	Connecticut D	epartment of	Public H	lealth	Drin	king V	/ater	Se	ction	
	Water Q	Juality Monit	oring an	d Com	ıpliar	ice Scł	nedul	e		
PWS ID	PWS Name				Classific	ation Pop	oulation	Owr	ner Type Pi	rimary Source
CT1020483	STONINGTON INSTITUT	re - Knollwood			NC		77		Р	GW
Local Addres	ss (where applicable)		Service	Resident	tial Com	imercial	Industria	al	Combined	Agricultura
75 SWANTO	WN HILL ROAD		Connections	1						
Towns Serve	d: NORTH STONINGTON									
		Monito	oring Requ	lireme	nts					
Water Syste	em Facility: DISTRIBUTIO									
Total Colif	orm (3100)						1	rou	itine (RT)	per quarter
	ng Point (Sampling Point ID,)		Monitori	ng Period	d Colle	ction Per			ance Status
Select f	rom Inventory of Active Sam	pling Points		7/1/19 -	9/30/19				Co	mplete
				10/1/19 -	12/31/1	9				mplete
					3/31/20					mplete
				4/1/20 -						
					9/30/20					
Physical Pa	arameters (PPS)						1	rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)		Monitori	ng Period	d Colle	ction Per	riod	Compli	ance Status
Select f	rom Inventory of Active Sam	npling Points		7/1/19 -	9/30/19				Со	mplete
				10/1/19 -	12/31/1	9			Со	mplete
				1/1/20 -	3/31/20				Со	mplete
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Samplii	d Nitrite (NOX) ng Point (Sampling Point ID, POINT (3))		<i>Monitorii</i> 1/1/19 - 1/1/20 - 1/1/21 -	12/31/19 12/31/20)	ction Per		Compli	ance Status mplete
		Other Co	ompliance							
Compliance	Schedule Activity	other et	omphanee		Due Date	,	Achiev	ved	Date	
-	NECTION SURVEY REPORT				3/1/2020		,			
		er System Facili	ty and Sai				orv			
Water						Total	Lead	and		
	Vater System Facility	Sampling Point	Sampling Poi	nt		Colifori				Stage
Facility ID	- *	D	Description		Stati	0			Asbestos	WQP 2 DBPF
-	ISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Y				
		4-1	Room 5 Bath		A	Ŷ				
		4-2	Room 8 Bath		A	Ŷ				
		4-3	Lounge Bath		A	Ŷ				
		4-4	Exam Room E	Bath	A	Ŷ				
		4-5	Well Entry	- 1	A	Ŷ				
		DOWNSTREAM				·				
		UPSTREAM	WITHIN 5 SEF							
00700 E	NTRY POINT	3	ENTRY POINT		. <u>л</u>					
	/ELL #1	2	WELL		A					
	VELL#1	۷.	VVLLL		A					
	T1021053 - INFIRMARY									

(Connecti	cut Depa	rtment of	f Public H	Health D	Drink	king ^v	Water	Sect	tion	
	W	ater Qua	lity Monit	oring an	d Comp	olian	ce So	chedul	e		
PWS ID	PWS Name	Č.	5	0						r Type Pr	rimary Source
CT1020483	STONINGTON	INSTITUTE - KI	NOLLWOOD			NC		77	Р	>	GW
Local Address (wi	nere applicabl	e)		Service	Residential	l Comr	mercial	Industria	al Cc	ombined	Agricultural
75 SWANTOWN H	HILL ROAD			Connections	5 1						
Towns Served: N	ORTH STONIN	GTON									
			Certified	Operator	Informat	tion					
Water System F	acility: DIS	TRIBUTION S	(STEM (WSF II	D: 00600)							
Facility Classifica	tion: DISTRIB	UTION SYSTEM									Certification
Operator Name			Operator Typ	e C	Certification(s	s)					Expiration
PHILLIPS, JEFFRE	(CHIEF OPERATO	DR S	MALL WATER	R SYSTE	M OPEF	RATOR			6/30/2021
			Con	tact Infor	mation						
Name			0	rganization					JC	ob Title	
Mr. Jeffrey Philli	os		St	onington Insti	itute			Facilities D	Directo	r	
Mailing Address I	ine One		Mailing Addres	s Line Two				City		State	Zip Code
75 Swantown Hill	Road					N	orth Sto	onington		СТ	06359
Business Phone	Extension	Fax	Mobi	le Phone E	Emergency Ph	hone Er	mail Ad	dress			
860-445-3014		860-535-3	3401			je	ff.philli	ps@uhsino	c.com		
Contact Role(s):	Administrativ	e Contact									
Name			0	rganization					Jo	ob Title	
Mr. William A. A	niskovich		St	onington Insti	itute			Ceo			
Mailing Address I	ine One		Mailing Addres	s Line Two				City		State	Zip Code
75 Swantown Hill	Road							onington		CT (06359-0216
Business Phone	e Extensior	i Fax	Mobi	le Phone E	mergency Ph		mail Ad	dress			
860-535-1010					800-832-102	22					
Contact Role(s):	Legal Contact	:									
Name				rganization						ob Title	
Mr. Mitchel L. W				onington Insti	itute			Dir Faciliti	_		
Mailing Address I			Mailing Addres	s Line Two				City		State	Zip Code
75 Swantown Hill								onington		СТ	06359
Business Phone				le Phone E	Emergency Ph		mail Ad	dress			
860-535-1010	233	860-535-4	1820		860-535-102	10					
Contact Role(s):	-	:									
Please note the f	-	antration must h	e measured at the	a same location	and time as or	ach tota	l colifor	n camplo			
			lity samples must					n sample.			
	chou is specifi		inty sumples must		and the speci						

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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	Water (Quality Monit	oring an	d Com	plian	ce Sc	hedu	le		
PWS ID	PWS Name				Classifica	tion Po	pulation	l Own	er Type Pi	rimary Source
СТ102002	4 CAMP WIGHTMAN - CA	AMPBELL WELL			NC		25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Comr	mercial	Industr	ial	Combined	Agricultura
207 COAL	PIT HILL ROAD		Connections			1				
Towns Ser	ved: NORTH STONINGTON				·	·		, ,		
		Monite	oring Requ	uiremei	nts					
Water Sv	stem Facility: DISTRIBUTI		<u> </u>							
	liform (3100)					_	_	1 rou ⁻	tine (RT)	per quarter
	oling Point (Sampling Point ID))		Monitorir	na Period	Colle	ection Pe			ance Status
	t from Inventory of Active Sar			7/1/19 -	-					mplete
				10/1/19 -						mplete
				1/1/20 -						mplete
				4/1/20 -						
				7/1/20 -						
Physical	Parameters (PPS)							1 rou	tine (RT)	per quarter
-	oling Point (Sampling Point ID))		Monitorir	ng Period	Colle	ection Pe		• • •	ance Status
Selec	t from Inventory of Active Sar	npling Points		7/1/19 -	9/30/19				Со	mplete
				10/1/19 -	12/31/19					
				1/1/20 -	3/31/20				Со	mplete
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 1	routine (R	T) per year
Samp	oling Point (Sampling Point ID)		Monitorin	ng Period	Colle	ection Pe		-	ance Status
ENTR	Y POINT (3)			1/1/19 - 1	12/31/19				Со	mplete
				1/1/20 - 1	12/31/20					
				1/1/21 - 1	12/31/21					
	Wat	er System Facili	ity and Sa	mpling	Point I	nvent	ory			
Water			•	1 0		Tota	-	l and		
System	Water System Facility	Sampling Point	Sampling Poi	int			т Сор			Stage
Facility ID	1	ID	Description		Statu	s Rule	Rule	e Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y				
		4-1	Front Right K	itchen	А	Y				
		4-2	Back Center H	Kitchen	А	Y				
		4-3	First Back Res	stroom	Α	Y				
		4-4	Second Back	Restroom	Α	Y				
		4-5	Front Left Kit	chen S	А	Y				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	A					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	-	А					
21781	WELL 1	2	WELL1		А					
54929	PRESSURE STORAGE									
		Con	tact Infor	mation						
Name			rganization						Job Title	
	Michael Wu		occonn			L	egal Co	unsel		
Mailing Ac	dress Line One	Mailing Address					City		State	Zip Code
		5								•

90A North Main Street

	-	· · · ·	-)		0 -		1-			-		
PWS ID	PWS Name						Clas	sification	Population	Owner [®]	Туре	Primary Source
CT1020024	CAMP WIGHTM	AN - CAMPB	ELL WEL	L				NC	25	Р		GW
Local Address (w	here applicable)			S	ervice	Resider	ntial	Commerc	ial Industri	ial Cor	mbine	ed Agricultural
207 COAL PIT HIL	L ROAD			C	onnection	S		1				
Towns Served: N	ORTH STONING	TON										
Business Phone	e Extension	Fax		Mobile I	Phone I	Emergency	y Pho	ne Email	Address			
860-693-4803								mwu@	Pabcconn.or	g		
Contact Role(s):	Legal Contact											
Name				Orga	nization					Jo	b Title	5
Ms. Holly Blacke	r			Ame	rican Bapti	st Church	es Ofo	t	Interim D	irector		
Mailing Address	Line One		Mailing	Address Li	ne Two				City	S	itate	Zip Code
207 Coal Pit Hill F	Road							Griswo	bld		СТ	06351
Business Phone	e Extension	Fax		Mobile I	Phone I	Emergency	y Pho	ne Email	Address			
860-376-2179		860-376-	7059			518-312	-3835	hblack	er@abconn	.org		
Contact Role(s):	Administrative	Contact										
Please note the	following:											

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

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

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

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PWS ID		V.	<u></u>	0		pnan	ce Sch	icuaic		
PVVSID		PWS Name			(Classificat	ion Pop	ulation Ow	ner Type Pi	rimary Sou
CT102003	84	CAMP WIGHTMAN - CATH	CART WELL			NC		25	Р	GW
_ocal Add	ress (v	where applicable)		Service	Residenti	al Comn	nercial	Industrial	Combined	Agricultu
207 COAL	PIT H	ILL ROAD		Connections			1			
Fowns Sei	rved: I	NORTH STONINGTON								
			Monit	oring Requ	uiremen	ts				
Nater Sv	,stem	Facility: DISTRIBUTION		• ·						
		n (3100)			_	_		1 ro	utine (RT)	ner quarte
		Point (Sampling Point ID)			Monitorin	a Period	Collec	tion Period		ance Statu
		n Inventory of Active Sampli	ng Points		7/1/19 - 9	-	conce		-	mplete
00.00					10/1/19 - 1					mplete
					1/1/20 - 3					mplete
					4/1/20 - 6					P
					7/1/20 - 9					
Physical	Para	meters (PPS)						1 ro	utine (RT)	per quarte
-		Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period		ance Statu
		n Inventory of Active Sampli	ng Points		7/1/19 - 9	-			-	mplete
		<u> </u>	_		10/1/19 - 1					mplete
					1/1/20 - 3	3/31/20			Со	mplete
					4/1/20 - 6	6/30/20				
					7/1/20 - 9	/30/20				
Nater Sy	vstem	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate /	And N	litrite (NOX)						1	routine (R	T) per vea
		Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	-	ance Statu
ENTF	RY POI	NT (3)			1/1/19 - 1	2/31/19			Со	mplete
					1/1/20 - 1	2/31/20				
					1/1/21 - 1	2/31/21				
								NK1/		
		Water	System Facil	itv and Sa	mpling A	Point li	nvento	עוע		
Water		Water	System Facil	ity and Sa	mpling I	Point li		-	1	
Water System	Wate	Water	System Facil	•		Point li	Total	Lead and	1	Stad
System			•	•			Total Coliforn	Lead and Copper	· Asbestos	Stag WQP 2 DB
System)		Sampling Point	Sampling Po	int	Point II	Total Coliforn	Lead and Copper		-
System Facility ID)	er System Facility	Sampling Point	Sampling Pol	int	Status	Total Coliforn Rule	Lead and Copper		-
System Facility ID)	er System Facility	Sampling Point ID 4	Sampling Pol Description	int N SYSTEM	<u>Status</u> A	Total Coliforn Rule Y	Lead and Copper		-
System Facility ID)	er System Facility	Sampling Point ID 4 4-1	Sampling Pol Description DISTRIBUTIO Kitchen Sink	int N SYSTEM estroom	<u>Status</u> A A	Total Coliforn Rule Y Y	Lead and Copper		-
System Facility ID)	er System Facility	Sampling Point ID 4 4-1 4-2	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Re	int N SYSTEM estroom stroom Lef	Status A A A	Total Coliforn Rule Y Y Y	Lead and Copper		-
System Facility ID)	er System Facility	<i>Sampling Point</i> <i>ID</i> 4 4-1 4-2 4-3	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Re Women s Res	int N SYSTEM estroom stroom Lef stroom Rig	Status A A A A	Total Coliforn Rule Y Y Y Y	Lead and Copper		-
System Facility ID)	er System Facility	<i>Sampling Point</i> <i>ID</i> 4 4-1 4-2 4-3 4-4	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Right Men s F	int N SYSTEM estroom stroom Lef stroom Rig Restroom	Status A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID)	er System Facility	<i>Sampling Point</i> <i>ID</i> 4 4-1 4-2 4-3 4-4 4-5	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Right Men s F	int N SYSTEM estroom stroom Lef stroom Rig Restroom RVICE CON	Status A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID	DIST	er System Facility	<i>Sampling Point</i> <i>ID</i> 4 4-1 4-2 4-3 4-3 4-4 4-5 DOWNSTREAM	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Right Men s R WITHIN 5 SER	int N SYSTEM estroom stroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID 00600	DIST	er System Facility RIBUTION SYSTEM	Sampling Point ID 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM	Sampling Pol Description DISTRIBUTION Kitchen Sink Left Men s Res Women s Res Right Men s R WITHIN 5 SER	int N SYSTEM estroom stroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID 00600 00700	DIST DIST ENTF WEL	er System Facility RIBUTION SYSTEM	Sampling Point ID 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM 3	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Right Men s R WITHIN 5 SER WITHIN 5 SER WITHIN 5 SER	int N SYSTEM estroom stroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID 00600 00700 21782	DIST DIST ENTF WEL	er System Facility RIBUTION SYSTEM RY POINT L 1	<i>Sampling Point</i> <i>ID</i> 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM 3 2	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Right Men s R WITHIN 5 SER WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	int N SYSTEM estroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper		-
System Facility ID 00600 00700 21782 58460	DIST DIST ENTF WEL	er System Facility RIBUTION SYSTEM RY POINT L 1	Sampling Point ID 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM 3 2	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Women s Res Right Men s R WITHIN 5 SER ENTRY POINT WELL	int N SYSTEM estroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y	Lead and Copper	• Asbestos	-
System Facility ID 00600 00700 21782 58460 Name	DIST DIST ENTF WEL BLAC	er System Facility RIBUTION SYSTEM RY POINT L 1 DDER TANK	Sampling Point ID 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM 3 2	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Women s Res Right Men s R WITHIN 5 SER WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	int N SYSTEM estroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y Y	Lead and Copper Rule Tier	Asbestos	-
System Facility ID 00600 00700 21782 58460 Name Reverend	DIST DIST ENTF WEL BLAC	er System Facility RIBUTION SYSTEM RY POINT L 1 DDER TANK	Sampling Point ID 4 4-1 4-2 4-3 4-4 4-5 DOWNSTREAM UPSTREAM 3 2	Sampling Pol Description DISTRIBUTIO Kitchen Sink Left Men s Res Women s Res Women s Res Women s Res Right Men s R WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	int N SYSTEM estroom Lef stroom Rig Restroom RVICE CON RVICE CON	Status A A A A A A A A A A	Total Coliforn Rule Y Y Y Y Y Y	Lead and Copper	Asbestos	-

		C C			0							
PWS ID	PWS Name						Clas	sification	Populatio	on Ov	wner Type	Primary Source
CT1020034	CAMP WIGHTM	AN - CATHCA	ART WE	LL				NC	25		Р	GW
Local Address (w	here applicable)				Service	Reside	ntial	Commerc	ial Indus	trial	Combine	ed Agricultural
207 COAL PIT HIL	L ROAD				Connectio	ns		1				
Towns Served: N	ORTH STONING	ON				·						
Business Phone	e Extension	Fax		Mobi	le Phone	Emergen	cy Pho	ne Email	Address			
860-693-4803								mwu@	abcconn.	org		
Contact Role(s):	Legal Contact											
Name				0	rganization						Job Title	5
Ms. Holly Blacke	r			Ar	merican Bap	otist Churc	nes Of	ct	Interim	Dire	ctor	
Mailing Address	Line One		Mailin	g Addres	s Line Two				City		State	Zip Code
207 Coal Pit Hill I	Road							Griswo	old		СТ	06351
Business Phone	e Extension	Fax		Mobi	le Phone	Emergen	cy Pho	ne Email	Address			
860-376-2179		860-376-	7059			518-31	2-3835	5 hblack	er@abcor	nn.or	g	
Contact Role(s):	Administrative	Contact										
Please note the	following:											

