	Commontiant Day		L . C	Duklia II	laalala T	براماني	~ 117	C	la aki ara			
Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
	Water Qu	ality Mo	nit	oring an	d Comp	oliance	Sch	edule				
PWS ID	PWS Name				Classification Population Owner Type Primary Sour							
CT0810034	4 MIDDLEBURY FUEL					NC		25	Р	GW		
Local Addr	ess (where applicable)			Service	Residentia	I Comme	rcial II	ndustrial	Combined	Agricultural		
492 MIDDI	LEBURY ROAD			Connections		1						
Towns Serv	ved: MIDDLEBURY											
				oring Requ	irement	ts						
Water Sys	stem Facility: DISTRIBUTION	SYSTEM (W	/SF II	D: 00600)								
Total Col	iform (3100)							1 r	outine (RT) p	er quarter		
Samp	oling Point (Sampling Point ID)				Monitoring	Period	Collect	ion Perio	d Complic	ınce Status		
Select	t from Inventory of Active Sampli	ng Points			7/1/19 - 9/				Cor	mplete		
					10/1/19 - 12					nplete		
					1/1/20 - 3/				Cor	nplete		
					4/1/20 - 6/	/30/20						
					7/1/20 - 9/	/30/20						
Physical	Parameters (PPS)							1 r	outine (RT) p	er quarter		
Samp	oling Point (Sampling Point ID)				Monitoring	Period	Collect	tion Perio	d Complic	ınce Status		
Select	t from Inventory of Active Sampli		7/1/19 - 9/30/19					Complete				
			:	10/1/19 - 12	2/31/19			Cor	mplete			
				1/1/20 - 3/	/31/20			Cor	nplete			
					4/1/20 - 6/	/30/20						
					7/1/20 - 9/	/30/20						
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00	700)									
Nitrate A	And Nitrite (NOX)								1 routine (R	Γ) per year		
Samp	oling Point (Sampling Point ID)				Monitoring	Period	Collect	tion Perio	d Complic	ince Status		
ENTR'	Y POINT (3)				1/1/19 - 12	/31/19			Cor	nplete		
					1/1/20 - 12	/31/20			Cor	nplete		
					1/1/21 - 12	/31/21				·		
		Public	Not	ification R	equiren	nents						
			Co	ompliance	Notice	Public	Notific	<u>ation</u>	PN Certi	<u>fication</u>		
Violation/	Situation			Period	Tier	Require	d Pe	rformed	Due to DPH	Received		
Total Colife	orm M&R Violation		4/1/	11 - 6/30/11	2	10/6/201	L1		10/16/2011			
Physical Pa	arameters M&R Violation		4/1/	11 - 6/30/11	3	9/5/201	2		9/15/2012			
	Water	System Fa	acili	ty and Sar	npling P	oint Inv	/ento	ry				
Water							Total	Lead ar				
System	Water System Facility		Point	Sampling Poi	nt	C	oliform			Stage		
Facility ID		ID		Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION		Α	Υ					
				WITHIN 5 SER		Α						
		UPSTREA	M	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3		ENTRY POINT		Α						
21418	WELL	2		WELL		Α						
57027	PRESSURE STORAGE											
57029	PRESSURE STORAGE											

	C	D		- 6 Dl-1: -	II l+l-	D:-	.1	- TA7 - L	Castian	
	Connectic	ut Depa	irtment	of Public	Health	ı Drii	nking	, water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name		_			Classif	ication	Population	Owner Type	Primary Source
CT0810034	MIDDLEBURY F	JEL				NC		25	Р	GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
492 MIDDLEBUR	Y ROAD			Connection	าร		1			
Towns Served: N	IIDDLEBURY				·	·				
			Co	ntact Info	rmation	1				
Name				Organization					Job Title	e
Mr. Oreste P. Bo	na			492 Middlebu	ry Road LLC	;		Administr	ative	
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code
73 Bona Road							Middle	bury	СТ	06762
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		
203-704-0183					203-758	-2013				
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	е
492 Middlebury	Rd LLC									
Mailing Address	Line One	Mailing Addr	ress Line Two			City		State	Zip Code	
492 Middlebury Rd LLC C/O Patterson Oil 100 Lincoln				ve			Torrington CT 06790			
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address									

Contact Role(s): 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

Page 2

Connecticut Departme Water Quality M								
PWS ID PWS Name		<u> </u>		<u> </u>				imary Source
CT0810114 HIGHFIELD, INC.				NC	-	25	Р	GW
Local Address (where applicable)		Service	Residenti			ndustrial	Combined	Agricultural
256 WHITE DEER ROCK ROAD		Connections		1				0
Towns Served: MIDDLEBURY								
	lonit	oring Requ	iremen	its				
Water System Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (3100)						1 r	outine (RT)	er quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Perio		ance Status
Select from Inventory of Active Sampling Points			7/1/19 - 9					mplete
, , ,		.0/1/19 - 1	-	_			mplete	
			1/1/20 - 3					'
			4/1/20 - 6					
			7/1/20 - 9					
Physical Parameters (PPS)						1 r	outine (RT) ¡	er quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Perio		ance Status
Select from Inventory of Active Sampling Points			7/1/19 - 9	9/30/19				mplete
, , ,			.0/1/19 - 1	-				mplete
			1/1/20 - 3		•			
		4/1/20 - 6						
			7/1/20 - 9					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And Nitrite (NOX)						1 r	outine (RT) ¡	er quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Collect	tion Perio		ance Status
ENTRY POINT (3)			7/1/19 - 9					mplete
, ,			.0/1/19 - 1					mplete
			1/1/20 - 3					•
			4/1/20 - 6					
			7/1/20 - 9					
Otl	ner C	ompliance	Schedu	ules				
Compliance Schedule Activity			Di	ue Date		Achieve	d Date	
CROSS CONNECTION SURVEY REPORT			3/	10/2020				
Publi	c Not	ification R	equirer	ments				
		ompliance	Notice		c Notific	ation	PN Cert	ification
Violation/Situation		Period	Tier	Require		rformed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	7/1,	/04 - 9/30/04	2	2/18/20		,	2/28/2005	
Nitrate And Nitrite M&R Violation	10/1,	/04 - 12/31/04	2	5/26/20	06		6/5/2006	
Water System	Facil	ity and San	npling F	Point In	vento	ry		
Water					Total	Lead ar	nd	
System Water System Facility Sampling	y Point	Sampling Poir	nt		Coliform	Сорре	r	Stage
Facility ID ID)	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		Α	Υ				
DOWNS	WITHIN 5 SER	5 SERVICE CON A						
HIFIELI	0001	KITCHEN HAN	D WASH	Α	Υ			
HIFIELI		FIRST FLOOR E	BATH	Α	Υ			
HIFIELI	0003	BEVERAGE SIN	IK	Α	Υ			

