Connecticut Department of					$\overline{}$			ection	
Water Quality Monit	oring an	d Con	ıpl	iance	Sch	nedul	e		
PWS ID PWS Name			Clas	sification	Pop	oulation	Ow	ner Type Pr	imary Source
CT0870062 CAMP WASHINGTON, INC.				NC		30		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	cial	Industri	al	Combined	Agricultural
190 KENYON ROAD	Connections	1							
Towns Served: MORRIS									
Monito	oring Requ	uireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)								
Total Coliform (3100)						1	ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod (	Colle	ction Pe	riod	Complic	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30	0/19				Cor	mplete
		10/1/19 -	11/3	30/19				Cor	mplete
Total Coliform (3100)							1 rc	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		ance Status
Select from Inventory of Active Sampling Points		1/1/20 -						Cor	mplete
		2/1/20 -							
		3/1/20 -							
		4/1/20 -							
		5/1/20 -							
		6/1/20 -							
		7/1/20 -							
		8/1/20 -							
		9/1/20 -	9/30	0/20					
Total Coliform (3100)								epeat (RP)	
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		ance Status
Select from Inventory of Active Sampling Points	1	1/14/19	- 11/						mplete
Total Coliform (3100)			_			-	-	= =	per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		ance Status
Select from Inventory of Active Sampling Points		12/1/19 -	12/3	31/19					mplete
Physical Parameters (PPS)			_		- "			utine (RT) p	•
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		ance Status
Select from Inventory of Active Sampling Points		7/1/19 -		-					mplete
		10/1/19 -	12/3	31/19			_		mplete
Physical Parameters (PPS)					c "				per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	rıod		ance Status
Select from Inventory of Active Sampling Points		1/1/20 -						Cor	mplete
		2/1/20 -							
		3/1/20 -							
		4/1/20 - 5/1/20							
		5/1/20 - 6/1/20 -							
		7/1/20 -							
		8/1/20 -							
		9/1/20 -							
Water System Facility: ENTRY POINT - WELLS 5 & 5A (	WSE ID: 007		اد رد	,, 20					
	VV3F ID: 00/	50)						manutine / for	T\ ma=
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)		Monitori	na D	ariad	Collo	ction Pei		routine (R	n) per year Status
EP - WELLS 5 & 5A (3)		1/1/19 -			COIIE	ction Per	100		mplete
Lr - WELLS J & JA (S)		1/1/19-	12/3	1/13				COI	iihiera

Connecticut Dep	artment of	Public He	alth	Dr	inki	ng W	ater	Se	ction	
Water Qua	ality Monit	oring and	Com	ıpli	ianc	e Sch	edul	e		
PWS ID PWS Name				Class	sificatio	n Popu	ulation	Owr	ner Type Pr	imary Source
CT0870062 CAMP WASHINGTON, INC.					NC	3	30		Р	GW
Local Address (where applicable)		Service R	esident	tial	Comme	ercial II	ndustria	al	Combined	Agricultural
190 KENYON ROAD		Connections	1							
Towns Served: MORRIS						'				
	Monito	oring Requir	emei	nts						
Water System Facility: ENTRY POINT -										
Nitrate And Nitrite (NOX)								1	routine (R	T) per year
Sampling Point (Sampling Point ID)		M	onitorii	ng Pe	eriod	Collect	tion Per	iod	Compli	ance Status
		1/	1/20 - 1	12/3:	1/20					
		1/	1/21 - 1	12/3:	1/21					
Water System Facility: ENTRY POINT -	WELL 1 (WSF II	D: 00701)								
Nitrate And Nitrite (NOX)								1	routine (R	T) per year
Sampling Point (Sampling Point ID)		M	onitorii	ng Pe	eriod	Collect	tion Per	riod	Compli	ance Status
EP - WELL 1 (3)		1/	1/19 - 1	12/32	1/19				Coi	mplete
		1/	1/20 - 1	12/3:	1/20					
		1/	1/21 - 1	12/3:	1/21					
Water System Facility: WELL 5 (WSF II	D: 20045)									
E. Coli (3014)							1 t	rigg	ered (TG)	per period
Sampling Point (Sampling Point ID)		M	onitorii	ng Pe	eriod	Collect	tion Per			ance Status
WELL (2)		11/	13/19 -	11/2	19/19				Coi	mplete
Water System Facility: WELL 5A (WSF	ID: 52903)									
E. Coli (3014)							1 t	rigg	ered (TG)	per period
Sampling Point (Sampling Point ID)		M	onitorii	ng Pe	eriod	Collect	tion Per			ance Status
WELL 5A (2)		11/	13/19 -	11/1	19/19					
Water System Facility: WELL 1 (WSF II	D: 55160)									
E. Coli (3014)	•						1 t	rige	ered (TG)	per period
Sampling Point (Sampling Point ID)		M	onitorii	ng Pe	eriod	Collect	ion Per			ance Status
WELL 1 (2)			13/19 -						•	
	Other Co	ompliance S								
Commission of Sahadula Astinitus	Other C	omphance 3					A alai au		Deste	
CROSS CONNECTION SURVEY REPORT				Due D			Achie	vea i	Date	
				3/1/2						
Water !	System Facili	ity and Sami	oling	Poi	int In		ry			
Water						Total	Lead o			_
System Water System Facility		Sampling Point				Coliform			Aabaataa	Stage
Facility ID	ID 2	Description	DATOL	S	<u>status</u>	Rule	Kule	rier	ASDESTOS	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	3	GENERATED BY			A	Y				
	4	DISTRIBUTION S			A	Υ				
		WITHIN 5 SERVI			A					
	UPSTREAM	WITHIN 5 SERVI		ı	A					
00700 ENTRY POINT - WELLS 5 & 5A	3	EP - WELLS 5 & !	οA		Α					
00701 ENTRY POINT - WELL 1	3	EP - WELL 1			Α					
20045 WELL 5	2	WELL			Α					
52903 WELL 5A	2	WELL 5A			Α					
55160 WELL 1	2	WELL 1			Α					