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

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

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

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

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 CT1020044 CAMP WIGHTMAN - PECK WELLS 1 & 2 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 207 COAL PIT HILL ROAD 1 Towns Served: NORTH STONINGTON **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) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 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: 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 and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION SYSTEM Α Υ DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT A 2 47876 **PECK WELL 2 - PRIMARY** PECK WELL 2 - PRIMARY Α PRESSURE STORAGE 58458 **Contact Information** Name Organization Job Title **Reverend Michael Wu** Abcconn Legal Counsel Mailing Address Line One Mailing Address Line Two State Zip Code Citv 90A North Main Street West Hartford CT 06107 **Business Phone** Emergency Phone Email Address Extension Fax **Mobile Phone** 860-693-4803 mwu@abcconn.org Contact Role(s): Legal Contact

				• • • • •			P					
PWS ID	PWS Name						Class	ification	Population	Owner Ty	oe P	rimary Source
СТ1020044	CAMP WIGHTM	AN - PECK W	/ELLS 1 & 2	2				NC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	al Industri	al Comb	ined	Agricultural
207 COAL PIT HII	L ROAD				Connection	S		1				
Towns Served: N	ORTH STONINGT	ON										
Name				Or	ganization					Job T	ïtle	
Ms. Holly Blacke	r			An	nerican Bapti	st Church	es Ofci	:	Interim D	irector		
Mailing Address	Line One		Mailing A	ddress	Line Two				City	Stat	te	Zip Code
207 Coal Pit Hill	Road							Griswo	old	СТ	-	06351
Business Phon	e Extension	Fax		Mobil	e Phone I	Emergency	y Phon	e Email A	Address		·	
860-376-2179		860-376-	7059			518-312	-3835	hblack	er@abconn.	.org		
Contact Role(s):	Administrative	Contact										
Please note the	following:											

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

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

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

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

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

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 CT1020054 CEDAR PARK INN NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 85 NORWICH-WESTERLY RD (RTE 184 & RTE 2) 1 Towns Served: NORTH STONINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 Complete 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 **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 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 Complete 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) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Due to DPH Required Performed Received REVISED TOTAL COLIFORM RULE (RTCR) 7/22/19 - 7/24/19 12/15/2020 12/25/2020 3 Total Coliform M&R Violation 10/1/19 - 10/31/19 3 12/22/2020 1/1/2021 3 Total Coliform M&R Violation 9/1/19 - 9/30/19 12/22/2020 1/1/2021

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020054	CEDAR PARK INN			NC	25	Р	GW
Local Address ((where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultural
85 NORWICH-\	WESTERLY RD (RTE 184 & RTE 2)	Connections		1			
Towns Served:	NORTH STONINGTON			·	1		

	Public Not	tification R	equiren	nents			
	0	Compliance	Notice	Public No	otification	PN Cert	ification
Violation/Situation		Period	Tier	Required	Performed	Due to DPH	Received
E. Coli M&R Violation		8/2/19 -	3	12/22/2020		1/1/2021	
E. Coli M&R Violation		8/2/19 -	3	12/22/2020		1/1/2021	
Physical Parameters M&R Violation	10/1	/19 - 10/31/19	3	12/22/2020		1/1/2021	
Physical Parameters M&R Violation	9/1	/19 - 9/30/19	3	12/22/2020		1/1/2021	
Total Coliform M&R Violation	11/1	/19 - 11/30/19	3	1/22/2021		2/1/2021	
Physical Parameters M&R Violation	11/1	/19 - 11/30/19	3	1/22/2021		2/1/2021	
Wate	er System Facil	ity and San	npling P	oint Inve	ntory		
Water System Water System Facility	Sampling Point		nt	Colij	tal Lead a form Coppe	er	Stage
Facility ID	ID	Description		Stutus		ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y		
	DOWNSTREAM	WITHIN 5 SER	VICE CON	А			
	UPSTREAM	WITHIN 5 SER	VICE CON	А			
00700 ENTRY POINT	3	ENTRY POINT		А			

WELL #2 49895 ATMOSPHERIC STORAGE TANK 59546

61487 TREATMENT PLANT

21784 ORIGINAL WELL 1

	_
Contact	Information

NEW WELL 3

А

А

WELL

2

2

			C	ontact Inf	ormation			
Name				Organization	1		Job Title	
Mr. Harry Patel				Cedar Park, I	LLC	Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code
85 Norwich Wester	ly Rd					North Stonington	СТ	06359
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address		
203-676-5075						happy_harrys@yahoc	.com	
Contact Role(s): Le	gal Contact, Ov	vner						
Name				Organization	1		Job Title	
Mr. Shawn Sawyer				Cedar Park H	lotel LLC	Manager		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code
85 Norwich Wester	ly Rd					North Stonington	СТ	06359
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address		
203-676-5075						shawnsawyer0523@s	bcglobal.ne	t
Contact Role(s): Ad	dministrative Co	ontact				1		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1020054	CEDAR PARK INN			NC	25	Р	GW
Local Address	where applicable)	Service	Resider	itial Commerci	al Industri	al Combine	ed Agricultural
85 NORWICH-\	VESTERLY RD (RTE 184 & RTE 2)	Connections		1			
Towns Served:	NORTH STONINGTON				1		
Please note th	e following:						
1. The residual	disinfectant concentration must be measured at th	e same location	and time a	as each total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples mus	t be collected du	ring the sp	ecified period.			
1 0	on results, additional monitoring may be required (i ence sent by the DWS on or after the generation da					0,	· ·

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

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	Connecticut De	nartment of	Public H	[ealth	Drir	iking	Wa	ter (Sectio	on		
		uality Monit				<u> </u>				011		
PWS ID	PWS Name		or mg all							vne Pr	imary Source	
CT1020064	CIRCLE PARK II				N		25		P	ype II	GW	
	(where applicable)		Service	Residen		mmercia		lustrial	-	bined	Agricultural	
	WESTERLY ROAD (ROUTE 2)		Connections	Residen		1		astria	com	billed	Agriculturu	
	: NORTH STONINGTON					-						
		Monit	oring Requ	iromo	ntc							
Water Syster	m Facility: DISTRIBUTION			meme	111.5	_	_	_	_	_		
Total Colifo	rm (3100)							1 r	outine	(RT) p	er quarter	
Sampling	g Point (Sampling Point ID)			Monitori	ing Perio	od Co	ollectic	on Perio	od C	omplic	ince Status	
Select fro	om Inventory of Active Samp	ling Points		7/1/19 -	9/30/1	9				Cor	nplete	
			:	10/1/19 -	12/31/	19				Cor	nplete	
				1/1/20 -	3/31/2	0				Cor	nplete	
				4/1/20 -								
				7/1/20 -	9/30/2	0						
-	rameters (PPS)										er quarter	
	g Point (Sampling Point ID)			Monitori	-		ollectio	on Perio	od C		ince Status	
Select fro	om Inventory of Active Samp		7/1/19 -							nplete		
		:	10/1/19 - 12/31/19							nplete		
			1/1/20 -						Cor	nplete		
				4/1/20 -								
				7/1/20 -	9/30/2	0						
-	m Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)									-	Г) per year	
	g Point (Sampling Point ID)			Monitoring Period Collection Period 1/1/19 - 12/31/19						Compliance Status		
ENTRY P	OINT (3)						Cor	nplete				
				1/1/20 -								
				1/1/21 -	12/31/2	21						
	m Facility: WELL (WSF IE): 21785)								·		
E. Coli (301	-										er quarter	
	g Point (Sampling Point ID)			Monitori	-		ollectic	on Perio	od C	-	ince Status	
WELL (2)				7/1/19 -							nplete	
				10/1/19 -							nplete	
				1/1/20 -						Cor	nplete	
				4/1/20 -								
		Other C	ompliance	7/1/20 -		0						
Compliance S	chedule Activity				Due Dat	te		Achieve	ed Date			
	NTAMINATION				2/13/20		,		- Duic			
	ECTION EXEMPTION				3/1/201							
		System Facil	ity and Sar				ntory	y				
Water								Lead a	nd			
	ater System Facility	Sampling Point		nt		-	form	Сорре			Stage	
Facility ID		ID	Description		Sta	lus		Rule T	ier Asb	estos	WQP 2 DBPR	
00600 DIS	STRIBUTION SYSTEM	3-LDRM	LADIES ROOM		A		Y					
		4	DISTRIBUTION			4	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A	4						

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1020064 CIRCLE PARK II NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 85 NORWICH WESTERLY ROAD (ROUTE 2) 1 Towns Served: NORTH STONINGTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT А 2 21785 WELL WELL Α 47525 TREATMENT PLANT **Contact Information** Organization Job Title Name Dr. Jerzy Stocki Circle Park li President Condo Ascn Mailing Address Line One Mailing Address Line Two State City Zip Code 82 Norwich-Westerly Road North Stonington СТ 06359 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-599-2469 Contact Role(s): Administrative Contact, Legal Contact Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID CT1020074 NORTH STONINGTON HENNY PENNY NC 25 Ρ GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 324 CLARKS FALLS RD (I-95 & ROUTE 216) 1 Towns Served: NORTH STONINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 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 10/1/19 - 12/31/19 Complete 1/1/20 - 2/29/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Total Coliform (3100) 3 repeat (RP) per period Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 2/12/20 - 2/17/20 Complete Total Coliform (3100) 3 temporary routine (TR) per month Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** Select from Inventory of Active Sampling Points 3/1/20 - 3/31/20 1 routine (RT) per quarter **Physical Parameters (PPS)** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (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 (WSF ID: 21786) 1 triggered (TG) per period E. Coli (3014) Sampling Point (Sampling Point ID) **Collection Period Monitoring Period Compliance Status** 2/11/20 - 2/17/20 WELL (2) Complete **Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date** SANITARY DEFECT CORRECTIVE ACTION 3/4/2020 3/4/2020 3/17/2020 3/17/2020 SANITARY DEFECT CORRECTIVE ACTION SANITARY DEFECT CORRECTIVE ACTION PLAN 4/30/2020 Water System Facility and Sampling Point Inventory **Total** Lead and Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID Description Facility ID Rule Tier Asbestos WQP 2 DBPR Rule **Status**

		VVd	lei Qua	iity moin	toring ar	ia comp	Jilaiit	.e 50	lieu	uie		
PWS ID	PW	/S Name				C	lassificat	ion P	opulatio	on Ow	ner Type	Primary Source
CT1020074	NC	RTH STONING	STON HENN	Y PENNY			NC		25		Р	GW
Local Addres	ss (whe	re applicable)			Service	Residentia	l Comm	nercial	Indus	trial	Combine	d Agricultura
324 CLARKS	FALLS R	D (I-95 & ROL	ITE 216)		Connections	5	1	1				
Towns Serve	d: NOR	TH STONINGT	ON									
			Water Sy	stem Facil	lity and Sa	mpling P	oint Ir	nven	tory			
Water System W Facility ID	Vater Sy	vstem Facility	5	Sampling Point ID	Sampling Po Description	oint	Status	Toto Colifo Rul	rm Co	ad and opper Ile Tiel		Stage s WQP 2 DBP
00600 D	ISTRIBL	JTION SYSTEM		4	DISTRIBUTIC	N SYSTEM	А	Y				
1				DOWNSTREAM	I WITHIN 5 SE	RVICE CON	А					
				UPSTREAM	WITHIN 5 SE	RVICE CON	А					
00700 E	NTRY P	DINT		3	ENTRY POIN	Т	А					
21786 V	VELL			2	WELL		А					
				Cor	ntact Infor	mation						
Name				C	rganization						Job Title	
Mr. Suneet	Sharma			P	mg - Coop, LL(2			Reg Ma	intena	ance Mngr	
Mailing Add	ress Lin	e One		Mailing Addres	ss Line Two				City		State	Zip Code
35 Great Ne	ck Rd.						W	aterfo	ď		СТ	06385
Business P	hone	Extension	Fax	Mob	ile Phone E	Emergency P	hone En	nail Ad	dress			
774-245-3	3040		571-343-4	1456			ssł	narma	@petro	mg.co	m	
Contact Role	e(s): Ac	dministrative	Contact, Leg	al Contact, Ow	ner							
Please note	the foll	owing:										
1. The resid	ual disin	fectant concent	ration must b	e measured at th	e same locatior	n and time as e	each total	colifor	m sampl	e.		
2. If a Collec	ction Per	iod is specified,	all water qua	lity samples mus	t be collected d	uring the speci	ified peric	od.				
	-		-	ay be required (i. ne generation dat						-		

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	Connecticut Dep					0		ection				
	Water Qu	ality Monit	oring an	d Com				I				
PWS ID	PWS Name				Classificat	ion Pop	ulation O	wner Type P	rimary Source			
CT1020144	NORTH STONINGTON GRA	NGE #138	-		NC		25	Р	GW			
Local Address (where applicable)		Service	Resident	tial Comn	nercial I	ndustrial	Combined	Agricultural			
WYASSUP ROA	D		Connections		-	1						
Towns Served:	NORTH STONINGTON											
		Monite	oring Requ	iireme	nts							
Water System	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)						1 rc	outine (RT)	per quarter			
Sampling	Point (Sampling Point ID)			Monitori	ng Period	d Collection Period Compliance Status						
Select from	m Inventory of Active Samplir	ng Points		7/1/19 -	9/30/19			Co	mplete			
	· · · ·	-		10/1/19 -	12/31/19	_						
				1/1/20 -								
				4/1/20 -								
				7/1/20 -								
Physical Para	ameters (PPS)						1 rc	outine (RT)	per quarter			
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Perio	d Compl	iance Status			
Select from	m Inventory of Active Samplir	ng Points		7/1/19 -	9/30/19			Co	omplete			
				10/1/19 -	12/31/19							
				1/1/20 -	3/31/20							
				4/1/20 -	6/30/20							
				7/1/20 -	9/30/20							
Water System	n Facility: ENTRY POINT	WSF ID: 00700)										
Nitrate And I	Nitrite (NOX)							1 routine (I	RT) per year			
Sampling	Point (Sampling Point ID)			Monitori	ng Period	d Compl	iance Status					
ENTRY PO	INT (3)			1/1/19 - 1	12/31/19			Co	omplete			
				1/1/20 -	12/31/20							
				1/1/21 -	12/31/21							
Water System	n Facility: WELL (WSF ID:	21790)										
E. Coli (3014							1 rc	outine (RT)	per quarter			
-	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Perio	• •	iance Status			
WELL (2)				7/1/19 -	9/30/19			Cc	mplete			
. ,					12/31/19				<u>.</u>			
				1/1/20 -								
				4/1/20 -								
				7/1/20 -								
	Water	System Facili	ity and Sar			nvento	rv					
Water		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		Total	Lead an	d				
	ter System Facility	Sampling Point	Sampling Point			Coliform			Stage			
Facility ID	-	ID	Description		Status	Durla			WQP 2 DBPR			
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Y						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A							
		UPSTREAM	WITHIN 5 SER	VICE CON	I A							
00700 ENT	RY POINT	3	ENTRY POINT		А							
21790 WEL		2	WELL		А							
	RAGE											
	~-											