	Water Quality Monit	oring and	d Con	npliance S	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0810114	HIGHFIELD, INC.		NC 25		Р	GW	
Local Address (where applicable)	Service	Resider	itial Commerci	al Industri	al Combine	ed Agricultural
256 WHITE DEF	R ROCK ROAD	Connections		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEBURY

	Water System Facility and Sampling Point Inventory												
Water System	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper Rule Tier	Achastas	MOR	Stage				
Facility ID	<u>'</u>	HIFIELD004	SECOND FLOOR BATH	<u>Status</u> A	Y	Kule Hei	ASDESIOS	WQP	2 DDPK				
		HIFIELD005	SECOND FLOOR LOCKER	Α	Y								
		HIFIELD006	KITCHEN SINK 2	Α	Υ								
		HIFIELD007	KITCHEN SINK 3	Α	Υ								
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21425	WELL	2	WELL	Α									
55784	ATMOSPHERIC STORAGE												

			Co	ontact Inf	ormation				
Name				Organization	ı			Job Title	
The White Deer Ro	ck Land Corpo	oration							
Mailing Address Lin	e One		Mailing Add	ess Line Two		City		State	Zip Code
33 Porter Hill Rd						Bethleh	em	СТ	06751-2307
Business Phone Extension Fax		Mo	obile Phone	Emergency Phone	Email Address				
Contact Role(s): O	wner								
Name				Organization	l	Job Title			
Mr. Gregory Jacobi				The White D	eer Rock Land Corp.		President		
Mailing Address Lin	e One		Mailing Add	ess Line Two		City		State	Zip Code
70 Tuttle Road					Woodbu	ıry	СТ	06798	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
203-598-3312									

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Connecticut De	partment of	Public H	lealth l	Drink	ing W	/ater	Se	ction		
	Water Q	uality Monit	oring and	d Comj	plianc	e Sch	nedul	e			
PWS ID	PWS Name			C	Classificat	ion Pop	ulation	Own	er Type I	Primary	/ Source
CT081012	HOP BROOK LAKE REC A	REA (FIRST CS)			NC		25		F	G\	W
Local Addı	ess (where applicable)		Service	Residentia	al Comm	ercial	Industria	ıl	Combined	d Agri	cultural
ROUTE 63			Connections	2							
Towns Ser	ved: MIDDLEBURY										
		Monito	oring Requ	iremen	ts						
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
Total Co	iform (3100)						1	l ro	utine (RT) per r	nonth
Samp	oling Point (Sampling Point ID)			Monitoring	g Period	Collec	ction Per	iod	Comp	liance S	Status
Selec	t from Inventory of Active Samp	oling Points		5/1/20 - 5	/31/20						
				6/1/20 - 6	/30/20						_
				7/1/20 - 7	/31/20						
				8/1/20 - 8	/31/20						
				9/1/20 - 9	/30/20						
Physical	Parameters (PPS)						1	l ro	utine (RT) per r	nonth
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	ction Per	iod	Comp	liance S	Status
Selec	t from Inventory of Active Samp	oling Points		5/1/20 - 5	/31/20						
				6/1/20 - 6	/30/20						
				7/1/20 - 7	/31/20						
				8/1/20 - 8	/31/20						
				9/1/20 - 9	/30/20						
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	and Nitrite (NOX)							1 ı	routine (RT) pe	r year
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	ction Per	iod	Comp	liance S	Status
ENTR	Y POINT (3)			1/1/19 - 12	2/31/19				С	omplet	e
				1/1/20 - 12	2/31/20						
				1/1/21 - 12	2/31/21						
		Other Co	ompliance	Schedu	ıles						
Compliand	e Schedule Activity			Dι	ue Date		Achiev	ved L	Date		
SEASONAL	START UP COMPLETION			5/1	15/2020						
	Wate	r System Facili	ity and Sar	npling F	oint Ir	nvento	ory				
Water						Total	Lead o	and			
System	Water System Facility	Sampling Point		nt		Coliforn					Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	FOUNTAIN OF	CS WALL	Α	Υ					
		4MSE	MENS ROOM	SINK EAST	Α	Υ					
		4MSW	MENS ROOM	_	Α	Υ					
		4WSE	WOMENS SIN		Α	Υ					
		4WSW	WOMENS SIN		Α	Υ					
		DOWNSTREAM			Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
22821	WELL1	2	WELL1		Α						
57031	PRESSURE STORAGE										

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0810124	HOP BROOK LAKE REC AREA (FIRST CS)				NC	25	F	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 63		Connections	2					