61066 ATMOSPHERIC STORAGE TANK

	Connectic	ut Depa	rtment	of Public	Health	n Dri	nking	Water	Sect	ion	
	Wa	ter Qua	lity Mor	nitoring a	nd Cor	nplia	ance S	chedul	e		
PWS ID	PWS Name									Type P	rimary Source
CT0870062	CAMP WASHING	STON, INC.				1	NC	30	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	l Industri	al Co	nbined	Agricultura
190 KENYON ROA	AD			Connectio	ns 1						
Towns Served: N	IORRIS			·		'			'		
			C	ontact Info	rmation	n					
Name				Organization					Jo	b Title	
Ms. Jean Handle	r			Camp Washin	gton			Executive	Directo	r	
Mailing Address	Line One		Mailing Add	ress Line Two				City	9	tate	Zip Code
190 Kenyon Road	d						Lakesid	e		СТ	06758
Business Phone	Extension	Fax	М	obile Phone	Emergenc	y Phone	e Email A	ddress			
860-567-9623		860-567-3	3037		860-567	-2020	JHANDI	ER@CTDIO	CESE.OF	RG	
Contact Role(s):	Legal Contact		•		,						
Name				Organization					Jo	b Title	
Reverend Dougla	as T lan			Camp Washin	gton Inc			Bishop, Pr	esident		
Mailing Address	Line One		Mailing Add	ress Line Two				City	5	tate	Zip Code
1335 Asylum Ave	nue						Hartfor	d		СТ	06105
Business Phone	e Extension	Fax	М	obile Phone	Emergenc	y Phone	e Email A	ddress			
Contact Role(s):	Owner										
Name	Owner			Organization					lo	b Title	
Mr. Bart Geissin	TOP			Camp Washin	aton Inc			Executive			
Mailing Address			Mailing Add	ress Line Two	igtori,iric.			City		tate	Zip Code
190 Kenyon Road			ivialling Auu	ress Line Two			Lakesid		3	CT	06758
Business Phone		Fax	NA	obile Phone	Emergenc	v Phone				CI	00730
860-567-3037		Ιαχ	IVI	ONITE I HOHE	Lineigenc	y i florit		campwashi	ngton o	rσ	
	Administrative	Contact					campe	Campwasiii	ngton.o	۱5	

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#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Dena	rtmei	nt of	Public	Health	Dri	nkin	σW	ater	Se	ction	
		ter Qua							_			CCIOII	
PWS ID	PWS Name	ter qua	1109 111	OIIIC	011116	ina don		fication				er Type I	Primary Source
	EBNER CAMPS,	INC. (AWOST	ING)					NC		25	-	P	GW
Local Address (w			,		Service	Residen		ommer		ndustria	al	Combined	
ROUTE 109					Connectio			1					0 11 11
Towns Served: N	IORRIS												
			M	onite	oring Re	quireme	nts						
Water System F	acility: <b>DISTR</b>	RIBUTION S	YSTEM (	WSF I	D: 00600)								
<b>Total Coliform</b>	•									:	1 rou	utine (RT	) per month
	oint (Sampling P					Monitori			Collect	ion Per	riod	Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points			6/1/20 -							
						7/1/20 -							
						8/1/20 -							
						9/1/20 -	9/30/2	20					
Physical Paran	= = =											=	) per month
	oint (Sampling P					Monitori			Collect	ion Per	riod	Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points			6/1/20 -							
						7/1/20 -							
						8/1/20 -							
M/-1 C1 1	TALLED FAITS	V DOINT /N	VCE ID 0	0700\		9/1/20 -	9/30/2	20					
Water System I	•	Y POINT (V	VSF ID: U	0700)									
Nitrate And Ni	• •								- II .			=	RT) per year
	oint (Sampling P	oint ID)				Monitori				ion Per	riod		liance Status
ENTRY POIN	1 (3)					1/1/19 -				1-9/30		C	omplete
						1/1/20 -				1-9/30			
				_	••	1/1/21 -			4/:	1-9/30			
			Oth	ner C	omplian	ce Sched	lules						
Compliance Sche	dule Activity						Due Do			Achie	ved L	Date	
RESPOND TO SAM	NITARY SURVEY					3	3/17/20	006					
SEASONAL START	UP COMPLETIC	N					6/1/20	20					
		Water Sy	ystem	Facili	ity and S	Sampling	Poin	it Inv	ento	ry			
Water									Total	Lead	and		
	System Facility	' .			Sampling I				oliform				Stage
Facility ID			ID		Description			utus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTR	IBUTION SYSTEN		4	.D.E. * * *		ION SYSTEM		A	Υ				
						SERVICE CON		A					
00700 7::	/ DOINE		UPSTRI	:AIVI		SERVICE CON		A					
	POINT		3		ENTRY POI	IN I		A					
21540 WELL			2		WELL			A					
						ormation							
Name					rganization							Job Title	
Mr. Kevin R. Ebn					ner Camps	Inc.				esident			
Mailing Address			Mailing A	Address	s Line Two					ity		State	Zip Code
176 Migeon Aver		_				I _		Torrir				СТ	06790
Business Phone	Extension	Fax	2224	Mobi	le Phone	Emergency							
860-379-4050	Lacal Carri	860-626-8	8301			860-459-	8473	Kevin	@awo:	sting.co	om		
Contact Role(s):	Legai Contact												