		· · · ·	-) -	0		I -			-			1
PWS ID	PWS Name					Class	ification	Population	Owne	er Type	Prim	nary Source
СТ1020144	NORTH STONIN	GTON GRAN	IGE #138				NC	25		Р		GW
Local Address (v	vhere applicable)			Service	Resider	ntial C	ommercia	al Industr	ial C	Combine	ed A	Agricultural
WYASSUP ROAD)			Connectior	าร		1					
Towns Served: N	NORTH STONING	TON		÷				·	·			
			Со	ontact Info	rmatior	n						
Name				Organization						Job Titl	e	
Ms. Nancy Weis	ssmuller			North Stoning	ton Grange	e #138		Secretary	/			
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Z	ip Code
230 Wintechog	Hill Road						North S	tonington		СТ		06359
Business Phor	e Extension	Fax	Мо	bile Phone	Emergenc	y Phon	e Email A	ddress				
860-535-2703	3						nana_v	veissmuller	@mac	.com		
Contact Role(s):	Administrative	Contact										
Name				Organization						Job Titl	е	
Mr. Robert Min	er			North Stoning	ton Grange	e #138		Grange N	/laster			
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Z	ip Code
238 Wyassup Ro	bad						North S	tonington		СТ		06359
Business Phor	ne Extension	Fax	Мо	bile Phone	Emergenc	y Phon	e Email A	ddress				
860-514-572	7											
Contact Role(s):	Legal Contact											
Please note the	following:											
1. The residual of	disinfectant concer	tration must b	pe measured at t	the same location	on and time	as each	total colife	orm sample.				
2. If a Collection	Period is specified	l, all water qua	ality samples mu	ist be collected o	during 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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					•	schedule		
PWS ID	PWS Name					-	Owner Type Pr	
CT1020154		SGIA, LLC)			NC	25	Р	GW
	ess (where applicable)		Service	Resident	ial Commerci	al Industria	I Combined	Agricultura
	ICH WESTERLY ROAD (ROUTE	2)	Connections		1			
Fowns Serv	ed: NORTH STONINGTON						P Combined Combined Combined Combined Complia Co Co Co Co Co Co Co Co Co Co	
		Moni	toring Requ	iiremer	nts			
Water Sys	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF	ID: 00600)					
Total Coli	iform (3100)					1	routine (RT) p	per quarter
Samp	ling Point (Sampling Point ID)			Monitorin	g Period C	ollection Peri	iod Complie	ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19		Со	mplete
			<u>.</u>	10/1/19 - 1	12/31/19		Co	mplete
				1/1/20 - 3	3/31/20			
				4/1/20 - 6	5/30/20			
				7/1/20 - 9	9/30/20			
-	Parameters (PPS)						routine (RT) ព	-
-	ling Point (Sampling Point ID)			Monitorin	5	ollection Peri		ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 - 9				mplete
				10/1/19 - 1			Co	mplete
				1/1/20 - 3				
				4/1/20 - 0				
				7/1/20 - 9	9/30/20			
	tem Facility: ENTRY POIN	1 (WSF ID: 00700	')					_\
	nd Nitrite (NOX)			Monitorin	a Dariad C	alloction Dari	-	
	<i>ling Point (Sampling Point ID)</i> Y POINT (3)			Monitorin 1/1/19 - 1	-	ollection Peri		mplete
LININ				1/1/20 - 1				Inpiete
				1/1/21 - 1				
					2/31/21			
		Public No	tification R		ments			
			tification R	equire		otification	PN Cert	ification
Violation/S	Situation		otification R Compliance Period		Public N	<u>otification</u> Performed		i <u>fication</u> Received
	Situation form M&R Violation		Compliance	equire Notice	Public N		Due to DPH	-
Total Colifo		1/	Compliance Period	equire Notice Tier	<u>Public N</u> Required		Due to DPH 6/9/2020	-
Total Colifo	orm M&R Violation rameters M&R Violation	1/	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19	Notice Tier 3 3	Public N Required 5/30/2020 5/30/2020	Performed	Due to DPH 6/9/2020	-
Total Colifo	orm M&R Violation rameters M&R Violation	1/	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19	Notice Tier 3 3	Public N Required 5/30/2020 5/30/2020 Point Inve	Performed	Due to DPH 6/9/2020 6/9/2020	-
Total Colifo Physical Pa <i>Water</i>	orm M&R Violation rameters M&R Violation	1/ 1/ er System Faci	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19	Notice Tier 3 3 mpling	Public N Required 5/30/2020 5/30/2020 Point Inve To	Performed	Due to DPH 6/9/2020 6/9/2020	-
Total Colifo Physical Pa Water System	orm M&R Violation Trameters M&R Violation Wate	1/ 1/ er System Faci	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 lity and Sar	Notice Tier 3 3 mpling	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli	Performed ntory otal Lead a form Copp	Due to DPH 6/9/2020 6/9/2020	Received
Total Colifo Physical Pa Water System Facility ID	orm M&R Violation Trameters M&R Violation Wate	1/ 1/ er System Faci Sampling Poin	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar t Sampling Poil	Notice Tier 3 3 mpling	Public N Required 5/30/2020 5/30/2020 Point Inve	Performed ntory Datal Lead of form Copp	Due to DPH 6/9/2020 6/9/2020	Received
Total Colifo Physical Pa <i>Water</i> <i>System</i> <i>Facility ID</i>	orm M&R Violation rameters M&R Violation Wate Water System Facility	1/ 1/ er System Faci Sampling Poin ID 4	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 lity and Sar t Sampling Poin Description	Notice Tier 3 3 mpling nt	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received Stage
Total Colifo Physical Pa Water System Facility ID	orm M&R Violation rameters M&R Violation Wate Water System Facility	1/ 1/ er System Faci Sampling Poin ID 4	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar t Sampling Poin Description DISTRIBUTION	Acquired Notice Tier 3 3 mpling nt N SYSTEM	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received
Total Colifo Physical Pa <i>Water</i> <i>System</i> <i>Facility ID</i> 00600	orm M&R Violation rameters M&R Violation Wate Water System Facility	1/ 2r System Faci Sampling Poin ID 4 DOWNSTREAM	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar t Sampling Poin Description DISTRIBUTION A WITHIN 5 SER	Acquired Notice Tier 3 3 mpling nt N SYSTEM	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received
Total Colife Physical Pa <i>Water</i> <i>System</i> <i>Facility ID</i> 00600	orm M&R Violation rameters M&R Violation Wate Water System Facility DISTRIBUTION SYSTEM	1/ 1/ er System Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar Iity and Sar Distribution DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	Acquired Notice Tier 3 3 mpling nt N SYSTEM	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received
Vater System Facility ID 00600 00700 21791	orm M&R Violation Frameters M&R Violation Wate Water System Facility DISTRIBUTION SYSTEM	1/ 1/ er System Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar <i>t Sampling Poin</i> DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT	Acquired Notice Tier 3 3 mpling nt N SYSTEM	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A A A A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received
Total Colife Physical Pa Water System Facility ID 00600 00700 21791	orm M&R Violation rameters M&R Violation Wate Uate System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL	1/ 1/ er System Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar <i>t Sampling Poin</i> DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT	Acquired Notice Tier 3 3 mpling nt N SYSTEM EVICE CON	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A A A A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020	Received
Total Colife Physical Pa Water System Facility ID 00600 00700 21791 57591	orm M&R Violation rameters M&R Violation Wate Uate System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL	1/ 1/ er System Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2 CO	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar Iity and Sar <i>t Sampling Poin</i> DISTRIBUTION DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	Acquired Notice Tier 3 3 mpling nt N SYSTEM EVICE CON	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A A A A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020 ind er Tier Asbestos	Received
Total Colifo Physical Pa <i>Water</i> <i>System</i> <i>Facility ID</i> 00600 21791 57591 Name	orm M&R Violation rameters M&R Violation Wate Uate System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL	1/ 1/ er System Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2 CO	Compliance Period 1/19 - 3/31/19 1/19 - 3/31/19 Iity and Sar <i>t Sampling Poin</i> DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	Acquired Notice Tier 3 3 mpling nt N SYSTEM EVICE CON	Public N Required 5/30/2020 5/30/2020 Point Inve To Coli Status R A A A A A A	Performed ntory otal Lead a form Copp ule Rule 1	Due to DPH 6/9/2020 6/9/2020 ind er Tier Asbestos	Received

							P -					
PWS	ID	PWS Name					Cla	ssification	Population	Owner Ty	pe Pr	rimary Source
CT10	20154	GREEN ONIONS	II (PELASGIA	, LLC)				NC	25	Р		GW
Local	Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Comb	ined	Agricultural
240 N	IORWICH W	ESTERLY ROAD (ROUTE 2)		Connections			1				
-		ORTH STONING	ON									
240 N	orwich wes	сепу коай						North	Stonington			00359
Bus	iness Phone	e Extension	Fax	Mobil	e Phone E	mergency	y Pho	one Email	Address			
86	0-535-1750		860-535-3	3151		860-535	-315	1				
Conta	act Role(s):	Administrative	Contact, Leg	al Contact								
Pleas	e note the f	ollowing:										
1. TI	he residual di	sinfectant concen	tration must b	e measured at the	same location	and time a	as ea	ch total colif	orm sample.			
2. If	a Collection I	Period is specified,	, all water qua	lity samples must l	be collected du	ring the sp	pecifie	ed period.				
			-	ay be required (i.e ne generation date						-		

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

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

	Water Quality M	onitoring an	d Cor	npl	iance	Sch	edu	le			
PWS ID	PWS Name Classification Population Owner 4 MYSTIC KOA NC 33 P								ner Typ	e Pri	mary Source
СТ1020164	ΜΥΣΤΙϹ ΚΟΑ				NC		33		Р		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerc	cial I	Industri	ial	Combir	ned	Agricultural
118 PENDLETC	N HILL RD, RTE 49	Connections			275						
Towns Served:	NORTH STONINGTON										
	N	Ionitoring Requ	uireme	ents	i						
Water Systen	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)									
Total Colifor	m (3100)							1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ring P	Period (Collec	tion Pe		-		nce Status
Select fro	m Inventory of Active Sampling Points		10/1/19	- 10/	31/19					Cor	nplete
			11/1/19	- 11/	30/19					Cor	nplete
			12/1/19	- 12/	31/19					Cor	nplete
			1/1/20	- 1/3	1/20					Cor	nplete
			2/1/20	- 2/2	9/20					Cor	nplete
			3/1/20							Cor	nplete
			4/1/20								
			5/1/20								
			6/1/20								
			7/1/20								
			8/1/20								
Dhusical Day	ameters (DDC)		9/1/20	- 9/3	0/20			1		рт\	nor month
-	ameters (PPS) Point (Sampling Point ID)		Monitor	rina P	Period (Collec	tion Pe		outine (RT) per month Compliance Status		
	m Inventory of Active Sampling Points		10/1/19	_		conec		nou	con	-	nplete
Sciectino			11/1/19								nplete
			12/1/19								nplete
			1/1/20								nplete
			2/1/20								nplete
			3/1/20	- 3/3	1/20					Cor	nplete
			4/1/20	- 4/3	0/20						
			5/1/20	- 5/3	1/20						
			6/1/20	- 6/3	0/20						
			7/1/20	- 7/3	1/20						
			8/1/20								
			9/1/20	- 9/3	0/20						
Water Systen	n Facility: ENTRY POINT (WSF ID: C	0700)									
	Nitrite (NOX)									•	Г) per year
	Point (Sampling Point ID)		Monitor			Collec	tion Pe	riod	Con	-	ince Status
ENTRY PC	DINT (3)		1/1/19 -								nplete
			1/1/20 -							Cor	nplete
			1/1/21 -								
	Otl	ner Compliance	e Schei	dule	es						
-	hedule Activity				Date		Achie	eved	Date		
	CTION SURVEY REPORT				2019						
CROSS CONNE	CTION SURVEY REPORT			3/1/	2020						

			er Quality	WOIIIU	oring a							
PWS ID		/S Name							-			Primary Sourc
СТ102016		STIC KOA					N	-		33	Р	GW
		e applicable)			Service Connectio	Resident	ial Co	mmerc	cial Ir	ndustrial	Combined	d Agricultura
		L RD, RTE 49			Connectio	DITS		275				
Towns Ser	ved: NOR	TH STONINGT										
			Water Syste	m Facili	ity and S	Sampling	Point	: Inve	ento	ry		
Water System Facility ID		stem Facility	Samp	ling Point ID	Sampling Descriptic		Sta	Со	「otal liform Rule		Asbestos	Stage WQP 2 DBP
00021	ATM STC	RAGE TANK #1	L				010					
00022	ATM STC	RAGE TANK #2	2									
00301	TRANSFE	R PUMPS - 2										
00600	DISTRIBL	TION SYSTEM		4	DISTRIBUT	TION SYSTEM	A	1	Y			
			DOW	NSTREAM	WITHIN 5	SERVICE CON	A	۱				
			UP	STREAM	WITHIN 5	SERVICE CON	A	\				
00700	ENTRY P	DINT		3	ENTRY PO	INT	A	١				
21795	WELL #1	(DRILLED)		2	WELL		A	\				
21796	WELL #2	(DRILLED)		2	WELL 2 (D	RILLED)	A	۱.				
21797	WELL #3	(DRILLED)		2	DRILLED V	VELL #3	A	1				
21798	WELL #4	(DRILLED)		2	WELL #4 (DRILLED)	A	1				
21799	WELL #5	(DRILLED)		2	WELL #5 (DRILLED)	A	A				
59808	WELL #6	(DRILLED)		2	WELL #6 (DRILLED)	A	1				
59819	TREATM	ENT PLANT										
59820	ATM STC	RAGE TANK #3	3									
59822	HYDRO T	ANK										
				Con	tact Inf	ormation						
Name				1	rganization						Job Title	
Mr. Carl F	ivos				-	/ned Prop - Ko	na Inc		Roc	gional Vice		
Mailing Ac		- One	Maili	ng Address			<i>Ja,</i> mc.		-	ity	State	Zip Code
		Boulevard	iviani	115 / 1001 05.				Virgin	ia Bea		VA	23451
Busines		Extension	Fax	Mobi	le Phone	Emergency	Phone				•	20101
757-42			615-250-4907		254-7488				@koa.			
Contact R		wner							C			
Name	()			Or	rganization						Job Title	
Ms. Robyı	n Koromh	as			ystic Koa				Reg	gional Vice		
Mailing Ad			Maili	ng Address	•					ity	State	Zip Code
2525 Fron	tage Road							Daver			FL	33837
Busines		Extension	Fax	Mobi	le Phone	Emergency	Phone		-	SS		
406-25	4-7476		407-386-3312			406-254-7				koa.net		
Contact R	ole(s): Le	gal Contact				!						

			<i>J</i>	0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT1020164	MYSTIC KOA						NC	33	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	Commerc	ial Industri	al Combin	ed Agricultural
118 PENDLETON	HILL RD, RTE 49			Connectio	ns		275			
Towns Served: N	ORTH STONING	ΓON			·	·				
Name				Organization					Job Titl	e
Ms. Allison Lago				Kampgrounds	s of America	a				
Mailing Address	Line One		Mailing Addr	ress Line Two				City	State	Zip Code
118 Pendleton H	ill Rd						North	Stonington	СТ	06359
Business Phon	e Extension	Fax	Мо	obile Phone	Emergence	y Phon	e Email	Address		
860-599-5101			86	0-501-1054			alago(⊉koa.net		
Contact Role(s):	Administrative	Contact								
Please 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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	Connecticut Departm Water Quality								ection		
	e y	Monitor nig an								iman Course	
PWS ID	PWS Name				NC	PO	41	Uw	P	imary Source GW	
CT1020224	207 PROV-N LONDON TNPK - N ST	Service	Residenti		ommerci	ial	41 Industria		Combined	Agricultura	
ROUTE 184 A	s (where applicable)	Connections	Residenti			Idi	muustna		Compilieu	Agricultura	
	d: NORTH STONINGTON	connections			1						
TOWIS Served			•								
Water Syste	m Facility: DISTRIBUTION SYSTEM	Monitoring Requ (WSF ID: 00600)	liremen	ITS	_	_	_	_	_		
Total Colifo	orm (3100)						1	ro	utine (RT)	per quarter	
Samplin	g Point (Sampling Point ID)		Monitorin	ng Per	riod C	Colle	ection Per	riod	Compli	ance Status	
Select fr	om Inventory of Active Sampling Points		7/1/19 - 9							mplete	
			10/1/19 - 1	12/31	/19				Со	mplete	
			1/1/20 - 3	3/31/	20						
			4/1/20 - 6	6/30/	20						
			7/1/20 - 9	9/30/	20						
-	rameters (PPS)						1	rou		per quarter	
Samplin	g Point (Sampling Point ID)		Monitorin	ng Per	riod C	Colle	ection Per	riod	Compli	ance Status	
Select fr	om Inventory of Active Sampling Points		7/1/19 - 9/30/19							mplete	
			10/1/19 - 1						Со	mplete	
			1/1/20 - 3/31/20								
			4/1/20 - 6	6/30/	20						
			7/1/20 - 9	9/30/	20						
Water Syste	m Facility: ENTRY POINT (WSF ID	: 00700)									
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year	
Samplin	g Point (Sampling Point ID)		Monitorin	ng Per	riod C	Colle	ection Per	riod	Compliance Status		
ENTRY P	POINT (3)		1/1/19 - 12/31/19						Со	mplete	
			1/1/20 - 12/31/20								
			1/1/21 - 1	2/31,	/21						
Water Syste	m Facility: WELL 1 (WSF ID: 2179	8)									
E. Coli (301	L4)						1	rou	ן (RT) וtine	ber quarter	
Samplin	g Point (Sampling Point ID)		Monitorin	ng Per	riod C	Colle	ection Per	riod	Compli	ance Status	
WELL 1	(2)		7/1/19 - 9	9/30/	19				Со	mplete	
			10/1/19 - 1	12/31	/19				Со	mplete	
			1/1/20 - 3	3/31/	20						
			4/1/20 - 6	6/30/	20						
			7/1/20 - 9	9/30/	20						
Water Syste	m Facility: WELL 2 (WSF ID: 5732	9)									
E. Coli (301	L4)						1	ro	utine (RT)	per quarter	
-	g Point (Sampling Point ID)		Monitorin	ng Per	riod C	Colle	ection Per		• • •	ance Status	
WELL 2	(2)		7/1/19 - 9	9/30/	19				Со	mplete	
			10/1/19 - 1	12/31	/19				Со	mplete	
			1/1/20 - 3	3/31/	20						
			4/1/20 - 6	6/30/	20						
			7/1/20 - 9	9/30/	20						
	C	ther Compliance	Schedu	ules							
Compliance S	Schedule Activity		D	ue Do	ate		Achie	ved	Date		
CROSS CONN	ECTION SURVEY REPORT		3,	/1/20	12						

