	Wat	er Quality I	Monit	coring a	nd Com	plia	nce So	chedu	le		
PWS ID P	WS Name			0					1	ner Type Pi	imary Source
CT0861442 L/	AUREL LOCK CA	MPGROUND - STO	RE WELL			N	С	50		Р	GW
Local Address (who	ere applicable)			Service	Resident	tial Co	mmercial	Industri	al	Combined	Agricultura
15 COTTAGE ROAD)			Connectior	ns 34						
Towns Served: MC	ONTVILLE										
		I	Monit	oring Red	quiremei	nts					
Water System Fa	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform	(3100)							1	l rou	itine (RT)	per quarter
Sampling Poi	nt (Sampling Po	oint ID)			Monitorii	n <mark>g P</mark> erio	od Col	lection Pe	riod	Compli	ance Status
Select from Ir	ventory of Acti	ve Sampling Points			7/1/19 -						mplete
					10/1/19 -					Со	mplete
					4/1/20 -						
					7/1/20 -	9/30/2	0				
Physical Parame		pint (D)			Manitari	na Dort	od Cal				per quarter
	nt (Sampling Po	ve Sampling Points			<i>Monitorii</i> 7/1/19 -	-		lection Pe	riođ	-	ance Status mplete
	WEITEDLY UT ACU				10/1/19 -						mplete
					4/1/20 -						inpiece
					7/1/20 -						
Water System Fa	cility: ENTRY	POINT (WSF ID	: 00700)	1							
Nitrate And Nit									1	routine (R	T) per year
	nt (Sampling Po	pint ID)			Monitoriı	ng Perio	od Col	lection Pe		-	ance Status
ENTRY POINT	(3)				1/1/19 - 1	12/31/1	L9	5/1-9/30		Со	mplete
					1/1/20 - 2	12/31/2	20	5/1-9/30			
					1/1/21 - 1	12/31/2	21	5/1-9/30			
		0	ther C	ompliand	ce Sched	ules					
Compliance Sched	ule Activity				Ľ	Due Dat	te	Achie	eved	Date	
SEASONAL START	UP COMPLETIO	N			5	5/1/202	0				
		Water Systen	n Facil	ity and Sa	ampling	Point	t Inven	tory			
Water		-		-			Tot	al Lead	and		
	System Facility		-	Sampling P			Colifo				Stage
Facility ID			ID	Description		Sta			Tier	Asbestos	WQP 2 DBP
00600 DISTRIB	UTION SYSTEM		4		ON SYSTEM						
				WITHIN 5 S							
			REAM		ERVICE CON						
00700 ENTRY			3 2	ENTRY POIN		A					
20046 STORE	VVELL			STORE WEL		4	4				
				tact Info	rmation						
Name				rganization						Job Title	
Ms. Valerie B. Hor				aurel Lock Ca	mpground			Partner		Ct-t	7:0 0-1
Mailing Address Li	ne Une	Mailin	g Addres	s Line Two			Oakdale	City		State	Zip Code
15 Cottage Road Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone		dress		СТ	06370
	LATENSION	860-859-1424		ILE FIIUILE	860-213-2			101 555			
860-859-1424											

		~	<i>J</i>		0		1					
PWS ID	PWS Name						Clas	sification	Populati	on Ow	vner Type	Primary Source
СТ0861442 І	AUREL LOCK CA	MPGROUN	D - STORE W	/ELL				NC	50		Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial	Commerci	al Indu	strial	Combine	ed Agricultural
15 COTTAGE ROA	D				Connection	s 34						
Towns Served: M	ONTVILLE						·					
Name				Or	ganization						Job Title	5
Mr. William And	Mary Breda		Laurel Lock Campgound Owners									
Mailing Address L	ine One		Mailing Add	dress	Line Two				City		State	Zip Code
15 Cottage Road								Oakda	le		СТ	06370
Business Phone	Extension	Fax	N	1obil	e Phone I	Emergenc	y Phoi	ne Email /	Address			
860-859-1424		860-859-	1424			860-859	-2803					
Contact Role(s):	Legal Contact, (Dwner										
Please note the f	ollowing:											
1. The residual dis	sinfectant concen	tration must b	e measured a	at the	same location	n and time	as eacl	n total colif	orm samp	ie.		

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	Connecticut D	epartment of	f Public H	ealth	Dr	inki	ng V	Vater	: Se	ction		
	Water (Juality Monit	oring and	d Con	npl	ianc	e Scł	nedu	le			
PWS ID	PWS Name				Clas	sificatio	on Pop	oulation	Owr	ner Type	Primary	Source
СТ086804	1 ST. THOMAS MORE SC	HOOL-FIELDHOUSE				NC		260		Р	G١	N
Local Addr	ress (where applicable)		Service	Residen	tial	Comme	ercial	Industr	ial	Combine	d Agri	cultura
45 COTTAG	GE ROAD		Connections	1								
Towns Ser	ved: MONTVILLE											
		Monite	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)									
Total Col	liform (3100)							:	1 rou	tine (RT)	per qu	uarter
Samp	oling Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ction Pe	eriod	Сотр	liance S	Status
Selec	t from Inventory of Active San	npling Points		7/1/19 -	9/30)/19				C	omplet	e
			1	.0/1/19 -	12/3	31/19				C	omplet	e
				1/1/20 -	3/31	L/20				C	omplet	e
				4/1/20 -	-							
				7/1/20 -	9/30)/20						
-	Parameters (PPS)									tine (RT)		
	oling Point (Sampling Point ID			Monitori	_		Colle	ction Pe	eriod		liance S	
Selec	t from Inventory of Active San	npling Points		7/1/19 -							omplet	
			1	.0/1/19 -							omplet	
				1/1/20 -						C	omplet	е
				4/1/20 -								
				7/1/20 -	9/30)/20						
	stem Facility: ENTRY POIN	11 (WSF ID: 00700)							-			
	And Nitrite (NOX) pling Point (Sampling Point ID	0		Monitori	ina D	oriod	Collo	ction Pe		routine (k i) pe <i>liance S</i>	-
-	Y POINT (3)	/		1/1/19 -	_		Collec		nou		omplet	
				1/1/20 -							omplet	
				1/1/21 -						C	ompier	C
		Other C										
a "		Other C	ompliance									
-	ce Schedule Activity				Due I			Achie	eved I	Date		
	TO SANITARY SURVEY					/2016						
CROSS CO	NNECTION SURVEY REPORT				3/1/2							
	Wate	er System Facili	ity and San	npling	Po	int In	vento	ory				
Water							Total	Lead				
System	Water System Facility	Sampling Point ID	Sampling Poil Description	nt			Coliforn			Asbestos		Stage
Facility ID						<u>Status</u>	Rule Y	Rule	rier	ASDESIOS	WQP	ZUDP
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM				A A	ř					
		UPSTREAM	WITHIN 5 SER			A						
00700	ENTRY POINT	<u> </u>	ENTRY POINT		•	A						
1904	WELL #6	2	WELL #6			A						
50957	BLADDER TANK	۷.	VVLLL TU			~						
10907			to at luf-	-								
			tact Inform	nation								
Name			rganization							Job Title		
Mr. Sean I			Thomas More	School								
Mailing Ac	dress Line One	Mailing Addres	s Line Two					City		State	Zip C	Code 870
45 Cottage						- 1	kdale			CT		

			C 7		0		1				
PWS ID	PW	'S Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0868041	ST.	THOMAS MO	DRE SCHOOL-FIELDH	IOUSE				NC	260	Р	GW
Local Address (wher	e applicable)			Service	Reside	ential	Commerc	ial Industri	al Combine	ed Agricultural
45 COTTAGE R	DAD				Connectior	ns 1					
Towns Served:	wns Served: MONTVILLE										
Business Phone Extension Fax Mobile Phone Eme							cy Ph	one Email	Address		
860-367-479	9		860-859-2989			860-36	7-479	9 abarbe	er@stmct.or	g	
Contact Role(s)	: Ac	Iministrative	Contact, Legal Cont	act							
Please note th	e foll	owing:									
1. The residual	disinf	ectant concent	tration must be measu	ured at the	same locatio	on and time	e as ea	ich total colif	form sample.		
2. If a Collectio	n Peri	iod is specified,	all water quality sam	ples must l	be collected o	during the s	specifi	ied period.			
3. Depending of	n res	ults, additional	monitoring may be re	quired (i.e	. repeat or co	onfirmatior	n samp	oles). This sc	hedule is subj	ect to change,	and any related
corresponde	correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.										

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PWS ID	PWS Name						Classifi	cation P	opula	ation O	wner Type	Primary Sourc
СТ0860024	CAMP OAKDALE S	SMALL PAVIL	LION				N	С	50)	L	GW
Local Address	(where applicable)			Service			tial Co	mmercial	Inc	lustrial	Combine	d Agricultura
OXOBOXO DA	M ROAD			Connec	ctions	1						
Towns Served	: MONTVILLE											
			Μ	onitoring F	Requ	uireme	nts					
Water Syste	m Facility: DISTRI	BUTION SYS	STEM (WSF ID: 0060	0)							
Total Colifo			•		-				_	1 rc	outine (RT) per quarter
	g Point (Sampling Po	int ID)				Monitori	ng Perio	od Col	lectio	on Perio		liance Status
Select fr	om Inventory of Activ	e Sampling P	oints			7/1/19 -	9/30/1	9			(omplete
						4/1/20 -	6/30/2	0				
						7/1/20 -	9/30/2	0				
Physical Pa	rameters (PPS)									1 rc	outine (RT	per quarter
•	g Point (Sampling Po	int ID)				Monitori	ng Perio	od Col	lectio	on Perio		liance Status
Select fr	om Inventory of Activ	e Sampling P	oints			7/1/19 -	9/30/1	9			C	omplete
						10/1/19 -	12/31/	19			C	omplete
						4/1/20 -	6/30/2	0				
						7/1/20 -	9/30/2	0				
Water Syste	m Facility: ENTRY	POINT (WS	SF ID: 0	0700)								
Nitrate And	Nitrite (NOX)									:	1 routine (RT) per year
Samplin	g Point (Sampling Po	int ID)				Monitori	ng Perio	od Col	lectio	on Perio	d Comp	liance Status
ENTRY P	OINT (3)					1/1/19 -	12/31/1	19			C	omplete
						1/1/20 -	12/31/2	20				
						1/1/21 -	12/31/2	21				
			Oth	er Complia	ance	e Sched	ules					
Compliance S	chedule Activity					I	Due Dat	te	4	Achieve	d Date	
SEASONAL ST	ART UP COMPLETION	l				2	4/1/202	0				
	١	Nater Sys	stem l	Facility and	d Sa	mpling	Point	t Inven	tor	y		
Water		-						Tot	al	- Lead an	d	
	ater System Facility	Sc		Point Samplin	-	int		Colife		Copper		Stage
Facility ID			ID	Descrip	tion		Sta	tus Ru	le	Rule Tie	er Asbesto	s WQP 2 DBP
00600 DI	STRIBUTION SYSTEM		4	DISTRIB	UTIO	N SYSTEM	A	A Y				
00700 EN	TRY POINT		3	ENTRY I	POINT	Г	A	4				
21497 W	ELL		2	WELL			A	4				
				Contact In	nfor	mation						
Name				Organizati	on						Job Title	
Mr. Donald B	ordeau			Montville I	Public	Works			Dire	ctor		
Mailing Addre	ess Line One	Ν	/lailing A	ddress Line Tw	/0				Cit	У	State	Zip Code
310 New Lone	don Turnpike							Uncasvil	le		СТ	06382
Business Ph	one Extension	Fax		Mobile Phone	e E	mergency	Phone	Email Ad	Idress	5		
860-848-74	473	860-848-73	93	860-625-3409		860-848-	3974	dbordea	u@m	ontville	-ct.org	
Contact Role(s): Administrative C	ontact, Lega	l Contac	t, Owner								
			_		_					_		

		<u> </u>				- P '				
PWS ID	PWS Name					Classi	ification	Population	Owner Type	Primary Source
СТ0860024	CAMP OAKDALE	SMALL PAV	ILLION				NC	50	L	GW
Local Address (w	nere applicable)			Service	Resider	ntial C	Commerci	al Industri	al Combin	ed Agricultural
OXOBOXO DAM I	ROAD			Connection	s 1					
Towns Served: M	ONTVILLE					·			·	
Name				Organization					Job Titl	e
Montville										
Mailing Address I	ine One		Mailing Addr	ddress Line Two				City	State	Zip Code
Business Phone	Extension	Fax	Mo	obile Phone Emergency Pl			e Email A	Address		
Contact Role(s):	Owner									
Please note the f	ollowing:									
1. The residual di	sinfectant concen	tration must b	e measured at	the same location	n and time	as each	total colif	orm sample.		
2. If a Collection I	Period is specified	, all water qua	lity samples mu	ust be collected d	uring the sp	pecified	period.			
3. Depending on	results, additional	monitoring m	ay be required	(i.e. repeat or co	nfirmation	samples	s). This scl	nedule is subj	ect to change,	and any related

correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	Connecticut Dep	artment of	f Public H	lealth I	Prinkin	g Wa	iter S	ection	
	Water Qu	ality Monit	oring and	d Comp	oliance	Sche	dule		
PWS ID	PWS Name			C	assificatior	Popula	ation O	wner Type P	rimary Source
СТ0860034	THE CHESTERFIELD FIRE CO	OMPANY, INC.			NC	26	5	L	GW
Local Address	(where applicable)		Service	Residentia	I Commer	cial Ind	dustrial	Combined	Agricultural
1606 ROUTE 8	5		Connections		1				
Towns Served	: MONTVILLE								
			oring Requ	irement	:S				
	m Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)						
Total Colifor	• •								per quarter
	Point (Sampling Point ID)			Monitoring		Collectio	on Perio		iance Status
Select fro	om Inventory of Active Samplin	ng Points		7/1/19 - 9/					omplete
				10/1/19 - 12				Cc	omplete
				1/1/20 - 3/					
				4/1/20 - 6/					
				7/1/20 - 9/	30/20				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)			Monitoring		Collectio	on Perio		iance Status
Select fro	om Inventory of Active Samplin	ng Points		7/1/19 - 9/					omplete
				10/1/19 - 12				LC	omplete
				1/1/20 - 3/					
				4/1/20 - 6/					
				7/1/20 - 9/	30/20				
	m Facility: ENTRY POINT	WSF ID: 00700)							-
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)			Monitoring		Collectio	on Perio		iance Status
ENTRY PC	DINT (3)			1/1/19 - 12				Сс	omplete
				1/1/20 - 12	/31/20				
					-				
				1/1/21 - 12	/31/21				
		Other C	ompliance		/31/21				
Compliance So	chedule Activity	Other C		Schedu	/31/21		Achieve	d Date	
	chedule Activity SANITARY SURVEY	Other C		Schedu Du	/31/21 les		Achieve	d Date	
				Schedu Du 7/1	/31/21 les e Date 8/2019		Achieve	d Date	
		Public Not	ompliance tification R	Schedu Du 7/1	/31/21 les e Date 8/2019 nents				tification
	SANITARY SURVEY	Public Not	ompliance	Schedu Du 7/1 equirem	/31/21 les e Date 8/2019 nents	Notifica			tification Received
RESPOND TO S	SANITARY SURVEY	Public Not	ompliance tification R	Schedu Du 7/1 equirem Notice	/31/21 les e Date 8/2019 nents <u>Public</u>	Notifica I Perf	tion	<u>PN Cer</u>	_
RESPOND TO S	SANITARY SURVEY	Public Not	ompliance tification R compliance Period /10 - 10/31/10	Schedu Du 7/1 equirem Notice Tier 2	/31/21 les e Date 8/2019 nents Public Required 4/27/201	Notifica I Perf 1	tion formed	<u>PN Cer</u> Due to DPH	_
RESPOND TO S	SANITARY SURVEY	Public Not	ompliance tification R compliance Period /10 - 10/31/10	Schedu Du 7/1 equirem Notice Tier 2	/31/21 les e Date 8/2019 nents Public Required 4/27/201 oint Inv	Notifica Perf 1 entor	tion formed	<u>PN Cer</u> Due to DPH 5/7/2011	
RESPOND TO S Violation/Situ Total Coliform Water	SANITARY SURVEY	Public Not	ompliance tification R <i>Compliance</i> <i>Period</i> /10 - 10/31/10 ity and Sar	Schedu Du 7/1 equirem Notice Tier 2 mpling P	/31/21 les e Date 8/2019 hents Public Required 4/27/201 oint Inv	Notifica Perf 1 entor	tion ormed y Lead an Copper	<u>PN Cer</u> Due to DPH 5/7/2011 d	-
RESPOND TO S Violation/Situ Total Coliform Water System Wa Facility ID	SANITARY SURVEY	Public Not c 10/1, System Facili Sampling Point	ompliance tification R compliance Period /10 - 10/31/10 ity and Sar Sampling Poil	Schedu Du 7/1 equirem Notice Tier 2 npling P	/31/21 les e Date 8/2019 nents Public Required 4/27/201 oint Inv	Notifica Perf 1 entor Total Diform	tion ormed y Lead an Copper	<u>PN Cer</u> Due to DPH 5/7/2011 d	Received
RESPOND TO S Violation/Situ Total Coliform Water System Wa Facility ID	SANITARY SURVEY	Public Not c 10/1/ System Facili Sampling Point ID	ompliance tification R compliance Period /10 - 10/31/10 ity and Sar Sampling Poin Description DISTRIBUTION	Schedu Du 7/1 equirem Notice Tier 2 mpling P nt	/31/21 les e Date 8/2019 hents Public Required 4/27/201 oint Inv Ca Status	Notificat Perf 1 entor Total Diform Rule	tion ormed y Lead an Copper	<u>PN Cer</u> Due to DPH 5/7/2011 d	Received
RESPOND TO S Violation/Situ Total Coliform Water System Wa Facility ID	SANITARY SURVEY	Public Not c 10/1, System Facili Sampling Point ID 4	ompliance tification R compliance Period /10 - 10/31/10 ity and Sar Sampling Poin Description DISTRIBUTION	Schedu Du 7/1 equirem Notice Tier 2 mpling P nt	/31/21 les e Date 8/2019 nents Public Required 4/27/201 oint Inv Ca Status A	Notificat Perf 1 entor Total Diform Rule	tion ormed y Lead an Copper	<u>PN Cer</u> Due to DPH 5/7/2011 d	Received
RESPOND TO S Violation/Situ Total Coliform Water System Wa Facility ID 00600 DIS	SANITARY SURVEY	Public Not c 10/1/ System Facili Sampling Point ID 4 DOWNSTREAM	ompliance tification R formpliance Period /10 - 10/31/10 ity and Sar Sampling Poin Description DISTRIBUTION WITHIN 5 SER	Schedu Du 7/1 equirem Notice Tier 2 mpling P nt	/31/21 les e Date 8/2019 hents Public Required 4/27/201 oint Inv Ca Status A A	Notificat Perf 1 entor Total Diform Rule	tion ormed y Lead an Copper	<u>PN Cer</u> Due to DPH 5/7/2011 d	Received

					-P					
PWS ID	PWS Name				Classi	fication	Population	Owner T	ype	Primary Source
СТ0860034	THE CHESTERFIE	LD FIRE CON	IPANY, INC.		I	١C	26	L		GW
Local Address (w	here applicable)		Service	Residen	tial C	ommerci	al Industri	al Com	bine	d Agricultural
1606 ROUTE 85			Connections	;		1				
Towns Served: N	IONTVILLE									,
			Contact Infor	mation)					
Name			Organization					Job	Title	1
Mr. Steve Stewa	rt						Chief			
Mailing Address	Line One		Mailing Address Line Two				City	St	ate	Zip Code
1606 Route 85						Oakda	le	(СТ	06370
Business Phone	e Extension	Fax	Mobile Phone E	mergency	Phone	e Email A	Address			
203-433-0015										
Contact Role(s):	Administrative	Contact								
Name	÷		Organization					Job	Title	1
Chesterfield Fire	Company Inc									
Mailing Address	Line One		Mailing Address Line Two				City	St	ate	Zip Code
1606 Rte 85						Oakda	le	(СТ	06370
Business Phon	e Extension	Fax	Mobile Phone E	imergency	Phone	e Email A	Address			
Contact Role(s):	Owner		· · ·						-	
Name			Organization					Job	Title	1
Mr. Timothy S. S	hanahan		Chesterfield Fire	e Co			President			
Mailing Address	Line One		Mailing Address Line Two				City	St	ate	Zip Code
1606 Rt. 85						Oakda	le	(СТ	06370
Business Phon	e Extension	Fax	Mobile Phone E	mergency	Phone	e Email A	Address			
Contact Role(s):	Legal Contact									
Please note the	following:									
1. The residual d	isinfectant concent	tration must b	e measured at the same location	and time a	is each	total colif	orm sample.			
2. If a Collection	Period is specified.	. all water qua	lity samples must be collected du	uring the sp	ecified	period.				

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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		*	irtment of lity Monit				0			ection	
		ter Qua		.01 mg a							
PWS ID CT0860084	PWS Name							25	on Ow	P	rimary Source
		IER		Comilao	Desident	N			aturi a l	•	GW
	where applicable)			Service Connectio	Resident	Idi CO	mmercial	Indus	stridi	Combined	Agricultural
882 ROUTE 32 Towns Served:				connectio			1				
Towns Served.			N <i>A</i> 1	• •	•						
					quireme	าธร					
-	Facility: DISTR	IBOTION 2	YSTEIVI (WSFT	D: 00600)							
Total Coliforn	• •										per quarter
	Point (Sampling P	-			Monitorii	-		llection	Period		iance Status
Select fron	m Inventory of Act	ive Sampling	Points		7/1/19 -						omplete
					10/1/19 -						omplete
					1/1/20 -					Co	omplete
					4/1/20 -						
					7/1/20 -	9/30/2	0		_		
-	meters (PPS)										per quarter
	Point (Sampling P				Monitorii	-		llection	Period		iance Status
Select from	m Inventory of Act	ive Sampling	Points		7/1/19 -						omplete
					10/1/19 -						omplete
					1/1/20 -					Co	omplete
					4/1/20 -						
					7/1/20 -	9/30/2	0				
		Water Sy	ystem Facil	ity and S	ampling	Point	t Inver	tory			
Water							Tot		ad and	1	
	er System Facility		Sampling Point				Colife		opper		Stage
Facility ID			ID	Description	n	Sta	tus Ru	le Ri	ule Tiel	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	A Y	,			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	4				
			UPSTREAM	WITHIN 5 S	SERVICE CON	A	4				
00700 ENT	RY POINT		3	ENTRY POI	NT	A	4				
21502 WEL	L		2	WELL		A	4				
			Con	tact Info	ormation						
Name			0	rganization						Job Title	
Mr. Edward Jr.	Lusher		Lu	usher LLC				Preside	ent		
Mailing Address	s Line One		Mailing Addres	s Line Two				City		State	Zip Code
884 Norwich- N	lew London Turnp	ike					Uncasvil	le		СТ	06382
Business Phor	ne Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ac	dress		I I I	
860-460-167	/4						ed@lush		ms.cor	n	
Contact Role(s)	: Legal Contact, C	Owner									
Name			0	rganization						Job Title	
Mr. Kerim Ayva	aci										
Mailing Address			Mailing Addres	s Line Two				City		State	Zip Code
884 Norwich Lo	ondon Turnpike						Uncasvil	le		СТ	06382
		Fax	Mobi	ile Phone	Emergency	Phone	Email Ac	dress		I	
Business Phor	LATENSION										
Business Phor 860-848-793		860-848-4		506-8439							
Mr. Kerim Ayva Mailing Address	s Line One ondon Turnpike	Fax	Mailing Addres	s Line Two	Emergency	Phone		le		State	

		0		L					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
СТ0860084	UNCASVILLE DINER			NC	25	Р	GW		
Local Address (where applicable)	Service	Resider	ntial Commerc	cial Industri	ial Combin	ed Agricultural		
882 ROUTE 32		Connections		1					
Towns Served:	MONTVILLE			÷					
Please note the	e following:								
1. The residual	disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.				
2. If a Collectio	n Period is specified, all water quality samples must	be collected du	ring the sp	pecified 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.

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PWS ID	Water Qua		0						ner Type P	rimary Sourc
СТ0860164	MONTVILLE AMERICAN LIT	LE LEAGUE			N		25		P	GW
Local Address	(where applicable)		Service	Resident	tial Co	mmercial	Indust	rial	Combined	Agricultura
570 OLD COLO	CHESTER ROAD		Connections	;		1				
Towns Served	: MONTVILLE		·					i		
		Monit	oring Req	uireme	nts					
Water Syste	m Facility: DISTRIBUTION S	SYSTEM (WSF	D: 00600)							
Total Colifo	rm (3100)							1 rou	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitori	n <mark>g</mark> Perio	od Col	lection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Samplin	g Points		4/1/20 -	6/30/2	00				
				7/1/20 -	9/30/2	0				
-	rameters (PPS)							1 roι		per quarter
	g Point (Sampling Point ID)			Monitori	-		lection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Samplin	g Points		4/1/20 -						
	- 10. · · · · · · · · · · · · · · · · · · ·			7/1/20 -	9/30/20	0				
	m Facility: ENTRY POINT (NSF ID: 00700)								
	Nitrite (NOX)								-	RT) per year
ENTRY P	g Point (Sampling Point ID)			Monitorii 1/1/19 - 1	-		lection P	erioa		iance Status omplete
ENIRTP	0101 (5)			1/1/20 - 1						Inplete
				1/1/21 - 1						
		Other C	ompliance							
Compliance S	chedule Activity	Other C	omphance		Due Dat	2	Ach	ieved	Data	
	SANITARY SURVEY				1/3/201	-	Ach	leveu	Dute	
					1/1/202					
		ystem Facil	ity and Sa				torv			
Water			nty and ou	<u></u>		Tot	-	d and		
	ater System Facility	Sampling Point	Sampling Po	int		Colife		pper		Stage
Facility ID		ID	Description		Sta	tus Ru	le Rul	e Tier	Asbestos	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Υ Y				
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	I A	۱.				
		UPSTREAM	WITHIN 5 SE	RVICE CON	I A	۱				
00700 EN	ITRY POINT	3	ENTRY POIN	Г	A	۱				
21509 WI	ELL	2	WELL		Α	۱				
		Cor	ntact Infor	mation						
Name		0	rganization						Job Title	
American Litt	le League Inc					1				
		Mailing Addres	s Line Two				City		State	Zip Code
Mailing Addre						Oakdale			СТ	06370
Mailing Addre P. O. Box 199	ione Extension Fax	Mob	ile Phone E	mergency	Phone	Email Ad	dress			
Mailing Addre						1				
Mailing Addre P. O. Box 199	s): Owner									

		· · · ·	<i>J</i>		0		1				
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
СТ0860164	MONTVILLE AME	RICAN LITT	LE LEAGUE					NC	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	ial Industri	ial Combin	ed Agricultural
570 OLD COLCHE	ESTER ROAD				Connection	is		1			
Towns Served: N	IONTVILLE										·
Name				Or	ganization					Job Titl	e
Mr. Josh Payne				Montvilleamericanlittleleague							
Mailing Address	Line One		Mailing Ad	ddress	Line Two				City	State	Zip Code
P.O. Box 199								Oakda	le	СТ	06370
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phor	e Email	Address		
				860-6	08-0766			joshua	.payne@ct.	gov	
Contact Role(s):	Administrative	Contact, Leg	gal Contact								
Please note the	following										

ase note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1

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.

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		860-859-3273			860-326-97	'14 pa	rish.office	e@ctmetroo	cast.net	
860-859-1575					860-326-97	'14 pa	rish.office	e@ctmetro	cast.net	
752 Route 82 Business Phon										
752 Route 82		Fax	Mobi	ile Phone	Emergency P	hone Err				
							ikdale		СТ	06370
N 4 - 11 to - A - I - I or	Line One	Mailin	g Addres	s Line Two				ity	State	Zip Code
	Lake Church Corp									
Name			0	rganization					Job Title	
			Con	tact Info	ormation					
56849 TREA	TMENT PLANT									
21514 WELL			2	WELL		A				
	Y POINT		3	ENTRY POI	NI	A				
00700			REAM		SERVICE CON	A				
		-	-		SERVICE CON	A				
00600 DISTR	IBUTION SYSTEM		4		ION SYSTEM	A	Y			
System Wate Facility ID	r System Facility		ng Point ID	Sampling F Description	า	Status	Coliform	Copper	Asbesto	Stage s WQP 2 DBP
Water		,		,	1		Total	Lead and		
		Water Systen	n Facili	ity and S			vento	rv		
					1/1/21 - 12					
					1/1/20 - 12					omplete
ENTRY POIN					1/1/19 - 12					Complete
	oint (Sampling Po	oint ID)			Monitoring	Period	Collect	tion Period		liance Status
Nitrate And N								1	routine	RT) per year
Water System	Facility: FNTRY	POINT (WSF ID:	00700)		, <u>1</u> 20 - 31	50/20				
					7/1/20 - 9/					
					4/1/20 - 6/				C	Simplete
					10/1/19 - 12					Complete
Select from	Inventory of Activ	ve Sampling Points			7/1/19 - 9/ 10/1/19 - 12					complete
					Monitoring		Collect	tion Period		liance Status
Physical Parar	neters (PPS) oint (Sampling Pc	vint (D)			Monitorino	Doriod	Collag		• •) per quarter
Dhysical Dawn	notors (DDC)				7/1/20 - 9/	30/20		1	tine (DT	
					4/1/20 - 6/					
1					1/1/20 - 3/				C	omplete
					10/1/19 - 12					Complete
Select from	Inventory of Activ	ve Sampling Points			7/1/19 - 9/					omplete
	oint (Sampling Po				Monitoring		Collect	tion Period		liance Status
Total Coliform	• •							1 rou	itine (RT)) per quarter
Water System	Facility: DISTRI	BUTION SYSTEM	(WSF I	D: 00600)						
		1	Monit	oring Re	quirement	ts				
Towns Served: N	IONTVILLE									
752 ROUTE 82				Connection	ns	1	L			
Local Address (w	here applicable)			Service	Residentia	l Comm	nercial I	ndustrial	Combine	d Agricultura
СТ0860214	OUR LADY OF TH	E LAKES CHURCH				NC	:	25	Р	GW
PWS ID	PWS Name	<u> </u>		0					ner Type	Primary Sourc
	Wat	er Quality I	Monit	oring a	nd Com	olianc	e Sch	edule		
	TAT .									

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

		· · · ·	5		0		1					
PWS ID	PWS Name						Cla	ssification	Populatior	n Owne	r Type	Primary Source
СТ0860214	OUR LADY OF TH	IE LAKES CH	URCH					NC	25		Р	GW
Local Address (w	here applicable)				Service	Reside	ential	Commerc	ial Industi	rial C	ombin	ed Agricultural
752 ROUTE 82					Connectio	ons		1				
Towns Served: N	IONTVILLE									·		
Name				0	rganization					J	lob Titl	e
Reverend Rober	t F. Buongirno			0	our Lady of T	he Lake Ch	nurch		Reveran	d		
Mailing Address	Line One		Mailing	Addres	ss Line Two				City		State	Zip Code
752 Norwich-Sale	em Tpke							Oakda	le		СТ	06370
Business Phone	e Extension	Fax		Mob	ile Phone	Emergen	cy Pho	one Email	Address			
860-859-1575		860-859-	3273			860-32	6-971	4 OLL.O	akdale@gm	ail.com		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct								
Please note the f	ollowing:											
1. The residual di	sinfectant concen	tration must b	e measure	ed at th	ie same locati	ion and time	e as ea	ch total coli	orm sample.			