Towns Served: MIDDLEBURY

	Contact Information													
Name Organization Job Title														
Ms. Diana Errico-Topolski Us Army Corps of Engineers Project Manager														
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code					
4 Straits Turnpike						Middleb	ury	СТ	06762					
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	hone Email Address								
978-318-8370				203-509-9708		diana.j.errico-topolski@usace.army.mil								

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Connecticu	t Departmer	nt of Pub	lic H	lealth [Drink	ing V	Water	Section	
	Wate	er Quality M	onitoring	g and	d Comp	olian	ce Sc	hedule	9	
PWS ID	PWS Name									Primary Source
CT0810144	LAKE QUASSAPAU	G OUTING CLUB				NC		25	Р	GW
Local Addre	ess (where applicable)		Service		Residentia	l Com	mercial	Industria	l Combine	ed Agricultural
	LEBURY ROAD		Conne	ctions			1			
Towns Serve	ed: MIDDLEBURY									
		M	onitoring	Requ	irement	ts				
Water Syst	tem Facility: DISTRIE	BUTION SYSTEM (WSF ID: 0060	00)						
Total Colif	form (3100)							1	routine (R1	Γ) per quarter
	ing Point (Sampling Poi			ı	Monitoring		Coll	ection Peri	od Com	pliance Status
Select	from Inventory of Activ	e Sampling Points			7/1/19 - 9/					Complete
					4/1/20 - 6/					
					7/1/20 - 9/	/30/20				_
	Parameters (PPS)						o "		=	Γ) per quarter
	ing Point (Sampling Poi			ı	Monitoring		Coll	ection Peri		pliance Status
Select	from Inventory of Activ	e Sampling Points			7/1/19 - 9/ 4/1/20 - 6/			5/1-6/30		Complete
					7/1/20 - 9/	-		3/1-0/30		
Water Syst	tem Facility: ENTRY	POINT (WSF ID: 0	N700\		7/1/20-3/	30/20				
•	nd Nitrite (NOX)	1 01111 (1131 15.0	<i>3700</i>						1 routine	(RT) per year
	ing Point (Sampling Poi	nt ID)			Monitoring	Period	Coll	ection Peri		pliance Status
_	POINT (3)	,			1/1/19 - 12			5/1-9/30		Complete
	. ,				1/1/20 - 12	-		5/1-9/30		•
					1/1/21 - 12			5/1-9/30		
		Oth	er Compli	ance	Schedu	les				
Compliance	Schedule Activity				Du	e Date		Achiev	ed Date	
RESPOND T	O SANITARY SURVEY				11/2	24/2013	3			
SEASONAL S	START UP COMPLETION				•	1/2020				
		Public	Notificati	ion R	equiren	nents				
			Complian		Notice			<u>fication</u>		<u>ertification</u>
Violation/S			Period		Tier	Requ		Performed		
Distribution	Turbidity MCL Violation		4/1/05 - 6/3	·	2	8/18/			8/28/200	5
	V	Vater System I	Facility and	d Sar	npling P	oint I	nvent	tory		
Water		c "	D :				Tota			
System V Facility ID	Water System Facility	Sampling ID	Point Sampli Descrip	_	nt		Colifo Rule			Stage os WQP 2 DBPR
	DISTRIBUTION SYSTEM	4			I SYSTEM	Statu: A	s Nunc	, nate i	TET ASDESTE	os WQF 2 DDF K
00000 1	DISTRIBUTION STSTEM		REAM WITHIN			A	'			
		UPSTRE			VICE CON	Α				
00700 E	ENTRY POINT	3	ENTRY			Α				
21427 \	WELL	2	WELL			Α				
			Contact I	nforr	nation					
Name			Organizat						Job Title	e
Mr. John M	lcDonald				onald Estat	te		Administra		
Mailing Add	dress Line One	Mailing A	ddress Line Tv					City	State	Zip Code
325 Central		P O Box 7				N	liddlebu	iry	СТ	06762
Business F	Phone Extension	Fax	Mobile Phone	e Er	nergency Pl	hone E	mail Add	dress		
NOTE: This inf		to halp owners and oner	store of muhlicum				مل ماختین م			

C	Connecticut Department of Public Health Drinking Water Section													
Water Quality Monitoring and Compliance Schedule														
PWS ID P	WS Name						Classif	ication P	opulation	Owner Typ	e Pr	rimary Source		
CT0810144 L	AKE QUASSAPA	AUG OUTING	CLUB				N	NC		Р		GW		
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercial	Industri	al Comb	ned	Agricultural		
2328 MIDDLEBURY	/ ROAD				Connection	ns		1						
Towns Served: MI	DDLEBURY													
203-758-8907						203-758	-1153							
Contact Role(s):	egal Contact													
Name				Or	ganization					Job T	itle			
Mr. Tom A. McDo	nald								Manager					
Mailing Address Li	ne One		Mailing	Address	Line Two			City		Stat	е	Zip Code		
P O Box 75								Middleb	ury	СТ		06762		
Business Phone	Business Phone Extension Fax					Emergency	y Phone	Email Address						
203-758-8907						203-723	-4431	TOMM@	NSISERV.	СОМ				
Contact Role(s):	Administrative	Contact	'											

Please note the following:

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

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

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

End of schedule

Connecticut Departmen	nt of Public H	lealth	Dı	rinking	g Wat	er	Se	ection	
Water Quality M	onitoring an	d Com	ıpl	iance	Schec	lul	e		
PWS ID PWS Name			Clas	ssification	Populat	ion	Ow	ner Type	Primary Source
CT0810204 MIDDLEBURY RECREATION PARK				NC	27			L	GW
Local Address (where applicable)	Service	Resident	tial	Commerc	ial Indu	ıstria	al	Combine	d Agricultural
ROUTE 64	Connections			1					
Towns Served: MIDDLEBURY			_			_	_		
M	onitoring Requ	ıireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform (3100)						:	1 ro	-	Γ) per month
Sampling Point (Sampling Point ID)		Monitorii			Collection	Pei	riod	Comp	oliance Status
Select from Inventory of Active Sampling Points		5/1/20 -							_
		6/1/20 -							
		7/1/20 -		-					
		8/1/20 -		-					
		9/1/20 -	9/30	0/20					_
Physical Parameters (PPS)			_					-	Γ) per month
Sampling Point (Sampling Point ID)		Monitorii			Collection	i Pei	riod	Comp	oliance Status
Select from Inventory of Active Sampling Points		5/1/20 -		-					
		6/1/20 -		-					
		7/1/20 -							
		8/1/20 -		-					
Water System Facility: ENTRY POINT (WSF ID: 0	0700\	9/1/20 -	9/30	0/20					
Nitrate And Nitrite (NOX)	0700)						1	routino	(RT) per year
Sampling Point (Sampling Point ID)		Monitorii	na P	eriod (Collection	. Pei			oliance Status
ENTRY POINT (3)		1/1/19 - :			5/1-9		100		Complete
2.44.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1/1/20 - :			5/1-9				on piece
		1/1/21 - :			5/1-9				
Water System Facility: WELL (WSF ID: 21432)		_, _,	,-						
E. Coli (3014)							1 ro	utine (R	Γ) per month
Sampling Point (Sampling Point ID)		Monitorii	ng P	eriod (Collection			-	oliance Status
WELL (2)		5/1/20 -						•	
		6/1/20 -							
		7/1/20 -	7/3:	1/20					
		8/1/20 -	8/3:	1/20					
	_	9/1/20 -	9/30	0/20					
Oth	er Compliance	Sched	ule	es					
Compliance Schedule Activity		L	Due	Date	A	chie	ved	Date	
SEASONAL START UP COMPLETION		5	5/1/2	2020					
Public	Notification R	Require	me	ents					
	Compliance	Notice		Public N	lotificatio	<u>on</u>		PN Ce	rtification
Violation/Situation	Period	Tier		Required	Perfo	rme		Due to DP	
E. Coli M&R Violation	7/1/19 - 7/31/19	3	1	.2/10/2020)		1	.2/20/202	0
11 0 1 - 1 - 1		_						- / /	
E. Coli M&R Violation Water System	8/1/19 - 8/31/19	3	1	.2/10/2020			1	.2/20/202	0

Sampling Point Sampling Point

Total

Coliform Copper

Lead and

Schedule Generation Date: 3/10/2020

System Water System Facility

Water

Stage

	Connectic	ut Depa	rtment o	of Public	Health	n Dri	nking	Water	Section	1
	Wa	ter Qual	lity Moni	itoring a	nd Con	nplia	ance S	chedul	e	
PWS ID	PWS Name					Classi	fication	Population	Owner Typ	e Primary Sou
CT0810204	MIDDLEBURY RE	CREATION P	ARK			ľ	NC	27	L	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	l Industri	al Combi	ned Agricultu
ROUTE 64				Connection	ns		1			
Towns Served: N	/IDDLEBURY			·	·			·	·	·
00600 DISTR	RIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM		atus M A	Y Kure	TICI ASSCS	ios WQI Z DI
00000 DISTI	AIDOTION SISILIV			M WITHIN 5 S			A	1		
			UPSTREAM	WITHIN 5 S			A			
00700 ENTR	Y POINT		3	ENTRY POI			<u> </u>			
21432 WELL			2	WELL			A			
21432 WEEL							7.			
				ntact Info	rmation	1				
Name				Organization					Job Ti	tle
Mr. Edward B. S				Town of Midd	lebury			First Selec		
Mailing Address			Mailing Addre	ess Line Two				City	State	•
1212 Whittemor		_	P O Box 392				Middle	.	СТ	06762
Business Phon		Fax	Мо	bile Phone	Emergence	-				
203-758-2439					203-577	-4028	RECREA	TION@MID	DLEBURY-C	T.ORG
Contact Role(s):	Legal Contact									
Name				Organization					Job Ti	tle
Mr. Peter C. Vac				Dept. of Publi	c Works		1	Assistant		1
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	1
1 Service Rd.							Middle		СТ	06762
Business Phon		Fax		bile Phone	Emergence	y Phone			_	
203-577-4170		203-577-4	1168				pvacca	elli@middle	ebury-ct.org	
Contact Role(s):	Administrative	Contact								

Please note the following:

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

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

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

End of schedule

Constanting A Donat Association	- CD 1-11-11	r1a1.	D .: .1 : .	- 117-1	21	
Connecticut Department				<u> </u>		
Water Quality Mon	nitoring and	a Com	_			
PWS ID PWS Name				Population (
CT0810214 QUASSAPAUG SAILING CENTER, INC.	Camilaa	D = = i =l = = =	NC	25	P	GW
Local Address (where applicable)	Service Connections	Resident		cial Industrial	Combined	Agricultural
WEST LAKE ROAD Towns Served: MIDDLEBURY	connections		1			
	sitering Dear		- t-			
Water System Facility: DISTRIBUTION SYSTEM (W	nitoring Requ	iiremei	nts			
Total Coliform (3100)	31 15. 00000,			1	routine (RT)	ner month
Sampling Point (Sampling Point ID)		Monitorii	na Period			ince Status
Select from Inventory of Active Sampling Points		6/1/20 -			- Compile	
, and the same of		7/1/20 -				
		8/1/20 -				
		9/1/20 -				
Physical Parameters (PPS)		· ·	<i>, ,</i>	1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Collection Peri		ince Status
Select from Inventory of Active Sampling Points		6/1/20 -	6/30/20			
		7/1/20 -	7/31/20			
		8/1/20 -	8/31/20			
		9/1/20 -	9/30/20			
Water System Facility: ENTRY POINT (WSF ID: 007	00)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Collection Peri	od Complic	ince Status
ENTRY POINT (3)		1/1/19 - 1	12/31/19		Cor	mplete
		1/1/20 - 2				
		1/1/21 - 1	12/31/21			
Othe	r Compliance	Sched	ules			
Compliance Schedule Activity			Due Date	Achiev	ed Date	
SEASONAL START UP COMPLETION			5/1/2018			
SEASONAL START UP CERTIFICATION			5/1/2018			
RESPOND TO SANITARY SURVEY			/19/2018			
SEASONAL START UP COMPLETION			5/1/2019			
In the second						
SEASONAL START UP COMPLETION	detification D		5/1/2020			
	Notification R	equire	ments		2012	
Public N	Compliance	equire Notice	ments Public	Notification	PN Certi	
Public N Violation/Situation	Compliance Period	Notice Tier	ments Public I Required	Performed	Due to DPH	fication Received
Violation/Situation Distribution Turbidity MCL Violation	Compliance Period 4/1/13 - 6/30/13	Notice Tier	Public I Required	Performed	Due to DPH 11/9/2013	
Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR)	Compliance Period 4/1/13 - 6/30/13 6/2/18 -	Notice Tier 2	Public I Required 10/30/201 8/30/201	Performed 3	Due to DPH 11/9/2013 9/9/2018	
Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR) REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	Compliance Period 4/1/13 - 6/30/13 6/2/18 - 6/2/18 -	Notice Tier 2 3	Public I Required 10/30/201 8/30/2013 8/30/2013	Performed 3 3	Due to DPH 11/9/2013 9/9/2018 9/9/2018	
Public N Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR) REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	Compliance Period 4/1/13 - 6/30/13 6/2/18 - 6/2/18 - 6/2/19 -	Notice Tier 2 3 2	Public I Required 10/30/201 8/30/201 8/30/201 8/25/201	Performed 3 8	Due to DPH 11/9/2013 9/9/2018	
Public N Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR) REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Water System Fa	Compliance Period 4/1/13 - 6/30/13 6/2/18 - 6/2/18 - 6/2/19 -	Notice Tier 2 3 2	## Public II Required 10/30/2018 8/30/2018 8/30/2018 8/25/2019 Point Inv	Performed 3 8 9 entory	Due to DPH 11/9/2013 9/9/2018 9/9/2018 9/4/2019	
Public N Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR) REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Water System Fa Water	Compliance Period 4/1/13 - 6/30/13 6/2/18 - 6/2/18 - 6/2/19 -	Notice Tier 2 3 2 2 mpling	## Public In Required 10/30/2013 8/30/2013 8/25/2015 Point Investor Poin	Performed 3 8	Due to DPH 11/9/2013 9/9/2018 9/9/2018 9/4/2019	
Public N Violation/Situation Distribution Turbidity MCL Violation REVISED TOTAL COLIFORM RULE (RTCR) REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Water System Fa Water	Compliance Period 4/1/13 - 6/30/13 6/2/18 - 6/2/18 - 6/2/19 - cility and Sar	Notice Tier 2 3 2 2 mpling	## Public II Required 10/30/201 8/30/201 8/30/201 8/25/201 Point Inv	Performed Representation of the second of t	Due to DPH 11/9/2013 9/9/2018 9/9/2018 9/4/2019	Received

WITHIN 5 SERVICE CON

Α

Α

DOWNSTREAM WITHIN 5 SERVICE CON

UPSTREAM

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Class	sification	Population	Owner Type	Primary Source				
CT0810214	QUASSAPAUG SAILING CENTER, INC.				NC	25	Р	GW			
Local Address (ocal Address (where applicable)				Commercia	al Industri	al Combine	ed Agricultural			
WEST LAKE ROA	AD	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEBURY

	Wa	ater System Facili	ity and Samplir	ng Point Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.4-	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
21433	WELL	2	WELL	Α					
	Contact Information								

		Co	ontact Inf	ormation					
Name				1		Job Title			
Del Zackin Quassapaug Sailing Center General Manager						nager			
Mailing Address Line One Mailing Add					City		State	Zip Code	
					Middleb	ury	CT	06762	
Extension	Fax	Me	obile Phone	Emergency Phone	Email Ac	ldress			
				203-907-9483	joel.zack	pel.zackin871@gmail.com			
			e One Mailing Add	Organization Quassapaug e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Quassapaug Sailing Center e One Mailing Address Line Two Middleb Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Quassapaug Sailing Center General Material Cone Mailing Address Line Two City Middlebury Extension Fax Mobile Phone Emergency Phone Email Address	Organization Quassapaug Sailing Center General Manager e One Mailing Address Line Two City State Middlebury CT Extension Fax Mobile Phone Emergency Phone Email Address	

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

Please note the following:

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

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

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

End of schedule

Connecticut Dep Water Qua		Public Healtloring and Cor				ction	
PWS ID PWS Name			_			ner Type Pr	imary Source
CT0810224 QUASSY AMUSEMENT PAR	RK		NC	3	25	Р	GW
Local Address (where applicable)		Service Reside	ntial Comm	nercial Ir	ndustrial	Combined	Agricultural
2132 MIDDLEBURY ROAD (ROUTE 64)		Connections	1	L			
Towns Served: MIDDLEBURY							
	Monito	oring Requirem	ents				
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					2 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
Select from Inventory of Active Samplir	ng Points	7/1/19	- 9/30/19			Cor	mplete
		10/1/19	- 12/31/19			Cor	mplete
		4/1/20	- 6/30/20				
		7/1/20	- 9/30/20				
Physical Parameters (PPS)					2 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
Select from Inventory of Active Samplin	ng Points	7/1/19	- 9/30/19			Cor	mplete
		10/1/19	- 12/31/19			Cor	mplete
		4/1/20	- 6/30/20				
		7/1/20	- 9/30/20				
Water System Facility: ENTRY POINT -	WELL #1 (MAIN) (WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	=	ance Status
ENTRY POINT - WELL #1 (3)		1/1/19	- 12/31/19			Cor	mplete
		1/1/20	- 12/31/20				
		1/1/21	- 12/31/21				
Water System Facility: ENTRY POINT -	WELL #2 (BOCC	E) (WSF ID: 00702)					
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compli	ance Status
ENTRY POINT - WELL #2 (3-2)		1/1/19	- 12/31/19			Cor	mplete
		1/1/20	- 12/31/20				
		1/1/21	- 12/31/21				
	Other C	ompliance Sche	dules				
Compliance Schedule Activity			Due Date		Achieved	Date	
CROSS CONNECTION SURVEY REPORT			3/1/2017				
CROSS CONNECTION SURVEY REPORT			3/1/2018				
CROSS CONNECTION SURVEY REPORT			3/1/2019				
CROSS CONNECTION SURVEY REPORT			3/1/2020				
SEASONAL START UP COMPLETION			4/25/2020				
Water 9	System Facili	ty and Sampling	g Point Ir	nvento	ry		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	M A	Υ			
	4-1	DISTRIBUTION SYSTEM	M A	Υ			
	4-2	DISTRIBUTION SYSTEM	M A	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CO	ON A				

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source					
CT0810224	QUASSY AMUSEMENT PARK		NC	325	Р	GW					
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industr	ial Combin	ed Agricultural				
2132 MIDDLEB	SURY ROAD (ROUTE 64)	Connections		1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEBURY

	Water 9	System Facili	ity and Sampling P	oint Ir	ivento	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
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELL #1 (MAIN)	3	ENTRY POINT - WELL#	Α					
00702	ENTRY POINT - WELL #2 (BOCCE)	3-2	ENTRY POINT - WELL#	Α					
21434	WELL #1 (MAIN)	2-1	WELL #1	Α					
58422	WELL #2 (BOCCE COURT)	2-2	WELL #2	Α					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
WEID, JEREMIAH J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2021

Contact Information											
Name				Organization				Job Title			
Mr. Eric Anderson				Owner							
Mailing Address Lin	e One		Mailing Add	Address Line Two City State				Zip Code			
531 Upper Grassy F	Iill Road					Woodbur	у	СТ	06798		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Add	Iress				
203-758-2913	100	203-758-2	1436 20	3-410-4582		eanderson@quassy.com					
Courte et Dele/el.	d	Cambaat Laa	al Cambant		•						

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 3/10/2020

Page 14

	Connecticut l	•				U			ection	
		Quality Mo	onitoring	and Con						
PWS ID	PWS Name							on Ov		Primary Source
CT0810234	QUASSY FIELD					NC	25		Р	GW
	(where applicable)		Service	Resider	itial Co	ommercia	I Indus	trial	Combined	d Agricultural
ROUTE 64			Connecti	ons		1				
Towns Served:	MIDDLEBURY									
		Mo	onitoring R	equireme	nts					
Water Systen	n Facility: DISTRIBU	TION SYSTEM (V	WSF ID: 00600							
Total Colifor	m (3100)							1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point	ID)		Monitor	ing Per	iod Co	llection	Period	d Comp	liance Status
Select fro	m Inventory of Active Sa	ampling Points		7/1/19	- 9/30/:	19			C	omplete
				10/1/19	- 12/31	/19			C	omplete
				4/1/20	- 6/30/2	20				
				7/1/20	9/30/2	20				
Physical Para	ameters (PPS)							1 ro	utine (RT)	per quarter
_	Point (Sampling Point	ID)		Monitor	ing Per	iod Co	llection			liance Status
Select fro	m Inventory of Active Sa	ampling Points		7/1/19	9/30/2	19			C	omplete
				10/1/19	- 12/31	/19			C	omplete
				4/1/20	6/30/2	20				
				7/1/20	9/30/2	20				
Water Systen	n Facility: ENTRY PO	INT (WSF ID: 00	700)							
Nitrate And	Nitrite (NOX)							1	L routine (RT) per year
Sampling	Point (Sampling Point	ID)		Monitor	ing Per	iod Co	llection	Period	d Comp	liance Status
ENTRY PC	DINT (3)			1/1/19 -	12/31/	/19			C	omplete
				1/1/20 -	12/31/	/20				
				1/1/21 -	12/31/	/21				
		Oth	er Complia	nce Sched	dules					
Compliance Sc	chedule Activity				Due Do		Aci	hieved	l Date	
CROSS CONNE	CTION SURVEY REPORT				3/1/20					
SEASONAL STA	ART UP COMPLETION				4/1/20	20				
	Wa	ter System F	acility and	Sampling	Poin	it Inver	ntory			
Water						Tot	=	ad and	d	
- /	ter System Facility		Point Sampling			Colif		opper		Stage
Facility ID		ID	Descripti	on	Sto	atus Ru	ile Ru	ıle Tie	r Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4		TION SYSTEM		A \	1			
			REAM WITHIN 5			Α				
		UPSTRE	AM WITHIN 5	SERVICE CO	N	Α				
00700 ENT	TRY POINT	3	ENTRY PO	DINT		Α				
21435 WE	LL	2	WELL			Α				
			Contact Inf	ormation	1					
Name			Organizatio	1					Job Title	
	arks And Recreation	T								
Mailing Addres			ddress Line Two				City		State	Zip Code
1172 Whittem		Room #1				Middlek			СТ	06762
Business Pho 203-758-25		Fax	Mobile Phone	Emergency	/ Phone	e Email A	ddress			
Contact Role(s				I		1				