	Connectic	ut Depa	rtment	of Public	: Healt	h Dr	ink	ing V	Vater So	ection	
	Wa	ter Qua	lity Mor	nitoring a	ind Co	mpl	iano	ce Scł	nedule		
PWS ID	PWS Name					Clas	sificat	ion Pop	oulation Ow	vner Type P	rimary Source
CT1020224	207 PROV-N LOI	NDON TNPK	- N STONIN	GTON			NC		41	Р	GW
	here applicable)			Service	Reside	ential	Comn	nercial	Industrial	Combined	Agricultural
ROUTE 184 AND				Connectio	ons			1			
Towns Served: N	NORTH STONING	FON									
			Other	^r Complian	ce Sche	edule	S				
Compliance Sch	edule Activity					Due l	Date		Achieved	l Date	
CROSS CONNEC	TION SURVEY REF	PORT				3/1/2	013				
CROSS CONNEC	TION SURVEY REF	PORT				3/1/2	2014				
CROSS CONNEC	TION SURVEY REF	PORT				3/1/2	015				
CROSS CONNEC	TION SURVEY REF	PORT				3/1/2	020				
		Water Sy	ystem Fa	cility and S	Samplin	i <mark>g Po</mark> i	int li	nvent	ory		
Water	Contain Fraillite	_	C	int. Compliant	Defet			Total		1	
System Wate Facility ID	er System Facility	· · · ·	Sampling Po ID	int Sampling Descriptio				Coliforr Rule		r Achastas	Stage WQP 2 DBPR
		٨		DISTRIBUT			Status A	Y Y	Kule He	ASDESIUS	WQF 2 DDFN
00600 DISTF	RIBUTION SYSTEM			AM WITHIN 5			A	ř			
			UPSTREAM				A				
00700 ENTR	Y POINT		3	ENTRY PO			A				
21798 WELL			2	WELL 1			A				
	TANK WATER SC	OFTENER	2				~				
	GHT DISINFECTIC										
	OSPHERIC STORA										
	P STATION										
57329 WELL			2	WELL 2			А				
				ontact Info	ormatio	n					
Name			Ŭ	Organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Job Title	
Mr. John Zelepo	20			Zelepos Prop	ertv Mømt	· Co		P	resident - O		
Mailing Address			Mailing Add	ress Line Two					City	State	Zip Code
56 West Main St							M	ystic	0.07	СТ	06355
Business Phon		Fax	M	obile Phone	Emergen	cy Pho		-	ess		
860-536-7469)	860-536-5	5463		860-88			elepos@			
Contact Role(s):	Legal Contact,	Owner					F				
Name				Organization						Job Title	
Mr. Harry Spand	DS			Mystic Pizza I	i			0	wner		
Mailing Address	Line One		Mailing Add	ress Line Two					City	State	Zip Code
209 Providence	New London Turi	npike					No	orth Stor	nington	СТ	06385
Business Phon	e Extension	Fax	M	obile Phone	Emergen	cy Pho	ne En	nail Addı	ess		
860-599-3111	L						Ha	arry Spar	ios@yahoo.	com	
	Administrative	Contact									
Please note the	-				·						
	lisinfectant concen								sample.		
	Period is specified				-				المعاملة والمرا	to observe	المتعامد برمو أو
	results, additional ice sent by the DW										
				se contact the							

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

End of schedule

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 CT1020234 NORTH STONINGTON BIBLE CHURCH NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections JEREMY HILL ROAD 1 Towns Served: NORTH STONINGTON **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 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 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: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 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 **Other Compliance Schedules** Compliance Schedule Activity **Due Date Achieved Date** RESPOND TO SANITARY SURVEY 11/14/2019 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Description Facility ID ID Rule Tier Asbestos WQP 2 DBPR Rule Status DISTRIBUTION SYSTEM 00600 Δ DISTRIBUTION SYSTEM γ Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT А 2 WFII 21799 WELL А **Contact Information** Organization Job Title Name North Stonington Bible Church Pastor Larry Chappell Pastor Mailing Address Line One Mailing Address Line Two Zip Code City State 100 D Jeremy Hill Road North Stonington CT 06359

		~	<i>.</i>	0		1					
PWS ID	PWS Name					Classif	ication	Population	Owner	Type P	Primary Source
CT1020234	NORTH STONIN	GTON BIBLE	CHURCH			٦	IC	25	Р		GW
Local Address (w	here applicable)			Service	Reside	ntial Co	ommerci	al Industr	ial Co	mbined	Agricultural
JEREMY HILL RO	AD			Connectio	ons		1				
Towns Served: N											
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	cy Phone	Email A	Address			
860-535-3430)						lchapp	ell5@comc	ast.net		
Contact Role(s):	Legal Contact										
Name	·			Organization					Jo	b Title	
Mr. Nelson S. Ho	olt			North Stonin	gton Bible (Church		Represer	itative		
Mailing Address	Line One		Mailing Addre	ess Line Two				City	:	State	Zip Code
60 Ann Avenue							Mystic			СТ	06355
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	Address		·	
860-536-0506	5										
Contact Role(s):	Administrative	Contact									
Please note the	following:										

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

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

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

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

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

	Connecticut De	•					<u> </u>			tion	
	Water Qı	ality Monit	oring and	d Con	ıpli	ance					
PWS ID	PWS Name					ificatio					imary Source
CT1020354	ST THOMAS MORE CATH	OLIC CHURCH	1			NC		25	Р		GW
	where applicable)		Service	Residen	tial (Comme	ercial li	ndustrial	Со	mbined	Agricultural
87 MYSTIC ROA			Connections			1					
Towns Served:	NORTH STONINGTON										
			oring Requ	iireme	nts						
-	Facility: DISTRIBUTION	I SYSTEIVI (WSFT	D: 00600)							()	
Total Coliforn	• •						Caller				per quarter
	Point (Sampling Point ID)	in - Delinte		Monitori	_		Collect	tion Perio	oa		ance Status
Select from	n Inventory of Active Samp	ing Points		7/1/19 -							mplete
				10/1/19 -		•				Co	mplete
				1/1/20 -							
				4/1/20 - 7/1/20 -							
Dhusiaal Dava				//1/20-	9/30,	/20		1		- (DT)	
-	meters (PPS) Point (Sampling Point ID)			Monitori	na Do	riod	Colloc	1 r tion Perio			per quarter ance Status
	n Inventory of Active Sampl	ing Points		7/1/19 -	_		Conect	ion Peril	Ju		mplete
Select II OI	IT Inventory of Active Samp										mplete
				1/1/20 -						0	Inplete
				4/1/20 -							
				7/1/20 -							
Mater System	Facility: ENTRY POINT	(W/SE ID: 00700)		//1/20=	5/50/	/20					
Nitrate (104								1 -	outir	00 (PT) 1	per quarter
	Point (Sampling Point ID)			Monitori	na Pe	riod	Collect	tion Perio			ance Status
ENTRY PO				7/1/19 -	-						mplete
				10/1/19 -							mplete
				1/1/20 -							inpiece
				4/1/20 -							
				7/1/20 -							
Nitrite (1041)								1 ro	utine (R	T) per year
-	, Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Perio		-	ance Status
ENTRY PO				1/1/19 -							
				1/1/20 -							
				1/1/21 -							
		Other C	ompliance								
Compliance Sch	hedule Activity			L	Due D	oate		Achiev	ed Da	te	
RESPOND TO SA	ANITARY SURVEY			3	/11/2	2020		3/4/	2020		
	Water	System Facili	ity and Sar	npling	Poi	nt In	vento	ry			
Water				_			Total	Lead a		_	
	er System Facility	Sampling Point		nt			Coliform				Stage
Facility ID		ID	Description			tatus	Rule	Kule T	ier A	spestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	A					
	RY POINT	3	ENTRY POINT			A					
21805 WEL	L	2	WELL			A					

	Connectic	•						0			
	Wa	ter Qua	lity l	Monit	oring a	and Cor	nplia	nce S	chedule	Ē	
PWS ID	PWS Name						Classif	ication	Population (Owner Type	Primary Source
CT1020354	ST THOMAS MC	ORE CATHOLI	с сниг	RCH			N	С	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmercia	Industria	l Combine	d Agricultural
87 MYSTIC ROAD)				Connectio	ons		1			
Towns Served: N	ORTH STONING	TON									
				Con	tact Info	ormatior	ו				
Name				Or	rganization					Job Title	
Diocese of Norw	ich										
Mailing Address	Line One		Mailin	g Address	s Line Two				City	State	Zip Code
203 Broadway								Norwic	h	СТ	06360
Business Phone	e Extension	Fax		Mobi	le Phone	Emergence	y Phone	Email A	ddress	II	
Contact Role(s):	Owner										
Name				Or	rganization					Job Title	
Reverend Anton	y Alaharasan			St	Thomas M	ore Catholic	Church		Pastor		
Mailing Address	Line One		Mailin	g Address	s Line Two				City	State	Zip Code
87 Mystic Road								North S	tonington	СТ	06359
Business Phone	e Extension	Fax		Mobi	le Phone	Emergence	y Phone	Email A	ddress		
860-535-1601											
Contact Role(s):	Legal Contact										
Name				Or	rganization					Job Title	
Mr. Thomas Kap	olowicz			St	. Thomas N	Iore Church			Maintenan	ce Super.	
Mailing Address	Line One		Mailin	g Address	s Line Two				City	State	Zip Code
87 Mystic Road								North S	tonington	СТ	06359
Business Phone	e Extension	Fax		Mobi	le Phone	Emergence	y Phone	Email A	ddress		
860-535-1601		860-535-2	2828					smchur	ch01@snet.r	net	
Contact Role(s):	Administrative	Contact									
Please note the	following:										
1. The residual di	isinfectant concen	tration must b	e meas	ured at the	e same locat	ion and time	as each t	otal colifo	orm sample.		
2. If a Collection	Period is specified	, all water qua	lity sam	ples must	be collected	I during the sp	pecified p	eriod.			

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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	Connecticut Departme Water Quality M					<u> </u>			ction	
		iointoi nig an				1				
PWS ID	PWS Name			Clas	ssification	Pop		Owr		rimary Source
CT1020364	STARDUST MOTEL				NC		25		P	GW
	where applicable)	Service	Residen	tial	Commerc	cial	Industria		Combined	Agricultural
	CE NEW LONDON TURNPIKE	Connections			1					
Towns Served:	NORTH STONINGTON			_		_		_		
	N	Ionitoring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)								
Total Coliforn	n (3100) Point (Sampling Point ID)		Monitori	na P	Deriod (Colle	1 ection Per			per quarter ance Status
	n Inventory of Active Sampling Points		7/1/19 -	_		cone	cuon r er	100	-	mplete
Select II OII	in inventory of Active Sampling Fornts		10/1/19 -							mplete
			4/1/20 -						0	inpiete
			4/1/20 - 7/1/20 -							
Total Californi	m (2100)		//1/20-	5/31	0/20			2	maat (DP)	norneried
Total Coliforn	n (3100) Point (Sampling Point ID)		Monitori	na 0	Deried	Collo	ction Per		• • •	per period ance Status
	n Inventory of Active Sampling Points		2/12/19	-		cone	cuon Per	100		mplete
	, , , ,	1	2/12/19	- 12/		2 + 0				-
Total Coliforn			Monitori	na D			ction Per	-		per month ance Status
	Point (Sampling Point ID)		1/1/20 -	-		Lone	cuon Per	100		
	n Inventory of Active Sampling Points		1/1/20-	1/5	1/20		4			mplete
-	meters (PPS)		Manitari		owind (per quarter
	Point (Sampling Point ID)		Monitori	_		Lone	ction Per	100		ance Status
Select from	n Inventory of Active Sampling Points		7/1/19 -							mplete
			10/1/19 -							mplete
			1/1/20 -						LO	mplete
			4/1/20 -							
		20700)	7/1/20 -	9/3	0/20					
	Facility: ENTRY POINT (WSF ID: 0	00700)								
Nitrate And N	· · ·			_						T) per year
	Point (Sampling Point ID)		Monitori	_		Colle	ction Per	iod		ance Status
ENTRY POI	INT (3)		1/1/19 -							mplete
			1/1/20 -						Со	mplete
			1/1/21 -	12/3	81/21					
	Facility: WELL 1 (WSF ID: 21806)									
E. Coli (3014)	-									per period
	Point (Sampling Point ID)		Monitori			Colle	ction Per	iod		ance Status
WELL (2)			2/11/19	- 12/	/17/19				Со	mplete
Water System	Facility: WELL 2 (WSF ID: 58633)	1								
E. Coli (3014))						1 t	rigg	gered (TG)	per period
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period (Colle	ction Per	iod	Compli	ance Status
WELL 2 (2)		1	2/11/19	- 12/	/17/19				Co	mplete
	Ot	her Compliance	Sched	lule	es					
Compliance Sch		•			Date		Achiev	ved	Date	
-	T (MULTIPLE TC+)				/2020					
	· ·	c Notification R								
		Compliance	Notice		Public N	lotif	ication		DN Cort	ification
Violation/Situa	ition	Period	Tier		Required			, n	ue to DPH	Received
							e.jonnet	. 0		

		0	· D				TT 1.1	D .	1.	TAT .	0	
		Connectio	ut Depa	irtmer	nt of	Public	Health	Dri	nking	Water	Section	
		Wa	ter Qua	lity M	onit	oring a	nd Con	nplia	ance S	chedule	e	
PWS ID		PWS Name						Classi	fication	Population (Owner Type	Primary Source
CT102036	4	STARDUST MOT	ſEL					1	NC	25	Р	GW
Local Add	ress (v	vhere applicable)				Service	Resider	tial Co	ommercia	Industria	l Combine	ed Agricultural
544 PROV	IDENC	E NEW LONDON	TURNPIKE			Connection	าร		1			
Towns Sei	rved: I	NORTH STONING	TON									
				Public	Not	ification	Require	emen	nts			
					Co	ompliance	Notice	?	Public No	<u>otification</u>	<u>PN Ce</u>	ertification
Violation,						Period	Tier		equired	Performed		
		bidity MCL Violat				/05 - 12/31/0			/4/2006		2/14/200	
Distributio	on Tur	bidity MCL Violat				/06 - 3/31/0			/5/2006		4/15/200	6
			Water S	ystem l	Facili	ty and S	ampling	; Poir	nt Inve	ntory		
Water										tal Lead a	nd	
System		er System Facility	/		Point	Sampling P			-	form Copp		Stage
Facility ID				ID		Description			utus		ier Asbesto	s WQP 2 DBPR
00600	DISTI	RIBUTION SYSTEM	Λ	4		DISTRIBUTI			A	Y		
						WITHIN 5 S			A			
				UPSTRE	AM	WITHIN 5 S			A			
00700		Y POINT		3		ENTRY POI	NT		A			
21806	WEL			2		WELL			А			
58633	WEL	_ 2		2		WELL 2			Α			
58636	TREA	TMENT PLANT										
58637	PRES	SURE STORAGE										
61495	BOO	STER PUMP										
					Con	tact Info	rmatior	1				
Name					Or	ganization					Job Title	2
Mr. Amit	Patel				Jay	y Ganesha L	LC			Member		
Mailing A	ddress	Line One		Mailing A	ddress	s Line Two				City	State	Zip Code
544 Provid	dence	New London Tur	npike							tonington	СТ	06359
Busines	s Phor	e Extension	Fax		Mobil	le Phone	Emergency	/ Phone	e Email A	ddress		
860-59			860-599-				860-599	-2261	stardus	tmotel@com	ncast.net	
		Administrative	Contact, Leg	gal Contac	t, Own	ier						
		following:										
		disinfectant concen								orm sample.		
2. If a Co	llectior	Period is specified	l, all water qua	ality sample	s must	be collected	during 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.