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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

	Connectio	*										ction		
	Wa	ter Qua	lity Mo	onito	oring ai	n <mark>d Co</mark> n	iplia	nce	Sche	edul	e			
PWS ID	PWS Name		-				Classifi	cation	Popu	lation	Own	er Type	Prima	ry Source
СТ0860364	CALVARY CHAP	EL OF SE CT (CHURCH)				Ν	С	2	5		Р		GW
Local Address (v	where applicable)				Service	Residen	tial Co	mmerc	ial In	dustri	al	Combine	d Ag	ricultura
126 SHARPS HIL	L ROAD				Connection	IS		1						
Towns Served: I	MONTVILLE													
			Мо	onito	ring Rec	luireme	nts							
Water System	Facility: DISTR	RIBUTION SY	YSTEM (V	VSF ID	: 00600)									
Total Coliforn	n (3100)									1	. rou	tine (RT) per	quarter
Sampling I	Point (Sampling P	Point ID)				Monitori	ng Perio	od C	Collecti	ion Pe	riod	Com	olianc	e Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	9				(Compl	ete
						10/1/19 -	12/31/	19				(Compl	ete
						1/1/20 -	3/31/2	0				(Compl	ete
						4/1/20 -	6/30/2	0						
						7/1/20 -	9/30/2	0						
Physical Para	meters (PPS)									1	. rou	tine (RT) per	quarter
Sampling I	Point (Sampling P	Point ID)				Monitori	ng Perio	od C	Collecti	ion Pe	riod	Com	olianc	e Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	9				(Compl	ete
						10/1/19 -	12/31/	19				(Compl	ete
						1/1/20 -	3/31/2	0				(Compl	ete
						4/1/20 -	6/30/2	0						
						7/1/20 -								
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00	700)										
Nitrate And N		•		-							1 r	outine	(RT) 🛛	oer year
	Point (Sampling P	Point ID)				Monitori	ng Perio	od C	Collecti	ion Pe				e Status
ENTRY POI						1/1/19 -	-						Compl	
						1/1/20 -							Compl	
						1/1/21 -							p-	
		Water Sy	vstem F	acilit	v and Sa				entor	ſV				
Water			•		•				otal	• Lead	and			
System Wate	er System Facility	, .	Sampling I	Point S	Sampling P	oint		Col	liform	Сор				Stage
Facility ID			ID	l	Description		Sta	tus F	Rule			Asbesto	s WQ	P 2 DBP
00600 DIST	RIBUTION SYSTEM	1	4	[DISTRIBUTI	ON SYSTEM			Y					
			DOWNSTR	REAM N	WITHIN 5 SI	ERVICE CON	I A	4						
			UPSTRE/	AM ۱	WITHIN 5 SI	ERVICE CON	I A	4						
00700 ENTF	RY POINT		3		ENTRY POIN		A	4						
21526 WEL			2		WELL		A							
						rmation		-						
						mation						Job Title		
Namo				-	anization vary Chapel	of Soct			1.00	d Past	or	Job Title	:	
	lich			Call	vary chaper	UI SECL					01	a	7:	Code
Mr. Joe Paskew	-		Mailing Ar	droca	Line Two							(tata)		I COUP
Mr. Joe Paskew Mailing Address	s Line One		Mailing Ac	ddress	Line Two			Lincor	Ci	ty		State		
Name Mr. Joe Paskew Mailing Address 126 Sharp Hill R	s Line One load	Fer:				Emorgone	Dhorr	Uncas	ville			CT		6382
Mr. Joe Paskew Mailing Address	s Line One load ne Extension	Fax 860-848-2				Emergency	Phone		ville					

	\mathbf{v}	0		I		-	1
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Sourc
СТ0860364	CALVARY CHAPEL OF SE CT (CHURCH)			NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combin	ed Agricultura
126 SHARPS H	IILL ROAD	Connections		1			
Towns Served	: MONTVILLE	·					
Please note tl	he following:						
1. The residua	al disinfectant concentration must be measured at the	e same location	and time a	as each total colif	form sample.		
2. If a Collecti	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i. lence sent by the DWS on or after the generation dat	· · · · · · · · · · · · · · · · · · ·		1 1		0,	,

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

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	Connectic	ut Department (of Public F	lealth D	rink	ing V	Nater S	ection	
		ter Quality Mon				_			
PWS ID	PWS Name	ter quanty mon			assificat			vner Type	Primary Source
CT0860394		ISH AMERICAN CITIZENS	CLUB		NC		25	P	GW
	where applicable)		Service	Residential		nercial	Industrial	Combined	-
85 MAPLE AVEN			Connections			1			
Towns Served: I						_			
		Mon	itoring Requ	uirement	s				
Water System	Facility: DISTR	BUTION SYSTEM (WSI							
Total Coliforn	n (3100)						1 ro	outine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)		Monitoring	Period	Coll	ection Period	d Comp	iance Status
Select from	n Inventory of Act	ive Sampling Points		7/1/19 - 9/3	30/19			C	omplete
				10/1/19 - 12	/31/19			C	omplete
				1/1/20 - 3/3					
				4/1/20 - 6/					
				7/1/20 - 9/3	30/20				
Physical Para								• •	per quarter
	Point (Sampling P			Monitoring		Coll	ection Period		iance Status
Select from	n Inventory of Act	ive Sampling Points		7/1/19 - 9/3					omplete
				10/1/19 - 12				C	omplete
				1/1/20 - 3/3					
				4/1/20 - 6/					
				7/1/20 - 9/3	30/20				
-		Y POINT (WSF ID: 0070	0)						
Nitrate And N	• •							-	RT) per year
	Point (Sampling P	oint ID)		Monitoring		Coll	ection Period	-	iance Status
ENTRY POI	NT (3)			1/1/19 - 12/				C	omplete
				1/1/20 - 12/					
				1/1/21 - 12/					
		Other	Compliance	e Schedul	es				
Compliance Sch	edule Activity			Due	e Date	_	Achieved	d Date	
RESPOND TO SA	NITARY SURVEY			10/4	4/2015				
		Water System Fac	ility and Sai	mpling Po	oint l	nvent	tory		
Water						Tota	Lead an	d	
	er System Facility		nt Sampling Poi	int		Colifo			Stage
Facility ID		ID	Description		Status	s Rule	e Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		DISTRIBUTIO		А	Y			
			M WITHIN 5 SEF		А				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700 ENTF	RY POINT	3	ENTRY POINT	-	А				
21529 WEL	L	2	WELL		A				
		Co	ontact Infori	mation					
Name			Organization					Job Title	
American Polis		1							
Mailing Address	S Line One	Mailing Addr	ess Line Two				City	State	Zip Code
P. O. Box 104						ncasville		СТ	06382-0104
Business Phor	ne Extension	Fax Mc	bile Phone Ei	mergency Ph	one Er	mail Ado	dress		

						P				·		
PWS ID	PWS Name					Class	ification	Рор	ulation	Owner T	ype Pr	rimary Source
СТ0860394	MONTVILLE POL	ISH AMERIC	AN CITIZENS C	CLUB			NC		25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial C	Commerc	ial	Industria	al Com	nbined	Agricultural
85 MAPLE AVEN	UE			Connection	IS		1					
Towns Served: N	IONTVILLE			·								·
Contact Role(s):	Owner											
Name			(Organization						Job	Title	
Mr. Henery Hoy	t Jr		/	American Polis	sh Citizens	Club		Ag	gent			
Mailing Address	Line One		Mailing Addre	ess Line Two				(City	St	ate	Zip Code
12 Main Street							Jewett	: City	,	(СТ	06351
Business Phon	e Extension	Fax	Mol	bile Phone	Emergency	/ Phon	e Email	Addr	ess			
860-376-3290)	860-848-	1749		860-848	-1899						
Contact Role(s):	Administrative	Contact, Leg	gal Contact									
Please note the	following:											
1. The residual d	isinfectant concen	tration must b	e measured at t	the same locatio	n and time a	as each	total colif	form	sample.			
2. If a Collection	Period is specified	, all water qua	ality samples mus	st be collected d	luring the sp	ecified	period.					
3. Depending on	results, additional	monitoring m	nay be required ((i.e. repeat or co	onfirmation	sample	s). This sc	hedu	le is subje	ect to cha	nge, an	d any related

B. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	lealth Dr	0			
ring an	d Compli				
	Clas				Primary Source
		NC	26	P	GW
Service Connections	Residential	Commercia	al Industria	al Combine	d Agricultura
connections		1			
	•				
ring Requ : 00600)	uirements	_			
-			1	routine (RT)) per quarter
	Monitoring Po	eriod Co	ollection Per		liance Status
	7/1/19 - 9/30				omplete
	10/1/19 - 12/3	81/19			omplete
	1/1/20 - 3/31				omplete
	4/1/20 - 6/30				
	7/1/20 - 9/30				
	Monitoring Pe	eriod Co	1 ollection Per) per quarter <i>liance Status</i>
	7/1/19 - 9/30				omplete
	10/1/19 - 12/3				omplete
	1/1/20 - 3/31				omplete
	4/1/20 - 6/30				
	7/1/20 - 9/30				
				1 routine (RT) per year
	Monitoring Po	eriod Co	ollection Per		liance Status
	1/1/19 - 12/3				omplete
	1/1/20 - 12/3				omplete
	1/1/21 - 12/3	1/21			
y and Sar	mpling Poi	int Inve	ntory		
ampling Poi Description		Colij	tal Lead form Copp ule Rule	per	Stage s WQP 2 DBP
DISTRIBUTION			Y		
VITHIN 5 SER	RVICE CON	А			
VITHIN 5 SER	RVICE CON	А			
NTRY POINT		А			
VELL		А			
act Inform	mation				
anization				Job Title	
sterfield Lod	ge				
ine Two	0		City	State	Zip Code
-		Oakdal		СТ	06370
Phone Er	mergency Pho				
	Phone E	Phone Emergency Pho	Oakdal Phone Emergency Phone Email A	Oakdale Phone Emergency Phone Email Address	Oakdale CT Phone Emergency Phone Email Address

	C 5	0		1				
PWS ID	PWS Name			Classificatio	on Po	opulation Ov	vner Type	Primary Source
СТ0860404	CHESTERFIELD LODGE			NC		26	Р	GW
Local Address	where applicable)	Service	Resider	ntial Comme	ercial	Industrial	Combine	d Agricultura
1596 ROUTE 8	5	Connections		1				
Towns Served:	MONTVILLE						1	,
Please note th	e following:							
1. The residual	disinfectant concentration must be measured at	t the same location	and time a	as each total c	oliforn	n sample.		
2. If a Collection	n Period is specified, all water quality samples m	nust be collected du	ring the sp	ecified period	l.			
	on results, additional monitoring may be required ence sent by the DWS on or after the generation						-	

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT0860414 CORNERSTONE BAPTIST CHURCH NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 900 ROUTE 163 1 Towns Served: MONTVILLE **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 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 Total Coliform (3100) 3 repeat (RP) per period Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** 9/17/19 - 9/22/19 Select from Inventory of Active Sampling Points 12/5/19 - 12/10/19 Complete Total Coliform (3100) 3 temporary routine (TR) per month **Collection Period Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 **Physical Parameters (PPS)** 1 routine (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 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 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 System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status**

	Connectic	•					0			ction	
	Wa	ter Qual	ity Monit	coring a	and Comp	pliar	ice So	chedu	ıle		
PWS ID	PWS Name				С	lassific	ation P	opulatio	n Owr	ner Type	Primary Source
СТ0860414	CORNERSTONE	BAPTIST CHUI	RCH			NC	:	25		Р	GW
Local Address ((where applicable)			Service	Residentia	al Con	nmercial	Indust	rial	Combine	d Agricultural
900 ROUTE 163	3			Connectio	ons		1				
Towns Served:	MONTVILLE										
			Monito	oring Re	quiremen	ts					
Water System	n Facility: ENTR	Y POINT (W	SF ID: 00700)								
Nitrate And I	Nitrite (NOX)								1	routine	(RT) per year
Sampling	Point (Sampling P	oint ID)			Monitoring	y Perio	d Col	lection F	Period	Сотр	liance Status
ENTRY PO	DINT (3)				1/1/19 - 12	2/31/19)			C	Complete
					1/1/20 - 12	2/31/20)				
					1/1/21 - 12	2/31/2	1				
Water System	n Facility: WELL	(WSF ID: 21	1531)								
E. Coli (3014	1)							:	1 trigg	gered (TO	G) per period
Sampling	Point (Sampling P	oint ID)			Monitoring	, Perio	d Col	lection F	Period	Сотр	liance Status
WELL (2)					9/16/19 - 9)/22/19	Ð			C	Complete
					12/4/19 - 1	2/10/1	9			C	Complete
		Water Sy	stem Facili	ity and S	Sampling P	oint	Inven	tory			
Water							Tot	al Lea	d and		
System Wat	ter System Facility	S	ampling Point				Colifa		pper		Stage
Facility ID							-				
Fucinity ID			ID	Descriptio	n	Stat	us Ru	le Ru	le Tier	Asbesto	s WQP 2 DBPR
	TRIBUTION SYSTEM	1	4		n TON SYSTEM	<u>Stat</u> A	<u>us Ru</u> Y		le Tier	Asbesto	s WQP 2 DBPR
	TRIBUTION SYSTEM			DISTRIBUT	ION SYSTEM		43		le Tier	Asbesto	s WQP 2 DBPR
	TRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	А	43		le Tier	Asbesto	s WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM		4 DOWNSTREAM	DISTRIBUT	TION SYSTEM SERVICE CON SERVICE CON	A A	43		le Tier	Asbesto	s WQP 2 DBPR
00600 DIST	RY POINT		4 DOWNSTREAM UPSTREAM	DISTRIBUT WITHIN 5 WITHIN 5	TION SYSTEM SERVICE CON SERVICE CON	A A A	43		le Tier	Asbesto	s WQP 2 DBPR
00600 DIST 00700 ENT	RY POINT		4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI WELL	TION SYSTEM SERVICE CON SERVICE CON	A A A A	43		le Tier	Asbesto	s WQP 2 DBPR
00600 DIST 00700 ENT	RY POINT		4 DOWNSTREAM UPSTREAM 3 2 Con	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI WELL	TON SYSTEM SERVICE CON SERVICE CON INT	A A A A	43		le Tier	Asbesto Job Title	
00600 DIST 00700 ENT 21531 WEL	rry point LL		4 DOWNSTREAM UPSTREAM 3 2 Con	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI WELL Itact Info	TON SYSTEM SERVICE CON SERVICE CON INT	A A A A	43		le Tier		
00600 DIST 00700 ENT 21531 WEL Name	TRY POINT LL		4 DOWNSTREAM UPSTREAM 3 2 Con	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info	TION SYSTEM SERVICE CON SERVICE CON INT Drmation	A A A A	43		le Tier		
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones	TRY POINT LL S Ss Line One		4 DOWNSTREAM UPSTREAM 3 2 Con Con	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info	TION SYSTEM SERVICE CON SERVICE CON INT Drmation	A A A A	43	Pastor	le Tier	Job Title	
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres	IRY POINT LL ss Line One		4 DOWNSTREAM UPSTREAM 3 2 Con Con Cc Mailing Address	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info	TION SYSTEM SERVICE CON SERVICE CON INT Drmation	A A A A	Y	Pastor City		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163	TRY POINT LL ss Line One one Extension		4 DOWNSTREAM UPSTREAM 3 2 Con Con Cc Mailing Address	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POO WELL Itact Info rganization ornerstone s Line Two	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church	A A A A hone	Y	Pastor City		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243	TRY POINT LL ss Line One one Extension	Fax	4 DOWNSTREAM UPSTREAM 3 2 Con Cc Mailing Address	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POO WELL Itact Info rganization ornerstone s Line Two	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P	A A A A hone	Y	Pastor City		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243	TRY POINT LL ss Line One Sone Extension 38): Administrative	Fax	4 DOWNSTREAM UPSTREAM 3 2 Con Cc Mailing Address	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POO WELL Itact Info rganization ornerstone s Line Two	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P	A A A A hone	Y	Pastor City		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243 Contact Role(s) Please note the	TRY POINT LL ss Line One Sone Extension 38): Administrative	E Fax Contact, Lega	4 DOWNSTREAM UPSTREAM 3 2 Con 2 Mailing Address Mobi	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info rganization prnerstone s Line Two	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P 860-848-17	A A A A hone	Oakdale Email Ad	Pastor City dress		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243 Contact Role(s) Please note the 1. The residual	TRY POINT LL ss ss Line One Extension 38): Administrative re following:	E Fax Contact, Lega	4 DOWNSTREAM UPSTREAM 3 2 Con Co Co Mailing Address Mobi	DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI WELL Itact Info ornerstone s Line Two le Phone	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P 860-848-17	A A A A hone 733	Pakdale Email Ad	Pastor City dress		Job Title	Zip Code
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243 Contact Role(s) Please note the 1. The residual 2. If a Collectio 3. Depending of	IRY POINT LL SS SS Line One Extension 38): Administrative ST following: I disinfectant concent on Period is specified, on results, additional	Fax Fax Contact, Lega tration must be , all water quali monitoring ma	4 DOWNSTREAM UPSTREAM 3 2 Con 0r Cc Mailing Address Mobi al Contact remeasured at the ty samples must by be required (i.e	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info ornerstone s Line Two le Phone	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P 860-848-17 ion and time as a during the spec confirmation san	A A A A A A A A A A A C A C C C C C C C	Oakdale Email Ad tal colifor riod. This sche	Pastor City dress m sample dule is su	s. bject to	Job Title State CT	Zip Code 06370
00600 DIST 00700 ENT 21531 WEL Name Mr. Mike Jones Mailing Addres 900 Route 163 Business Pho 860-848-243 Contact Role(s) Please note the 1. The residual 2. If a Collectio 3. Depending of	TRY POINT LL SS SS Line One Extension 38): Administrative SE following: I disinfectant concerni- on Period is specified, on results, additional ence sent by the DWS	Fax Fax Contact, Lega tration must be , all water quali monitoring ma S on or after the	4 DOWNSTREAM UPSTREAM 3 2 Con 0r Cc Mailing Address Mobi al Contact remeasured at the ty samples must by be required (i.e	DISTRIBUT WITHIN 5 ENTRY POI WELL Itact Info rganization ornerstone s Line Two le Phone e same locati be collected e. repeat or c e of this sche	TION SYSTEM SERVICE CON SERVICE CON INT Drmation Baptist Church Emergency P 860-848-17 ion and time as e during the spec confirmation san	A A A A A hone 733	Oakdale Email Ad tal colifor riod. This sche	Pastor City dress m sample dule is su what is co	e. bject to	Job Title State CT	Zip Code 06370

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End of schedule

	Connecticut D	* ·					0			n		
	Water (Quality Monit	oring and	d Con	nplia	ance	e Sch	edule				
PWS ID	PWS Name				Class	ificatio	on Popu	lation C	wner Ty	oe Pr	imary	Source
СТ086042	4 DAVIDS PLACE					NC	2	25	Р		G۷	V
Local Add	ress (where applicable)		Service	Residen	tial C	Comme	ercial Ir	ndustrial	Comb	ined	Agric	ultural
1647 ROU	ITE 85		Connections			1						
Towns Ser	rved: MONTVILLE											
		Monito	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1	routine	(RT)	per n	nonth
Samp	pling Point (Sampling Point ID))		Monitori	ing Pe	riod	Collect	ion Perio	od Co	mpli	ance S	tatus
Selec	ct from Inventory of Active Sar	npling Points	-	10/1/19 -	10/31	1/19	_			Со	mplete	9
				4/1/20 -	4/30/	/20						
				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						
-	Parameters (PPS)								routine		-	
	pling Point (Sampling Point ID			Monitori	_		Collect	ion Perio	od Co	mpli	ance S	tatus
Selec	ct from Inventory of Active Sar	npling Points	:	10/1/19 -						Со	mplete	2
				4/1/20 -								
				5/1/20 -								
				6/1/20 -								
				7/1/20 -								
				8/1/20 -								
				9/1/20 -	9/30/	/20						
	stem Facility: ENTRY POII	NT (WSF ID: 00700)										
	And Nitrite (NOX)				_				1 routi	-	••	•
	pling Point (Sampling Point ID))		Monitori	-		Collect	ion Perio	od Co		ance S	
ENTR	RY POINT (3)			1/1/19 -						Со	mplete	2
				1/1/20 -		•						
				1/1/21 -								
		Other Co	ompliance	Sched	lules	5						
-	ce Schedule Activity				Due D			Achieve	ed Date			
SEASONAL	L START UP COMPLETION				4/1/20							
	Wat	er System Facili	ty and Sar	npling	Poir	nt In	vento	ry				
Water		e 11 - i					Total	Lead a				
System	Water System Facility	Sampling Point		nt			Coliform			- 4 -	14/00	Stage
Facility ID		ID	Description			tatus	Rule	KUIE TI	er Asbe	STOS	WQP	Z UBPR
00600	DISTRIBUTION SYSTEM					A	Y					
		DOWNSTREAM				A						
00700		UPSTREAM	WITHIN 5 SER		N	A						
00700	ENTRY POINT	3	ENTRY POINT			A						
21532	WELL	2	WELL			A						
61270	TREATMENT PLANT											

		201 200				P					
PWS ID	WS Name					Clas	sification	Population	Owner	туре	Primary Source
СТ0860424 І	DAVIDS PLACE						NC	25	F)	GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	al Industri	al Co	ombine	ed Agricultural
1647 ROUTE 85				Connection	าร		1				
Towns Served: M	ONTVILLE										
			Со	ontact Info	rmatio	า					
Name				Organization					J	ob Title	e
Mr. Blendi Hoxha				Brothers Pizza	Palace LLC	2.		Owner			
Mailing Address L	ine One		Mailing Addro	ess Line Two				City		State	Zip Code
1647 Rt. 85							Montv	ille		СТ	06370
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Pho	ne Email /	Address			
860-442-7120			860)-235-4034			blendi	hoxha75@ya	ahoo.co	om	
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner							
Please note the f	ollowing:										
1. The residual dis	infectant concen	tration must b	e measured at t	the same locatio	on and time	as eac	h total colif	orm sample.			

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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.

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	GOL						: Health and Corr			0			00011	
PWS ID	PWS												er Type	Primary Sourc
СТ0860464	RENA	LDIS GETTY						Ν	С		25		Р	GW
Local Addres	s (where a	applicable)				Service	Resident	tial Co	mmer	cial I	ndustri	al	Combined	d Agricultura
612 ROUTE 8	32					Connectio	ons		1					
Towns Serve	d: MONT	/ILLE												
				N	lonit	oring Re	quireme	nts						
			IBUTION SY	STEM	(WSF I	D: 00600)								
Total Colif	-	-												per quarter
-		Sampling Po	-				Monitori	-		Collec	tion Pe	riod		liance Status
Select f	rom Inven	tory of Activ	ve Sampling	Points			7/1/19 -							omplete
							10/1/19 -							omplete
							1/1/20 -						C	omplete
							4/1/20 - 7/1/20 -							
Physical Pa	arameter	s (PPS)					//1/20-	<i>3</i> 30 2	0		1	rou	tine (RT)	per quarter
-		s (FF3) Sampling Po	oint ID)				Monitori	ng Perio	od	Collec	tion Pe		• •	liance Status
			ve Sampling	Points			7/1/19 -	-						omplete
							10/1/19 -							omplete
							1/1/20 -	3/31/2	0				C	omplete
							4/1/20 -	6/30/2	0					
							7/1/20 -	9/30/2	0					
Water Syste	em Facilit	y: ENTRY	POINT (W	SF ID: (0700)									
Nitrate An		. ,										1	-	RT) per year
		Sampling Po	oint ID)				Monitori	-		Collec	tion Pe	riod		liance Status
ENTRY	POINT (3)						1/1/19 - 1							omplete
							1/1/20 -						C	omplete
					_		1/1/21 - 1							
			Water Sy	vstem	Facil	ity and S	Sampling	Point	t Inv	ento	ory			
Water	later Cust	For eiliter			. Daint	Concelling	Delint			Total	Lead			<i>c</i> .
System M Facility ID	ater Syst	em Facility	3	ampiing ID		Sampling Descriptio				oliform Rule			Ashestos	Stage WQP 2 DBP
		ON SYSTEM		4			 TON SYSTEM	<u>Sta</u>		Y	nuic	mer	A3003103	
00000 D							SERVICE CON			•				
				UPSTR			SERVICE CON							
00700 E	NTRY POIN	IT		3		ENTRY PO		 						
	/ELL			2		WELL								
							ormation							
Name						rganization							Job Title	
Mr. Lauren I	Renaldi					etty				Ov	vner			
Mailing Add		ne		Mailing		s Line Two					City		State	Zip Code
612 Route 82	2								Oakd	ale			СТ	06370
	hone E	xtension	Fax		Mobi	le Phone	Emergency	Phone	Emai	l Addre	ess			
Business P				612	860-7	287-0270	860-859-	1811						
	2613		860-589-2	013	000-2	207-0270	000 000	0011						

		- 2			0		P						
PWS ID	PWS Name						Cla	ssification	Popula	tion	Owne	er Type	Primary Source
СТ0860464	RENALDIS GETTY							NC	25			Р	GW
Local Address (w	here applicable)			Se	ervice	Residen	ntial	Commerc	ial Ind	ustria	al C	ombine	d Agricultural
612 ROUTE 82				Со	onnection	IS		1					
Towns Served: N	IONTVILLE								1				'
Name				Orgar	nization							Job Title	2
Leemilt's Petrole	um Inc												
Mailing Address	Line One		Mailing Addr	ess Lir	ne Two				City			State	Zip Code
125 Jericho Tpke								Jerich	C			NY	11753
Business Phone	e Extension	Fax	Mo	obile P	hone	Emergency	y Ph	one Email	Address				
Contact Role(s):	Owner												
Name				Orgar	nization							Job Title	5
Mr. Leo Liebowit	z			Leem	ilt's Petro	leum Inc			Direc	tor			
Mailing Address	Line One		Mailing Addr	ess Lir	ne Two				City			State	Zip Code
125 Jericho Turn	pike		Suite 103					Jerich	c			NY	11753
Business Phone	e Extension	Fax	Mo	obile P	hone	Emergency	y Ph	one Email	Address				
Contact Role(s):	Legal Contact												
Please note the f	following:												
1. The residual di	sinfectant concentrat	ion must b	be measured at	the sar	me locatio	n and time a	as ea	ch total coli	form sam	ple.			
2. If a Collection	Period is specified, all	water qua	ality samples mu	ust be o	collected d	luring the sp	pecifi	ed period.					
3 Depending on	results additional mo	nitoring n	hav be required	lie re	neat or co	nfirmation s	amr	les) This so	hedule is	subi	ect to d	hange :	and any related

ional monitoring may be dule is subject to change, and correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	Connectio	*						0			ection	
		lter Qual	ty Monit	oring an								viene ma Cerane
PWS ID	PWS Name	:0					NC	on Po	25	Ow	P	rimary Source GW
CT0860474				Service	Residen		Comme	reiel	25 Industr	ial	P Combined	-
91 RAYMOND F	where applicable)			Connections			1	l'Clai	muusu	Idi	Compined	Agricultura
Towns Served:							1					
Towns Served.			Monite	oring Pog	uiromo	ntc						
Water System	Facility: DIST			oring Req	uneme	1115						
Total Coliforn									:	1 rou	itine (RT)	per quarter
Sampling	Point (Sampling F	Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe	eriod	Compli	ance Status
Select fron	n Inventory of Act	tive Sampling F	oints		7/1/19 -	9/30	/19				Co	mplete
					10/1/19 -	12/3	1/19	-			Co	mplete
					1/1/20 -	3/31	/20				Со	mplete
					4/1/20 -	6/30	/20					
					7/1/20 -	9/30	/20					
Physical Para	meters (PPS)								:	1 rou	itine (RT)	per quarter
Sampling	Point (Sampling F	Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Compli	ance Status
Select from	n Inventory of Act	tive Sampling F	oints		7/1/19 -	9/30	/19				Со	mplete
					10/1/19 -	12/3	1/19				Со	mplete
					1/1/20 -	3/31	/20				Co	mplete
					4/1/20 -	6/30	/20					
					7/1/20 -	9/30	/20					
Water System	Facility: ENTR	Y POINT (W	SF ID: 00700)									
Nitrate And N	Nitrite (NOX)									1	routine (F	RT) per year
Sampling	Point (Sampling F	Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Compli	ance Status
ENTRY POI	INT (3)				1/1/19 - 1	12/31	1/19				Со	mplete
					1/1/20 - 1	12/31	1/20				Со	mplete
					1/1/21 - 1	12/31	1/21					
			Other Co	ompliance	e Sched	ules	s					
Compliance Sch	hedule Activity				L	Due D	Date		Achie	eved	Date	
RESPOND TO SA	ANITARY SURVEY				7	/18/2	2019					
		Water Sys	stem Facili	ty and Sa	mpling	Poi	nt Inv	vent	ory			
Water								Total	-	and		
System Wat	er System Facility	v Se	ampling Point	Sampling Po	int		C	Colifor	т Сор	per		Stage
Facility ID			ID	Description		S	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	Л	4	DISTRIBUTIO	N SYSTEM		А	Y				
		D	OWNSTREAM	WITHIN 5 SE	RVICE CON	J	А					
						J	А					
			UPSTREAM	WITHIN 5 SE	RVICE CON							
00700 ENTF	RY POINT		UPSTREAM 3	WITHIN 5 SE			A					
00700 ENTF 21536 WEL	-											
	-	-	3 2	ENTRY POIN	Г		А					
	-		3 2 Con	ENTRY POIN	Г		А				Job Title	
21536 WEL Name	-		3 2 Con	ENTRY POIN WELL tact Infor	Г		А				Job Title	
21536 WEL Name	L norial Post 10060	VFW of Us	3 2 Con	ENTRY POIN WELL tact Infor	Г		А		City		Job Title State	Zip Code
21536 WEL Name Montville Mem	L norial Post 10060	VFW of Us	3 2 Con	ENTRY POIN WELL tact Infor	Г		A	asville	City			Zip Code 06382
21536 WEL Name Montville Mem Mailing Address	L norial Post 10060 s Line One	VFW of Us	3 2 Con Or Aailing Address	ENTRY POIN WELL tact Infor ganization	Г		A A Unc				State	

	114	ter quu	mey mon	neor mg u		 P.	nunce	Jeneuu		
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0860474	VFW POST 1006	0					NC	25	Р	GW
Local Address (w	nere applicable)			Service	Resider	ntial	Commerc	ial Industr	al Combin	ed Agricultural
91 RAYMOND HII	L ROAD			Connectior	าร		1			
Towns Served: M	ONTVILLE									
Contact Role(s):	Owner									
Name				Organization					Job Titl	е
Mr. Gary B Black	stone			VFW Post 100	60			Quarter N	Aaster	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
VFW Post 10060	Quarter Master		P.O. Box 67				Uncas	ville	СТ	06382
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Pho	one Email	Address		
860-848-3750							vfw10	060@outloc	k.com	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Please note the f	ollowing:									
1. The residual di	sinfectant concen	tration must b	e measured at	the same locatio	on and time	as ea	ch total coli	form sample.		
2. If a Collection I	Period is specified	, all water qua	lity samples mu	ust be collected o	during the sp	pecifi	ed period.			
	results, additional e sent by the DW	-		· · · · · · · · · · · · · · · · · · ·						

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	Connecticut Dep Water Qua							0				
PWS ID	PWS Name									wner Type	Primary	√ Sourc∉
СТ0860484	712 ROUTE 163						NC		25	P		W
Local Address	(where applicable)			Service	Residen	tial	Comm	nercial	Industrial	Combine	ed Agri	icultura
712 ROUTE 163	3			Connectio	ns		1	L				
Towns Served:	MONTVILLE											
		N	lonit	oring Re	quireme	nts						
Water Systen	n Facility: DISTRIBUTION	SYSTEM	(WSF I	D: 00600)								
Total Colifor	• •									outine (R1		
	Point (Sampling Point ID)				Monitori	_		Collec	tion Perio		oliance	
Select fro	m Inventory of Active Samplin	ig Points			7/1/19 -		· · · · ·				Complet	
					10/1/19 -		-				Complet	:e
					1/1/20 -							
					4/1/20 - 7/1/20 -							
Physical Para	ameters (PPS)				7/1/20	5750	5720		1 r	outine (R1) ner a	uarter
•	Point (Sampling Point ID)				Monitori	ing P	eriod	Collec	tion Perio	-	per q	
Select fro	m Inventory of Active Samplin	g Points			7/1/19 -						Complet	
	· · · ·	-			10/1/19 -						Complet	te
					1/1/20 -	3/31	1/20					
					4/1/20 -	6/30)/20					
					7/1/20 -	9/30)/20					
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	00700)									
Nitrate And	Nitrite (NOX)									1 routine	(RT) pe	er year
Sampling	Point (Sampling Point ID)				Monitori	ing P	eriod	Collec	tion Perio	od Com	oliance	Status
ENTRY PC	DINT (3)				1/1/19 -	12/3	1/19				Complet	:e
					1/1/20 -							
					1/1/21 -							
	Water S	System	Facil	ity and S	Sampling	Po	int Ir	nvento	ory			
Water								Total	Lead a			
	ter System Facility	Sampling ID		Sampling Descriptio				Coliforn				Stage
Facility ID							<u>Status</u>		Rule II	er Asbesto	is wy	Z DBP
00600 DIS	TRIBUTION SYSTEM	4			ION SYSTEM		A A	Y				
		UPSTR			SERVICE CON		A					
00700 ENT	RY POINT	3		ENTRY PO		N	A					
21537 WE		2		WELL			A					
21557 102		2			ormation		^					
Name				rganization						Job Title	2	
Mr. David C. Y	oselevskv			lay Realty, L	LC			М	anager	505 110	-	
Mailing Addres	-	Mailing		s Line Two					City	State	Zip (Code
188 Glenwood							Ne	w Londo	n	СТ		320
Business Pho		<	Mob	ile Phone	Emergency	Pho						
860-235-77	76				860-437-				c@gmail.	com		
Contact Role(s): Administrative Contact				1		I	•	_			

					0		- T -				-			
PWS ID	PWS Name						Clas	ssification	Рор	ulation	Owne	er Type	Primary	Source
СТ0860484	712 ROUTE 163							NC		25		Р	GV	1
Local Address (w	here applicable)			Service	е	Residen	tial	Commerc	ial	Industria	al C	ombine	d Agric	ultural
712 ROUTE 163				Conne	ections	5		1						
Towns Served: M	IONTVILLE													
Name				Organizat	ion							Job Title	è	
May Realty LLC														
Mailing Address I	Line One		Mailing Addr	ess Line T	wo				(City		State	Zip C	ode
188 Glenwood Av	ve							New L	ondc	on		СТ	063	20
Business Phone	e Extension	Fax	Mc	bile Phon	e E	Emergency	Phc	one Email	Addr	ess				
Contact Role(s):	Owner													
Name	1			Organizat	ion							Job Title	9	
Ms. Iris M Yosele	evsky			May Realt	ty LLC				Vi	ce Presi	dent			
Mailing Address I	Line One		Mailing Addr	ess Line T	wo				(City		State	Zip C	ode
188 Glenwood Av	ve							New L	ondc	on		СТ	063	20
Business Phone	e Extension	Fax	Mo	bile Phon	e E	Emergency	Phc	one Email	Addr	ess				
	_													
Contact Role(s):	Legal Contact,	Owner												
Please note the f	ollowing:													
1. The residual di	sinfectant concen	tration must b	be measured at	the same lo	ocation	and time a	is ead	ch total colif	form	sample.				
2. If a Collection	Period is specified	, all water qua	ality samples mu	ust be colled	cted du	uring the sp	ecifie	ed period.						
3 Depending on	results additional	monitoring m	hav be required	li a ranast	orcor	firmation	amn	loc) This se	hodu	lo is subi	act to a	hango ·	and any re	hated

ional monitoring may be dule is subject to change, and 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.

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	Connecticut De	•					0			ction	
		uality Monit	oring an	a Con	-						
PWS ID	PWS Name				Clas		n Pop		Owr		rimary Source
СТ0860494	LAUREL LOCK CAMPGRO	OUND-COTTAGE/LAK		1		NC		25		Р	GW
	(where applicable)		Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultural
15 COTTAGE R			Connections	86							
Towns Served:	MONTVILLE										
			oring Requ	uireme	nts						
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifor											per quarter
	Point (Sampling Point ID)			Monitor	_		Colle	ction Pe	riod		iance Status
Select fro	m Inventory of Active Sam	oling Points		7/1/19 -							omplete
				10/1/19 -						Co	omplete
				4/1/20 -		-					
				7/1/20 -	9/30	0/20					
-	ameters (PPS)										per quarter
	Point (Sampling Point ID)			Monitor	-		Colle	ction Pe	riod		iance Status
Select fro	m Inventory of Active Sam	oling Points		7/1/19 -	•	•					omplete
				10/1/19 -						Co	omplete
				4/1/20 -							
		- /		7/1/20 -	9/30	0/20					
-	n Facility: ENTRY POIN	r (WSF ID: 00700)									
	Nitrite (NOX)						~ "			-	RT) per year
	Point (Sampling Point ID)			Monitor	-		Colle	ction Pe	riod		iance Status
ENTRY PC	DINT (3)			1/1/19 -						Co	omplete
				1/1/20 -							
			•	1/1/21 -		-					
		Other C	ompliance	Scheo	lule	S					
	chedule Activity				Due L			Achie	ved	Date	
SEASONAL STA	ART UP COMPLETION				5/1/2	2020					
	Wate	r System Facili	ity and Sa	mpling	Poi	int Inv	ente	ory			
Water							Total	Lead	and		
	ter System Facility	Sampling Point		int		С	oliforr				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO			А	Y				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SEF		N	A					
	TRY POINT	3	ENTRY POINT	-		A					
22790 WE		2	WELL			A					
TP01 TRE	ATMENT PLANT										
		Con	tact Infor	mation							
Name		0	rganization							Job Title	
Ms. Valerie B.	Hornat	La	urel Lock Cam	pground			Pa	artner			
Mailing Addres	ss Line One	Mailing Addres	s Line Two					City		State	Zip Code
15 Cottage Roa	ad					Oakd	lale			СТ	06370
Business Pho	one Extension	Fax Mobi	le Phone E	mergency	/ Phoi	ne Emai	l Addr	ess		·	
860-859-14	24 860-8	359-1424		860-213-	1159						
Contact Role(s): Administrative Contact	· · · · · · · · · · · · · · · · · · ·	· · · ·					-			

		~	<i>.</i>		0		1					
PWS ID	PWS Name						Class	ification	Population	Owne	r Type	Primary Source
СТ0860494	LAUREL LOCK CA	MPGROUN	D-COTTA	GE/LAI	KE WELL			NC	25	F	D	GW
Local Address (w	here applicable)				Service	Resider	ntial (Commerci	al Industri	ial Co	ombine	ed Agricultural
15 COTTAGE ROA	\D				Connection	s 86						
Towns Served: M	ONTVILLE											
Name				0	rganization					J	ob Title	e
Mr. William And	Mary Breda			La	aurel Lock Ca	mpgound			Owners			
Mailing Address I	ine One		Mailing	Addres	s Line Two				City		State	Zip Code
15 Cottage Road								Oakdal	e		СТ	06370
Business Phone	e Extension	Fax		Mob	ile Phone	Emergency	y Phor	e Email A	Address			
860-859-1424		860-859-	1424			860-859	-2803					
Contact Role(s):	Legal Contact, O	Owner	·									
Please note the f	ollowing:											
1. The residual di	sinfectant concent	ration must b	e measure	ed at th	e same locatio	n and time a	as each	total colif	orm sample.			

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	Connectic	.						U				ction	
		ter Qual	lity M	lonit	oring a	ind Con							
PWS ID	PWS Name								· ·		Owr		rimary Source
СТ0860594		LARGE PAVI	LLION		- ·	- · · ·		NC .		.5		P	GW
	where applicable)				Service Connectio	Resider	ntial C	ommercia	al In	dustria	al	Combined	Agricultural
OXOBOXO DAN					Connectio	ons 1							
Towns Served:	MONTVILLE		_		• -	_					_		
			Ν	/lonite	oring Re	quireme	ents						
Water System	n Facility: DISTR	IBUTION SY	STEM	(WSF I	D: 00600)								
Total Colifor	m (3100)									1	rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitor	ing Per	riod Co	ollecti	ion Pei	riod	Compl	iance Status
Select from	m Inventory of Act	ive Sampling	Points			7/1/19	- 9/30/	19				Co	omplete
						10/1/19	- 12/31	/19				Co	omplete
						4/1/20	- 6/30/	20					
						7/1/20	- 9/30/	20					
Physical Para	ameters (PPS)									1	rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitor	ing Per	riod Co	ollecti	ion Pei	riod	Compl	iance Status
Select from	m Inventory of Act	ive Sampling	Points			7/1/19	- 9/30/	19				Co	omplete
						10/1/19	- 12/31	/19				Co	omplete
						4/1/20	- 6/30/	20					
						7/1/20	- 9/30/	20					
Water System	n Facility: ENTR	Y POINT (W	/SF ID:	00700)									
Nitrate And I	Nitrite (NOX)										1	routine (I	RT) per year
Sampling	Point (Sampling P	oint ID)				Monitor	ing Per	riod Co	ollecti	ion Pei	riod	Compl	iance Status
ENTRY PO	INT (3)					1/1/19 -	12/31,	/19	4/1	-12/31		Co	omplete
						1/1/20 -	12/31,	/20	4/1	-12/31			
						1/1/21 -	12/31,	/21	4/1	-12/31			
			Ot	her C	omplian	ce Scheo	dules	;					
Compliance Scl	hedule Activity						Due Do	ate		Achie	ved I	Date	
SEASONAL STA	RT UP COMPLETIO	N					4/1/20)20					
		Water Sy	stem	Facili	ity and S	Sampling	g Poir	nt Inve	ntoi	r v			
Water		•			•				tal	Lead	and		
System Wat	ter System Facility		Samplin	g Point	Sampling	Point		Coli	form	Сорр	per		Stage
Facility ID			11)	Descriptio	n	St	atus R	ule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	1	4	-	DISTRIBUT	ION SYSTEM			Y				
			DOWNS	TREAM	WITHIN 5	SERVICE CO	N	А					
			UPSTR	REAM	WITHIN 5	SERVICE CO	N	А					
00700 ENT	RY POINT		3		ENTRY PO	INT		А					
22848 WEL	LL #1		2		WELL #1			А					
				Con	tact Info	ormatior	า						
Name					rganization							Job Title	
Mr. Donald Bo	rdeau				Iontville Pul	olic Works			Dire	ector		too nee	
Mailing Addres			Mailing		s Line Two				Ci			State	Zip Code
310 New Londo								Uncasv		~1		CT	06382
Business Pho	•	Fax		Mohi	le Phone	Emergency	v Phone			ss			00002
860-848-747		860-848-7	393		525-3409	860-848	-	dborde			lle-ct	org	
): Administrative					000-040	5574	aborae	auwi	101111	10-01		
contact noic(s)		contact, Leg		,									

	C J	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0860594	CAMP OAKDALE LARGE PAVILLION			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
OXOBOXO DAN	/ ROAD	Connections	1				
Towns Served:	MONTVILLE						
Please note the	e following:						
1. The residual	disinfectant concentration must be measured at the	same location	and time a	as each total coli	form sample.		
2. If a Collectio	n Period is specified, all water quality samples must b	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i.e. ence sent by the DWS on or after the generation date					-	

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	Connectic	ut Depa	rtm	ent of	Public	Health	Drir	nking	Water	Se	ction	
		ter Qual						0				
PWS ID	PWS Name	ici Qua	iity i	101110	or mg a					1	er Type P	rimary Sourc
CT0860614		BALLEIFLDS					N		25	0001	P	GW
	(where applicable)	DALLITLEDG			Service	Residen		mmercial		al	Combined	-
SIMPSON LAN					Connection						1	
	: MONTVILLE											
				Monita	oring Red	uireme	nts					
Water Syste	m Facility: DISTR	IBUTION SY										
Total Colifo	rm (3100)								1	l rout	tine (RT)	per quarter
Samplin	g Point (Sampling P	oint ID)				Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	omplete
						4/1/20 -	6/30/2	.0				
						7/1/20 -	9/30/2	.0				
-	rameters (PPS)								1	rou	• •	per quarter
	g Point (Sampling P					Monitori			lection Pe	riod	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points			7/1/19 -					Co	mplete
						4/1/20 -						
						7/1/20 -	9/30/2	0				
Water Syste	m Facility: ENTR	Y POINT (W	/SF ID:	00700)								
Nitrate And	Nitrite (NOX)									1 r	outine (F	RT) per year
Samplin	g Point (Sampling P	oint ID)				Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
ENTRY P	OINT (3)					1/1/19 -			4/1-9/30		Co	omplete
						1/1/20 -			4/1-9/30			
						1/1/21 -		21	4/1-9/30			
			0	ther Co	ompliand	e Sched	ules					
Compliance S	chedule Activity					l	Due Da	te	Achie	ved L	Date	
SEASONAL ST	ART UP COMPLETIO	N				2	4/1/202	20				
		Water Sy	/sten	n Facili	ity and Sa	ampling	Point	t Inven	tory			
Water								Tote	al Lead	and		
	ater System Facility	2		-	Sampling P			Colifo				Stage
Facility ID				D	Description			itus Rul		Tier	Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM			4	DISTRIBUTI			Α Υ				
					WITHIN 5 S			4				
				REAM	WITHIN 5 S			4				
				3	ENTRY POIN	NÍ		4				
	ELL #1			2	WELL #1		4	4				
57420 PR	ESSURE STORAGE											
				Con	tact Info	rmation						
Name				Or	ganization						Job Title	
Mr. Donald B	ordeau			M	ontville Publ	ic Works			Director			
Mailing Addre			Mailin	g Address	s Line Two				City		State	Zip Code
310 New Lon				T				Uncasvill			СТ	06382
Duration of Dis	one Extension	Fax		Mobil	le Phone	Emergency	Phone	Email Ad	dress			
Business Ph	Extension	Tux				Emergency	Thome		u@montv			

	C J	0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0860614	CAMP OAKDALE BALLFIELDS			NC	25	Р	GW
Local Address	where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
SIMPSON LANI	E	Connections				1	
Towns Served:	MONTVILLE			÷		1	·
Please note th	e following:						
1. The residua	disinfectant concentration must be measured at the	e same location	and time a	as each total coli	form sample.		
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat	1 State 1 Stat		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		

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	Connecticut Dep	artment of	Public F	lealth	Drink	inσ W	ater S	ection	
	· · · · · · · · · · · · · · · · · · ·					0		ection	
	•	ality Monit	oring an	a com					
PWS ID	PWS Name	• • • •							rimary Source
CT0860624	CALVARY CHAPEL (ANNEX) SOUTHEASTERN			NC		.5	P	GW
	(where applicable)		Service	Resident	tial Comm	ercial In	dustrial	Combined	Agricultural
126 SHARPS R			Connections					1	
Towns Served:	MONTVILLE								
			oring Requ	lireme	nts				
-	n Facility: DISTRIBUTION	SYSTEM (WSFII	D: 00600)				-		
Total Colifor	• •				Devied	C - U - +			per quarter
	Point (Sampling Point ID)	D : 1			ng Period	Collect	ion Perio	-	iance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 -					omplete
					12/31/19				omplete
				1/1/20 -				C	omplete
				4/1/20 -					
				7/1/20 -	9/30/20				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)				ng Period	Collect	ion Perio	-	iance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 -				C	omplete
					12/31/19			C	omplete
				1/1/20 -	3/31/20			C	omplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water System	m Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (104	10)						1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collect	ion Perio	d Comp	iance Status
ENTRY PC	DINT (3)			7/1/19 -	9/30/19			C	omplete
				10/1/19 -	12/31/19			C	omplete
				1/1/20 -	3/31/20			C	omplete
				4/1/20 -	6/30/20				
				7/1/20 -					
Nitrite (104	1)							1 routine (RT) per year
-	Point (Sampling Point ID)			Monitori	ng Period	Collect	ion Perio	-	iance Status
ENTRY PC				1/1/19 - 3					
				1/1/20 - 1	12/31/20			C	omplete
				1/1/21 - 1					•
	Water	System Facili	ity and Sai			nvento	ſy		
Water			-			Total	Lead an	d	
	ter System Facility	Sampling Point	Sampling Poi	nt		Coliform	Copper		Stage
Facility ID		ID	Description		Status	Rule			WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	I A				
		UPSTREAM	WITHIN 5 SEF	VICE CON	A				
00700 EN1	TRY POINT	3	ENTRY POINT		А				
22858 WE	LL #2	2	WELL #2		А				

61118

CALVARY TREATMENT PLANT

							P					
PWS ID	PWS Name						Class	ification	Populatior	Own	er Type	Primary Sourc
CT0860624	CALVARY CHAP	EL (ANNEX) S	OUTHE	ASTERN CT				NC	25		Р	GW
Local Address (w	here applicable)		Service	2	Resider	ntial C	ommerci	al Industi	rial (Combine	ed Agricultura
126 SHARPS ROA	AD.			Connec	ctions						1	
Towns Served: N	IONTVILLE								·	·		
				Contact Ir	nforr	natior	ו					
Name				Organizati	on						Job Title	e
Mr. Joe Paskewi	ch			Calvary Ch	apel o	f Sect			Lead Pas	tor		
Mailing Address	Line One		Mailin	g Address Line Tw	vo				City		State	Zip Code
126 Sharp Hill Ro	bad							Uncasy	/ille		СТ	06382
Business Phon	e Extension	Fax		Mobile Phone	e Er	mergency	y Phon	e Email /	Address			
860-848-7400)	860-848-	2899									
Contact Role(s):	Administrative	Contact, Leg	al Cont	act								
Please note the	following:											
1. The residual d	isinfectant concer	ntration must b	e measu	ured at the same loo	cation	and time a	as each	total colif	orm sample.			
2. If a Collection	Period is specified	l, all water qua	lity sam	ples must be collect	ted du	ring the sp	pecified	period.				

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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		ut Departme					<u> </u>				n	
	Wat	ter Quality N	<i>l</i> onit	oring a	ind Con	nplia	nce S	che	dule)		
PWS ID	PWS Name					Classif	ication	Popula	tion C	wner Ty	pe P	rimary Source
СТ0860634	RENALDIS ONE S	ТОР				N	С	25		Р		GW
Local Address (where applicable)			Service	Resider	itial Co	mmercia	I Ind	ustrial	Comb	ined	Agricultural
1588 ROUTE 85				Connectio	ns		1					
Towns Served:	MONTVILLE											
		Γ	Monito	oring Re	quireme	nts						
Water System	Facility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)								
Total Coliform	m (3100)								1 r	outine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitor	ing Peri	od Co	llectio	n Peri	od Co	mpl	iance Status
Select from	n Inventory of Acti	ve Sampling Points			7/1/19 -	9/30/1	.9				Сс	mplete
					10/1/19 -	- 12/31/	'19				Сс	omplete
					1/1/20 -	- 3/31/2	0				Сс	omplete
					4/1/20 -							
					7/1/20 -	9/30/2	0					
Physical Para	meters (PPS)								1 r	outine (RT)	per quarter
	Point (Sampling Po				Monitor			ollectio	n Perio	od Co		iance Status
Select from	n Inventory of Acti	ve Sampling Points			7/1/19 ·	- 9/30/1	.9				Сс	omplete
					10/1/19 -	- 12/31/	'19				Сс	omplete
					1/1/20 -	- 3/31/2	0				Сс	omplete
					4/1/20 ·	- 6/30/2	0					
					7/1/20 ·	9/30/2	0					
Water System	Facility: ENTRY	POINT (WSF ID:	00700)									
Nitrate And N	Nitrite (NOX)									1 routi	ne (F	RT) per year
Sampling	Point (Sampling P	oint ID)			Monitor	ing Peri	od Co	ollectio	n Peri	od Co	mpl	iance Status
ENTRY POI	INT (3)				1/1/19 -	12/31/2	19				Сс	omplete
					1/1/20 -	12/31/2	20				Сс	omplete
					1/1/21 -	12/31/2	21					
		Water System	Facili	ity and S	ampling	Poin	t Invei	ntory	/			
Water									Lead a	nd		
	er System Facility		-	Sampling I			-		Сорре			Stage
Facility ID			D	Description			lus		Rule T	ier Asbe	stos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEM		۹ Y	Y				
					SERVICE CO		4					
			REAM		SERVICE CO		4					
	RY POINT		3	ENTRY POI	NT		4					
22927 WEL	L #1		2	WELL			۹					
			Con	tact Info	ormatior	1						
Name			Or	rganization						Job T	ïtle	
Mr. Lauren Ren	naldi			etty				Own	er			
Mailing Address	s Line One	Mailing	g Address	s Line Two				City	/	Stat	te	Zip Code
612 Route 82					ſ		Oakdale	9		СТ	-	06370
Business Phor	ne Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress				
860-859-261		860-589-2613		87-0270	860-859	-0811						
		Contact, Legal Cont	_									

		0		1				
PWS ID	PWS Name			Classifica	tion	Population	Owner Type	Primary Source
СТ0860634	RENALDIS ONE STOP			NC		25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Com	mercia	l Industri	al Combine	ed Agricultural
1588 ROUTE 85		Connections			1			
Towns Served:	MONTVILLE	"						
Please note the	following:							
1. The residual	disinfectant concentration must be measure	ed at the same location	and time a	as each tot	al colifo	orm sample.		
2. If a Collection	Period is specified, all water quality sample	es must be collected dur	ring the sp	pecified per	iod.			
	n results, additional monitoring may be requince sent by the DWS on or after the generat						0,	· · · · · · · · · · · · · · · · · · ·

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

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860-60		egal Contact, C	· · · · · · · · · · · · · · · · · · ·									
000.00	x_/IZU5							1				
Busines		Extension	Fax	IVIODI	le Phone	Emergency	Prione		aress			
	oxo Dam I		PO Bo	-	lo Dhone	Emorgener	Dhore	Oakdale	drass		СТ	06370
	ddress Lin			-	s Line Two			Oakdala	City		State	Zip Code
Mr. Jack S			N. A. 11		uaker Hill Ro	u & Gun Clu	น		Presi		Chata	Zie Certe
Name	`~~ * ~				rganization		b		D	ماميمة	Job Title	
lama						mation					Job Title	
					tact Info	rmation						
23046	WELL #1			2	WELL #1		А	١				
00700	ENTRY P	OINT		3	ENTRY POIN		А	١				
			UPS	TREAM	WITHIN 5 SI	ERVICE CON						
					WITHIN 5 SI							
00600		JTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM	A	ius				
System Facility ID	-	ystem Facility	Sampi	ing Point ID	Sampling Po Description		Sta	Colifc tus Rul		Copper Rule Tie	r Asbestos	Stage WQP 2 DBP
Water	Mater C	ustom Engility	Causeral	ing Doint	Complian D	oint		Tot		ead and	1	C
			Water Syster	n Facili	ity and Sa	ampling	Point		-			
						1/1/21 - 1			.	_		
												omplete
		5)				1/1/19 - 1						
	RY POINT (עם אוות			1/1/19 - 1	-		ιετιο	n Perioc		omplete
		te (NOX) at (Sampling Po	pint (D)			Monitorir	na Doriv	nd Cal	lactio	n Period	-	RT) per year <i>iance Status</i>
		te (NOX)		. 00700)							routine /	
Mator St	stom For		POINT (WSFID	00700		//1/20-	5/50/20	0				
						7/1/20 -						
						1/1/20 - 4/1/20 -						omplete
						10/1/19 -						omplete
Selec		Ventory of ACT	ve Sampling Points	>		7/1/19 -						omplete
		t (Sampling Po				Monitorii	-		iectio	n Perioc	-	iance Status
-		ters (PPS)	pint (D)			Monitori	n Dout	d Col	loctic		• •	per quarter
<u></u>		(550)				7/1/20 -	9/30/20	0				
						4/1/20 -	• •					
						1/1/20 -					Co	omplete
						10/1/19 -						omplete
Selec	ct from Inv	entory of Acti	ve Sampling Points	5		7/1/19 -						omplete
	-	t (Sampling Po				Monitorir	-		lectio	n Perioc	-	iance Status
	liform (3	•										per quarter
			IBUTION SYSTEM	1 (WSF I	D: 00600)							
				Monito	oring Req	Juiremei	nts					
Fowns Ser	rved: MOI	NTVILLE										
	BOXO DAN				Connection	S		1			1	
		re applicable)			Service	Resident	ial Co	mmercial	Ind	ustrial	Combined	Agricultura
сто86065	4 QL	Jaker Hill Ro	D & GUN CLUB				N	С	25		Р	GW
	P V	VS Name					Classifi	cation P	opula	tion Ov	ner Type P	rimary Sourc
WS ID	D\A	IC Manage										
WS ID	D\A		er Quality	Monit	oring ai							

		~	5	0	,		1					
PWS ID	PWS Name						Clas	sification	Population	Owne	r Type	Primary Source
СТ0860654	QUAKER HILL RO	DD & GUN C	LUB					NC	25	F	C	GW
Local Address (w	nere applicable)			Service		Resider	ntial	Commerci	al Industr	ial Co	ombine	ed Agricultural
261 OXOBOXO D	AM ROAD			Connec	tions			1			1	
Towns Served: M	ONTVILLE				·				·			
Name				Organizatio	on					J	ob Titl	e
Mr. Jeff Urgitis				Quaker Hill	l Rod 8	k Gun Cl	ub		President	t		
Mailing Address I	ine One		Mailing Add	ress Line Tw	0				City		State	Zip Code
261 Oxoboxo Dai	n Rd		PO Box 80					Oakda	le		СТ	06370
Business Phone	e Extension	Fax	M	obile Phone	Em	nergency	/ Pho	ne Email /	Address			
860-705-1807								info@	quakerhillro	dandgı	ınclub.	org
Contact Role(s):	Administrative	Contact										
Please note the f	ollowing:											
1. The residual di	sinfectant concen	tration must b	e measured at	the same loc	cation a	nd time a	as eac	h total colif	orm sample.			

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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С		*	rtment of ity Monit				0			ection	
PWS ID PV	VS Name	ici Quai		.or mg a						ner Type P	Primary Sourc
	ATURES ART					N		25		P	GW
ocal Address (whe				Service	Resident		mmercial	Indust	rial	Combined	-
650 HARTFORD N		LIRNPIKE (RT	85	Connectior			2	maase	inar	combinee	i ngriculturi
owns Served: MO			00				2				
			Monit	oring Red	nuiromo	ntc					
Nater System Fa	cility: DISTR	IBUTION SY			laneme	iits	_		-	_	_
Total Coliform (3100)								1 rou	utine (RT)	per quartei
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ng Perio	od Coll	lection P	eriod	Compl	iance Status
Select from In	ventory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	9			Co	omplete
					10/1/19 -	12/31/	19			Co	omplete
					1/1/20 -	3/31/2	0			Co	omplete
					4/1/20 -	6/30/2	0				
					7/1/20 -						
Physical Parame	ters (PPS)								1 rou	utine (RT)	per quarter
Sampling Poir		oint ID)			Monitori	ng Perio	od Coll	lection P			iance Status
Select from In	ventory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	9			Co	omplete
					10/1/19 -	12/31/	19			Co	omplete
					1/1/20 -	3/31/2	0			Co	omplete
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Water System Fa	cility: ENTRY	POINT (W	/SF ID: 00700)								
Nitrate And Nitr	ite (NOX)								1	routine (RT) per year
Sampling Poir	• •	oint ID)			Monitori	ng Perio	od Coll	lection P		-	iance Status
ENTRY POINT	(3)				1/1/19 - 1	12/31/1	19			Co	omplete
	· ·				1/1/20 -	12/31/2	20			Co	omplete
					1/1/21 - 1						
		Water Sy	vstem Facil	ity and S				tory			
Water							Toto		d and		
	ystem Facility	9	Sampling Point				Colifo		pper		Stage
Facility ID			ID	Description		Sta			e Her	Aspestos	WQP 2 DBP
00600 DISTRIB	UTION SYSTEM		4		ON SYSTEM						
			DOWNSTREAM								
			UPSTREAM		ERVICE CON						
00700 ENTRY P			3	ENTRY POI	NT	A					
23094 WELL #1			2	WELL #1		A	4				
54643 TREATM	ENT PLANT										
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Mr. Roger L. Phillip								Presider	nt		
Mailing Address Lir	ie One		Mailing Addres	s Line Two				City		State	Zip Code
L650 Route 85	1						Oakdale			СТ	06370
	Exchange at a set	Fax	Mohi	le Phone	Emergency	Dhone	Email Ad	drace			
Business Phone 860-443-4367	Extension	860-443-0		le Fliolle	Emergency	FIIONE	roger@n				

	C J	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0860664	NATURES ART			NC	25	Р	GW
Local Address (Address (where applicable)		Service Residentia		ial Industri	al Combine	ed Agricultura
1650 HARTFOR	D NEW LONDON TURNPIKE (RT 85	Connections		2			
Towns Served:	MONTVILLE					1	· · · ·
Please note the	e following:						
1. The residual	disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.		
2. If a Collectio	n Period is specified, all water quality samples must	t be collected du	ring the sp	pecified period.			
	n results, additional monitoring may be required (i. nce sent by the DWS on or after the generation dat					-	

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	•	Public Health Drink oring and Complian	U	ection
PWS ID PWS Name		Classifica	tion Population Ow	ner Type Primary Source
CT0869104 1434 ROUTE 85		NC	44	P GW
Local Address (where applicable)		ServiceResidentialCommConnections	nercial Industrial	Combined Agricultural
Towns Served: MONTVILLE				
	Monit	oring Requirements		
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)		
Total Coliform (3100)			1 rou	itine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sam	pling Points	10/1/19 - 10/31/19		Complete
		1/1/20 - 3/31/20		Complete
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
Total Coliform (3100)			3 r	epeat (RP) per period
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sam	pling Points	10/2/19 - 10/7/19		Complete
Total Coliform (3100)			3 temporary ro	utine (TR) per month
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sam	pling Points	11/1/19 - 11/30/19		Complete
Physical Parameters (PPS)			1 rou	itine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sam	pling 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 POIN	T (WSF ID: 00700)			
Nitrate And Nitrite (NOX)			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		
		1/1/21 - 12/31/21		
Water System Facility: WELL 1 (WS	F ID: 51439)			
E. Coli (3014)			1 trigg	gered (TG) per period
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)		10/1/19 - 10/7/19		Complete
	Other C	ompliance Schedules		
Compliance Schedule Activity		Due Date	Achieved	Date
CROSS CONNECTION EXEMPTION		3/1/2024		
Wate	er System Facil	ity and Sampling Point I	nventory	
Water			Total Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform Copper	Stage
Facility ID	ID	Description Statu	Dula Dula Tian	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	CLF4	DISTRIBUTION A		
	DOWNSTREAM	WITHIN 5 SERVICE CON A		
	UPSTREAM	WITHIN 5 SERVICE CON A		

(Connectic	ut Depa	rtment	of Public	: Health	Drir	nking V	Nater	Section	
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	nce Sc	hedul	е	
PWS ID F	WS Name					Classifi	ication Pc	pulation	Owner Type	Primary Source
СТ0869104 1	434 ROUTE 85					N	С	44	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercial	Industria	al Combine	d Agricultural
				Connectio	ons		1			
Towns Served: M	ONTVILLE				·	·				
		Water S	ystem Fac	cility and S	Sampling	Point	t Invent	tory		
Water							Tota	Lead	and	
	System Facility	,		int Sampling			Colifo			Stage
Facility ID			ID	Descriptio	n	Sta	itus Rule	e Rule	Tier Asbesto	s WQP 2 DBPR
00700 ENTRY	POINT		3	ENTRY PO	INT	ŀ	4			
51439 WELL 1			2	WELL 1		ŀ	4			
61268 TREATI	MENT PLANT									
			Co	ontact Info	ormation	1				
Name				Organization					Job Title	
Mastelo LLC										
Mailing Address L	ine One		Mailing Addr	ress Line Two				City	State	Zip Code
870 Vauxhall St Ex	t						Quaker H	ill	СТ	06375
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	Phone	Email Add	dress		
Contact Role(s):	Owner			1						
Name				Organization					Job Title	
Mr. Jason Pope				Ece				Owner		
Mailing Address L			Mailing Addr	ress Line Two				City	State	Zip Code
921 Vauxhall Stre	et Extension						Quaker H		СТ	06375
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	Phone				
		888-505-		0-625-2311			jason@th	epopetea	m.com	
Contact Role(s):		Contact, Leg	gal Contact, O	wner						
Please note the fo	-									
	infectant concen							n sample.		
	eriod is specified									
Depending on r	esults, additional	monitoring m	hay be required	(i.e. repeat or o	confirmation s	amples).	. This sched	tule is subje	ect to change, a	ind 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.