	Joinnectic	ut Depu	ii ciiicii	or rubin	ricard	ייי	عاداتكانانا ا	, water	Decero	·I		
	Wa	ter Qua	lity Mo	nitoring a	and Cor	np	liance S	Schedul	le			
PWS ID P	PWS Name					Cla	assification	Population	Owner Typ	e Pr	rimary Source	
CT0810234 C	QUASSY FIELD						NC	25	Р		GW	
Local Address (wh	ere applicable)			Service	Reside	ntial	Commerci	al Industri	al Combi	ned	Agricultural	
ROUTE 64				Connection	ons		1					
Towns Served: MI	IDDLEBURY			1	1		1	1	'			
Name				Organization					Job Ti	tle		
Mr. Daniel Norto	n			Town of Mid	own of Middlebury				Dir of Public Works			
Mailing Address L	ine One		Mailing Add	dress Line Two				City	State	ž	Zip Code	
1 Service Rd							Middle	bury	СТ		06762	
Business Phone	Extension	Fax	N	1obile Phone	Emergenc	y Ph	one Email A	Address	·			
203-577-4170		203-577-	4168		203-704	-009	93 dnorto	n@middleb	ury-ct.org			
					•							

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Connection	cut Depa	irtment o	f Public	Health	Drir	nking	Water	Se	ction	
	Wa	ter Oua	lity Moni	toring a	ind Con	nplia	nce So	chedul	e		
PWS ID	PWS Name	<u> </u>		0 -						ner Type P	rimary Source
CT0810244	SANDY BEACH S	SWIM CLUB				N		25		P	GW
Local Address	(where applicable)			Service	Residen	tial Co	mmercial	Industri	al	Combined	Agricultural
3 SANDY BEA	CH ROAD			Connectio	ns		1				_
Towns Served	: MIDDLEBURY				I .						
			Monit	oring Re	quireme	nts					
Water Syste	m Facility: DIST	RIBUTION S	YSTEM (WSF	ID: 00600)							
Total Colifo	rm (3100)							1	. rou	tine (RT)	per quarter
Sampling	g Point (Sampling I	Point ID)			Monitori	ng Peri	od Col	lection Pe	riod	Compli	ance Status
Select fro	om Inventory of Act	tive Sampling	Points		7/1/19 -	9/30/1	9			Co	mplete
					10/1/19 -	12/31/	19			Co	mplete
					4/1/20 -						
					7/1/20 -	9/30/2	0				
_	rameters (PPS) g Point (Sampling F	Point ID)			Monitori	ng Peri	od Col	1 lection Pe			per quarter ance Status
Select fro	om Inventory of Act	tive Sampling	Points		7/1/19 -	9/30/1	9			Со	mplete
					10/1/19 -	12/31/	19 :	10/1-10/3	1	Со	mplete
					4/1/20 -	6/30/2	0	5/1-6/30			
					7/1/20 -	9/30/2	0				
Water Syste	m Facility: ENTR	Y POINT (V	VSF ID: 00700)							
Nitrate And	Nitrite (NOX)								1	routine (F	T) per year
Sampling	g Point (Sampling F	Point ID)			Monitori	ng Peri	od Col	lection Pe	riod	Compli	ance Status
ENTRY P	OINT (3)				1/1/19 -	12/31/2	19			Co	mplete
					1/1/20 -	12/31/2	20				
					1/1/21 -	12/31/2	21				
			Other C	Complian	ce Sched	lules					
Compliance S	chedule Activity				ı	Due Da	te	Achie	ved	Date	
SEASONAL ST	ART UP COMPLETIO	ON				5/1/202	20				
		Water S	ystem Facil	lity and S	Sampling	Poin	t Inven	tory			
- /	ater System Facility	,	Sampling Point				Tota Colife	orm Cop	per		Stage
Facility ID			ID	Descriptio	n	Sta	tus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM		4		ION SYSTEM		Y /				
			DOWNSTREAM								
			UPSTREAM		SERVICE CON						
	TRY POINT		3	ENTRY POI	INT	F					
21436 WI	:LL		2	WELL			4				
			Cor	ntact Info	ormation						
Name			C)rganization						Job Title	
Mr. Paul And	erson		S	andy Beach	Club LLC			Manager			
Mailing Addre	ess Line One		Mailing Addres	ss Line Two				City		State	Zip Code
3 Sandy Beacl	n Road				T		Middleb	•		СТ	06762
Business Ph	one Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			
203-758-84	180		203-	217-2601			sbcquass	sy@outloo	k.co	m	

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

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

		8		F				
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0810244	SANDY BEACH SWIM CLUB				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
3 SANDY BEACH	ROAD	Connections			1			