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source STONINGTON INSTITUTE - MAIN BUILDING Ρ CT1020404 77 GW NC

CT1020404	STONINGTON INSTITUTE	MAIN BUILDING			NC	/	/	Р	GW
Local Address	s (where applicable)		Service	Residential	Commerci	al In	dustrial	Combined	Agricultural
75 SWANTOV	VN HILL ROAD		Connections		1				
Towns Served	: NORTH STONINGTON								
		Monito	oring Requ	uirement	s				
Water Syste	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifo	orm (3100)						1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period C	ollecti	on Perio	d Compli	iance Status
Select fr	om Inventory of Active Sampl	ing Points		7/1/19 - 9/3	30/19			Со	omplete
				10/1/19 - 12	/31/19			Co	mplete
				1/1/20 - 3/3	31/20			Со	omplete
				4/1/20 - 6/3	30/20				
				7/1/20 - 9/3	30/20				
Physical Pa	rameters (PPS)						1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period C	ollecti	on Perio	d Compli	iance Status
Select fr	om Inventory of Active Sampl	ing Points		7/1/19 - 9/3	30/19			Со	omplete
				10/1/19 - 12	/31/19			Со	omplete
				1/1/20 - 3/3	31/20			Со	omplete
				4/1/20 - 6/3	30/20				
				7/1/20 - 9/3	30/20				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						:	1 routine (R	RT) per year
Samplin	g Point (Sampling Point ID)			Monitoring	Period C	ollecti	on Perio	d Compli	iance Status
ENTRY P	OINT (3)			1/1/19 - 12/	/31/19			Со	omplete
				1/1/20 - 12/	/31/20				
				1/1/21 - 12/	/31/21				
	Water	System Facili	ty and Sai	mpling Po	oint Inve	ntor	'Y		
Water					Т	otal	Lead an	d	
System W	ater System Facility	Sampling Point	Sampling Poi	nt	Col	iform	Copper	•	Stage

System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y			
		4-1	Mens Room-First Floo	А	Y			
		4-2	House Keeping-First	А	Y			
		4-3	Second Floor Staff B	А	Y			
		4-4	Presidents Bath	А	Y			
		4-5	Well Entry	А	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT	А				
10918	WELL #1	2	WELL	А				
51479	MAIN HOUSE STORAGE TANK							
		Certified	Operator Informa	tion				
Water Sy	stem Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)					
Facility Clo	assification: DISTRIBUTION SYSTEM	1						Certificatio
Operator	Name	Operator Typ	e Certification('s)				Expiration

С	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
	Wa	ter Qual	lity №	Ionit	oring a	nd Con	nplia	ance S	chedule	é			
PWS ID PV	VS Name						Classi	fication I	Population (Owner Type	Primary Source		
CT1020404 ST	ONINGTON IN	ISTITUTE - M	AIN BUI	LDING			1	NC	77	Р	GW		
Local Address (whe	re applicable)				Service	Resider	tial C	ommercia	l Industria	Combine	d Agricultural		
75 SWANTOWN HIL	L ROAD				Connection	IS		1					
Towns Served: NOR	TH STONING	ON											
			Cert	tified	Operato	r Inform	natio	n					
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF ID	D: 00600)								
Facility Classification	on: DISTRIBUT	ION SYSTEM									Certification		
Operator Name			Opera	tor Type	2	Certificatio	on(s)				Expiration		
PHILLIPS, JEFFREY			CHIEF O	PERATO	R	SMALL WA	TER SY	STEM OPE	RATOR		6/30/2021		
				Cont	tact Info	rmatior	ו						
Name				Or	ganization					Job Title			
Mr. Jeffrey Phillips				Sto	onington Ins	titute			Facilities D	irector			
Mailing Address Lin	e One		Mailing	Address	Line Two				City	State	Zip Code		
75 Swantown Hill R	oad							North S	tonington	СТ	06359		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	e Email A	ddress				
860-445-3014		860-535-3	3401					jeff.phil	jeff.phillips@uhsinc.com				
Contact Role(s): A	dministrative	Contact											
Name				Or	ganization					Job Title			
Mr. William A. Anis	kovich		1	Sto	onington Ins	titute		1	Ceo				
Mailing Address Lin	e One		Mailing	Address	Line Two				City	State	Zip Code		
75 Swantown Hill R	oad								tonington	СТ	06359-0216		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	e Email A	ddress				
860-535-1010						800-832	-1022						
Contact Role(s): Le	gal Contact												
Please note the fol	lowing:												
1. The residual disin									rm sample.				
2. If a Collection Per													
 Depending on res correspondence s 													

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

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	Connecticut Departme				<u> </u>			
	Water Quality M	onitoring an	d Con	npliar	ice So	chedule	5	
PWS ID	PWS Name			Classific	ation P	opulation	Owner Type	Primary Source
CT1020434	NORTH STONINGTON BAPTIST CHUR	СН		NC	2	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Com	nmercial	Industria	I Combined	Agricultural
ROCKY HOLLO	W ROAD	Connections			1			
Towns Served	NORTH STONINGTON							
	N	Ionitoring Requ	iireme	nts				
Water Syster	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Colifo	rm (3100)					1	routine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	i <mark>ng Perio</mark>	d Col	lection Peri	iod Comp	liance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/30/19	·		C	omplete
			10/1/19 -	12/31/1	.9		C	omplete
			1/1/20 -	3/31/20	1			
			4/1/20 -	6/30/20)			
			7/1/20 -	9/30/20				
Physical Par	ameters (PPS)					1	routine (RT)	per quarter
	g Point (Sampling Point ID)		Monitori	ing Perio	d Col	lection Peri	iod Comp	liance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/30/19	1		C	omplete
			10/1/19 -	12/31/1	.9		C	omplete
			1/1/20 -	3/31/20				
			4/1/20 -	6/30/20	1			
			7/1/20 -	9/30/20				
Water Syster	m Facility: TREATMENT PLANT (WS	F ID: 00700)						
Nitrate (104	40)					1	routine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	i <mark>ng Perio</mark>	d Col	lection Peri	iod Comp	liance Status
ENTRY PO	DINT (3)		7/1/19 -	9/30/19	1		C	omplete
			10/1/19 -	· 12/31/1	.9		C	omplete
			1/1/20 -	3/31/20	1			
			4/1/20 -	6/30/20	1			
			7/1/20 -	9/30/20	1			
Nitrate And	Nitrite (NOX)						1 routine (RT) per year
Sampling	g Point (Sampling Point ID)		Monitori			lection Peri	iod Comp	liance Status
ENTRY PO	DINT (3)		1/1/19 -				C	omplete
			1/1/20 -					
			1/1/21 -	12/31/21	1			
	Otl	ner Compliance	Sched	lules				
Compliance So	chedule Activity			Due Date	2	Achiev	ed Date	
RESPOND TO S	SANITARY SURVEY		1	L1/6/2019	9			
	Publi	c Notification R	equire	ement	S			
Violation/Situ	ation	Compliance Period	Notice Tier		<u>ublic Not</u>			<u>tification</u>
Nitrate M&R \		4/1/13 - 6/30/13	2		<i>uired</i> 7/2013	Performed	Due to DPH 10/27/2013	
		Facility and Sar				tory	10/27/2013	
14/	water system	racinty and Sal	inhung	Point		-	d	
Water System Wa	nter System Facility Sampling	Point Sampling Poi	nt		Toto Colifo			Stage
Facility ID	ID			Ctat				WQP 2 DBPR
	TRIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM	<u>Stat</u> 1 A	<u>us nun</u> Y			.,
	ТТ. Т.	210111201101		. ^				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT1020434 NORTH STONINGTON BAPTIST CHURCH NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections ROCKY HOLLOW ROAD 1 Towns Served: NORTH STONINGTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А 00700 **ENTRY POINT** А TREATMENT PLANT 3 2 WELL 21810 WELL А **Contact Information** Organization Name Job Title Mr. Gerald H. Simmons North Stonington Baptist Churc Trustee Mailing Address Line One Mailing Address Line Two State City Zip Code 5 Rocky Hollow Road North Stonington СТ 06359 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-535-0208 pastor@northstoningtonbaptist.com Contact Role(s): Administrative Contact, Legal Contact Please 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.

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		Connecticut De	^					0			ction		
		Water Q	uality Monit	coring an	nd Com								
PWS ID		PWS Name				Class	ificatio	on Popu	lation	Owr	ner Type	Primar	y Source
CT102041	.4	STONINGTON INSTITUTE	- NORTH BUILDING	ì			NC		77		Р	G	iW
Local Add	ress (\	where applicable)		Service	Resident	tial C	Comme	ercial li	ndustria	al	Combine	d Agr	icultura
		I HILL ROAD		Connection	IS		1						
Towns Se	rved:	NORTH STONINGTON											
			Monit	oring Req	uireme	nts							
Water Sy	/stem	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liforn	n (3100)							1	rou	tine (RT	per q	uarter
		Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	tion Per				Status
Selec	ct fron	n Inventory of Active Samp	ling Points		7/1/19 -	9/30/	/19				(omple	te
			_		10/1/19 -	12/31	1/19					omple	te
					1/1/20 -	3/31/	/20				C	omple	te
					4/1/20 -								
					7/1/20 -	9/30/	/20						
Physical	Para	meters (PPS)							1	rou	tine (RT	per q	uarter
-		Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	ion Per			• •	Status
Seleo	ct fron	n Inventory of Active Sam	ling Points		7/1/19 -	9/30/	/19				C	omple	te
					10/1/19 -	12/31	1/19				C	omple	te
					1/1/20 -	3/31/	/20				C	omple	te
					4/1/20 -	6/30/	/20						
					7/1/20 -	9/30/	/20						
Water Sy	/stem	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate /	And N	Nitrite (NOX)								1	routine	RT) pe	er year
Sam	pling l	Point (Sampling Point ID)			Monitori	ng Pe	riod	Collect	ion Per	iod	Сотр	liance	Status
ENTF	ry poi	NT (3)			1/1/19 - 1	12/31	/19				C	omple	te
					1/1/20 - 1	12/31	/20						
					1/1/21 - 1	12/31	/21						
		Wate	r System Facil	ity and Sa	ampling	Poir	nt In	vento	ry				
Water			•	•				Total	Lead o	and			
System	Wat	er System Facility	Sampling Point	Sampling Po	oint		(Coliform					Stage
Facility ID)		ID	Description		St	tatus	Rule	Rule	Tier	Asbesto	s WQP	2 DBP
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM		А	Y					
			DOWNSTREAM	WITHIN 5 SE	ERVICE CON	I	А						
			UPSTREAM	WITHIN 5 SE	ERVICE CON	I	А						
00700	ENT	RY POINT	3	ENTRY POIN	IT		А						
22714	WEL	L	2	WELL			А						
			Certified	Operato	r Inform	atio	n						
Mator Su	istom	Facility: DISTRIBUTIO		•		2.010							
		cation: DISTRIBUTION SYS		D . 00000j									
-	-			0	Cortificatio	n(c)							fication
Operator			Operator Typ				/675* 4		OR				oration
PHILLIPS,	JEFFR		CHIEF OPERATO		SMALL WAT	EKSY	SIEW	OPERAI	UK			6/3	0/2021
			Con	tact Info	rmation								
Name			0	rganization							Job Title		
Mr. Willia	am A.	Aniskovich	St	onington Inst	titute			Ce	0				
Mailing A		s Line One	Mailing Addres	s Line Two				С	ity		State	Zip	Code
		lill Road					Nor	th Stoni	ngton		СТ	06250	9-0216

		mac	er quanty	1.101110	or mg u		<u> </u>	unce	beneuu		
PWS ID	PW	/S Name					Class	sification	Population	Owner Type	Primary Source
СТ1020414	ST	ONINGTON INS	TITUTE - NORTH	I BUILDING				NC	77	Р	GW
Local Address	(whe	re applicable)			Service	Resider	ntial (Commerc	ial Industr	ial Combin	ed Agricultura
75 SWANTOW	75 SWANTOWN HILL ROAD							1			
Towns Served	: NOR	TH STONINGTO	N							i	
Business Pho	one	Extension	Fax	Mobil	e Phone	Emergenc	y Phor	ne Email	Address		
860-535-10	10					800-832	·1022				
Contact Role(s	5): Ad	dministrative C	ontact, Legal Co	ntact							
Please note th	ne foll	lowing:									
1. The residua	l disin	fectant concentra	ation must be mea	asured at the	e same locatio	on and time	as each	n total coli	form sample.		
2. If a Collection	on Per	iod is specified, a	II water quality sa	mples must	be collected	during the sp	pecified	d period.			
			nonitoring may be on or after the ger								

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

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	Connecticut De	partment of	Public Hea	lth D	rink	ing Wa	ater S	ection	
	Water Qu	uality Monit	oring and C	ompl	lianc	e Scho	edule		
PWS ID	PWS Name			Cla	ssificati	on Popu	lation O	wner Type	Primary Source
CT1021043	STONINGTON INSTITUTE	- LODGE			NC	7	7	Р	GW
Local Address	(where applicable)		Service Res	idential	Comm	ercial Ir	dustrial	Combined	Agricultura
75 SWANTON	I HILL ROAD		Connections					1	
Towns Served	: NORTH STONINGTON								
		Monite	oring Require	ments	;				
Water Syste	m Facility: DISTRIBUTIO								
Total Colifo	rm (3100)						1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)		Mon	itoring F	Period	Collect	ion Perio	d Compl	liance Status
Select fro	om Inventory of Active Samp	ling Points	7/1,	/19 - 9/3	0/19			Co	omplete
			10/1,	/19 - 12/	31/19			C	omplete
			1/1,	/20 - 3/3	1/20			Co	omplete
				, /20 - 6/3					
				, /20 - 9/3	-				
Physical Pa	rameters (PPS)						1 ro	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)		Mon	itoring F	Period	Collect	ion Perio	d Compl	liance Status
Select fro	om Inventory of Active Samp	ling Points	7/1,	/19 - 9/3	0/19			C	omplete
			10/1,	/19 - 12/	31/19			C	omplete
			1/1,	/20 - 3/3	1/20			C	omplete
			4/1,	/20 - 6/3	0/20				
			7/1,	/20 - 9/3	0/20				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And	Nitrite (NOX)							1 routine (RT) per year
Sampling	g Point (Sampling Point ID)			itoring F		Collect	ion Perio	d Compl	liance Status
ENTRY P	OINT (3)		1/1/	19 - 12/3	31/19			Co	omplete
			1/1/	20 - 12/3	31/20				
			1/1/	21 - 12/3	31/21				
	Water	System Facili	ity and Sampl	ing Po	oint Ir	vento	ъ		
Water						Total	Lead an	d	
	ater System Facility		Sampling Point			Coliform	Copper		Stage
Facility ID		ID	Description		<u>Status</u>	Rule	Rule Tie	er Asbestos	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION SYS	TEM	А	Y			
		4-1	Kitchen Wash Sink		А	Y			
		4-2	Mop Room		А	Y			
		4-3	Dining Room Bath		А	Y			
		4-4	Staff Bath		А	Y			
					^	Y			
		4-5	Well Entry		A	1			
			Well Entry WITHIN 5 SERVICE	CON	A	I			
			•						
00700 EN	ITRY POINT	DOWNSTREAM	WITHIN 5 SERVICE		А				
	ITRY POINT ELL #1	DOWNSTREAM UPSTREAM	WITHIN 5 SERVICE WITHIN 5 SERVICE		A A				
		DOWNSTREAM UPSTREAM 3 2	WITHIN 5 SERVICE WITHIN 5 SERVICE ENTRY POINT	CON	A A A				
		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SERVICE WITHIN 5 SERVICE ENTRY POINT LODGE WELL	CON	A A A			Job Title	
10917 WI	ELL #1	DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SERVICE WITHIN 5 SERVICE ENTRY POINT LODGE WELL tact Informat	CON	A A A		ilities Dir		
10917 WI Name	ELL #1 hillips	DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SERVICE WITHIN 5 SERVICE ENTRY POINT LODGE WELL tact Informat ganization onington Institute	CON	A A A				Zip Code