(	Lonnectic	ut Depa	rtment	of Public	Health	ווזעו	nking	vvater	Section	on	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classif	ication	Population	Owner T	/pe P	rimary Source
СТ0870024	BNER CAMPS,	NC. (AWOST	ING)			N	IC	25	Р		GW
Local Address (wh	nere applicable)			Service	Residen	ntial Commercial		al Industri	al Com	bined	d Agricultura
ROUTE 109				Connection	ns		1				
Towns Served: M	ORRIS								,		
Name				Organization					Job	Title	
Mr. Darren Ley											
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	Sta	ate	Zip Code
176 Migeon Ave							Torring	ton	C	Т	06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress	·		
860-379-6500							darren	@boulderda	ay.com		
Contact Role(s):	Administrative	Contact									

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departmer				_			ction	
Water Quality Mo	onitoring an	ia Con			1			_
PWS ID PWS Name						Own		mary Source
CT0870054 EAST MORRIS XTRA MART/CITGO GAS		5		NC .	25	1 .	P	GW
Local Address (where applicable)	Service Connections	Residen	itial C	ommerci	al Industria	al (	Combined	Agricultural
1 THOMASTON ROAD	Connections	'		1				
Towns Served: MORRIS						_		
Water System Facility: DISTRIBUTION SYSTEM (	onitoring Req WSF ID: 00600)	uireme	nts					
Total Coliform (3100)	•				1	rout	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing Pei	riod C	ollection Per			nce Status
Select from Inventory of Active Sampling Points		7/1/19 -						nplete
, , ,		10/1/19 -				_		nplete
		1/1/20 -						nplete
		4/1/20 -	- 6/30/	20				
		7/1/20 -	9/30/	20				
Physical Parameters (PPS)					1	rout	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing Pei	riod C	ollection Per			nce Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/	19			Con	nplete
		10/1/19 -	- 12/31	/19			Con	nplete
		1/1/20 -	- 3/31/	20			Con	nplete
		4/1/20 -	- 6/30/	20				
		7/1/20 -	9/30/	20				
Water System Facility: ENTRY POINT (WSF ID: 00	0700)							
Nitrate And Nitrite (NOX)					:	1 rou	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ing Per	riod C	ollection Per	riod	Complia	nce Status
ENTRY POINT (3)		10/1/19 -	- 10/31	./19			Con	nplete
		11/1/19 -	- 11/30	)/19			Con	nplete
		12/1/19 -	- 12/31	./19			Con	nplete
		1/1/20 -	- 1/31/	20			Con	nplete
		2/1/20 -					Con	nplete
		3/1/20 -						
		4/1/20 -						
		5/1/20 -						
		6/1/20 -						
		7/1/20 -						
		8/1/20 -						
		9/1/20 -	- 9/30/	20				
Water System Facility: WELL (WSF ID: 21543)								
E. Coli (3014)								er quarter
Sampling Point (Sampling Point ID)		Monitori			ollection Per	riod		nce Status
WELL (2)		7/1/19 -						nplete
		10/1/19 -						nplete
		1/1/20 -					Con	nplete
		4/1/20 -						
		7/1/20 -						
Public	Notification I	Require	emer	nts				
Violation/Situation	Compliance Period	Notice Tier		<u>Public N</u> equired	otification Performe	d Du	<u>PN Certi</u> ue to DPH	fication Received

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0870054 EAST MORRIS XTRA MART/CITGO GAS STATION					NC	25	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural		
1 THOMASTO	N ROAD	Connections			1					
Towns Served: MORRIS										

Connecticut Department of Public Health Drinking Water Section

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	11/1/04 - 11/30/04	2	6/25/2005		7/5/2005						
Nitrate And Nitrite M&R Violation	10/1/04 - 12/31/04	2	6/25/2005		7/5/2005						
Nitrate And Nitrite M&R Violation	7/1/05 - 9/30/05	2	2/22/2006		3/4/2006						
Nitrate MCL Violation	2/1/20 - 2/29/20	1	2/25/2020		3/6/2020						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A A	Υ							
00700	ENTRY POINT	3	ENTRY POINT	Α								
21543	WELL	2	WELL	Α								
53043	MORRS XTRAMART TREATMENT PLANT											

			Co	ontact Inf	ormation				
Name				Organization			J	lob Title	<u>,</u>
Drake Petroleum C	ompany, Inc.								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
15 Ne Industrial Roa	ad					Branford	I	CT	06405
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
845-238-7354									
Contact Role(s): O	wner		·						
Name				Organization			J	lob Title	<u> </u>
Mr. Eric Harvey				Drake Petrol	eum Company, Inc		Envnmtl Project	Mngr	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
15 Ne Industrial Roa	ad					Branford	I	СТ	06405
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
845-238-7354						eharvey	@globalp.com		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