Towns Served: MIDDLEBURY

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	onnectic	ut Depa	rtment o	f Public	Health	Drinki	ing V	Vater	Se	ction	
	Wa	ter Qua	lity Monit	toring a	ind Com	plianc	e Sch	nedul	le		
PWS ID PV	NS Name			0		_			_	er Type P	rimary Source
CT0810284 N	IAPLES RESTAU	IRANT				NC		25		P	GW
Local Address (who	ere applicable)			Service	Resident	ial Comm	ercial	Industri	al	Combined	Agricultur
725 STRAITS TURN	PIKE			Connectio	ns	1					
Towns Served: MII	DDLEBURY			1		· ·	1		1		
			Monit	oring Re	quireme	nts					
Water System Fa	cility: DISTR	IBUTION SY									
Total Coliform (•		1012111 (1101					1	rou	tine (RT)	per quarte
	nt (Sampling P	oint ID)			Monitorii	na Period	Colle	ction Pe			ance Status
	ventory of Act		Points		7/1/19 -	_					mplete
	, , , , , , , , , , , , , , , , , , , ,		,		10/1/19 -	-					mplete
					1/1/20 -						mplete
					4/1/20 -						<u> </u>
					7/1/20 -						
Physical Parame	ters (PPS)							1	l rou	tine (RT)	per quarte
-	nt (Sampling P	oint ID)			Monitorii	ng Period	Colle	ction Pe			ance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/19				Co	mplete
					10/1/19 -	12/31/19				Cc	mplete
					1/1/20 -	3/31/20				Сс	mplete
					4/1/20 -	6/30/20					
					7/1/20 -	9/30/20					
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 00700								
Nitrate And Nitr	ite (NOX)								1 1	routine (F	RT) per yea
Sampling Poi	nt (Sampling P	oint ID)			Monitorii	ng Period	Colle	ction Pe	riod	Compl	ance Status
ENTRY POINT	(3)				1/1/19 - 1	12/31/19				Co	mplete
					1/1/20 - 1	12/31/20				Co	mplete
					1/1/21 - 1	12/31/21					
			Other C	omplian	ce Sched	ules					
Compliance Sched	ule Activity			•		Due Date		Achie	ved L	Date	
RESPOND TO SANI					12	/29/2011					
		Water S	ystem Facil	ity and 9			want	orv			
Water		water 5	ysterii i acii	ity and s	amping	i Onic ii	Total		a al		
	System Facility		Sampling Point	Samplina i	Point		Coliforn				Stag
Facility ID			ID	Description		Status	Rule		•	Asbestos	WQP 2 DBF
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	А	Υ				
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α					
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY I	POINT		3	ENTRY POI	INT	Α					
21440 WELL			2	WELL		А					
			Cor	ntact Info	ormation						
Name				rganization						Job Title	
Mr. Fernando Mai	cone			larcone Ente	erprises		P	resident		300 1100	
Mailing Address Li			Mailing Addres					City		State	Zip Code
725 Straights Turn			37.00100			Mi	ddlebur			CT	06762
Business Phone	Extension	Fax	Mob	ile Phone	Emergency			-			
203-758-2502	12 31911	203-758-8			2 0037						
					1						

DIAC No.	Cl:f:+:	Daniel Latine	O T	D
Water Quality Monitoring and Con	npliance S	Schedul	e	
Connecticut Department of Public Health	Drinking	g Water	Section	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0810284	MAPLES RESTAURANT			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
725 STRAITS TU	RNPIKE	Connections		1			

Towns Served: MIDDLEBURY

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 D	enartment of	Dublic H	aalth I	rinki	ing W	ator Sc	ction	
		Quality Monit						ction	
PWS ID	PWS Name	Eggentary 1 101110	011110					ner Type Pi	rimary Source
CT0810304	HOP BROOK LAKE REC	AREA (WEST LAWN C	S)		NC	-	25	F	GW
Local Address	(where applicable)			Residentia	I Comm	nercial I	ndustrial	Combined	Agricultural
ROUTE 63	(Connections		1	L			0
Towns Served:	MIDDLEBURY								
		Monito	oring Requ	iremen	ts				
Water Syster	n Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)	1	Monitoring	Period	Collec	tion Period	Compli	ance Status
Select fro	m Inventory of Active San	npling Points		6/1/20 - 6,	/30/20				
				7/1/20 - 7,	/31/20				
				8/1/20 - 8,	/31/20				
				9/1/20 - 9,	/30/20				
Physical Para	ameters (PPS)						1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collec	tion Period	Compli	ance Status
Select fro	m Inventory of Active San	npling Points		6/1/20 - 6,					
				7/1/20 - 7,					
				8/1/20 - 8,	-				
				9/1/20 - 9,	/30/20				
	m Facility: ENTRY POIN	NT (WSF ID: 00700)							
	Nitrite (NOX)		_			- "		=	T) per year
	Point (Sampling Point ID)		Monitoring		Collec	tion Period		ance Status
ENTRY PC	DINT (3)			1/1/19 - 12				Со	mplete
				1/1/20 - 12					
				1/1/21 - 12					
		Other Co	ompliance	Schedu	les				
Compliance Sc	chedule Activity				e Date		Achieved	Date	
SEASONAL STA	ART UP COMPLETION			5/1	.5/2020				
	Wat	er System Facili	ty and San	npling P	oint Ir	rvento	ry		
Water						Total	Lead and		
- /	ter System Facility	Sampling Point		t		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	FOUNTAIN ON		Α	Y			
		4MSN	MENS RM SINI		A	Y			
		4MSS	MENS RM SINI		Α	Y			
		4WSC	WOMENS RM		_	Y			
		4WSN	WOMENS SINE		A	Y			
		4WSS	WOMENS RM SOUTH		Α	Y			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SERV		Α				
		WMSS	MENS RM SINI	K SOUTH	Α	Υ			
		_	ENITENIA DOINIT						
00700 ENT	TRY POINT	2	WELL 1		A A				

Α

WELL 2

2

56919

WELL 2

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0810304	HOP BROOK LAKE REC AREA (WEST LAWN CS	5)			NC	25	F	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 63		Connections			1			

Towns Served: MIDDLEBURY

				Contact Info	ormation				
Name Organization						Job Title			
Ms. Diana Errico-To	Diana Errico-Topolski Us Army Corps of Engineers Project Manager								
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 Straits Turnpike						Middleb	ury	CT	06762
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	ldress		
978-318-8370				203-509-9708		diana.j.e	rrico-topols	ski@usace.arr	ny.mil

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule