combined	Agricultur
230 CLOVE	ER MILL ROAD		Connections			1					
Towns Ser	ved: MANSFIELD										
		Monite	oring Requ	ireme	nts						
Water Sys	stem Facility: <b>DISTRIBUTIO</b>			СС	1163						
Total Col	liform (3100)							1	rou	tine (RT)	per quarte
	pling Point (Sampling Point ID)			Monitori	na Peri	od Co	llecti	on Peri			iance Status
	t from Inventory of Active Samp	oling Points		7/1/19 -							mplete
00.00				10/1/19 -							mplete
				4/1/20 -							mpiece
				7/1/20 -							
Physical	Parameters (PPS)			,,1,20-	J <sub>1</sub> 30/ 2	.0		1	ro	tine (PT)	per quarte
_				Monitori	na Bori	ind Co	llocti	on Peri			• •
-	oling Point (Sampling Point ID) t from Inventory of Active Samp	ling Points		<i>Monitori</i> 7/1/19 -			metti	JII FEN	Ju		iance Status Implete
Selec	t Hom inventory of Active Samp	Jillig Politis					10/1	10/21			•
				10/1/19 -			10/1	-10/31		CC	mplete
				4/1/20 -							
		- (		7/1/20 -	9/30/2	20					
	stem Facility: ENTRY POINT	(WSF ID: 00700)									
	And Nitrite (NOX)									=	RT) per yea
Samp	oling Point (Sampling Point ID)			Monitori	_		llecti	on Peri	od	Compl	iance Status
ENTR	Y POINT (3)			1/1/19 -	12/31/	19	4/1-	10/31		Co	mplete
				1/1/20 -	12/31/	20	4/1-	10/31			
				1/1/21 -	12/31/	21	4/1-	10/31			
		Other C	ompliance	Sched	lules						
Compliand	ce Schedule Activity			ı	Due Da	te		Achiev	ed L	Date	
CROSS CO	NNECTION SURVEY REPORT			3	3/1/202	20					
SEASONAL	START UP COMPLETION			4	/15/20	20					
	Wate	r System Facili	ity and Sai	mpling	Poin	t Inver	ntor	У			
Water		-	-			To	tal	Lead a	ınd		
System	Water System Facility	Sampling Point	Sampling Poi	int		Colif	orm	Сорр	er		Stage
Facility ID	)	ID	Description		Sta	itus Ri	ıle	Rule 1	Tier	Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		P '	<b>Y</b>				
		BICENT001	MENS ROOM		,	Α `	Y				
		BICENT002	WOMENS RO	ОМ	,	Α `	<b>Y</b>				
		BICENT003	PUMP ROOM	TAP	,	Α `	Y				
		DOWNSTREAM			۱ ،	Ą					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	۱ ۱	Α					
00700	ENTRY POINT	3	ENTRY POINT			P					
47904	WELL #1	2	WELL #1			Р					
			tact Infori	mation							
Name			rganization							Job Title	
Mr. Bill J.	Trietch		own of Mansfie	eld			Den	uty Dir	. Fa		
	ddress Line One	Mailing Addres					Cit	-		State	Zip Code
	agleville Road	maning Address	2 2.1.10 1 110			Mansfie		-1		CT	06268
- Journ La				Mansfield CT					00200		

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.

	Connect	icut Depa	artment	tof	Public	Health	n D	rinking	g Water	Section	
	W	ater Qua	lity Mo	nit	oring a	nd Con	np	liance S	Schedul	le	
PWS ID	PWS Name						Cla	assification	Population	Owner Type	<b>Primary Source</b>
CT0780554	BICENTENNIA	L PARK						NC	25	L	GW
Local Address (w	here applicab	le)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
230 CLOVER MIL	L ROAD				Connection	ns		1			
Towns Served: N	IANSFIELD					,				<u>'</u>	
Business Phone	Extensio	n Fax	IV.	Nobil	le Phone	Emergency	y Ph	one Email A	Adaress		
860-429-3322		860-487-	4443			860-234	-185	54 Trietch	WJ@mansfi	eldct.org	
Contact Role(s):	Administrati	ve Contact, Ov	vner								
Name				Or	ganization					Job Title	е
Ms. Maria Capri	ola			То	wn of Mans	sfield			Interim To	own Manager	
Mailing Address	Line One		Mailing Ad	dress	s Line Two				City	State	Zip Code
Audrey P. Beck N	Junicipal Build	ling	4 South Ea	glevil	lle Road			Mansfi	eld	СТ	06268
Business Phone	e Extensio	n Fax	N	∕lobil	le Phone	Emergency	y Ph	one Email A	Address		
860-429-3336								TownN	/Ingr@mans	fieldct.org	
Contact Role(s):	Legal Contac	t			,						

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

End of schedule

	Connectic	•						_			ection	
		ter Qua	lity Mo	oni	toring a	nd Con						
PWS ID	PWS Name											rimary Sourc
CT0787024	LIONS PARK				1			IC		25	L	GW
	vhere applicable)				Service Connectio	Residen	tial Co	mmercia	al Ir	ndustrial	Combined	Agricultura
PARK ROAD					Connectio	ns		1				
Towns Served: I	MANSFIELD											
Water System	Facility: DISTR	IBUTION SY			toring Re	quireme	nts					
Total Coliforn	•		•		•					1 ro	utine (RT)	per quarter
	Point (Sampling P	oint ID)				Monitori	ng Peri	iod Co	ollect	ion Period		iance Status
	n Inventory of Act		Points			7/1/19 -						mplete
	•					10/1/19 -						mplete
						1/1/20 -	3/31/2	20				•
						4/1/20 -						
						7/1/20 -						
Physical Para	meters (PPS)									1 ro	utine (RT)	per quarter
-	Point (Sampling P	oint ID)				Monitori	ng Peri	od Co	ollect	ion Period		iance Status
	n Inventory of Act		Points			7/1/19 -						mplete
	•					10/1/19 -	12/31/	/19			Co	mplete
						1/1/20 -	3/31/2	20				·
						4/1/20 -	6/30/2	20				
						7/1/20 -	9/30/2	20				
Water System	Facility: ENTR'	Y POINT (W	VSF ID: 00	0700	)							
Nitrate And N	•	•			•					1	routine (I	RT) per year
	Point (Sampling P	oint ID)				Monitori	ng Peri	iod Co	ollect	ion Period	=	iance Status
ENTRY POI	NT (3)	<u> </u>				1/1/19 -	12/31/	19			Co	mplete
						1/1/20 -	12/31/	20				·
						1/1/21 -	12/31/	21				
			Oth	er (	Complian	ce Sched	ules					
Compliance Sch	edule Activity					<u> </u>	Due Da	te		Achieved	Date	
CROSS CONNEC	TION SURVEY REP	ORT				3	3/1/202	24				
Water		Water Sy	ystem F	aci	lity and S	ampling	Poin		nto tal	r <b>y</b> Lead and	1	
	er System Facility		Samplina	Poin	t Sampling I	Point			form			Stage
Facility ID	,		ID		Description		Sto	-	ule		Asbestos	WQP 2 DBP
	RIBUTION SYSTEM	]	4		DISTRIBUT	ION			Υ			
			DOWNSTI	REAN	WITHIN 5 S	SERVICE CON	1 /	Α				
			UPSTRE	AM	WITHIN 5 S	SERVICE CON	1 /	Α				
00700 ENTF	RY POINT		3		ENTRY POI	NT	,	A				
48865 WELI	<u> </u>		2		WELL			A				
				Co	ntact Info	rmation						
Name				(	Organization						Job Title	
Mr. Bill J. Trieto	h			T	own of Man	sfield			Dep	outy Dir. F	acility	
Mailing Address	Line One		Mailing A	ddre	ss Line Two				Ci	ty	State	Zip Code
4 South Eaglevil	le Road							Mansfie	eld		СТ	06268
Business Phor	ne Extension	Fax		Mok	oile Phone	Emergency	Phone					
860-429-332	2	860-487-4	1443			860-234-	1854	Trietch\	WJ@	mansfieldo	ct.org	

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	rtment	of Public	Health	D	rinking	Water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0787024	LIONS PARK						NC	25	L	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
PARK ROAD				Connection	ns		1			
Towns Served: N	IANSFIELD							,	'	
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	9
Ms. Maria Caprio	ola			Town of Mans	field			Interim To	own Manager	,
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
Audrey P. Beck N	1unicipal Buildin	g	4 South Eagle	eville Road			Mansfi	eld	СТ	06268
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Pho	one Email A	Address		
860-429-3336							TownN	Ingr@mans	fieldct.org	
Contact Role(s):	Legal Contact									

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

End of schedule

Connecticut Dep	artmei	nt of Public H	lealth I	Drin	king	Water S	ection	
•		onitoring an			_			
PWS ID PWS Name	inty ivi	officoring and				Population O		rimary Source
CT0787044 873 STAFFORD ROAD - MAI	NSEIFI D			N(		32	P	GW
Local Address (where applicable)	431 ILLD	Service	Residentia		nmerci		Combined	_
200ar ridar ess (where applicable)		Connections	residentie			ar maastrar	1	, ignouncer an
Towns Served: MANSFIELD							_	
	М	onitoring Requ	iremen	ts				
Water System Facility: <b>DISTRIBUTION S</b>								
Total Coliform (3100)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	, Perio	od Co	ollection Perio		ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9,	/30/19	9		Сс	mplete
			10/1/19 - 1	2/31/2	19		Сс	mplete
			1/1/20 - 3,	/31/20	)			
			4/1/20 - 6,	/30/20	)			
			7/1/20 - 9,	/30/20	)			
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring			ollection Perio		ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9,					mplete
		:	10/1/19 - 1				Сс	mplete
			1/1/20 - 3					
			4/1/20 - 6,					
Water System Facility FNTDY DOINT	MCE ID. O	0700\	7/1/20 - 9,	/30/20	J			
Water System Facility: ENTRY POINT (	WSF ID: U	0700)					4	T)
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)			Monitoring	. Doric	od C	ollection Perio	=	RT) per year fance Status
ENTRY POINT (3)			1/1/19 - 12			onection Perio		mplete
LIVINI I OINT (3)			1/1/20 - 12					impiete
			1/1/21 - 12					
	Dublic	Notification R						
	rubiid		_			atification	DN Com	hificution
Violation/Situation		Compliance Period	Notice Tier		ublic ivi quired	otification Performed	Due to DPH	tification Received
Nitrate And Nitrite M&R Violation		1/1/15 - 12/31/15	2		/2016	reijoinieu	6/11/2016	Received
Physical Parameters M&R Violation		4/1/15 - 6/30/15	3		3/2016		10/3/2016	
	System	Facility and Sar	nnling P			ntory	, ,	
Water	ystein	denity and Sai	iibiiiig i	Oiiit		otal Lead an	. d	
System Water System Facility	Sampling	Point Sampling Point	nt			form Coppei		Stage
Facility ID	ID	Description		Stat				WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А				
	DOWNST	REAM WITHIN 5 SER	VICE CON	Α				
	UPSTRE	AM WITHIN 5 SER	VICE CON	Α	L			
00700 ENTRY POINT	3	ENTRY POINT		Α	L			
58731 WELL 1	2	WELL 1		А	1			
		<b>Contact Inform</b>	nation					
Name		Organization					Job Title	
Mr. Rafiahmed Khoda		Eagleville Enterp	rises, LLC			Owner		
Mailing Address Line One	Mailing A	Address Line Two				City	State	Zip Code
873 Stafford Road					Mansfi	eld	СТ	06268
						-		

Rusiness Phane Extension Fax Mobile Phane Emergency Phane 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.

							_	,			
	W	ater	Quality M	Ionite	oring ai	nd Con	npli	ance :	Schedul	le	
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
СТ0787044	873 STAFFOR	D ROAD	- MANSFIELD					NC	32	Р	GW
Local Address (v	where applicab	le)			Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
					Connection	ıs				1	
Towns Served:	MANSFIELD					,	·				
Dusiness Filoi	ne Extension	1	гах	Ινισσιι	e Filone	Linergency	y PHOI	e Liliali i	Audress		
860-429-566	3					860-977	-9595				
Contact Role(s)	: Administrati	ve Conta	ct, Legal Conta	act, Own	er						

Connecticut Department of Public Health Drinking Water Section

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End of schedule

Connecticut Depart	ment of Public I	lealth l	Drinking	Water 9	Section	
<u>^</u>	Monitoring an		•			
PWS ID PWS Name	womtoring an		•	Population C		rimary Source
CT0787084 RED BARN CREAMERY			NC	28	P	GW
Local Address (where applicable)	Service	Residentia			Combined	Agricultural
483 BROWNS ROAD	Connections		1	iai iiidustiiai	Combined	Agricultural
Towns Served: MANSFIELD						
	Monitoring Requ	ıiremen	ts			
Water System Facility: DISTRIBUTION SYST						
Total Coliform (3100)				1 r	outine (RT) <sub>I</sub>	per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Poi		7/1/19 - 9			Co	mplete
		10/1/19 - 1				mplete
		1/1/20 - 3			Со	mplete
		4/1/20 - 6				
		7/1/20 - 9	/30/20			
Physical Parameters (PPS)					outine (RT)	•
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	-	ance Status
Select from Inventory of Active Sampling Poi	nts	7/1/19 - 9				mplete
		10/1/19 - 1				mplete
		1/1/20 - 3 4/1/20 - 6			Co	mplete
		7/1/20 - 9				
Water System Facility: ENTRY POINT (WSF	ID: 00700\	7/1/20-9	/30/20			
, , , , , , , , , , , , , , , , , , , ,	10.00700)				1 routing /D	T) nor year
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)		Monitoring	n Period C	Collection Perio	1 routine (R	ance Status
ENTRY POINT (3)		1/1/19 - 12		onection rem		mplete
ENTRY FORTY (3)		1/1/20 - 12				mplete
		1/1/21 - 12				Impicto
	Other Compliance					
Compliance Schedule Activity	Other Compilation		ie Date	Achieve	ed Date	
RESPOND TO SANITARY SURVEY			21/2017	Acmer	.u Dutc	
	ublic Notification F					
-				1 - 416141	DAY Court	::::::
Violation/Situation	Compliance Period	Notice Tier	Required	lotification Performed		i <u>fication</u> Received
Physical Parameters M&R Violation	4/1/19 - 6/30/19	3	9/10/2020		<i>Due to DPH</i> 9/20/2020	neceiveu
Total Coliform M&R Violation	4/1/19 - 6/30/19	3	9/10/2020		9/20/2020	
	em Facility and Sa				0/10/1010	
Water			To	otal Lead a	nd	
	pling Point Sampling Po	int		iform Coppe		Stage
Facility ID	ID Description		Status F	Rule Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTIO		Α			
00700 ENTRY POINT	3 ENTRY POINT		Α			
			Α			
60538 WELL 1	2 WELL 1		Α			
60538 WELL 1	2 WELL 1  Contact Infor	mation				
60538 WELL 1 Name		mation			Job Title	
Name Mr. Bryan Kielbania	Contact Infor			Co-Partner	Job Title	

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dominocited population of rabite fronting water because													
	Wa	ter Qual	ity Monite	oring an	d Con	npli	ance S	Schedul	le				
PWS ID	WS ID PWS Name						ification	Population	Owner Ty	pe P	rimary Source		
СТ0787084	RED BARN CREAMERY						NC	28	Р		GW		
Local Address (w		Service Resid		ntial Commerci		al Industri	al Comb	ined	Agricultural				
483 BROWNS ROAD						Connections							
Towns Served: N	1ANSFIELD								·				
408 Browns Rd							Storrs	Storrs		Т	06268		
Business Phon	e Extension	Fax	Mobil	e Phone E	mergency	y Phor	e Email A	il Address					
860-428-9502							bkielba	bkielbania@msn.com					
Contact Dala/al.	A dustinist	Combook Lon	al Camback Own										

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

	Connectic	ut Departme	ent of Public	: Health Dr	inkir	ng Water Se	ction			
	Wa	ter Quality N	Monitoring a	and Compli	iance	Schedule				
PWS ID	PWS Name			Class	sificatio	n Population Own	er Type Primary Source			
CT0787094	LENARD HALL				NC	25	L GW			
Local Address (v	where applicable)		Service	Residential	Comme	rcial Industrial	Combined Agricultural			
,	,		Connectio		1		0			
Towns Served:	MANSFIELD									
		ſ	Monitoring Re	quirements						
Water System	Facility: DISTR	RIBUTION (WSF ID	: 00600)							
<b>Total Coliforn</b>	n (3100)					1 rou	tine (RT) per quarter			
Sampling I	Point (Sampling P	Point ID)		Monitoring Pe	eriod	Collection Period				
		ive Sampling Points			10/1/19 - 12/31/19 Comple					
	•	, ,		1/1/20 - 3/31			Complete			
				4/1/20 - 6/30			i			
				7/1/20 - 9/30						
Physical Para	meters (PPS)			,, 1,20 3,30	.,	1 rous	tine (RT) per quarter			
-	Point (Sampling P	Point ID)		Monitoring Pe	erind	Collection Period	Compliance Status			
DISTRIBUT				10/1/19 - 12/3		Concetion i criod	Complete			
DISTRIBUT	1011 (4)			1/1/20 - 3/31			Complete			
				4/1/20 - 6/30			Complete			
	E 111	V DOINE (1465.15	20722	7/1/20 - 9/30	0/20					
	•	Y POINT (WSF ID:	00700)							
Nitrate And N	• •						routine (RT) per year			
	Point (Sampling P	Point ID)		Monitoring Pe		Collection Period	Compliance Status			
ENTRY POI	NT (3)			1/1/19 - 12/3						
				1/1/20 - 12/3	·					
				1/1/21 - 12/3	1/21					
		<b>Water System</b>	Facility and S	Sampling Poi	int Inv	entory				
Water						Total Lead and				
System Wat	er System Facility		ng Point Sampling		C	oliform Copper	Stage			
Facility ID			D Descriptio	n s	Status	Rule Rule Tier	Asbestos WQP 2 DBPR			
00600 DIST	RIBUTION	•	4 DISTRIBUT	ION	Α	Υ				
		DOWN:	STREAM 5 SERVICE	CONNECTION	Α	Υ				
		UPST	REAM 5 SERVICE	CONNECTION	Α	Υ				
00700 ENT	RY POINT	;	3 ENTRY PO	INT	Α					
61625 WEL	L 1		2 WELL 1		Α					
			Contact Info	ormation						
Name			Organization				Job Title			
Mr. Curt Vincer	nte		Parks And Re	creation		Director				
Mailing Address		Mailing	Address Line Two			City	State Zip Code			
Town of Mansfi			th Eagleville Rd		Man	sfield-Storrs	CT 06268			
Business Phor		Fax	Mobile Phone	Emergency Pho			0.0200			
			MODILE FITORIE	Lineigency Filoi			DCT OPG			
860-429-301	2 0109	860-429-9773			VIIIC	enteCA@MANSFIEL	DC1.UKU			

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				Cla	ssification	Population	Owner Type	Primary Source
СТ0787094	LENARD HALL					NC	25	L	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural	
			Connections			1			

Towns Served: MANSFIELD

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