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

End of schedule

	Connecticut Depa	irtment of	Public H	lealth	Drink	ing W	ater So	ection	
	Water Qua	lity Monit	oring an	d Com	pliand	ce Sch	edule		
PWS ID	PWS Name		0		_			ner Type P	rimary Source
CT0870114	GIOVANNIS MORRIS PIZZA 8	& RESTAURANT			NC		25	Р	GW
Local Address (w	vhere applicable)		Service	Resident	ial Comm	nercial Ir	ndustrial	Combined	Agricultural
227 EAST STREE	Т		Connections		1	L			
Towns Served: N	MORRIS			1	,	'	'		
		Monito	oring Requ	uiremei	nts				
Water System	Facility: DISTRIBUTION S								
<b>Total Coliform</b>	n (3100)						1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Period		ance Status
Select from	Inventory of Active Sampling	Points		7/1/19 -	9/30/19			Сс	mplete
				10/1/19 -	12/31/19			Co	mplete
				1/1/20 -	3/31/20				
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
<b>Physical Parar</b>	meters (PPS)						1 ro	utine (RT)	per quarter
Sampling P	Point (Sampling Point ID)			Monitorii	ng Period	Collect	tion Period	Compli	ance Status
Select from	Inventory of Active Sampling	Points		7/1/19 -	9/30/19			Co	mplete
				10/1/19 -				Co	mplete
				1/1/20 -					
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water System	Facility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate (1040	•						1 ro	= =	per quarter
Sampling P	Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Period	Compli	ance Status
ENTRY POI	NT (3)			7/1/19 -	9/30/19			Сс	mplete
				10/1/19 -				Co	mplete
				1/1/20 -					
				4/1/20 -					
				7/1/20 -	9/30/20				
Nitrite (1041)								<del>-</del>	RT) per year
	Point (Sampling Point ID)			Monitorii	_	Collect	ion Period		ance Status
ENTRY POI	NT (3)			1/1/19 - 1				Со	mplete
				1/1/20 - 1					
				1/1/21 - 1					
		Other Co	ompliance						
Compliance Sch					Due Date		Achieved	Date	
RESPOND TO SA				_	3/4/2018				
	Water S	ystem Facili	ty and Sar	mpling	Point In	nvento	ry		
Water						Total	Lead and	1	
*	er System Facility	Sampling Point		int		Coliform			Stage
Facility ID	DIDLITION CVCTCA 4	ID A	Description	VI CVCTER 4	<u>Status</u>		KUIE IIEI	ASDESTOS	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4 DOM/NISTDEANA	DISTRIBUTION		A	Y			
		DOWNSTREAM UPSTREAM	WITHIN 5 SER						
00700 ENTE	V DOINT								
00700 ENTR 21548 WELL	Y POINT	3	WELL		Α				
ZIJ4O VVELL	-	2	VVLLL		Α				

Connecticut Department of Public Health	Drinking	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary

and a CD date Handala Datalate Manage Const

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0870114	0870114 GIOVANNIS MORRIS PIZZA & RESTAURANT						Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
227 EAST STREE	T	Connections			1			

Towns Served: MORRIS

# **Water System Facility and Sampling Point Inventory**

Wat	ter			To	tal Lead and	
Syste	em Water System Facility	Sampling Point	Sampling Point	Colif	form Copper	Stage
Facili	ty ID	ID	Description	Status Ru	ule Rule Tier	Asbestos WQP 2 DBPR

54178 PRESSURE STORAGE

Contact Information											
			Organization	1	Job Title						
		C/O Giovann	i's Morris Pizza	Owner							
e One		Mailing Addr	ess Line Two		City	State	Zip Code				
					Morris		СТ	06763			
Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	ldress	·				
			e One Mailing Addr	Organization C/O Giovann e One Mailing Address Line Two	Organization C/O Giovanni's Morris Pizza e One Mailing Address Line Two	Organization C/O Giovanni's Morris Pizza e One Mailing Address Line Two Morris	Organization C/O Giovanni's Morris Pizza Owner e One Mailing Address Line Two City Morris	Organization Job Title  C/O Giovanni's Morris Pizza  e One Mailing Address Line Two City State  Morris CT			

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

#### Please note the following:

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

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

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

End of schedule

	Connecticut Dep	artment of	Public H	ealth	Drink	ing W	/ater	Se	ction		
	Water Oua	ality Monit	oring and	d Com	plian	ce Sch	nedul	le			
PWS ID	PWS Name	-5 -	- 0 -		1				ner Type P	rimary Source	
CT0870164	MORRIS COMMUNITY HAL	L AND LIBRARY			NC		25		L	GW	
Local Address	s (where applicable)		Service	Resident	ial Comn	nercial	Industri	al	Combined	Agricultural	
3 EAST STREE	T		Connections			2				_	
Towns Served	d: MORRIS										
		Monito	oring Requ	iremei	nts						
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Colifo	•						1	l rou		per quarter	
Samplin	g Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Pe	riod	Compl	iance Status	
Select fr	om Inventory of Active Samplin	g Points		7/1/19 -	9/30/19				Cc	mplete	
					12/31/19				Co	mplete	
				1/1/20 -							
				4/1/20 -	6/30/20						
				7/1/20 -	9/30/20						
_	rameters (PPS)						1	l rou		per quarter	
	g Point (Sampling Point ID)		Monitorir		Collec	tion Pe	riod	Compliance Status			
Select fr	om Inventory of Active Samplin	g Points		7/1/19 -						mplete	
					12/31/19				Cc	mplete	
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30/20						
Water Syste	em Facility: ENTRY POINT (	WSF ID: 00700)									
Nitrate (10	•									per quarter	
	g Point (Sampling Point ID)			Monitorir		Collec	tion Pe	riod		iance Status	
ENTRY P	POINT (3)			7/1/19 -						mplete	
			-		12/31/19				Cc	mplete	
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30/20						
Nitrite (10									<del>-</del>	RT) per year	
	g Point (Sampling Point ID)			Monitorir		Collec	tion Pe	riod		iance Status	
ENTRY P	POINT (3)			1/1/19 - 1					Сс	mplete	
				1/1/20 - 1							
				1/1/21 - 1							
	Water 9	System Facili	ity and Sar	npling	Point I	nvento	ory				
Water						Total	Lead	and			
System W Facility ID	ater System Facility	Sampling Point ID	Sampling Poil Description	nt	Status	Coliforn Rule			Asbestos	Stage WQP 2 DBPR	
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700 EN	NTRY POINT	3	ENTRY POINT		Α						
21552 W	ELL 1	2	WELL		А						

56019 BLADDER TANK

	Connectic	ut Dona	rtmont	of Dubli	- Uaaltk	, D	rinkino	Mator	Soction	
	Connectic	*					_			
		ter Qua	iity Mo.	nitoring	and Cor	-				
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0870164	MORRIS COMM	UNITY HALL	AND LIBRA	RY			NC	25	L	GW
Local Address (w	here applicable)			Service	Resider	dential Commercia		al Industria	l Combine	d Agricultural
3 EAST STREET				Connecti	ons		2			
Towns Served: N	IORRIS				1		1		'	1
			C	Contact Inf	ormatio	า				
Name				Organization	1				Job Title	
Morris										
Mailing Address	Line One		Mailing Add	dress Line Two				City	State	Zip Code
Business Phone	Extension	Fax	N	Nobile Phone	Emergenc	y Pho	one Email A	Address		
Contact Role(s):	Owner									
Name				Organization	<u> </u>				Job Title	
Mr. Tom Weik				Town of Mo				First Select	tman	
Mailing Address	Line One		Mailing Add	dress Line Two				City		Zip Code
Morris Community Hall 3 East Street, I				et, P.O. Box 66	.O. Box 66 Mor			s CT 06763-0		
Business Phone	Extension	Fax	N	1obile Phone	Emergenc	y Pho	one Email A	Address		
860-567-7430		860-567-7	7432				1stsele	ctman@tow	nofmorrisct.c	om
Contact Role(s):	Administrative	Contact, Leg	al Contact							

# Please note the following:

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

End of schedule

	С	onnecticut Depa	irtment of	f Public H	lealth	Dr	inki	ng W	ater So	ection	
		Water Qua	lity Monit	oring an	d Con	npli	ianc	e Sch	edule		
PWS ID	P۱	WS Name				_				ner Type F	rimary Source
CT087021	.4 5	WATERTOWN ROAD (RT 6	3) - MORRIS				NC		25	Р	GW
Local Addr	ress (whe	ere applicable)		Service	Residen	tial	Comm	ercial I	Industrial	Combined	Agricultural
				Connections			1				
Towns Ser	rved: MO	RRIS						·			
			Monito	oring Requ	iireme	nts					
Water Sys	stem Fa	cility: DISTRIBUTION S									
<b>Total Col</b>	liform (	3100)							1 ro	utine (RT)	per quarter
Samp	pling Poi	nt (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Period	l Compl	iance Status
Selec	t from In	ventory of Active Sampling	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				
•		ters (PPS)							1 ro		per quarter
		nt (Sampling Point ID)			Monitori			Collec	tion Period		iance Status
Selec	t from In	ventory of Active Sampling	Points		7/1/19 -		-				omplete
				10/1/19 - 12/31/19						Co	omplete
				1/1/20 - 3/31/20							
					4/1/20 -		-				
					7/1/20 -	9/30	/20				
Water Sys	stem Fa	cility: ENTRY POINT (V	VSF ID: 00700)								
		ite (NOX)							1	=	RT) per year
		nt (Sampling Point ID)						Collec	tion Period	l Compl	iance Status
ENTR	RY POINT	(3)		1/1/19 - 12/31/19						Co	omplete
					1/1/20 -						
					1/1/21 -	12/3	1/21				
			Other C	ompliance	Sched	lule	S				
Compliand	ce Sched	ule Activity			ı	Due L	Date		Achieved	Date	
RESPOND	TO SANI	TARY SURVEY			8	3/25/2	2019				
RESPOND	TO SANI	TARY SURVEY			8	3/25/2	2019				
RESPOND	TO SANI	TARY SURVEY			8	3/25/2	2019				
		Water S	ystem Facili	ity and Sar	npling	Poi	nt In	vento	ry		
Water				-				Total	Lead and	1	
System	Water S	ystem Facility	Sampling Point		nt			Coliforn			Stage
Facility ID	)		ID	Description		S	tatus	Rule	Rule Tie	r Asbestos	WQP 2 DBPF
00600	DISTRIB	UTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ			
			DOWNSTREAM	WITHIN 5 SER	VICE CON	٧	Α				
			UPSTREAM	WITHIN 5 SER	VICE CON	N	Α				
00700	ENTRY F	POINT	3	ENTRY POINT			Α				
29613	WELL 1		2	WELL 1			Α				
			Con	tact Inform	mation						
Name			Oı	rganization						Job Title	
Mr. David	M. Gere	mia		idamari, LLC				Principal Member			
Mailing Ad	ddress Lir	ne One	Mailing Address	s Line Two				(	City	State	Zip Code
393 Thoma	aston Av	enue					Wa	terbury		СТ	06702

C	onnectic	ut Depa	artment (	ot I	Public	Health	i Dri	nking	g Water	<sup>1</sup> S(	ection	
	Wa	ter Qua	lity Mon	ito	ring a	nd Con	nplia	ance S	Schedu	le		
PWS ID P	WS Name						Classi	fication	Population	Ow	ner Type	Primary Source
CT0870214 5	WATERTOWN	ROAD (RT 6	3) - MORRIS					NC	25		Р	GW
Local Address (who	ere applicable)			S	Service	Residen	ntial C	ommerci	al Industr	ial	Combine	d Agricultural
				C	Connection	ıs	1					
Towns Served: MC	ORRIS											
Business Phone Extension Fax					Dile Phone   Emergency Phone   Em			e Email A	Address			
860-567-2299						203-509	-5957	dlgerer	mia@aol.co	m		
Contact Role(s):	Owner											
Name				Orga	anization						Job Title	
Mr. Jan Sjogren				The	Barn							
Mailing Address Li	ne One		Mailing Addr	ess L	ine Two				City		State	Zip Code
5 Watertown Rd								Morris	Morris		СТ	06763
Business Phone	Extension	Fax	Mo	bile	Phone	Emergency	mergency Phone Email Address					
786-837-4536						203-963	-9231	sjogrer	n.jan@gmai	l.cor	n	
Contact Role(s):	Administrative	Contact, Le	gal Contact					1				

CD 1-11-11-1-1-1 D -1-1-1- MI-1-- C

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Dep	artment of	Public I	Health I	Drir	nking	Wa	iter	Se	ction	
Water Qu	ality Monit	oring an	d Com	plia	nce S	che	dul	e		
PWS ID PWS Name			C	lassifi	cation	Popul	ation	Owr	ner Type P	rimary Source
CT0870244 BUDDHA ARIYAMETT ARA	M TEMPLE			N	С	25	5		Р	GW
Local Address (where applicable)		Service	Residentia	al Co	mmercia	al Ind	dustria	al	Combined	Agricultural
140 EAST STREET (ROUTE 109)		Connections	5		1					
Towns Served: MORRIS										
	Monito	oring Requ	uiremen	ts						
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)								
Total Coliform (3100)							1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	od Co	ollectio	on Per	riod	Compl	iance Status
Select from Inventory of Active Samplin	ng Points		7/1/19 - 9	/30/1	9				Co	omplete
			10/1/19 - 1	2/31/	19				Co	mplete
			1/1/20 - 3	/31/2	0					· ·
			4/1/20 - 6							
			7/1/20 - 9							
Physical Parameters (PPS)							1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	od Co	ollectio	on Per			iance Status
Select from Inventory of Active Samplin	ng Points		7/1/19 - 9	/30/1	9				Co	mplete
			10/1/19 - 1	2/31/	19				Co	mplete
			1/1/20 - 3	/31/2	0					
			4/1/20 - 6	/30/2	0					
			7/1/20 - 9	/30/2	0					
Water System Facility: ENTRY POINT (	(WSF ID: 00700)									
Nitrate And Nitrite (NOX)								1	routine (	RT) per year
Sampling Point (Sampling Point ID)			Monitoring	g Perio	od Co	ollectio	on Per	riod	Compl	iance Status
ENTRY POINT (3)			1/1/19 - 12	2/31/1	19				Co	mplete
			1/1/20 - 12	2/31/2	20					
			1/1/21 - 12	2/31/2	21					
Water	System Facili	ty and Sa	mpling P	Point	t Inve	ntor	у			
Water							Lead (	and		
System Water System Facility	Sampling Point		int		-	form	Copp			Stage
Facility ID	ID	Description		Sta	tus Ri	ule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	P	4	Y				
	DOWNSTREAM	WITHIN 5 SE	RVICE CON	P	4					
	LIBOTREALA									
	UPSTREAM		RVICE CON	P						
00700 ENTRY POINT	3	ENTRY POIN		P	4					
00700 ENTRY POINT 21558 WELL	3 2	ENTRY POINT	Г		4					
	3 2	ENTRY POIN	Г	P	4					
	3 2 <b>Con</b>	ENTRY POINT	Г	P	4				Job Title	
21558 WELL	3 2 <b>Con</b> Or	ENTRY POINT WELL tact Infor	mation	P	4	Boar	rd Me	mbe		
21558 WELL Name	3 2 <b>Con</b> Or	WELL  tact Information  ganization  iddha Aram To	mation	P	4	Boar		mbe		Zip Code
21558 WELL  Name  Mr. Kham Norasing	3 2 <b>Con</b> Or Bu	WELL  tact Information  ganization  iddha Aram To	mation	P	4	Cit		mbe	r	Zip Code 06776
21558 WELL  Name  Mr. Kham Norasing  Mailing Address Line One	3 2 Con Or Bu Mailing Address	WELL  tact Information rganization uddha Aram To	mation	A A	New M	Cit ilford	У	mbe	r	
21558 WELL  Name  Mr. Kham Norasing  Mailing Address Line One 6 Polaris Dr	3 2 Con Or Bu Mailing Address	WELL  tact Information rganization uddha Aram To	mation emple	A A	New M	Cit ilford .ddres	y		State CT	

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0870244	<b>BUDDHA ARIYAMETT</b>	ARAM 1	TEMPLE			NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
140 EAST STREET (ROUTE 109)		Connections		1					

Towns Served: MORRIS

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name	Classific	cation   Population   Owner Type   Primary Source									
CT0870254 POPEYS ICE CREAM SHOPPE/RIPE TOMA	TO NO	25 P GW									
Local Address (where applicable)	Service Residential Con	nmercial Industrial Combined Agricultural									
7 - 7B WEST STREET (ROUTE 109)	Connections	3									
Towns Served: MORRIS											
Mor	nitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)										
Total Coliform (3100)		1 routine (RT) per quarter									
Sampling Point (Sampling Point ID)	Monitoring Perio	d Collection Period Compliance Status									
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19	Complete									
	10/1/19 - 12/31/1	L9 Complete									
	1/1/20 - 3/31/20	)									
	4/1/20 - 6/30/20										
	7/1/20 - 9/30/20	)									
Physical Parameters (PPS)		1 routine (RT) per quarter									
Sampling Point (Sampling Point ID)	Monitoring Perio										
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19	· · · · · · · · · · · · · · · · · · ·									
	10/1/19 - 12/31/1	·									
	1/1/20 - 3/31/20										
	4/1/20 - 6/30/20										
	7/1/20 - 9/30/20	)									
Water System Facility: ENTRY POINT (WSF ID: 007	00)										
Nitrate And Nitrite (NOX)		1 routine (RT) per year									
Sampling Point (Sampling Point ID)	Monitoring Perio										
ENTRY POINT (3)	1/1/19 - 12/31/19	9 Complete									
	1/1/20 - 12/31/20										
	1/1/21 - 12/31/2	1									
Water System Facility: WELL (WSF ID: 21559)											
E. Coli (3014)		1 routine (RT) per quarter									
Sampling Point (Sampling Point ID)	Monitoring Perio	d Collection Period Compliance Status									
WELL (2)	7/1/19 - 9/30/19	Complete Complete									
	10/1/19 - 12/31/1	L9 Complete									
	1/1/20 - 3/31/20	)									
	4/1/20 - 6/30/20	<del>_</del>									
	7/1/20 - 9/30/20	)									
Water System Fa	cility and Sampling Point	Inventory									
Water		Total Lead and									
	oint Sampling Point	Coliform Copper Stage									
Facility ID ID	Description Stat										
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM A										
	AM WITHIN 5 SERVICE CON A										
UPSTREAM											
00700 ENTRY POINT 3	ENTRY POINT A										
21559 WELL 2	WELL A										
21559 WELL 2 61054 SOFTENER 61230 WELL 2 2											

(	Connectic	ut Depa	rtment	of Public	: Health	ı Drii	ıking	g Water	Section	1		
	Wa	ter Qua	lity Mo	nitoring a	and Cor	nplia	nce S	Schedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	e Pri	mary Source	
CT0870254 P	OPEYS ICE CRE	AM SHOPPE,	RIPE TOMA	TO	NC		С	25	Р		GW	
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combir	ned	Agricultural	
7 - 7B WEST STREI	T (ROUTE 109)			Connection	ons		3					
Towns Served: MORRIS												
			C	Contact Inf	ormation	า						
Name				Organization					Job Tit	le		
Ms. Suzanne Skilt	on											
Mailing Address L	ine One		Mailing Add	dress Line Two	ress Line Two			City			Zip Code	
P.O. Box 199			7 West Stre	et	et			Morris CT 06763				
Business Phone	Extension	Fax	N	1obile Phone	Emergenc	y Phone	Email A	Address	·			
860-567-0504		860-567-3	3583		860-567	-9889	tskiltor	n@optonline	e.net			
Contact Role(s):	Legal Contact, (	Owner										
Name				Organization					Job Tit	:le		
Mr. Richard Skilto	on											
Mailing Address L	ine One		Mailing Add	dress Line Two				City	State	2	Zip Code	
P.O. Box 199			7 West Stre	et			Morris		СТ		06763	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address												

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

#### Please note the following:

860-567-9889

- 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.

860-567-3583

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.

860-567-3583

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End of schedule

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	Connecticut D	epartment of	Public H	lealth l	Drink	ing W	ater S	ection			
	Water (	Quality Monit	oring an	d Com	pliand	ce Sch	edule				
PWS ID	PWS Name	<u> </u>			<u> </u>			ner Type Primary Sour			
CT0878024	WINVIAN FARM COUN	TRY INN -COTTAGE SY	/STEM		NC		30	Р	GW		
Local Address	(where applicable)		Service	Residenti	al Comn	nercial Ir	ndustrial	Combined	Agricultura		
155 ALAIN WH	HITE ROAD		Connections			9					
Towns Served	: MORRIS		-	I		I					
		Monito	oring Requ	ıiremen	ts						
Water Syster	m Facility: DISTRIBUTION										
Total Colifor	rm (3100)						1 rc	utine (RT)	per quarter		
Sampling	g Point (Sampling Point ID	)		Monitoring	g Period	Collect	ion Perio	d Compli	ance Status		
Select fro	om Inventory of Active Sam	npling Points		7/1/19 - 9	/30/19			Co	mplete		
				10/1/19 - 1	2/31/19			Co	mplete		
				1/1/20 - 3	3/31/20			Со	mplete		
				4/1/20 - 6	5/30/20						
				7/1/20 - 9	/30/20						
Physical Par	rameters (PPS)						1 rc	utine (RT)	per quarter		
Sampling	g Point (Sampling Point ID	)		Monitorin	g Period	Collect	ion Perio	d Compli	ance Status		
Select fro	om Inventory of Active Sam	npling Points		7/1/19 - 9	/30/19			Complete			
				10/1/19 - 1	2/31/19		Complete				
				1/1/20 - 3	3/31/20			Complete			
				4/1/20 - 6	5/30/20						
				7/1/20 - 9	/30/20						
Water Syster	m Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)						:	L routine (R	T) per year		
Sampling	g Point (Sampling Point ID)	)		Monitorin	g Period	<b>Compliance Status</b>					
ENTRY PO	OINT (3)			1/1/19 - 12/31/19				Complete			
				1/1/20 - 12/31/20							
				1/1/21 - 1	2/31/21						
		Other C	ompliance	Schedu	ıles						
Compliance So	chedule Activity			Di	ue Date		Achieve	d Date			
CROSS CONNE	ECTION EXEMPTION			3/	/1/2024						
	Wate	er System Facili	ity and Sar	npling F	Point I	nvento	ry				
Water						Total	Lead an	d			
•	ater System Facility	Sampling Point		nt		Coliform			Stage		
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP		
00600 DIS	STRIBUTION SYSTEM	4	GENERIC DIST		Α						
					Α						
		UPSTREAM	WITHIN 5 SER		Α						
		WINCT001	LOG COTTAGI		Α	Y					
					Α	Y					
		WINCTOO3	BEAVER COTT		Α	Y					
	WINCT004				A	Y					
		WINCTOOS	FISHING COTT		A	Y					
		WINCTOO6	LODGE COTTA		A	Y					
		WINCTOO7	MARITIME CO		A	Y					
		WINCTOOS	WOOLAND CO		A	Y		Υ			
		WINCT009	GOLF COTTAG	) E	Α	Υ					

WINCT010

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Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWS Namo	Classification	Donulation	Owner Type	Drim

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0878024	WINVIAN FARM COUNTRY INN -COTT	TAGE SYSTEM			NC	30	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
155 ALAIN WI	HITE ROAD	Connections			9			

Towns Served: MORRIS

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility		Sampling Point		Total Coliform				Stage			
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
		WINCT011	LIBRARY COTTAGE	Α	Υ							
		WINCT012	INVENTOR COTTAGE	Α	Υ							
		WINCT013	STONE COTTAGE	Α	Υ							
00700	ENTRY POINT	3	ENTRY POINT	Α								
52951	WELL G	2	WELL G	Α								
52953	WELL H	2	WELL H	Α								
52957	ATMOSPHERIC TANKS											
52959	PRESSURE TANK											

Contact Information											
			Organization	1	Job Title						
			Winvian Farr	Managing Director							
Mailing Address Line One				Mailing Address Line Two				Zip Code			
ad					Morris	CT 06763					
Extension	Fax	,	Mobile Phone	Emergency Phone	Email Address						
	860-567-9	9660		860-567-9600	hsmith@winvian.com						
	d	d Extension Fax	ıd	Organization Winvian Farr e One Mailing Address Line Two id Extension Fax Mobile Phone	Organization Winvian Farm Country Inn  e One Mailing Address Line Two  d  Extension Fax Mobile Phone Emergency Phone	Organization Winvian Farm Country Inn  e One Mailing Address Line Two  d Morris  Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Winvian Farm Country Inn Per One Mailing Address Line Two Morris Extension Fax Mobile Phone Emergency Phone Email Address	Organization  Winvian Farm Country Inn  Managing Director  One  Mailing Address Line Two  City State  Morris  CT  Extension  Fax  Mobile Phone  Emergency Phone  Email Address			

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

### Please note the following:

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

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

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

End of schedule

	Connecticut D											
	Water (	Quality Mo	onitoring an	d Com	plia	nce So	chedule					
PWS ID	PWS Name			(	Classification   Population   Owner Type   Primary So							
CT087803	4 MORRIS FIELD AND CO	ILION		N	С	25	L	GW				
Local Addr	ress (where applicable)		Service	Residenti	al Co	mmercial	Industrial	Combine	ed Agricultural			
83 EAST SI	HORE RD		Connections			1						
Towns Ser	ved: MORRIS											
	Monitoring Requirements											
	stem Facility: DISTRIBUTION	ON SYSTEM (	WSF ID: 00600)									
Total Coliform (3100)  1 routine (RT) per quarter												
	oling Point (Sampling Point ID			Monitorin			lection Perio		oliance Status			
Selec	t from Inventory of Active San	npling Points		7/1/19 - 9					Complete			
			-	10/1/19 - 1				(	Complete			
				1/1/20 - 3								
				4/1/20 - 6 7/1/20 - 9								
Physical	Parameters (PPS)						1 r	outine (RT	) per quarter			
_	oling Point (Sampling Point ID	)		Monitorin	g Perio	od Coll	lection Perio	=	oliance Status			
Selec	t from Inventory of Active San	npling Points		7/1/19 - 9	/30/1	9		(	Complete			
			:	10/1/19 - 1	2/31/	19		(	Complete			
				1/1/20 - 3	3/31/2	0						
				4/1/20 - 6/30/20								
				7/1/20 - 9	)/30/2	0						
Water Sys	stem Facility: ENTRY POIN	IT (WSF ID: 00	0700)									
Nitrate A	And Nitrite (NOX)							1 routine	(RT) per year			
Samp	oling Point (Sampling Point ID	)		Monitorin			lection Perio	od Com	oliance Status			
ENTR	Y POINT (3)			1/1/19 - 1	2/31/1	.9		(	Complete			
				1/1/20 - 1	-							
				1/1/21 - 1	2/31/2	!1						
		Public	Notification R									
Violetion	/Cituation		Compliance Period	Notice	_	<u>ublic Not</u>			ertification			
Violation/	form M&R Violation			Tier	печинеи		Performed	<i>Due to DP</i>				
	arameters M&R Violation		7/1/14 - 9/30/14 7/1/14 - 9/30/14	3								
PHYSICALPA												
	wat	er System i	acility and Sar	npiing i	Point	inven						
Water	Makes Custom Engility	Campulina	Doint Commiss Doi			Tota			Charac			
System Facility ID	Water System Facility	Sampling ID	Point Sampling Poil Description	nt	٠.	Colifo tus Rul			Stage s WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	Sta	tus	e Kule II	er Asbesto	3 WQF Z DDFR			
00000	DISTRIBUTION STSTEIN		REAM WITHIN 5 SER									
		UPSTRE			A A							
00700	ENTRY POINT	3	ENTRY POINT		Δ							
58496	WELL #1	2	WELL #1		Δ							
J0430	νν LLL π 1			matic:	F	`						
Name			Organization	nation				Job Title				
Mr. Tom V	Noik		Town of Morris				First Selectr		=			
	ddress Line One	Mailing A	ddress Line Two				City	State	Zip Code			
			eet, P.O. Box 66			Morris	City	CT	06763-0066			
IVIUITIS COI	mmunity Hall	o EdSt Str	Mobile Phone			Morris	1	U	00/03-000			

Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Wa	iter Quality N	<b>Monit</b>	oring an	id Con	npli	ance S	Schedul	e			
PWS ID	PWS Name					Classification		Population	Owner Type Primary So		imary Source	
СТ0878034	MORRIS FIELD	AND COMMUNITY PA	AVILION			NC 25 L					GW	
Local Address (where applicable)				Service	Residen	tial (	Commerci	al Industri	al Com	bined	Agricultural	
83 EAST SHORE	RD			Connections	S		1					
Towns Served: I	MORRIS				·							
business Filor	ie Exterision	гах	IVIODII	e Phone L	-mergency	PHOI	riione Emaii Address					
860-567-743	0	860-567-7432					1stselectman@townofmorrisct.com					
Contact Role(s):	Administrative	Contact, Legal Cont	act									

Connecticut Department of Public Health Drinking Water Section

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End of schedule