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PWS ID	PWS Name	er Quality M	lonito	oring ar							er Type P	rimary Sour
СТ086905		IND SERVICE PLAZA				N			.9		S	GW
	ress (where applicable)			Service	Resident		mmercia		dustria	al C	Combined	-
	THBOUND			Connection							1	0
Towns Ser	rved: MONTVILLE											
		N	lonito	oring Req	uireme	nts						
Water Sy	vstem Facility: DISTR											
	liform (3100)											per quarte
	pling Point (Sampling Po				Monitorii	-		ollecti	ion Per	iod		iance Status
Selec	ct from Inventory of Acti	ve Sampling Points			7/1/19 -							omplete
					10/1/19 - 1/1/20 -						C	omplete
					4/1/20 -							
					7/1/20 -							
Physical	Parameters (PPS)								1	rout	ine (RT)	per quarte
Sam	pling Point (Sampling Po	oint ID)			Monitoriı	ng Perio	od Co	ollecti	ion Per	iod	Compl	iance Status
Selec	ct from Inventory of Acti	ve Sampling Points			7/1/19 -	9/30/1	9				Co	omplete
					10/1/19 -	12/31/	19				Co	omplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/30/2	0					
	stem Facility: ENTRY	POINT (WSF ID: (0700)									
	And Nitrite (NOX)										-	RT) per yea
-	pling Point (Sampling Po	oint ID)			Monitorii	-		ollecti	ion Per	lod		iance Status
ENTE	RY POINT (3)				1/1/19 - 1						C	omplete
					1/1/20 - 1 1/1/21 - 1							
		Mator System	Facilit	hy and Ca				ntor	es /			
		Water System	гасши	ty and Sa	amping	POIN			-			
Water System	Water System Facility	Samplin	n Point	Sampling Po	oint			tal form	Lead of Copp			Stag
-		ID	-	Description	51110	Sta		ule			Asbestos	WQP 2 DB
Facility ID		4		DISTRIBUTIO	ON SYSTREM			Y				
Facility ID 00600	DISTRIBUTION SYSTEM						1	Y				
	DISTRIBUTION SYSTEM	4-4	4	GENERATEL	BY BATCH	A	۱					
	ENTRY POINT	4-4		ENTRY POIN		۲ ۲						
00600							A Contraction					
00600	ENTRY POINT	3		ENTRY POIN		ŀ	A Contraction					
00600 00700 57174	ENTRY POINT WELL 1	3		ENTRY POIN		ŀ	A Contraction					
00600 00700 57174 57177	ENTRY POINT WELL 1 TREATMENT PLANT	3		ENTRY POIN		ŀ	A Contraction					
00600 00700 57174 57177 57178	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAG	3		ENTRY POIN 1	IT	ŀ	A Contraction					
00600 00700 57174 57177 57178 57190	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAG	3	Cont	ENTRY POIN 1 t act Info i	IT	ŀ	A Contraction				Job Title	
00600 00700 57174 57177 57178 57190 Name	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAG BOOSTER PUMPS	3	Cont Org	ENTRY POIN 1 tact Infor ganization	rmation	<i>μ</i>	A Contraction	Cor	nmissic		Job Title	
00600 00700 57174 57177 57178 57190 Name Mr. Josep	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAG	3 2 5E	Cont Org De	ENTRY POIN 1 t act Info i	rmation	<i>μ</i>	A Contraction	Cor			Job Title State	Zip Code
00600 00700 57174 57177 57178 57190 Name Mr. Josep Mailing Ad	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAC BOOSTER PUMPS	3 2 5E	Cont Org De	ENTRY POIN 1 tact Infor ganization partment of	rmation	<i>μ</i>	A Contraction	Ci				Zip Code 06111
00600 57174 57177 57178 57190 Name Mr. Josep Mailing Ac 2800 Berli	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAG BOOSTER PUMPS	3 2 5E	Cont Org Dep Address	ENTRY POIN 1 tact Infor ganization partment of Line Two	rmation	tion	Newing	Ci gton	ty		State	
00600 57174 57177 57178 57190 Name Mr. Josep Mailing Ac 2800 Berli	ENTRY POINT WELL 1 TREATMENT PLANT ATMOSPHERIC STORAC BOOSTER PUMPS bh Giulietti ddress Line One in Turnpike s Phone Extension	3 2 5E Mailing	Cont Org Dep Address	ENTRY POIN 1 tact Infor ganization partment of Line Two	r mation	tion	Newing	Ci gton	ty		State	

	-	· · · · ·			I ⁻ -			-		
PWS ID	PWS Name				Classif	cation	Population	Owne	er Type	Primary Source
СТ0869054	I-395 SOUTHBO	UND SERVIC	E PLAZA		N	C	49	:	S	GW
Local Address (w	here applicable)		Service	Resider	ntial Co	mmercia	al Industri	al C	ombine	ed Agricultural
I-395 SOUTHBOU	IND		Connectior	าร					1	
Towns Served: M	IONTVILLE									!
Name			Organization					J	lob Title	2
Ms. Jill A. Brenna	an		State of Conne	ecticut Dot			Tr. Directo	or of C	onc	
Mailing Address I	Line One		Mailing Address Line Two				City		State	Zip Code
2800 Berlin Turn	pike					Newing	ton		СТ	06111
Business Phone	e Extension	Fax	Mobile Phone	Emergency	y Phone	Email A	ddress		· · · ·	
860-594-3000						Jill.Brer	nan@ct.go	v		
Contact Role(s):	Owner									
Name	1		Organization					J	lob Title	2
Mr. Mike Modin	e		Project Service	e LLC			Director o	of Oper	ratio	
Mailing Address I	Line One		Mailing Address Line Two				City		State	Zip Code
195 Church St. 81	Th Floor					New Ha	aven		СТ	06131
Business Phone	e Extension	Fax	Mobile Phone	Emergency	y Phone	Email A	ddress			
203-877-9900	1004		203-314-5446			mike.m	odine@psll	cct.co	m	
Contact Role(s):	Administrative	Contact								
Please note the f	following:									
1. The residual di	sinfectant concen	tration must b	be measured at the same location	on and time a	as each t	otal colifo	orm sample.			

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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С		*	ent of Public			<u> </u>			
	Water	Quality	Monitoring a	and Con	nplia	nce S	chedule	ć	
PWS ID PV	VS Name				Classifie	cation I	Population (Owner Type	Primary Source
СТ0869124 ТН	IE PAST				N	2	25	Р	GW
Local Address (whe	re applicable)		Service	Residen	tial Cor	nmercia	l Industria	Combine	d Agricultural
1630 ROUTE 85			Connectio	ons		3			
Towns Served: MO	NTVILLE								
			Monitoring Re	quireme	nts				
Water System Fac	cility: DISTRIBU	TION SYSTEM	/ (WSF ID: 00600)						
Total Coliform (3100)						1	routine (RT)	per quarter
Sampling Poin	nt (Sampling Point	ID)		Monitori	ng Perio	od Co	llection Peri	od Comp	liance Status
Select from Inv	ventory of Active S	Sampling Point	S	7/1/19 -	9/30/19	Ð		C	omplete
				10/1/19 -	12/31/2	19		C	omplete
				1/1/20 -				C	omplete
				4/1/20 -					
				7/1/20 -					
Physical Parame	ters (PPS)				. , -		1	routine (RT)	per quarter
-	nt (Sampling Point	ID)		Monitori	na Perio	od Co	llection Peri		liance Status
	ventory of Active S		S	7/1/19 -	-				omplete
	,		-	10/1/19 -					omplete
				1/1/20 -					omplete
				4/1/20 -					
				7/1/20 -					
Water System Fac	cility: ENTRY PO		0.00200)	,, 1, 20	5,50,20	,			
Nitrate And Nitri								1 routing (RT) per year
	nte (NOA) at (Sampling Point			Monitori	na Poric	d Co	llection Peri	-	liance Status
ENTRY POINT				1/1/19 -	-			-	omplete
	(5)			1/1/19 -				C	ompiete
				1/1/21 -			-		
	Wa	ater Systei	m Facility and S	Sampling	Point	Inver	ntory		
Water						To			
	ystem Facility	Sampl	ing Point Sampling			Colif			Stage
Facility ID			ID Descriptio		Stat	.us	ile Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBU	UTION SYSTEM			TON SYSTEM					
			NSTREAM WITHIN 5			ι.			
		UPS		SERVICE COI					
00700 ENTRY P	OINT		3 ENTRY PO	INT	A				
58266 WELL 1			2 WELL 1		A				
			Contact Info	ormation	I				
Name			Organization					Job Title	
Mr. Roger L. Phillip	S						President		
Mailing Address Lin	ie One	Mailir	ng Address Line Two				City	State	Zip Code
1650 Route 85						Oakdale	;	СТ	06370
Business Phone	Extension	Fax	Mobile Phone	Emergency	Phone	Email A	ddress		
860-443-4367	8	360-443-0253		860-443-	4367	roger@	naturesartvil	lage.com	
Contact Role(s): A	dministrative Con	tact, Legal Cor	tact	•					

		0		L						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
СТ0869124	THE PAST			NC	25	Р	GW			
Local Address (where applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combine	ed Agricultural			
1630 ROUTE 85		Connections		3						
Towns Served: MONTVILLE										
Please note the	e following:									
1. The residual	disinfectant concentration must be mea	asured at the same location	and time a	as each total coli	form sample.					
2. If a Collection	2. If a Collection Period is specified, all water quality samples must be collected during the specified period.									
 Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 										

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	Connecticut Depa	irtme	nt of Publi	c Health Dr	inkin	g Water So	ection	
	*			and Compli		0		
PWS ID	PWS Name	110y 101				Population Ow	vner Type F	Primary Source
-	WIDE WORLD OF INDOOR SE	PORTS			NC	25	P	GW
Local Address (w		•••••	Service	Residential (Commerc	-	Combined	
	NDUSTRIAL DRIVE		Connect				1	
Towns Served: N								
		N	1onitoring R	equirements				
Water System I	Facility: DISTRIBUTION S		-	•				
Total Coliform	(3100)					1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring Pe	eriod (Collection Period	d Compl	liance Status
Select from	Inventory of Active Sampling	g Points		7/1/19 - 9/30	/19		Co	omplete
				10/1/19 - 12/3	1/19		Co	omplete
				1/1/20 - 3/31	/20			
				4/1/20 - 6/30,	/20			
				7/1/20 - 9/30,	/20			
Physical Paran						1 ro	utine (RT)	per quarter
	oint (Sampling Point ID)			Monitoring Pe		Collection Period		liance Status
Select from	Inventory of Active Sampling	g Points		7/1/19 - 9/30				omplete
				10/1/19 - 12/3	-		Co	omplete
				1/1/20 - 3/31,				
				4/1/20 - 6/30				
				7/1/20 - 9/30	/20			
				7/1/20-9/30	/20			
Water System I	Facility: ENTRY POINT (V	VSF ID: 0	00700)	771720-3730,	/20			
Nitrate And Ni	itrite (NOX)	VSF ID: (00700)	7/1/20-3/30	/20	1	L routine (RT) per year
Nitrate And Ni		VSF ID: (00700)	Monitoring Pe	eriod (1 Collection Period	-	RT) per year <i>liance Status</i>
Nitrate And Ni	itrite (NOX) oint (Sampling Point ID)	VSF ID: (00700)	<i>Monitoring Pe</i> 1/1/19 - 12/31	e riod (1/19		d Compl	
Nitrate And Ni Sampling Po	itrite (NOX) oint (Sampling Point ID)	VSF ID: (00700)	<i>Monitoring Pe</i> 1/1/19 - 12/31 1/1/20 - 12/31	e riod (L/19 L/20		d Compl	liance Status
Nitrate And Ni Sampling Po	itrite (NOX) oint (Sampling Point ID)	VSF ID: (00700)	<i>Monitoring Pe</i> 1/1/19 - 12/31	e riod (L/19 L/20		d Compl	
Nitrate And Ni Sampling Po	itrite (NOX) oint (Sampling Point ID) IT (3)			<i>Monitoring Pe</i> 1/1/19 - 12/31 1/1/20 - 12/31	e riod (1/19 1/20 1/21	Collection Period	d Compl	liance Status
Nitrate And Ni Sampling Pa ENTRY POIN	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy	ystem	Facility and	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi	riod (1/19 1/20 1/21 nt Inve	Collection Period Pentory Total Lead and	d Compl	liance Status omplete
Nitrate And Ni Sampling Po ENTRY POIN Water System Water	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy	ystem Sampling	Facility and	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi	riod (1/19 1/20 1/21 nt Inve 7 Co	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID	itrite (NOX) oint (Sampling Point ID) IT (3) Water System Facility	ystem Sampling ID	Facility and	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi point on s	riod (1/19 1/20 1/21 nt Inve 7 Co. tatus	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM	ystem Sampling ID 4	Facility and g Point Sampling Descripti DISTRIBU	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi point on s JTION SYSTEM	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM	ystem Sampling ID 4 DOWNS ⁻	Facility and g Point Sampling Descripting DISTRIBU TREAM WITHIN	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point on s ITION SYSTEM 5 SERVICE CON	riod (1/19 1/20 1/21 nt Inve 7 Co tatus A A	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID 00600 DISTR	itrite (NOX) oint (Sampling Point ID) IT (3) Water System Facility IBUTION SYSTEM	ystem Sampling ID 4 DOWNS UPSTR	Facility and g Point Sampling Descripting DISTRIBU TREAM WITHIN S EAM WITHIN S	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point fon s UTION SYSTEM 5 SERVICE CON 5 SERVICE CON	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID 00600 DISTR	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3	Facility and g Point Sampling Description DISTRIBU TREAM WITHIN EAM WITHIN ENTRY P	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point fon s UTION SYSTEM 5 SERVICE CON 5 SERVICE CON	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A A	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Po ENTRY POIN Water System Water Facility ID 00600 DISTR	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM	ystem Sampling ID 4 DOWNS UPSTR	Facility and g Point Sampling Descripting DISTRIBU TREAM WITHIN EAM WITHIN ENTRY PO WELL #2	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point fon s TTION SYSTEM 5 SERVICE CON 5 SERVICE CON DINT	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A	Collection Period Entory Total Lead and Diform Copper	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling Pa ENTRY POIN UNATE System Wate Facility ID 00600 DISTR 00700 ENTRY 59824 WELL	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3	Facility and Point Sampling Descripting DISTRIBL TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Contact In	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point formation	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A A	Collection Period Entory Total Lead and Diform Copper	d Compl Co d r Asbestos	liance Status omplete Stage
Nitrate And Ni Sampling Pa ENTRY POIN UNATE System Wate Facility ID 00600 DISTR 00700 ENTR 59824 WELL	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM Y POINT #2	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3	Facility and Point Sampling Descripting DISTRIBU TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Contact In Organizatio	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point on s JTION SYSTEM 5 SERVICE CON 5 SERVICE CON DINT	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A A	Collection Period	d Compl	liance Status omplete Stage
Nitrate And Ni Sampling PA ENTRY POIN UNATE System Water Facility ID 00600 DISTR 00700 ENTRY 59824 WELL Name Mr. Stephen Sam	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM Y POINT #2	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3 2	Facility and point Sampling Descripting DISTRIBL TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Cortact In Organizatio Wide World	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point on g UTION SYSTEM 5 SERVICE CON 5 SERVICE CON 5 SERVICE CON DINT Formation n 1 of Indoor Sports	eriod (1/19 1/20 1/21 nt Inve 7 Co tatus A A A A A	Collection Period	d Compl Co d r Asbestos	Stage WQP 2 DBP
Nitrate And Ni Sampling Po ENTRY POIN ENTRY POIN System Water Facility ID 00600 DISTR 00700 ENTRY 59824 WELL Name Mr. Stephen San Mailing Address	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM Y POINT #2 agermano Line One	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3 2	Facility and Point Sampling Descripting DISTRIBU TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Contact In Organizatio	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point on g UTION SYSTEM 5 SERVICE CON 5 SERVICE CON 5 SERVICE CON DINT Formation n 1 of Indoor Sports	eriod (1/19 1/20 1/21 nt Inve T Co. tatus A A A A A A A	Collection Period	d Compl Cu d r Asbestos Job Title	liance Status omplete Stage WQP 2 DBP
Nitrate And Ni Sampling Pa ENTRY POIN UNATE System Water Facility ID 00600 DISTR 00700 ENTR 59824 WELL Name Mr. Stephen Sam Mailing Address 621 Pond Hill Ro	itrite (NOX) oint (Sampling Point ID) IT (3) Water Sy r System Facility IBUTION SYSTEM Y POINT #2 sgermano Line One ad	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3 2	Facility and Point Sampling Description DISTRIBU TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Contact In Organizatio Wide World Address Line Two	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi point on s TTION SYSTEM 5 SERVICE CON 5 SERVICE CON DINT formation n of Indoor Sports	eriod (1/19 1/20 1/21 nt Inve T Co tatus A A A A A A A North	Collection Period	d Compl Co d r Asbestos	Stage WQP 2 DBP
Nitrate And Ni Sampling PA ENTRY POIN UNATE System Water Facility ID 00600 DISTR 00700 ENTRY 59824 WELL Name Mr. Stephen Sam	itrite (NOX) oint (Sampling Point ID) IT (3) Water System Facility IBUTION SYSTEM Y POINT #2 Igermano Line One ad e Extension Fax	ystem Sampling ID 4 DOWNS ⁻ UPSTR 3 2	Facility and Point Sampling Descripting DISTRIBL TREAM WITHIN EAM WITHIN ENTRY PO WELL #2 Cortact In Organizatio Wide World	Monitoring Pe 1/1/19 - 12/31 1/1/20 - 12/31 1/1/21 - 12/31 Sampling Poi g Point on g UTION SYSTEM 5 SERVICE CON 5 SERVICE CON 5 SERVICE CON DINT Formation n 1 of Indoor Sports	eriod (1/19 1/20 1/21 nt Inve T Co. tatus A A A A A A A A A A A A A	Collection Period	d Compl Co d r Asbestos Job Title State RI	Liance Status omplete Stage WQP 2 DBP WQP 2 DBP Zip Code 02896