						0 -		r -							1
PWS ID	PWS Name							Cla	ssification	Рс	opulation	Ow	ner Type	Pri	mary Source
CT1021043	STONINGTO		STITUTE - LO	DDGE					NC		77		Р		GW
Local Address (w	here applica	able)				Service	Reside	ntial	Commerc	ial	Industri	al	Combine	ed	Agricultural
75 SWANTON HI	LL ROAD					Connectio	ons						1		
Towns Served: N	IORTH STON	INGT	NC												
860-445-3014	•		860-535-3	3401					jeff.ph	illip	os@uhsin	c.co	m		
Contact Role(s):	Administra	tive (Contact						I						
Name					Or	ganization							Job Title	е	
Stonington Beha	avioral Healt	th Inc													
Mailing Address	Line One			Mailin	g Address	s Line Two					City		State		Zip Code
75 Swantown Hl				C/O Gr	aig Hoffn	ier			Philad	elp	hia		PA		19103
Business Phon	e Extens	ion	Fax		Mobil	le Phone	Emergenc	y Pho	one Email	Add	dress				
Contact Role(s):	Legal Cont	act, O	wner												
Name					Or	ganization							Job Title	е	
Mr. Steve Filton					Sto	onington B	ehavioral H	ealth	I		President				
Mailing Address	Line One			Mailin	g Address	s Line Two					City		State		Zip Code
367 South Gulph	Rd								King o	f Pr	russia		PA		19406
Business Phon	e Extensi	ion	Fax		Mobil	le Phone	Emergenc	y Pho	one Email	Add	dress				
Contact Role(s):	Legal Cont	act													
Please note the	following:														
1. The residual d	isinfectant co	ncenti	ration must b	e measu	ured at the	e same locati	ion and time	as ea	ch total colif	orr	n sample.				
2. If a Collection	Period is spec	cified,	all water qua	lity sam	ples must	be collected	during the s	pecifi	ed 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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Con	necticut Depa							<u> </u>			
	Water Qua	lity Mo	onito	ring an	d Con						
PWS ID PWS I						Cla				Wner Type Pr	
	ET INN						NC		29	P	GW
Local Address (where a				ervice Connections	Residen	ntial	Comme	rcial I	ndustrial	Combined	Agricultura
593 PROVIDENCE NEW			C	onnections			1				
Towns Served: NORTH	STONINGTON				_						
		Mo	onitor	ing Requ	uireme	ents	5				
Water System Facilit	y: DISTRIBUTION S	YSTEM (V	VSF ID :	00600)							
Total Coliform (310	00)								1 r	outine (RT) p	ber quarter
Sampling Point (S	Campling Point ID)				Monitori	ing F	Period	Collec	tion Perio	od Complie	ance Status
Select from Inven	tory of Active Samplin្	g Points			7/1/19 -	- 9/3	0/19			Co	mplete
					10/1/19 -		-				mplete
					1/1/20 -					Co	mplete
					4/1/20 -		-				
					7/1/20 -	- 9/3	0/20				
Physical Parameter										outine (RT) p	•
	Sampling Point ID)				Monitori	-		Collec	tion Perio	,	ance Status
Select from Inven	tory of Active Sampling	g Points			7/1/19 -		-				mplete
					10/1/19 -						mplete
					1/1/20 -					Co	mplete
					4/1/20 -						
	y: ENTRY POINT (\				7/1/20 -	- 9/3	0/20				
Nitrate And Nitrite Sampling Point (S ENTRY POINT (3)	(NOX) Campling Point ID)				<i>Monitori</i> 1/1/19 -	_		Collec	tion Perio		T) per year ance Status mplete
					1/1/20 - 1/1/21 -					Со	mplete
		Public	Notif	ication F	Require	eme	ents				
			Con	npliance	Notice	?	Public	Notific	ation	PN Cert	i <u>fication</u>
Violation/Situation			P	eriod	Tier		Require	d Pe	rformed	Due to DPH	Received
Physical Parameters M	&R Violation		10/1/10) - 12/31/10	3		4/29/20	11		5/9/2011	
Total Coliform M&R Vi	olation		10/1/10) - 12/31/10	2		4/29/20	11		5/9/2011	
Total Coliform M&R Vi	olation		1/1/11	L - 3/31/11	2		7/30/20	11		8/9/2011	
Total Coliform M&R Vi	olation		4/1/11	L - 6/30/11	2	-	11/13/20)11		11/23/2011	
Physical Parameters M			1/1/11	L - 3/31/11	3		6/29/20	12		7/9/2012	
Physical Parameters M	&R Violation		4/1/11	L - 6/30/11	3	-	10/13/20)12		10/23/2012	
	alation		7/1/12	2 - 9/30/12	2		1/30/20	13		2/9/2013	
Total Coliform M&R Vi	Olation										
Total Coliform M&R Vi Physical Parameters M			7/1/12	2 - 9/30/12	3		12/31/20)13		1/10/2014	
				2 - 9/30/12 3 - 9/30/18	3		12/31/20 12/4/20			1/10/2014 12/14/2019	
Physical Parameters M		ystem F	7/1/18	3 - 9/30/18	3		12/4/20	19	ory		
Physical Parameters M E. Coli Water System Water Syste	&R Violation Water S		7/1/18 acility	3 - 9/30/18	3 mpling	; Po	12/4/20 pint Inv	19	Lead a	12/14/2019	
Physical Parameters M E. Coli <i>Water</i>	&R Violation Water S em Facility	Sampling I	7/1/18 acility Point So	3 - 9/30/18 / and Sa ampling Poi	3 mpling	; Po	12/4/20 oint Inv	19 Vento Total Coliform	Lead a	12/14/2019 nd	Stage WQP 2 DBPI
Physical Parameters M E. Coli Water System Water Syste Facility ID	&R Violation Water S em Facility	Sampling I ID 4	7/1/18 acility Point So D	3 - 9/30/18 y and Sa ampling Poi escription	3 mpling int N SYSTEM	; P a	12/4/20 Dint Inv C Status	19 Vento Total Coliform Rule	Lead a	12/14/2019 nd	
Physical Parameters M E. Coli Water System Water Syste Facility ID	&R Violation Water S em Facility	Sampling I ID 4	7/1/18 acility Point So D REAM W	3 - 9/30/18 y and Sa ampling Point escription ISTRIBUTION	3 mpling int N SYSTEM	; Pc	12/4/20 Dint Inv C Status A	19 Vento Total Coliform Rule	Lead a	12/14/2019 nd	

(Connectic	ut Depa	rtment of	Public	Health	n Dr	rinking	g W	ater	Se	ction	
	Wa	ter Qua	lity Monit	oring ar	nd Con	npl	iance	Sch	edul	e		
PWS ID	PWS Name					Clas	sification	Popu	lation	Own	er Type P	rimary Source
CT1020444	BUDGET INN						NC	2	29		Р	GW
Local Address (wi	nere applicable)			Service	Resider	ntial	Commerci	ial Ir	ndustria	al (Combined	Agricultural
593 PROVIDENCE	NEW LONDON	ТРКЕ		Connection	S		1					
Towns Served: N	ORTH STONING	ΓON										
		Water Sy	ystem Facili	ty and Sa	ampling	; Po	int Inve	ento	ry			
Water System Water Facility ID	System Facility	,	Sampling Point ID	Sampling Po Description	oint		Col	otal iform Rule		per	Asbestos	Stage WQP 2 DBPR
22994 WELL	# 1		2	WELL #1			A					
	MENT PLANT		L				<i>/</i>					
			Con	tact Infoi	rmatior	ו						
Name			Or	ganization							Job Title	
Mr. Yogesh N. Pa	tel		Ra	dha And Kas	na, LLC			Ma	nager			
Mailing Address L	ine One		Mailing Address	s Line Two				C	ity		State	Zip Code
593 Providence-N	lew London Tur	npike					North	Stonir	ngton		СТ	06359
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	y Pho	ne Email	Addre	SS			
860-599-0835							yogire	nu@y	ahoo.c	om		
Contact Role(s):	Administrative	Contact, Leg	al Contact, Own	ner								
Please note the f	ollowing:											
1. The residual di	sinfectant concen	tration must b	e measured at the	e same location	n and time a	as eac	h total colif	orm sa	ample.			
2. If a Collection I	Period is specified	, all water qua	lity samples must	be collected d	uring the sp	pecifie	ed period.					
		-	ay be required (i.e	1 A A A A A A A A A A A A A A A A A A A					-		- · ·	

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	Water Quality M	onitoring an	d Con	ıplianc	e S	chedule)	
PWS ID	PWS Name			Classificati	on F	Population C	Wner Type P	rimary Source
CT1020454	563 PROVIDENCE-NEW LONDON TNP	К		NC		25	Р	GW
ocal Address	(where applicable)	Service	Residen	tial Comm	ercia	Industrial	Combined	Agricultura
563 PROVIDEN	ICE-NEW LONDON TNPK (RTE 184)	Connections		1				
Towns Served:	NORTH STONINGTON	I	1					
	Μ	lonitoring Requ	uireme	nts				
Water Systen	n Facility: DISTRIBUTION SYSTEM (<u> </u>						
Total Colifor						1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Со	llection Perio	od Compl	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/31/19			Co	mplete
		-	11/1/19 -	11/30/19			Co	mplete
			12/1/19 -	12/31/19			Co	mplete
			1/1/20 -	1/31/20			Co	mplete
			2/1/20 -	2/29/20			Co	mplete
			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				
Physical Para	ameters (PPS)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Со	llection Perio	od Compl	ance Status
Select fro	m Inventory of Active Sampling Points			10/31/19				mplete
				11/30/19				mplete
				12/31/19				mplete
				1/31/20				mplete
				2/29/20			Cc	mplete
				3/31/20				
				4/30/20				
				5/31/20				
				6/30/20				
				7/31/20				
				8/31/20				
		0700)	9/1/20 -	9/30/20				
	n Facility: ENTRY POINT (WSF ID: 0	0700)					1	
	Nitrite (NOX) Point (Sampling Point ID)		Monitori	na Daviad	6	llection Perio	1 routine (F	ance Status
ENTRY PC				ng Period 12/31/19	CO			mplete
				12/31/19				inplete
				12/31/20				
	Public	c Notification R						
		Compliance	Notice		ic No	tification	PN Cer	tification
Violation/Situ	ation	Period	Tier	Requir		Performed		Received
REVISED TOTA	L COLIFORM RULE (RTCR) TT Violation	12/13/17 - 1/12/18	2	4/18/20			4/28/2018	
			-	a 1 4 a 1 a 4			- 1	

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. Schedule Generation Date: 3/10/2020

1/13/18 - 1/15/18

3

3/19/2019

REVISED TOTAL COLIFORM RULE (RTCR)

3/29/2019

		water Qua	пту моши	oring a	na con	ipi	nanc	e 30	neu	uie		
PWS ID	PWS	Name				Clas	ssificati	on Pc	pulatio	on Ow	ner Type	Primary Source
CT1020454	563	PROVIDENCE-NEW LON	DON TNPK				NC		25		Р	GW
Local Address	s (where	applicable)		Service	Residen	tial	Comm	ercial	Indus	trial	Combined	Agricultura
563 PROVIDE	NCE-NE	W LONDON TNPK (RTE 1	84)	Connection	IS		1					
Towns Served	: NORT	H STONINGTON			1							
		Water S	ystem Facili	ty and Sa	ampling	Po	oint Ir	vent	ory			
	ater Sys	tem Facility	Sampling Point					Tota Colifo	m Co	ad and opper		Stage
Facility ID			ID	Description			<u>Status</u>	Rule	Ru	le Tier	Asbestos	WQP 2 DBPI
00600 DIS	STRIBUT	ION SYSTEM	4	DISTRIBUTI	ON SYSTEM	1	А	Y				
			DOWNSTREAM	WITHIN 5 S	ERVICE CON	N	А					
			UPSTREAM	WITHIN 5 S	ERVICE CON	N	А					
00700 EN	ITRY PO	INT	3	ENTRY POIN	ΝT		А					
23083 WI	ELL #1		2	WELL #1			А					
56700 TR	EATMEN	NT PLANT										
			Con	tact Info	rmation							
Name			Or	ganization							Job Title	
Mr. Bruce M.	Thoma	S						(Dwner			
Mailing Addre	ess Line	One	Mailing Address	Line Two					City		State	Zip Code
98 County Str	reet						Та	unton			MA	02780
Business Ph	none	Extension Fax	Mobil	e Phone	Emergency	/ Phc	one Em	ail Ado	ress			
860-514-87	788	508-823-	7400		860-514-	878	8 brı	u14@c	omcast	.net		
Contact Role(s): Adr	ninistrative Contact, Leg	al Contact, Own	er								
Please note t	he follo	wing:										
1. The residua	al disinfe	ctant concentration must b	e measured at the	same locatio	n and time a	as ead	ch total	coliforn	n sampl	e.		
2. If a Collect	ion Perio	d is specified, all water qua	lity samples must	be collected c	luring the sp	ecifie	ed perio	d.				
		ts, additional monitoring m nt by the DWS on or after t								-		

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otal Coliform I otal Coliform I		10/1/06 - 12/31/ 11/1/06 - 11/30/		12/15/200 12/30/200		12/25/2006 1/9/2007	
/iolation/Situa		Period	Tier	Required			Received
		Compliance	Notice		Notification	PN Cert	i <u>fication</u>
		Public Notification					
			020 - 1/31/202 020 - 2/29/202				
			2019 - 12/31/2 020 - 1/31/202				
			2019 - 11/30/2 2019 - 12/31/2				
			2019 - 10/31/2				
			toring Period	C	ompliance Stat	us: Complia	nce Status:
Start Date:	6/1/2011	Com	oliance History	/: O	perating Limit	Monitor	ing
рН	Entry Point pH Mon		-	um: 7.0 PH		Dai	
Analyte		ement (Summary Type)	Operat	ting Limit		Samples Re	q/Month
Nater System	Facility: ENTRY POINT (WS						
	Monthly Water Sys	stem Facility (WSF			g Requirem	ents	
			1/1/21 - 12				
			1/1/20 - 12				•
ENTRY PO			1/1/19 - 12				mplete
	Point (Sampling Point ID)		Monitoring	Period	Collection Perio	-	ance Status
	Nitrite (NOX)					1 routine (R	T) per vear
Nater System	Facility: ENTRY POINT (WS	SF ID: 00700)	., 1, 20 3/				
			7/1/20 - 9/				
			1/1/20 - 3/ 4/1/20 - 6/			CO	mplete
			10/1/19 - 12				mplete
Select fror	n Inventory of Active Sampling P	oints	7/1/19 - 9/				mplete
	Point (Sampling Point ID)		Monitoring		Collection Perio	-	ance Status
-	meters (PPS)					outine (RT) p	-
			7/1/20 - 9/	/30/20			
			4/1/20 - 6/	/30/20			
			1/1/20 - 3/	/31/20		Сог	mplete
			10/1/19 - 12	2/31/19		Co	mplete
	n Inventory of Active Sampling P	oints	7/1/19 - 9/			-	mplete
	Point (Sampling Point ID)		Monitoring	Period	Collection Perio		ance Status
Total Coliforn					1 r	outine (RT) p	or quarter
Nator System	Facility: DISTRIBUTION SYS	_	quirement				
		Monitoring Re	nuirement	rc .			
	NORTH STONINGTON			-			
	CE NEW LONDON TURNPIKE	Connection		1		Combined	Agricultura
CT1020474	PETROGAS GROUP US INC where applicable)	Service	Residentia	NC I Commerc	25 cial Industrial	P Combined	GW Agricultura
WS ID	PWS Name		CI				
11510	PWS Name		CI	lassification	Population O	wner Type Pr	imary Soui

Schedule Generation Date: 3/10/2020

	Wate	er Qua	lity Monif	toring ar	nd Com	pliar	ice So	chedul	e	
PWS ID	PWS Name				(Classific	ation P	opulation	Owner Type	Primary Sour
СТ1020474	PETROGAS GROU	P US INC				NC	:	25	Р	GW
Local Address (w	here applicable)			Service	Residenti	al Com	nmercial	Industri	al Combine	ed Agricultur
560 PROVIDENCE	NEW LONDON T	JRNPIKE		Connections	S		1			
	ORTH STONINGTO	N						·		
00600 DISTR	IBUTION SYSTEM		4	DISTRIBUTIC		Stat	us nu Y	ic nuic	Her Asseste	
00000 DISTR			4 DOWNSTREAM			A	T			
			UPSTREAM	WITHIN 5 SE		A				
00700 ENTR	POINT		3	ENTRY POIN		A				
48116 WELL			2	WELL 1	1	A				
	MENT PLANT		2	VVELL I		A				
57652 TREAT										
			Certified	Operator	Informa	ation				
Water System F	acility: TREATM	/IENT PLA	NT (WSF ID: 5	57652)						
Facility Classifica	ition:									Certificatio
Operator Name			Operator Typ	pe (Certification	(s)				Expiration
STEWART, MICH	AEL J.		CHIEF OPERATO	OR D	DISTRIBUTIO	N SYSTI	EM OPEI	RATOR - CL	ASS I	6/30/202
				V	VATER TREA	TMENT	PLANT	OPERATO	R - CLASS I	6/30/202
			Cor	ntact Infor	mation					
Name			0	rganization					Job Titl	e
Mr. Matthew Sc	ally			etrogas Group	o Ne, Inc.			Head of C	perations	
Mailing Address	Line One		Mailing Addres					City	State	Zip Code
168 N. Main Stre	et		Suite B				Andover		MA	01810
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency F	Phone I	Email Ad	ldress		
978-409-1205						I	matthew	v.scally@a	pplegreen.ie	
Contact Role(s):	Administrative C	ontact		1						
Name	1		0	rganization					Job Titl	е
Mr. Trevor Mooi	re in the second se		P	etrogas Group	New Engla	nd Inc		President		
Mailing Address	Line One		Mailing Addres	ss Line Two				City	State	Zip Code
168 N Main St			Suite B				Andover		MA	01810
Business Phone	e Extension	Fax	Mob	ile Phone E	Emergency F	Phone I	Email Ad	ldress		
347-909-0738					347-909-0	738 1	trevor.m	oore@app	olegreen.ie	
Contact Role(s):	Legal Contact, Ov	vner		I						
Please note the	following:									
1 The residual di	cinfoctant concentre	tion must h	a massurad at th	o como location	and time as	anch tot				

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. 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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	Connecticut Dep					0		ection	
	Water Qı	ality Monit	oring an	d Com		T	1		
PWS ID	PWS Name				Classificat	ion Popu	ation Ow	ner Type P	rimary Source
CT1020484	DUNKIN DONUTS (ROUTE	2)			NC	6	-	Р	GW
Local Addres	ss (where applicable)		Service	Resident	ial Comn	nercial In	dustrial	Combined	Agricultura
136 NORWI	CH WESTERLY ROAD (ROUTE 2)		Connections			L			
Towns Serve	ed: NORTH STONINGTON								
		Monite	oring Requ	uireme	nts				
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colif	orm (3100)						1 ro	utine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitori	ng Period	Collecti	on Period	l Compli	ance Status
Select f	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30/19			Со	mplete
				10/1/19 -	12/31/19			Co	mplete
				1/1/20 -	3/31/20				
				4/1/20 -					
				7/1/20 -	9/30/20				
Physical P	arameters (PPS)						1 ro	utine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ng Period	Collecti	on Period	l Compli	ance Status
Select f	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30/19			Со	mplete
				10/1/19 -	12/31/19			Со	mplete
				1/1/20 -	3/31/20				
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate An	d Nitrite (NOX)						1	routine (R	T) per year
Sampli	ng Point (Sampling Point ID)			Monitorii	ng Period	Collecti	on Period	-	ance Status
ENTRY	POINT (3)			1/1/19 - 1	2/31/19			Со	mplete
				1/1/20 - 2	2/31/20				
				1/1/21 - 1	2/31/21				
<u> </u>									
Water Syst	em Facility: WELL 1	(WS							
	em Facility: WELL 1	(WS	6F ID: 48142)				1 ro	utine (RT)	per quarter
E. Coli (30)14)	(WS	6F ID: 48142)	Monitorii	na Period	Collecti			per quarter ance Status
E. Coli (30 Sampli) 14) ing Point (Sampling Point ID)	(WS	6F ID: 48142)	<i>Monitorii</i> 7/1/19 -	-	Collecti	1 ro on Period	l Compli	ance Status
E. Coli (30) 14) ing Point (Sampling Point ID)	(WS	5F ID: 48142)	7/1/19 -	9/30/19	Collecti		l Compli Co	ance Status mplete
E. Coli (30 Sampli) 14) ing Point (Sampling Point ID)	(WS	5F ID: 48142)	7/1/19 - 10/1/19 -	9/30/19 12/31/19	Collecti		l Compli Co	ance Status
E. Coli (30 Sampli) 14) ing Point (Sampling Point ID)	(WS	5F ID: 48142)	7/1/19 - 10/1/19 - 1/1/20 -	9/30/19 12/31/19 3/31/20	Collecti		l Compli Co	ance Status mplete
E. Coli (30 Sampli) 14) ing Point (Sampling Point ID)	(WS	5F ID: 48142)	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 -	9/30/19 12/31/19 3/31/20 6/30/20	Collecti		l Compli Co	ance Status mplete
E. Coli (30 Sampli	9 14) Ing Point (Sampling Point ID) . (2)		if ID: 48142)	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		on Perioa	l Compli Co	ance Status mplete
E. Coli (30 Sampli WELL 1	9 14) Ing Point (Sampling Point ID) . (2)	(WS System Facili	if ID: 48142)	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nventor	on Perioa	I Compli	ance Status mplete
E. Coli (30 Sampli WELL 1	9 14) Ing Point (Sampling Point ID) . (2)	System Facili	F ID: 48142) ity and Sar Sampling Poi	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage
E. Coli (30 Sampli WELL 1	014) Ing Point (Sampling Point ID) . (2) Water	System Facili	F ID: 48142) ity and Sar	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nventor Total	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage
E. Coli (30 Sampli WELL 1 WELL 1 Water System V Facility ID	014) Ing Point (Sampling Point ID) . (2) Water	System Facili	F ID: 48142) ity and Sar Sampling Poi	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point II	nventor Total Coliform	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage
E. Coli (30 Sampli WELL 1 WELL 1 Water System V Facility ID	914) Ing Point (Sampling Point ID) . (2) Water Water System Facility	System Facili Sampling Point ID	F ID: 48142) ity and Sar Sampling Poi Description DISTRIBUTION	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point II Status A	Total Coliform Rule	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete
E. Coli (30 Sampli WELL 1 WELL 1 Water System V Facility ID	914) Ing Point (Sampling Point ID) . (2) Water Water System Facility	System Facili Sampling Point ID 4	F ID: 48142) ity and Sar Sampling Poi Description DISTRIBUTION	7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - mpling	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point II Status A A A	Total Coliform Rule	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage
E. Coli (30 Sampli WELL 1 Water System V Facility ID 00600 D	914) Ing Point (Sampling Point ID) . (2) Water Water System Facility	System Facili Sampling Point ID 4 DOWNSTREAM	F ID: 48142) ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SEF	7/1/19 - 10/1/19 - 1/1/20 - 7/1/20 - 7/1/20 - mpling nt N SYSTEM RVICE CON	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point II Status A A A	Total Coliform Rule	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage
E. Coli (30 Sampli WELL 1 WELL 1 Water System V Facility ID 00600 D	014) Ing Point (Sampling Point ID) . (2) Water Water System Facility DISTRIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	7/1/19 - 10/1/19 - 1/1/20 - 7/1/20 - 7/1/20 - mpling nt N SYSTEM RVICE CON	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 Point I I <u>Status</u> A A A A	Total Coliform Rule	on Perioa Y Lead and Copper	l Compli Co Co	ance Status mplete mplete Stage

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1020484 **DUNKIN DONUTS (ROUTE 2)** NC 63 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 136 NORWICH WESTERLY ROAD (ROUTE 2) 1 Towns Served: NORTH STONINGTON **Contact Information** Organization Name Job Title Mr. John Catalfamo Dan's Management Company Dir of Fac -Operator Mailing Address Line One Mailing Address Line Two City State Zip Code 251 Smith Street Providence RI 02908 **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 401-272-9773 207 401-440-6850 Jcatalfamo@dansmanagement.com 401-331-0931 401-440-6850 Contact Role(s): Administrative Contact Job Title Name Organization Smith Hill (Stone) Property Mailing Address Line One Mailing Address Line Two State Zip Code City 251 Smith St Providence RI 02908 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address Contact Role(s): Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

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

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

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 CT1021053 **STONINGTON INSTITUTE - INFIRMARY** NC 39 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 75 SWANTOWN HILL ROAD 1 Towns Served: NORTH STONINGTON **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 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 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: 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 **Other Compliance Schedules Achieved Date** Compliance Schedule Activity Due Date CROSS CONNECTION SURVEY REPORT 3/1/2020 Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT ENTRY POINT А 3 2 WELL #2 **WELL #2** А 10961 48299 INTERCONNECTION -CT1020483 - KNOLLWOOD **Contact Information** Organization Name Job Title Mr. Jeffrey Phillips Stonington Institute Facilities Director Mailing Address Line One Mailing Address Line Two City State Zip Code 75 Swantown Hill Road CT 06359 North Stonington Empil Addr Mahila Dh

	-	· · · ·	-)	-	0		-	I				-			
PWS ID	PWS Name						C	Classifi	cation	Ро	pulation	Ow	ner Type	Prir	mary Source
CT1021053	STONINGTON IN	ISTITUTE - IN	IFIRMAF	RY				Ν	С		39		Р		GW
Local Address (w	here applicable)				Service	Resid	denti	al Co	mmercia	al	Industria	al	Combine	ed	Agricultural
75 SWANTOWN	HILL ROAD				Connection	ns			1						
Towns Served: N		ΓON													
Business Phone	e extension	FdX		מסואו	me Phone	Emerge	псу Р	mone	Email A	۱aa	iress				
860-445-3014		860-535-	3401						jeff.phi	llip	s@uhsin	c.co	m		
Contact Role(s):	Administrative	Contact													
Name				C	Organization								Job Title	е	
Mr. William A. A	niskovich			S	tonington In	stitute				C	Ceo				
Mailing Address	Line One		Mailing	Addres	ss Line Two						City		State	2	Zip Code
75 Swantown Hil	l Road								North S	Sto	nington		СТ	06	5359-0216
Business Phone	e Extension	Fax		Mob	oile Phone	Emerge	ency P	hone	Email A	٨dd	lress				
860-535-1010						800-8	32-1	022							
Contact Role(s):	Legal Contact														
Name				С	Organization								Job Title	е	
Mr. Mitchel L. W	/illsie			S	tonington In	stitute				0	Dir Faciliti	es N	∕lgmt		
Mailing Address	Line One		Mailing	Addres	ss Line Two						City		State		Zip Code
75 Swantown Hil	l Road								North S	Sto	nington		СТ		06359
Business Phone	e Extension	Fax		Mob	oile Phone	Emerge	ncy P	hone	Email A	٨dd	lress				
860-535-1010	233	860-535-	4820			860-5	35-1	010							
Contact Role(s):	Legal Contact														
Please note the	following:														
1. The residual di	isinfectant concen	tration must b	e measui	red at th	ne same locatio	on and tim	ne as	each to	otal colifo	orm	n 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

PWS ID	PWS Name	ality Monit	oring a		Classifi	cation P	Population O	wner Type	Primary Source
CT1021064	NORTH STONINGTON XTR	A MART			N	-	35	Р	GW
	where applicable)		Service	Residenti	al Cor	mmercial	Industrial	Combined	Agricultural
	WESTERLY ROAD		Connectio	ns		1			
Towns Served:	NORTH STONINGTON								
Water System	Facility: DISTRIBUTION			quiremen	ts	_			
Total Coliform	m (3100)						1 ro	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Perio	od Col	llection Perio	d Compl	liance Status
Select from	n Inventory of Active Samplir	ng Points		7/1/19 - 9					omplete
				10/1/19 - 1				Co	omplete
				1/1/20 - 3					
				4/1/20 - 6					
	()			7/1/20 - 9)/30/20	0			
-	meters (PPS)				a Davis				per quarter
	<i>Point (Sampling Point ID)</i> n Inventory of Active Samplir	a Dointa		<i>Monitorin</i> 7/1/19 - 9	-		llection Perio		liance Status omplete
Select ITO	IT Inventory of Active Samplin			10/1/19 - 1					omplete
				1/1/20 - 3				C	Sinplete
				4/1/20 - 6					
				7/1/20 - 9					
Water System	Facility: ENTRY POINT (WSF ID: 00700)			<u> </u>				
Nitrata And P	Nitrita (NOX)							1 routine (RT) per year
Nitrate And N									
	Point (Sampling Point ID)			Monitorin	g Perio	od Col	llection Perio	-	liance Status
	Point (Sampling Point ID)			<i>Monitorin</i> 1/1/19 - 1	-			d Compl	
Sampling	Point (Sampling Point ID)				2/31/1	.9		d Compl	liance Status
Sampling	Point (Sampling Point ID)			1/1/19 - 1	2/31/1 2/31/2	19 20		d Compl	liance Status
Sampling	Point (Sampling Point ID)	Other Co	omplian	1/1/19 - 1 1/1/20 - 1	2/31/1 2/31/2 2/31/2	19 20		d Compl	liance Status
Sampling	Point (Sampling Point ID) INT (3)	Other Co	omplian	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu	2/31/1 2/31/2 2/31/2	19 20 21		d Compl	liance Status
Sampling ENTRY PO Compliance Scl	Point (Sampling Point ID) INT (3)	Other Co	omplian	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu	2/31/1 2/31/2 2/31/2 2/31/2 JIES	19 20 21 te	llection Perio	d Compl	liance Status
Sampling ENTRY PO Compliance Scl	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY	Other Co System Facili		1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/	2/31/1 2/31/2 2/31/2 Jles ue Dat 15/202	19 20 21 22 20	llection Perio Achieve	d Compl	liance Status
Sampling ENTRY PO Compliance Scl	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY			1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/	2/31/1 2/31/2 2/31/2 Jles ue Dat 15/202	19 20 21 22 20	llection Perio Achieve Itory	d Compl Co d Date	liance Status
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY		ity and S Sampling I	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I	2/31/1 2/31/2 2/31/2 Jles ue Dat 15/202	19 20 21 22 20 20 20 20	Ilection Perio Achieve Itory al Lead an	d Compl Co d Date	liance Status
Sampling ENTRY PO Compliance Scl RESPOND TO S/ Water	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S	System Facili	ity and S	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I	2/31/1 2/31/2 2/31/2 Jles ue Dat 15/202	19 20 21 te 20 t Inven Tota Colife	llection Perio Achieve I tory al Lead an orm Coppe	d Compl Co d Date nd r	liance Status omplete
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wat Facility ID	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S	System Facili Sampling Point ID 4	ity and S Sampling I Description DISTRIBUT	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I Point n ION SYSTEM	2/31/1 2/31/2 2/31/2 iles <i>ue Dat</i> 15/202 Point	19 20 21 22 20 t Inven Toti Colife tus Ru	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wat Facility ID	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility	System Facili Sampling Point ID 4 DOWNSTREAM	ity and S Sampling I Description DISTRIBUT WITHIN 5 S	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I Point n ION SYSTEM SERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 iles <i>ue Dat</i> 15/202 Point	19 20 21 220 20 20 20 70t <i>Colife</i> <i>tus Ru</i> 20 70 70 70 70 70 70 70 70 70 70 70 70 70	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wat Facility ID 00600 DIST	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I Point n ION SYSTEM SERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2 2/31/2 2 2 2/31/2 2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 2 3 1/2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 3 1/2 2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 22 20 t Inven Tota Colifo tus Rui	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wate Facility ID 00600 DIST	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I Point n ION SYSTEM SERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Jles ue Dat 15/202 Point A A A A A	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wat Facility ID 00600 DIST	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 5ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2 2/31/2 2 2 2/31/2 2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 3 1/2 2 2 2 3 1/2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 3 1/2 2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wate Facility ID 00600 DIST	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ Sampling I Point n ION SYSTEM SERVICE CON	2/31/1 2/31/2 2/31/2 2/31/2 Jles ue Dat 15/202 Point A A A A A	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wate Facility ID 00600 DIST	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 5ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 Jles ue Dat 15/202 Point A A A A A	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Co d Date nd r	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wat Facility ID 00600 DIST 00700 ENT 48885 WEL Name Mr. Ibrahim Ba	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM RY POINT L 1	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 20	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1 tact Info rganization DTh Real Est	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 5ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2 2/31/2 2 2 2/31/2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Ilection Perio Achieve Itory al Lead an orm Copper le Rule Tid	d Compl Cu d Date d Date nd r er Asbestos	liance Status pmplete Stage WQP 2 DBPR
Sampling ENTRY PO Compliance Sch RESPOND TO Sch Water System Wat Facility ID 00600 DIST 00700 ENT 48885 WEL Name Mr. Ibrahim Ba Mailing Addres	Point (Sampling Point ID) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM RY POINT L 1 hdat s Line One	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1 tact Info rganization DTh Real Est	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 6ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/1 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2/31/2 2 2 2/31/2 2 2 2/31/2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 22 20 t Inven <i>Tot</i> <i>Colifc</i> <i>tus Ru</i> A A A	Achieve Achieve Itory al Lead an orm Coppet le Rule Tid	d Compl Cu d Date d Date nd r er Asbestos	liance Status omplete Stage
Sampling ENTRY PO Compliance Scl RESPOND TO SA Water System Wate Facility ID 00600 DIST 00700 ENT 48885 WEL Name Mr. Ibrahim Ba Mailing Addres 15376 Kuykend	Point (Sampling Point ID) INT (3) INT	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 20 Mailing Address	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1 tact Info rganization DTh Real Esta s Line Two	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 5ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT Drmation ate Mngmnt I	2/31/1 2/31/2 2/31/2 2/31/2 2 2 2/31/2 2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 22 20 20 20 20 20 20 20 20 20 20 20 20	Achieve Achieve Itory al Lead an orm Coppet le Rule Tid	d Compl Cu d Date d Date nd r er Asbestos	liance Status pmplete Stage WQP 2 DBPR
Sampling ENTRY PO Compliance Sch RESPOND TO Sch Water System Wat Facility ID 00600 DIST 00700 ENT 48885 WEL Name Mr. Ibrahim Ba Mailing Addres	Point (Sampling Point ID) INT (3) INT (3) hedule Activity ANITARY SURVEY Water S ter System Facility RIBUTION SYSTEM RY POINT L 1 Indat s Line One Iahl Road ne Extension	System Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 20 Mailing Address x Mobi	ity and S Sampling I Description DISTRIBUT WITHIN 5 S WITHIN 5 S ENTRY POI WELL 1 tact Info rganization DTh Real Est	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ce Schedu 3/ 6ampling I Point n ION SYSTEM SERVICE CON SERVICE CON NT	2/31/1 2/31/2 2/31/2 2/31/2 2 2 2/31/2 2 2 2 2 2 2 2 2 2 3 1/2 2 2 2 2 3 1/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 20 21 21 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Achieve Achieve Itory al Lead an orm Coppet le Rule Tid	d Compl Cu d Date d Date d Asbestos	liance Status pmplete Stage WQP 2 DBPR Zip Code

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ΡW	/S ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ	1021064	NORTH STONINGTON XTRA MA	RT				NC	35	Р	GW
Lo	cal Address (w	here applicable)	S	ervice	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
22	5 NORWICH V	VESTERLY ROAD			1					
То	wns Served: N	IORTH STONINGTON	· · ·					·	·	
Со	ntact Role(s):	Administrative Contact, Legal	Contact, Owner							
Ple	ase note the	following:								
1.	The residual d	isinfectant concentration must be m	neasured at the sa	ame location a	and time a	as ead	ch total colif	orm sample.		
2.	If a Collection	Period is specified, all water quality	samples must be	collected dur	ing the sp	ecifie	ed period.			
3.	Depending on	results, additional monitoring may l	be required (i.e. r	epeat or conf	irmation s	samp	les). This sc	hedule is subj	ect to change,	and any related
	corresponden	ce sent by the DWS on or after the g	generation date o	f this schedule	e will have	e pred	cedence ove	r what is cont	ained in this so	hedule.
		If you have any questi	ons, please con	tact the Dri	nking Wo	ater	Section at	(860) 509-73	333.	

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

	Water Quality Monit	coring an	d Con	nplia	ince S	chedul	e		
PWS ID	PWS Name			Classif	ication F	opulation	Ow	ner Type Pr	imary Source
СТ1021074	KINGDOM HALL OF JEHOVAHS WITNESSES		NC			225		Р	GW
Local Address (where applicable)	Service	Residen	tial Co	ommercia	Industria	al	Combined	Agricultural
530 PROVIDEN	CE - NEW LONDON TPKE	Connections			1				
Towns Served:	NORTH STONINGTON								
	Monit	oring Requ	uireme	nts					
Water System	n Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)						1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing Peri	iod Co	llection Pe	riod	Complie	nce Status
Select from	m Inventory of Active Sampling Points		10/1/19 -	10/31,	/19			Со	mplete
			11/1/19 -	11/30,	/19			Coi	mplete
			12/1/19 -	12/31,	/19			Со	mplete
			1/1/20 -	1/31/2	20			Со	nplete
			2/1/20 -		Complete				
			3/1/20 -					Со	nplete
			4/1/20 -	4/30/2	20				
			5/1/20 - 6/1/20 -						
			7/1/20 -						
			8/1/20 -						
			9/1/20 -	9/30/2	20				
•	ameters (PPS)								per month
	Point (Sampling Point ID)		Monitori	-		llection Pe	rıod	-	ance Status
Select from	m Inventory of Active Sampling Points		10/1/19 - 11/1/19 -						nplete
			11/1/19 - 12/1/19 -						nplete nplete
			1/1/20 -						nplete
			2/1/20 -						nplete
			3/1/20 -						nplete
			4/1/20 -					0	ipiete
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
			9/1/20 -						
Water System	n Facility: ENTRY POINT (WSF ID: 00700)		, ,==	,, -					
	Nitrite (NOX)						1	routine (R	T) per year
	Point (Sampling Point ID)		Monitori	ng Peri	iod Co	llection Pe		-	nce Status
ENTRY PO			19			Complete			
			1/1/20 -						nplete
			1/1/21 -	12/31/	21				
	Other C	ompliance	Sched	lules					
		-							
Compliance Sci	hedule Activity			Due Da	te	Achie	ved	Date	
	hedule Activity ECT CORRECTIVE ACTION PLAN			Due Da 9/15/20		Achie	ved	Date	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1021074 KINGDOM HALL OF JEHOVAHS WITNESSES NC 225 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 530 PROVIDENCE - NEW LONDON TPKE 1 Towns Served: NORTH STONINGTON **Public Notification Requirements** Compliance Notice **Public Notification PN** Certification Violation/Situation Period Tier Reauired Performed Due to DPH Received Total Coliform M&R Violation 4/1/18 - 4/30/18 3 8/27/2019 9/6/2019 Physical Parameters M&R Violation 4/1/18 - 4/30/18 3 8/27/2019 9/6/2019 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID Description Facility ID Rule **Rule Tier Asbestos WQP 2 DBPR** Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON А **UPSTREAM** WITHIN 5 SERVICE CON Α ENTRY POINT 00700 ENTRY POINT 3 A 2 57604 WELL WELL А 57669 TREATMENT PLANT **Contact Information** Name Organization Job Title North Stonington Health Department Mailing Address Line One Mailing Address Line Two City State Zip Code 334 Grindstone Hill Rd. North Stonington СТ 06359 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-535-8463 Contact Role(s): Owner Organization Job Title Name Mr. Ronald Sherman Mailing Address Line One Mailing Address Line Two City State Zip Code Stonington CT Cong of Jehovahs Witnesses 135 Liberty Street Pawcatuck CT 06379 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-213-2225 Contact Role(s): Legal Contact Name Job Title Organization Mr. Bruce Tiven Congn. of Jehovahs Witnesses Acting Minister Mailing Address Line One Mailing Address Line Two City State Zip Code 222 Post Road Unit 6B Westerlv RI 02891 **Business Phone** Extension Fax **Mobile Phone Emergency Phone** Email Address 860-334-2641 860-334-2641 bruce.tiven@yahoo.com Contact Role(s): Administrative Contact

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1021074	KINGDOM HALL OF JEHOVAHS WITNESSES			NC	225	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultura
530 PROVIDE	ICE - NEW LONDON TPKE	Connections		1			
Towns Served	NORTH STONINGTON			·			
Please note t	ne following:						
1. The residua	I disinfectant concentration must be measured at th	e same location	and time a	as each total colif	orm sample.		
2. If a Collecti	on Period is specified, all water quality samples mus	t be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be required (i ence sent by the DWS on or after the generation da			1 1		0,	,

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

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Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	GW
CT1021084 NORTH STONINGTON BIBLE CH - WORSHIP HALL NC 25 P Local Address (where applicable) Service Connections Residential Commercial Industrial Combin 100 JEREMY HILL ROAD Industrial Combin 100 JEREMY HILL ROAD Industrial Combin 1 Combin 1 Commercial Industrial Combin 1 Com	GW Agricultura T) per quarter pliance Status Complete Complete Complete T) per quarter
Local Address (where applicable) Service Connections Residential Commercial Industrial Combin Combinity 100 JEREMY HILL ROAD Connections 1 <td>T) per quarter <i>ppliance Status</i> Complete Complete Complete T) per quarter <i>ppliance Status</i></td>	T) per quarter <i>ppliance Status</i> Complete Complete Complete T) per quarter <i>ppliance Status</i>
100 JEREMY HILL ROAD Connections 1 1 Towns Served: NORTH STONINGTON Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM - WORSHIP HALL (WSF ID: 00600) Total Coliform (3100) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Connections Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 1/1/20 - 3/31/20 1/1/20 - 3/31/20 1/1/20 - 3/30/20 1 Toutine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Connection Period <td>T) per quarter <i>ppliance Status</i> Complete Complete Complete T) per quarter <i>ppliance Status</i></td>	T) per quarter <i>ppliance Status</i> Complete Complete Complete T) per quarter <i>ppliance Status</i>
Constraint fractions Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM - WORSHIP HALL (WSF ID: 00600) Total Coliform (3100) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 1 1 10/1/19 - 12/31/19 10/1/19 - 12/31/19 1	T) per quarter
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM - WORSHIP HALL (WSF ID: 00600) Total Coliform (3100) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 0/1/19 - 12/31/19 0/1/19 - 12/31/19 10/1/19 - 12/31/19 1/1/20 - 3/31/20 4/1/20 - 6/30/20 0/1/19 0/1/19 Physical Parameters (PPS) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 1 1 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/10 1 0/1/19 1 0/1/19 1 0/1/19 0/1/19 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 0/1/19 1 1 0/1/19 1 1 1 1 1 1 1 1 1 1 <	T) per quarter
Water System Facility: DISTRIBUTION SYSTEM - WORSHIP HALL (WSF ID: 00600) Total Coliform (3100) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 0/1/19 - 12/31/19 0/1/19 -	T) per quarter
Total Coliform (3100) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	T) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 11/1/20 - 3/31/20 11/1/20 - 3/31/20 11/1/20 - 3/31/20 10/1/19 - 12/31/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 11/1/20 - 3/30/20 11/1/20 - 3/31/20 11/1/20 - 3/31/20 10/1/19 - 12/31/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 11/1/20 - 3/31/20 11/1/20 - 3/31/20 11/1/20 - 3/31/20 11/1/20 - 3/31/20 11/1/20 - 3/31/20 11/1/20 - 3/30/20 11	T) per quarter
10/1/19 - 12/31/19 11/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20	Complete Complete T) per quarter apliance Status
1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 4/1/20 - 6/30/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20	Complete T) per quarter pliance Status
4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 11/1/20 - 3/31/20 4/1/20 - 6/30/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 10/1/20 - 10/20 10/20 - 10/20	T) per quarter apliance Status
7/1/20 - 9/30/20 Physical Parameters (PPS) 1 routine (R Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 10/1/19 - 12/31/19 10/1/120 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 10/1/20 - 10/20	npliance Status
Physical Parameters (PPS)1 routine (RSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodConSelect from Inventory of Active Sampling Points7/1/19 - 9/30/1910/1/19 - 12/31/1910/1/19 - 12/31/191/1/20 - 3/31/201/1/20 - 6/30/204/1/20 - 6/30/207/1/20 - 9/30/20	npliance Status
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 <t< td=""><td>npliance Status</td></t<>	npliance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 10/1/19 - 12/31/19 10/1/20 - 3/31/20 4/1/20 - 6/30/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20	
10/1/19 - 12/31/19 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20	Complete
1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20	
4/1/20 - 6/30/20 7/1/20 - 9/30/20	Complete
7/1/20 - 9/30/20	Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routine	e (RT) per year
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Con	npliance Status
ENTRY POINT (3) 1/1/19 - 12/31/19	Complete
1/1/20 - 12/31/20	Complete
1/1/21 - 12/31/21	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
SystemWater System FacilitySampling PointColiformCopperFacility IDIDDescriptionStatusRuleRule TierAsbest	Stage
	03 WQF 2 DDF
00503 WELL #3 2 WELL #3 A 00600 DISTRIBUTION SYSTEM - 4 DISTRIBUTION SYSTEM A Y	
WORSHIP HALL	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
Contact Information	
Name Organization Job Tit	le
Pastor Larry Chappell North Stonington Bible Church Pastor	
Mailing Address Line One Mailing Address Line Two City State	Zip Code
100 D Jeremy Hill Road North Stonington CT	06359
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	
860-535-3430 Ichappell5@comcast.net	
Contact Role(s): Legal Contact	

		~		0		1						
PWS ID	PWS Name		Class		ification	Population	Owne	r Type	Primary S	ource		
CT1021084	NORTH STONIN	P HALL	HALL			25	F	Р	GW			
Local Address (w	here applicable)			Service	Resider	Residential Co		al Industr	al Co	Combined		ultural
100 JEREMY HILL	100 JEREMY HILL ROAD				S		1					
Towns Served: N	IORTH STONINGT	ON										
Name	Organization	Drganization					Job Title					
Mr. Nelson S. Ho	North Stoningt	Representative										
Mailing Address Line One Mailing Address				ress Line Two				City		State	Zip Co	de
60 Ann Avenue					Mys					СТ	0635	5
Business Phon	e Extension	Fax	Mo	bile Phone	Emergenc	y Phon	e Email A	Address				
860-536-0506	;											
Contact Role(s):	Administrative	Contact										
Please note the	following:											
1. The residual d	isinfectant concen	ration must b	e measured at	the same locatio	n and time	as each	total colif	orm sample.				
2. If a Collection	Period is specified,	all water qua	lity samples mu	ust be collected d	uring the sp	pecified	l period.					
2 Depending on	reculte additional	monitoring	av ha raquirad	li a rangat ar ag	ofirmation		c) This cal	andula is sub	in at to a	hongo	and any ral	atad

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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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source 220 NORWICH / WESTERLY ROAD Р CT1021094 NC 35 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 220 NORWICH WESTERLY RD (ROUTE 2) 1 Towns Served: NORTH STONINGTON **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) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 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) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 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** 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 and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00501 WELL 1 2 WELL 1 Α DISTRIBUTION SYSTEM 00600 4 DISTRIBUTION SYSTEM А Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON A **ENTRY POINT** 00700 ENTRY POINT 3 Α **Contact Information** Organization Name Job Title Mr. John J. Paride Partner/Owner Norwich Westerly, LLC Mailing Address Line One Mailing Address Line Two City State Zip Code 306 North Anguilla Road Pawcatuck СТ 06379 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-235-5548 jparide@davis-standard.com

Contact Role(s): Legal Contact, Owner

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT1021094	220 NORWICH /	WESTERLY F	ROAD				NC	35	Р	GW		
Local Address (wl	nere applicable)			Service	Resid	ential	Commerc	ial Industr	ial Combin	ed Agricultural		
220 NORWICH W	20 NORWICH WESTERLY RD (ROUTE 2)						1					
Towns Served: N	ORTH STONING	ON			·							
Name	Organization				Job Title							
Mr. Carl Stevense	Stevenson Fa	amily LLC			Owner/Member							
Mailing Address Line One Mailing Addr				ress Line Two				City	State	Zip Code		
220 Norwich-We	vich-Westerly Rd. CT				06359							
Business Phone	e Extension	Fax	Mo	bile Phone	Emerger	ncy Pho	one Email	e Email Address				
860-415-9055					860-77	70-046	4 jakes.r	jakes.restaurant@yahoo.com				
Contact Role(s):	Administrative	Contact	·									
Please note the f	ollowing:											
1. The residual di	sinfectant concen	ration must b	e measured at	the same locat	tion and tim	e as ea	ch 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.

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 **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1021114 **DOLLAR GENERAL - NORTH STONINGTON** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 330 CLARKS FALLS RD 1 Towns Served: NORTH STONINGTON **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) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 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: 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 Complete 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION SYSTEM Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α Υ UPSTREAM WITHIN 5 SERVICE CON Υ Α ENTRY POINT 00700 ENTRY POINT 3 А 61143 WELL#1 2 WELL#1 Α TREATMENT PLANT 61146 **Contact Information** Name Organization Job Title Mr. Jason Horowitz Mailing Address Line One Mailing Address Line Two Zip Code City State 9010 Overlook Boulevard Brentwood NJ 37027 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 625-370-0670 615-373-3111 jhorowitz@gbtrealty.com Contact Role(s): Legal Contact, Owner

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PWS ID	PWS Name					Clas	sification	Population	Owner Typ	oe P	Primary Source		
CT1021114	DOLLAR GENERA	J	NC		NC	25	Р		GW				
Local Address (w	here applicable)			Service	Resider	itial	Commerci	al Industr	ial Comb	ined	Agricultural		
330 CLARKS FALL	S RD			Connections				1					
Towns Served: N	ORTH STONINGT	ON											
Name	Organization			Job Title									
Ms. Sheila Scull	Dollar General (ollar General Corp. Env Comp Specialist											
Mailing Address Line One Mailing Address				ress Line Two					Stat	e	Zip Code		
100 Mission Ridg	Aission Ridge Goodlettsville				TN	I	37072						
Business Phone	e Extension	Fax	М	obile Phone E	mergency	/ Pho	ne Email /	Address					
615-855-4459							EnvCo	EnvCompliance@DollarGeneral.com					
Contact Role(s):	Administrative	Contact	Ċ				÷						
Please note the	following:												
1. The residual di	sinfectant concent	ration must b	e measured at	t the same location	and time a	as eac	h total colif	orm sample.					
2. If a Collection	Period is specified.	all water qua	lity samples m	nust be collected du	ring the sp	ecifie	d period.						

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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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