		0		1				
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source		
СТ0869134	WIDE WORLD OF INDOOR SPORTS			NC	25	Р	GW	
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
2 SACHATELLC	INDUSTRIAL DRIVE	Connections				1		
Towns Served:	MONTVILLE				1	1		
Please note th	e following:							
1. The residua	disinfectant concentration must be measured at the	same location	and time a	as each total colif	orm sample.			
2. If a Collection	2. If a Collection Period is specified, all water quality samples must be collected during the specified period.							
 Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 								

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	Connectic											ction	
	Wat	ter Qual	lity M	lonit	oring a	ind Con	nplia	nce	Sche	edul	le		
PWS ID	PWS Name				O		Classif	ication	Popu	lation	Own	er Type I	Primary Source
СТ0869144	ORIENTAL BAR 8	k GRILL					Ν	IC	3	37		Р	GW
Local Address (w	here applicable)				Service	Residen	tial Co	ommerc	ial In	dustri	al	Combine	d Agricultura
867 NORWICH-N	EW LONDON TU	RNPIKE			Connectio	ins		1					
Towns Served: N	10NTVILLE					·	·				·		
			N	Ionite	oring Re	quireme	nts						
Water System I	acility: DISTR	IBUTION SY				•							
Total Coliform	(3100)									1	rou	tine (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)				Monitor	ing Peri	iod (Collect	ion Pe	riod	Сотр	liance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	19				C	omplete
						10/1/19 -	- 12/31/	/19				C	omplete
						1/1/20 -	- 3/31/2	20		_		C	omplete
						4/1/20 -	6/30/2	20		_			
						7/1/20 -	9/30/2	20					
Physical Paran	neters (PPS)									1	rou	tine (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)				Monitor	ing Peri	iod (Collect	ion Pe	riod	Сотр	liance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	19				C	omplete
						10/1/19 -	- 12/31/	/19				C	omplete
						1/1/20 -	- 3/31/2	20				C	omplete
						4/1/20 -	6/30/2	20					
						7/1/20 -	9/30/2	20					
Water System I	acility: ENTRY	POINT (W	/SF ID: 0	00700)									
Nitrate And N	trite (NOX)										1 1	outine (RT) per year
Sampling P	oint (Sampling P	oint ID)				Monitor	ing Peri	iod (Collect	ion Pe	riod	Сотр	liance Status
ENTRY POIN	IT (3)					1/1/19 -	12/31/	19				C	omplete
						1/1/20 -	12/31/	20				C	omplete
						1/1/21 -	12/31/	21					
		Water Sy	/stem	Facili	ity and S	Sampling	Poin	t Inve	ento	ry			
Water System Wate Facility ID	r System Facility	5	Sampling ID		Sampling Descriptio		Str	Со	otal liform Rule	Lead Copp Rule	per	Asbestos	Stage WQP 2 DBPI
	IBUTION SYSTEM		4		DISTRIBUT	ION SYSTEM		A					
			DOWNS	TREAM		SERVICE COI		A					
			UPSTR	EAM	WITHIN 5	SERVICE COI	N A	A					
00700 ENTR	Y POINT		3		ENTRY PO	INT		A					
60386 WELL	1		2		WELL 1			A					
				Con	tact Info	ormation	1						
Name					rganization							Job Title	
Mr. Jason Lin					riental Bar 8	& Grill						100 1100	
Mailing Address	Line One		Mailing		s Line Two				Ci	tv		State	Zip Code
5 Lost Acres Roa			0					Norwi		-1		CT	06360
Business Phone		Fax	<u> </u>	Mobi	le Phone	Emergency	/ Phone			SS			
860-334-3368		1 4 1								@gma	il.con	n	
	Administrative	Contact Lag	al Conta	ct		<u> </u>				C 0.110			

	C 7	0		1					
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source				
СТ0869144	ORIENTAL BAR & GRILL	NC	37	Р	GW				
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural		
867 NORWICH-	NEW LONDON TURNPIKE	Connections		1					
Towns Served:	MONTVILLE					·			
Please note the	e following:								
1. The residual	disinfectant concentration must be measured at the	same location	and time a	as each total coli	form sample.				
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.									
3. Depending o	. 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.

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Water Quality ame RT LLC oplicable) RIAL DR LLE T: DISTRIBUTION SYSTEM D) ory of Active Sampling Point	Service Connectio Monitoring Re M (WSF ID: 00600)	Residentia	lassification NC Il Commercia 1	Population Ov 25 al Industrial	wner Type Pri P Combined	mary Source GW Agricultura
RT LLC oplicable) RIAL DR LLE C DISTRIBUTION SYSTER D) campling Point ID)	Connectio Monitoring Re M (WSF ID: 00600)	Residentia ns	NC Il Commercia	25 al Industrial	P Combined	GW
ampling Point ID)	Connectio Monitoring Re M (WSF ID: 00600)	ns quirement Monitoring	Il Commercia 1	al Industrial	Combined	-
RIAL DR LLE C DISTRIBUTION SYSTEM D) Compling Point ID)	Connectio Monitoring Re M (WSF ID: 00600)	ns quirement Monitoring	1 ts			
LLE C DISTRIBUTION SYSTEM D) C DISTRIBUTION SYSTEM C DISTRIBUTIO	M (WSF ID: 00600)	Monitoring	ts	1 rc		
D) ampling Point ID)	M (WSF ID: 00600)	Monitoring		1 rc		
D) ampling Point ID)	M (WSF ID: 00600)	Monitoring		1 rc		
ampling Point ID)	ts	-	Period Co	1 rc		
	ts	-	Period Co		outine (RT) p	er quarter
ory of Active Sampling Point	ts	7/1/19 - 9/		ollection Perio	d Complia	nce Status
						nplete
		10/1/19 - 12			Con	nplete
		1/1/20 - 3/				
		4/1/20 - 6/				
(222)		7/1/20 - 9/	30/20			
(PPS)		Manitarian	Devied C		outine (RT) p	•
ampling Point ID) ory of Active Sampling Point	ta	<i>Monitoring</i> 7/1/19 - 9/		ollection Perio		nce Status
ory of Active Sampling Point	15	10/1/19 - 12				nplete
		1/1/20 - 3/			COIL	ipiete
		4/1/20 - 6/				
		7/1/20 - 9/				
ENTRY POINT (WSF II	D: 00700)	.,_,				
ampling Point ID)		Monitoring 1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12,	/31/19 /31/20	ollection Perio		nplete
Pul	blic Notification					
	Compliance	Notice	Public No	otification	<u>PN Certij</u>	
	Period	Tier	Required	Performed	Due to DPH	Received
lation	1/1/19 - 3/31/1 7/1/19 - 9/30/1		5/30/2020 12/23/2020		6/9/2020 1/2/2021	
					1/2/2021	
water syste	m Facility and S					
m Facility Samp	ling Point Sampling	Point		otal Lead an form Copper		Stage
	ID Description		-		er Asbestos V	
	4 DISTRIBUT	ION SYSTEM	A			
N SYSTEM		SERVICE CON	А			
	NSTREAM WITHIN 5 S					
DOW		SERVICE CON	A			
DOW	STREAM WITHIN 5		A			
DOW UPS	STREAM WITHIN 5					
DOW UPS	STREAM WITHIN 5 S 3 ENTRY POI		А			
DOW UPS	STREAM WITHIN 5 S 3 ENTRY POI	INT	А			
DOW UPS	STREAM WITHIN 5 S 3 ENTRY POI 2 WELL 1 Contact Info	INT	А		Job Title	
DOW UPS	STREAM WITHIN 5 S 3 ENTRY POI 2 WELL 1 Contact Info Organization	INT	A A	Owner	Job Title	
Г	UP	3 ENTRY POI 2 WELL 1	3ENTRY POINT2WELL 1	3ENTRY POINTA2WELL 1A	2 WELL 1 A	2 WELL 1 A

	-	<u> </u>		- 0-		1-			1	
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0869154	NASKART LLC						NC	25	Р	GW
Local Address (w	here applicable)			Service Resid		ntial	Commerci	al Industri	al Combine	ed Agricultural
1 SACHATELLO II	Connections			1						
Towns Served: N	IONTVILLE									
ода рона ни ко	au						North	smithsheid	KI	02890
Business Phon	e Extension	Fax	Mobil	Mobile Phone Emergency Phone Email Address						
401-225-6040)						steves	@wideworld	lofindoorspor	ts.com
Contact Role(s):	Administrative	Contact, Legal	Contact, Own	er						
Please note the	following:									
1. The residual d	isinfectant concen	tration must be i	measured at the	same location	n and time a	as ead	ch total colif	orm sample.		
2. If a Collection	Period is specified	, all water quality	y samples must l	be collected d	uring the sp	pecifie	ed period.			
3. Depending on results, additional monitoring may be required (i.e. repeat or con-						samp	les). This sc	hedule is subj	ect to change,	and any related
corresponden	ce sent by the DW	S on or after the	generation date	of this schedu	ule will hav	ve precedence over what is contained in this schedule.				hedule.
								(

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	Connecticut De	•				0			ction		
	Water Q	uality Monit	oring an	d Con	plianc	e Scl	nedul	e			
PWS ID	PWS Name				Classificat	ion Pop	oulation	Owr	ner Type P	rimary Source	
СТ0869164	CAMP OAKDALE MAINT	ENANCE BUILDING			NC		25		Р	GW	
Local Addres	ss (where applicable)		Service	Resident	tial Comm	nercial	Industria	al	Combined	Agricultural	
SIMPSON LA	NE		Connections						1		
Towns Serve	d: MONTVILLE										
		Monite	oring Requ	lireme	nts						
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colif	orm (3100)						:	1 ro	utine (RT)	per month	
Sampliı	ng Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Per	riod	Compli	iance Status	
Select f	rom Inventory of Active Sam		10/1/19 -	10/31/19				Co	omplete		
				11/1/19 -	11/30/19				Co	mplete	
				4/1/20 -	4/30/20						
				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						
-	arameters (PPS)						:	1 ro		per month	
	ng Point (Sampling Point ID)				ng Period	Colle	ction Per	riod			
Select f	rom Inventory of Active Sam	oling Points			10/31/19					omplete	
					11/30/19				Co	omplete	
				4/1/20 -							
					5/31/20						
				6/1/20 -							
				7/1/20 -							
				8/1/20 - 8/31/20 9/1/20 - 9/30/20							
				9/1/20 -	9/30/20						
	em Facility: ENTRY POIN	I (WSFID: 00700)						-			
	d Nitrite (NOX)				n n Davia d	Calla	ation Day		-	RT) per year	
	ng Point (Sampling Point ID)				ng Period	Colle	ction Per	100		iance Status	
ENTRY	POINT (3)				12/31/19 12/31/20					omplete	
					12/31/21						
		Other C	ompliance								
	Schedule Activity				Due Date		Achie	ved	Date		
SEASONAL S	TART UP COMPLETION				4/1/2020						
	Wate	r System Facili	ity and Sar	npling	Point In	nvent	ory				
Water						Total		and			
				nt		Colifor				Stage	
Facility ID		ID	Description		Status	Rule Y	Rule	Tier	Asbestos	WQP 2 DBPF	
00600 D					TION SYSTEM A						
		WITHIN 5 SER			Y						
00700		UPSTREAM	WITHIN 5 SER			Y					
		3	ENTRY POINT		A						
61274 W	/ELL #2	2	WELL #2		А						

		201 200				P			•	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0869164	CAMP OAKDALE	MAINTENA	NCE BUILDIN	NG			NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural
SIMPSON LANE				Connections					1	
Towns Served: N	IONTVILLE									
			C	Contact Info	rmatio	า				
Name				Organization	Organization				Job Titl	e
Mr. Donald Bord	leau			Montville Pub	Montville Public Works Director					
Mailing Address	Line One		Mailing Add	ress Line Two	ress Line Two			City	State	Zip Code
310 New Londor	n Turnpike						Uncasv	ille	СТ	06382
Business Phon	e Extension	Fax	N	1obile Phone	Emergenc	y Pho	ne Email A	ddress		
860-848-7473		860-848-	7393 8	60-625-3409	860-848	8-3974 dbordeau@montville-ct.org				
Contact Role(s):	Administrative	Contact, Leg	gal 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