Connecticut Departmen Water Quality Mo		d Comp	oliance	Schedul	e	
PWS ID PWS Name		Cl		-		e Primary Source
CT1050014 BEE & THISTLE INN	I		NC	25	Р	GW
Local Address (where applicable)	Service Connections	Residentia		cial Industria	al Combi	ned Agricultural
100 LYME STREET	Connections		1			
Towns Served: OLD LYME						
	onitoring Requ	iirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)					
Total Coliform (3100)					-	RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collection Per	riod Co	mpliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/				Complete
		10/1/19 - 12				Complete
		1/1/20 - 3/				
		4/1/20 - 6/	•			
Dhysical Dayamataya (DDC)		7/1/20 - 9/	30/20	1	routing (	RT) per quarter
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)		Monitoring	Period	⊥ Collection Per	-	mpliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/		conection rei	iou co	Complete
Scient from inventory of Active Sampling Forms		10/1/19 - 12				Complete
		1/1/20 - 3/				Complete
		4/1/20 - 6/				
		7/1/20 - 9/				
Water System Facility: ENTRY POINT (WSF ID: 00	700)	., _, _,				
Nitrate And Nitrite (NOX)					1 routin	e (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Per		mpliance 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: 21822)						
E. Coli (3014)				1	routine (	RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Per	riod Co	mpliance Status
WELL (2)		7/1/19 - 9/	/30/19			Complete
		10/1/19 - 12	2/31/19			Complete
		1/1/20 - 3/	/31/20			
		4/1/20 - 6/	/30/20			
		7/1/20 - 9/	/30/20			
Public	<b>Notification R</b>	equiren	nents			
	Compliance	Notice	Public I	<u>Notification</u>	PN	Certification
Violation/Situation	Period	Tier	Required	Performed	d Due to I	DPH Received
Distribution Turbidity MCL Violation	1/1/07 - 3/31/07	2	8/22/2007		9/1/20	07
Water System F	acility and Sai	npling P	oint Inv	entory		
Water			7	Total Lead	and	
	Point Sampling Poi	nt		liform Copp		Stage
Facility ID ID	Description		Status		Tier Asbes	stos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		Α	Υ		
	EAM WITHIN 5 SEF		A			
UPSTREA	AM WITHIN 5 SEF	VICE CON	A			

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1050014	BEE & THISTLE INN			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commer	cial Industr	al Combin	ed Agricultural
100 LYMF STRE	FT	Connections		1			

Towns Served: OLD LYME

	Wa	ter System Facili	ity and Samplin	g Point Ir	nventoi	γ			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
21822	WELL	2	WELL	Α					
59198	TREATMENT PLANT								

Name Ms. Linnea Rufo									
Ms. Linnea Rufo				Organization	1	Job Title			
				Bee & Thistle	e Inn	Owner			
Mailing Address Line One Mailing Addr				ddress Line Two			City	State	Zip Code
100 Lyme Street						Old Lyme	2	СТ	06371
Business Phone Ex	Business Phone Extension Fax M		Mobile Phone	Emergency Phone	Email Ad	dress			
860-434-1667 860-434-3402									

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

## Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 3/10/2020

	Conne	cticut Department of	Public H	[ealth	n Dr	inkir	ισ Μ	later	Sp	ction		
		——————————————————————————————————————								Ction		
DIAIC ID		Water Quality Monito	n mg am	u COI	_					T	Duine	C
PWS ID CT1050024	PWS Name				Clas	NC			Owr	er Type P	Primary	
	BLACK HAI		Service	Resider	stial	Comme		25 Industri	al .	Combine	GW Agric	
Local Address		-	Connections	Resider	itiai		rciai	industri	aı	Combine	a Agric	ultural
47-1 BUTTONE						1						
Towns Served:	OLD LYME	B.4 *L -		•								
Water Systen	n Facility: <b>I</b>	IVIONITO DISTRIBUTION SYSTEM (WSF ID	ring Requ : 00600)	ireme	ents							
<b>Total Colifor</b>	-							1	rou	tine (RT	) per qu	arter
	•	ling Point ID)		Monitor	ina P	eriod	Collec	tion Pe		-	oliance St	
		of Active Sampling Points		7/1/19							Complete	
	<u></u>			10/1/19	-						Complete	
				1/1/20							Complete	
				4/1/20	-	-					- 5 5.000	
				7/1/20		•						
Physical Para	ameters (P	PS)		· ·		<u>,                                      </u>		1	. rou	tine (RT	) per qu	arter
-	=	ling Point ID)		Monitor	ing P	eriod	Collec	tion Pe		-	oliance St	
		of Active Sampling Points		7/1/19							Complete	
	<u> </u>	, ,		10/1/19	- 12/3	31/19					Complete	
				1/1/20		-					 Complete	
				4/1/20							•	
				7/1/20	- 9/30	)/20						
Water Systen	n Facility: I	ENTRY POINT (WSF ID: 00700)										
Nitrate And	•								1	routine	(RT) per	vear
	•	lling Point ID)		Monitor	ing P	eriod	Collec	tion Pe			oliance St	-
ENTRY PC	DINT (3)			1/1/19 -	12/3	1/19				(	Complete	
				1/1/20 -	12/3	1/20				(	Complete	
				1/1/21 -	12/3	1/21					·	
	Mon	thly Water System Facilit	tv (WSF) I	evel 1	Mon	itorin	g Re	auire	mei	nts		
Water Systen		NTRY POINT (WSFID: 00700)	, (,				8	-1				
Analyte		Monitoring Requirement (Summar	ry Tyne)	One	eratin	g Limit				Samples	Req/Mo	nth
pH		Entry Point pH Monitoring (PHRD)	y 19pc/	-		n: 7 PH				Jumpies	4	
•	10/1/2011		Complia	nce Hist			Om o # o #	in a Line		Monit	-	
	_0, _, _0		Monitor		-		-	ing Limi			liance Sta	atus:
			10/1/20				compi	arree se	atus.			
			11/1/20									
			12/1/20	-	-							
			1/1/202									
			2/1/202									
		Other Co	mpliance	Sched	dule	S						
Compliance Sc	hedule Activ	ity			Due L	Date		Achie	ved I	Date		
RESPOND TO S	SANITARY SUI	RVEY		(	9/10/	2006						
CROSS CONNE	CTION SURVE	EY REPORT			3/1/2	2020						
		Water System Facilit	y and Sar	npling	Poi	int Inv	ento	ory				
Water							Total	Lead	and			
System Wa	ter System Fo	acility Sampling Point S	Sampling Poi	nt		C	oliforn	1 Сорј	per			Stage

Rule

**Status** 

Rule Tier Asbestos WQP 2 DBPR

**Description** 

ID

Facility ID

(	Connaction	ut Donon	tmont of	f Dublia	Haalth	Dwin	alrina	~ 117	oton (	Soction	
(	Connectic	•					•	_			
		ter Quali	ty Monit	coring a	nd Con						
	WS Name									,,	Primary Source
	BLACK HALL CLU	В					IC		25	Р	GW
Local Address (wh				Service	Resider	ntial Co	mmerc	ial I	ndustrial	Combine	ed Agricultura
47-1 BUTTONBAL				Connection	ns		1				
Towns Served: OL	D LYME										
		Water Sys	tem Facili	ity and S	ampling	, Poin	t Inve	ento	ry		
Facility ID	System Facility		mpling Point ID	Description	1		Col Itus I	otal liform Rule		er	Stage s WQP 2 DBP
00600 DISTRI	BUTION SYSTEM	DO	4 DWNSTREAM UPSTREAM	DISTRIBUTI WITHIN 5 S WITHIN 5 S	SERVICE CO	N A	Α Α Α	Υ			
00700 ENTRY	POINT		3	ENTRY POII	NT	,	Д				
21823 WELL			2	WELL		ı	А				
57822 TREAT	MENT PLANT										
			Con	tact Info	rmation	1					
Name			Oi	rganization						Job Title	2
Mr. Philip Neator	1		Bl	Black Hall Club			Superintendent			dent	
Mailing Address L	ine One	N	lailing Addres	s Line Two				C	ity	State	Zip Code
50 Buttonball Roa	d	Р	O Box 278				Old Ly	me		СТ	06371
Business Phone	Extension	Fax	Mobi	ile Phone	Emergence	y Phone	Email	Addre	ess	,	
860-434-2051		860-434-39	93								
Contact Role(s):	Administrative	Contact	,	,							
Name			Oı	rganization						Job Title	9
Black Hall Club In	С										
Mailing Address L	ine One	N	ailing Addres	s Line Two				C	City	State	Zip Code
P. O. Box 278							Old Ly	me		СТ	06371
				ile Phone	Emergence	y Phone	Email	Addre	ess		
Contact Role(s):	Legal Contact. C	Owner									
Name	<u> </u>		Oı	Organization			Job Title				
				Black Hall Club Inc			Pre	esident			
-				dress Line Two			City State			State	Zip Code
	alling Address Line One						City State				

Contact Role(s): Legal Contact, Owner

Extension

# Please note the following:

29 Spinnaker Drive

**Business Phone** 

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

Mobile Phone

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

Fax

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.

Niantic

**Emergency Phone Email Address** 

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

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

End of schedule

06357

CT

Connecticut Depa	artment o	f Public Health	Drin	king V	Vater Se	ction	
Water Oua	lity Moni	toring and Com	pliar	nce Sc	hedule		
PWS ID PWS Name						ner Type P	rimary Source
CT1050114 FIRST CONGREGATIONAL CH	HURCH OF OLD I		NC		25	P	GW
Local Address (where applicable)		Service Resident	ial Con	nmercial	Industrial	Combined	Agricultural
2 FERRY ROAD		Connections		1			
Towns Served: OLD LYME				I.			
	Monit	oring Requiremer	nts				
Water System Facility: <b>DISTRIBUTION S</b>	YSTEM (WSF	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Perio	d Colle	ection Period		iance Status
Select from Inventory of Active Sampling	g Points	7/1/19 - 9	9/30/19	)		Co	mplete
	_	10/1/19 - :	12/31/1	.9		Co	mplete
		1/1/20 - 3	3/31/20	)		Co	mplete
		4/1/20 - (					
		7/1/20 - 9					
Physical Parameters (PPS)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin			ection Period	Compl	iance Status
Select from Inventory of Active Sampling	g Points	7/1/19 - 9					omplete
		10/1/19 - :					omplete
		1/1/20 - 3				Co	omplete
		4/1/20 - (					
		7/1/20 - 9	9/30/20	)			
Water System Facility: ENTRY POINT (	WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitorin	g Perio	d Colle	ection Period	Compl	iance Status
ENTRY POINT (3)		1/1/19 - 1	2/31/1	9		Co	omplete
ENTRY POINT (3)		1/1/19 - 1 1/1/20 - 1					
ENTRY POINT (3)			2/31/20	0			mplete
ENTRY POINT (3)	Other C	1/1/20 - 1	2/31/20 2/31/2	0			omplete
ENTRY POINT (3)  Compliance Schedule Activity	Other C	1/1/20 - 1 1/1/21 - 1 Compliance Sched	2/31/20 2/31/2	0	Achieved I	Cc	omplete
	Other C	1/1/20 - 1 1/1/21 - 1 Compliance Sched	2/31/20 2/31/2: ules	0	Achieved I	Cc	omplete
Compliance Schedule Activity	Other C	1/1/20 - 1 1/1/21 - 1 Compliance Sched	2/31/20 2/31/2 ules ue Date	0 1 2	Achieved l	Cc	omplete
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT		1/1/20 - 1 1/1/21 - 1 Compliance Sched	2/31/20 2/31/2: ules ue Date (11/201 /1/2021	0 1 2 6 L		Cc	omplete
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S	ystem Facil	1/1/20 - 1 1/1/21 - 1 Compliance Schedu D 9/ 3 ity and Sampling	2/31/20 2/31/2: ules ue Date (11/201 /1/2021	0 1 2 6 L	ory	Cc	mplete
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT  Water S Water System Water System Facility	ystem Facil	1/1/20 - 1 1/1/21 - 1 Compliance Schedo  9/ 3 ity and Sampling  Sampling Point	2/31/20 2/31/2: ules ue Date (11/201 /1/2021	0 1 6 Invent	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT Water S	ystem Facil	1/1/20 - 1 1/1/21 - 1 Compliance Sched  9/ 3 ity and Sampling  Sampling Point Description	2/31/20 2/31/2: ules ue Date (11/201 /1/2021	1 Invent	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT  Water S Water System Water System Facility	ystem Facil	1/1/20 - 1 1/1/21 - 1 Compliance Schedo  9/ 3 ity and Sampling  Sampling Point	2/31/20 2/31/2: ules uue Data (11/201 /1/202: Point	1 Invent	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility Facility ID	System Facil Sampling Point ID 4 DOWNSTREAM	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility Facility ID	System Facil Sampling Point ID 4	1/1/20 - 1 1/1/21 - 1 Compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility Facility ID	System Facil Sampling Point ID 4 DOWNSTREAM	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	System Facil Sampling Point ID 4 DOWNSTREAM UPSTREAM	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	2/31/20 2/31/2: ules ue Date (11/201 /1/2021 Point Stat A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT	System Facil Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete  Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility  Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  21830 WELL	System Facil Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water S  Water System Water System Facility  Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  21830 WELL	System Facil Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A A	1 Invent Colifor	Ory  Lead and Copper	Cc Date	omplete omplete
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT 21830 WELL 57824 TREATMENT PLANT	System Facil  Sampling Point ID  4  DOWNSTREAM UPSTREAM 3 2	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  D  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A A A	1 Invent  Tota Colifor us Rule	Ory  Lead and Copper	Date  Asbestos  Job Title	omplete omplete Stage
Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  CROSS CONNECTION SURVEY REPORT  Water System Water System Facility  Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  21830 WELL  57824 TREATMENT PLANT	System Facil  Sampling Point ID  4  DOWNSTREAM UPSTREAM 3 2	1/1/20 - 1 1/1/21 - 1 2 compliance Sched  9/ 3 ity and Sampling  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL  ntact Information irst Cong. Church of Old L	2/31/20 2/31/2: ules ue Date (11/201 /1/202: Point A A A A	1 Invent  Tota Colifor us Rule	C <b>Ory</b> I Lead and m Copper  Rule Tier	Date  Asbestos  Job Title	omplete omplete Stage

Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	cation	Population	Ow	ner Type P	rimary Source
CT1050114	FIRST CONGREG	ATIONAL CH	URCH OF	OLD L	YME		N	С	25		Р	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	Commercial Indus		al	Combined	Agricultural
2 FERRY ROAD					Connection	ns		1				
Towns Served: O	LD LYME											
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	Address				
860-434-8686			860-739-2837 fccol@snet.net									
Contact Role(s):	Legal Contact											
Name				Or	ganization		Job Title					
Mr. Robert F. Me	Cracken			15	t Cong. Chu	rch of Old L	.yme		Administr	ative	e	
Mailing Address	Line One		Mailing A	Address	s Line Two				City		State	Zip Code
2 Ferry Road								Old Lyr	ne		СТ	06371
Business Phone	e Extension	Fax		Mobil	le Phone	Emergency	/ Phone	one Email Address				
860-434-8686		860-434-2	1135			860-575	-6610	fccol@	snet.net			
Contact Role(s):	Administrative	Contact	1		,							
			· · ·									

## Please note the following:

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

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

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

End of schedule

	Connectic Wa	•	rtment of lity Monit				`	_			ction		
PWS ID	PWS Name	<b>C C C C C C C C C C</b>		8 6				_			ner Type P	rimary	Source
CT1050124	FLORENCE GRIS	WOLD MUSE	:UM				NC	2		-	P	G۷	
	vhere applicable)			Service	Residen		ommerc		dustria	al	Combined	_	cultural
96 LYME STREET				Connectio			1						
Towns Served: (													
			Monit	oring Re	quireme	nts							
Water System	Facility: <b>DISTR</b>	RIBUTION S			quirenie	1163							
<b>Total Coliforn</b>	n (3100)								1	rou	tine (RT)	per qu	uarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Per	iod (	Collecti	ion Pei	riod	Compl	iance S	tatus
Select from	Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/2	19				Co	mplete	e
					10/1/19 -	12/31	/19				Co	mplete	e
					1/1/20 -	3/31/2	20						
					4/1/20 -	6/30/2	20						
					7/1/20 -	9/30/2	20						
Physical Para	meters (PPS)								1	rou	tine (RT)	per qu	uarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Per	iod (	Collecti	ion Pei	riod	Compl	iance S	tatus
Select from	Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/2	19				Co	mplete	е
					10/1/19 -	12/31	/19				Co	mplete	e
					1/1/20 -	3/31/2	20						
					4/1/20 -	6/30/2	20						
					7/1/20 -	9/30/2	20						
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00700)										
Nitrate And N	itrite (NOX)									1	routine (F	RT) pe	r year
Sampling I	Point (Sampling P	oint ID)							ion Pei	riod	Compl	iance S	tatus
ENTRY POI	VT (3)				1/1/19 -	12/31/	19				Co	mplete	e
					1/1/20 -	12/31/	′20						
					1/1/21 -	12/31/	′21						
			Other C	omplian	ce Sched	lules							
Compliance Sch	edule Activity				<u> </u>	Due Do	ite		Achie	ved l	Date		
CROSS CONNEC	TION SURVEY REF	PORT				3/1/20	21						
		Water S	ystem Facili	ity and S	Sampling	Poin	t Inve	entor	ry				
Water							7	otal	Lead	and			
System Water	er System Facility		Sampling Point	Sampling I	Point		Co	liform	Сорр	oer			Stage
Facility ID			ID	Description	n	Sto	atus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DISTI	RIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5	SERVICE CON	٧	Α						
			UPSTREAM	WITHIN 5	SERVICE CON	١	Α						
00700 ENTF	Y POINT		3	ENTRY POI	NT		Α						
21831 WELI	-		2	WELL			Α						
59195 TREA	TMENT PLANT												
			Con	tact Info	rmation								
Name				rganization							Job Title		
Mr. Theodore J	Gaffnev				wold Museu	m		Fac	il. Mng	ır.			
Mailing Address	-		Mailing Addres					Ci		,	State	Zip C	ode
96 Lyme Street			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Old Ly		,		CT	065	
Business Phor	e Extension	Fax	Mobi	le Phone	Emergency	Phone	_		SS				
					J = 71								

Connecticut Department of Public Health Drinking Water Section														
	Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name						Classif	cation	Population	Owner Type	Primary Source			
CT1050124	FLORENCE GRIS	WOLD MUSE	UM				N	NC		Р	GW			
Local Address (w	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural			
96 LYME STREET					Connection	ns		1						
Towns Served: OLD LYME														
860-434-5542	107	860-434-6	5259			860-287	-3830	TED@F	LOGRIS.ORG	j				
Contact Role(s):	Administrative	Contact												
Name				Or	Organization Job T					Job Title	9			
Ms. Rebekah Bea	ulieu			Flo	orence Grisw	vold Museu	ım		Director					
Mailing Address I	ine One		Mailing A	Address	s Line Two				City	State	Zip Code			
Director of The F	orence Griswold	Museum	96 Lyme	Street				Old Lyme		CT	06571			
Business Phone	Business Phone Extension Fax I					Emergence	y Phone	ne Email Address						
860-434-5542	108							becky@	oflogris.org					
Contact Role(s):	Legal Contact													

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

End of schedule

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	Connecticut Department of Public Health Drinking Water Section												
	Water 0	uality Monit	oring and Cor	npliand	ce Sch	edule							
PWS ID	PWS Name	<u>-</u>	8	_			ner Type P	rimary Source					
CT105014				NC		25	Р	GW					
	ress (where applicable)		Service Resider	ntial Comm		ndustrial	Combined	Agricultural					
	ON POST ROAD		Connections		1								
Towns Ser	ved: OLD LYME												
		Monite	oring Requireme	nts									
Water Sv	stem Facility: DISTRIBUTIO												
•	liform (3100)	(2201	2.0000,			1 ro	utine (RT)	per month					
	oling Point (Sampling Point ID)		Monitor	ing Period	Collect	tion Period	1 routine (RT) per month eriod Compliance Status						
	t from Inventory of Active Sam	oling Points	4/1/20 - 4/30/20										
	,		5/1/20										
				- 6/30/20									
				- 7/31/20									
				- 8/31/20									
				- 9/30/20									
Physical	Parameters (PPS)			· ·		1 ro	utine (RT)	per month					
-	oling Point (Sampling Point ID)		Monitor	ing Period	Collect	tion Period		ance Status					
Selec	t from Inventory of Active Sam	oling Points		- 4/30/20									
			5/1/20	- 5/31/20									
				- 6/30/20									
				- 7/31/20									
				- 8/31/20									
				- 9/30/20									
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)											
	And Nitrite (NOX)				1 routine (RT) per ye								
	oling Point (Sampling Point ID)		Monitor	ing Period	Collect	tion Period	=	ance Status					
ENTR	Y POINT (3)		1/1/19 -	12/31/19			Со	mplete					
	· ·			12/31/20				•					
			1/1/21 -	12/31/21									
		Other Co	ompliance Sche	dules									
Complian	ce Schedule Activity		•	Due Date		Achieved	Date						
_	START UP COMPLETION			4/1/2020									
		r System Facili	ity and Sampling	• •	nvento	rv							
14/exton	Wate	1 System racin	ity and Jamping	, i Oille II									
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper		Stage					
Facility ID		ID	Description	Status	Dula		Asbestos	WQP 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			·					
		DOWNSTREAM	WITHIN 5 SERVICE CO										
		UPSTREAM	WITHIN 5 SERVICE CO	N A									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21833	WELL	2	WELL	Α									
57129	PRESSURE TANK												
		Con	tact Information	1									
NI							1-1						
Name	Dawash		rganization	-	_: :±:	Job Title							
Mr. Philip			own of Old Lyme	Facilities Manager City State Zin C									
iviailing Ac	ddress Line One	Mailing Address	s Line I WO	City State Zip Cod									

	Connecticu	ıt Departm	ent of	Public	Health	ı Drii	ıking	Water	Section	1	
	Wat	er Quality	Monit	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	e Pr	imary Source
CT1050144	HAINS PARK					N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residential Cor		mmercial Industrial		al Combin	ned	Agricultural
166 BOSTON PO	ST ROAD			Connection	ons 1		1				
Towns Served: C	LD LYME			,							
52 Lyme Street							Old Lym	ne	СТ		06371
Business Phone Extension Fax N				oile Phone Emergency Phone Emai			Email A	ddress			
860-434-1605	245		860-4	105-5004	pparcak@oldlyme-ct.gov				ct.gov		
Contact Role(s):	Administrative C	ontact	·								
Name			Or	rganization					Job Tit	tle	
Mr. Timothy Gri	swold		To	wn of Old L	yme			First Selec	tman		
Mailing Address	Line One	Mailir	ng Address	s Line Two				City	State	ة	Zip Code
Town of Old Lym	ie	52 Lyı	me Street				Old Lym	ne	СТ		06371
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress			
860-434-1605							tgriswo	ld@oldlyme	e-ct.gov		
Contact Role(s):	Legal Contact										

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
		toring an	u Con				_	_	-	
PWS ID PWS Na				Clas		-	Ow		Primary Source	
	LE CENTER STORES	T			NC	25		Р	GW	
Local Address (where ap	· · · · · · · · · · · · · · · · · · ·	Service	Residen	tial	Commerc	ial Industr	ial	Combine	d Agricultural	
167 BOSTON POST ROAD		Connections			1					
Towns Served: OLD LYM				_			_			
	Monit	oring Requ	iireme	nts						
Water System Facility:	DISTRIBUTION SYSTEM (WSF I	D: 00600)								
Total Coliform (3100	)					:	1 rou	utine (RT)	per quarter	
Sampling Point (Sa	mpling Point ID)		Monitori	ng P	eriod (	Collection Pe	riod	Comp	liance Status	
Select from Invento	ry of Active Sampling Points		7/1/19 -	9/30	0/19				omplete	
			10/1/19 -	12/3	31/19			C	omplete	
			1/1/20 -	3/3	1/20			C	omplete	
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
<b>Physical Parameters</b>						:	1 rou		per quarter	
Sampling Point (Sa			Monitori			Collection Pe	riod		liance Status	
Select from Invento	ry of Active Sampling Points		7/1/19 -		-				omplete	
			10/1/19 -						omplete	
			1/1/20 -					C	omplete	
			4/1/20 -		-					
			7/1/20 -	9/30	0/20					
	ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (I	•								RT) per year	
Sampling Point (Sa	mpling Point ID)		Monitori			Collection Pe	riod		liance Status	
ENTRY POINT (3)			1/1/19 -						omplete	
			1/1/20 -					C	omplete	
			1/1/21 -							
M	onthly Water System Facil	lity (WSF) I	_evel N	/lor	nitoring	Require	me	ents		
Water System Facility:	ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summ	ary Type)	Ope	ratin	ng Limit			Samples	Req/Month	
рН	Entry Point pH Monitoring (PHRI	D)	Mini	imur	n: 7.0 PH			D	aily	
<b>Start Date:</b> 4/1/200	8	Complia	nce Histo	ory:	O	perating Lim	nit	Monite	oring	
		Monitor	ing Perio	d	Co	mpliance S	tatus	: Compl	iance Status:	
		10/1/20	19 - 10/3	1/20	19					
			19 - 11/30							
			19 - 12/3	-						
			0 - 1/31/2							
			0 - 2/29/2							
	Other C	ompliance	Sched	lule	es					
Compliance Schedule Ac	tivity			Due	Date	Achie	eved	Date		
RESPOND TO SANITARY	SURVEY		10	0/29	/2017					
	Public Not	tification R	equire	eme	ents					
	(	Compliance	Notice		Public N	<u>lotification</u>		PN Ce	<u>rtification</u>	
Violation/Situation		Period	Tier		Required		ed L	Due to DPI	H Received	
pH M&R Violation		/13 - 10/31/13			.2/19/201			12/29/201		
pH M&R Violation	11/1	/13 - 11/30/13	3		1/21/2015	;		1/31/2015	5	

Water Quality Monitoring and Compliance Schedule									
VS ID PWS Name Classification Population Owner Type	Primary								

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1050174	LAYSVILLE CENTER STORES				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
167 BOSTON PO	ST ROAD	Connections			1			

ar a CD data Haralda Datal ta a Mara a Caratta

Towns Served: OLD LYME

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage	
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21835	WELL	2	WELL	Α						
54254	PH TREATMENT SYSTEM									
54256	FLEX-LITE FL-30 BLADDER									
	STORAGE TANK									

Contact Information											
Name				Organization		Job Title					
Mr. Kenneth Coffee				Coffees Coun	itry Market	Owner					
Mailing Address Line One Mailing Add			dress Line Two			City	State	Zip Code			
169 Boston Post Road					Old Lym	е	СТ	06371			
Business Phone Extension Fax M			Nobile Phone	Emergency Phone	Email Ac	ldress					
860-434-1877						ken@co	ffeescountry	market.com			

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

Schedule Generation Date: 3/10/2020

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	Co		•	rtment o								ction	
		Wa	ter Qua	lity Monit	coring a	ind Com	plia	nce So	che	dule	9		
PWS ID	PW	/S Name					Classifi	ication P	opula	tion (	Owne	er Type Pi	imary Source
CT1050184	LYI	ME ART ASSO	CIATION				N	С	25			P	GW
Local Addre	ess (whe	re applicable)			Service	Resident	ial Co	mmercial	Ind	lustria	I C	Combined	Agricultural
90 LYME ST	REET				Connectio	ns		1					
Towns Serv	ed: OLD	LYME				·							
				Monit	oring Re	quiremer	nts						
Water Sys	tem Fac	cility: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)								
<b>Total Coli</b>	form (3	3100)								1	rout	ine (RT) <sub>l</sub>	oer quarter
Sampl	ling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Col	llectio	n Peri	iod	Compli	ance Status
Select	from Inv	entory of Act	ive Sampling	Points		7/1/19 - 9	9/30/1	9				Со	mplete
						10/1/19 -	12/31/	19				Со	mplete
						1/1/20 - 3	3/31/2	0					
						4/1/20 - (	6/30/2	0					
						7/1/20 - 9	9/30/2	0					
•		ters (PPS)											oer quarter
		t (Sampling P		<b>.</b>		Monitorin			lectio	n Peri	od		ance Status
Select	from Inv	entory of Act	ive Sampling	Points		7/1/19 - 9							mplete
						10/1/19 - :						Co	mplete
						1/1/20 - 3							
						4/1/20 - (							
<b>M</b>		The FAITE	A DOINT /N	(CE ID 00700)		7/1/20 - 9	9/30/2	U					
			Y POINT (V	VSF ID: 00700)								/5	
Nitrate A		•	nint (D)			0.4 a mila min	an Danis	- d	II4:-			=	T) per year
_		t (Sampling P	oint ID)			Monitorin	_		iectio	n Peri	oa		ance Status
ENTRY	POINT (	3)				1/1/19 - 1						Co	mplete
						1/1/20 - 1							
			<b>NA</b> / - 1 C		·	1/1/21 - 1			•				
			Water Sy	ystem Facil	ity and S	ampling	Point						
Water	Mator S	stem Facility		Sampling Point	Camplina l	Doint		Tota Colife		Lead a			Ctara
System Facility ID	vvuter 3	stem rucinty		ID	Description		Ct.	D.,		Copp Rule 1		Ashestos	Stage WQP 2 DBPR
-	DISTRIRI	JTION SYSTEM	1	4	<u> </u>	ION SYSTEM	Sta	tus				155005105	114. 200.11
	DISTINIBO	711014 3131214		DOWNSTREAM									
				UPSTREAM		SERVICE CON							
00700	ENTRY P	OINT		3	ENTRY POI		Α						
	WELL	O.111		2	WELL								
		TRATION		۷	VVLLL			1					
46102	INON FIL	TRATION		Con	to at lafa								
						ormation							
Name	DI				rganization	! - 4!			D	<b>N</b>		Job Title	
Ms. Laurie		. 0			me Art Asso	ociation			1	ness M	ianag		7:0 Ca-l-
Mailing Add		e One		Mailing Addres	s Line TWO			014 1	City	/		State	Zip Code
90 Lyme St		Futar-i	F-	8.4.1	ila Dharra	Гин ни	Dha :: :	Old Lym				СТ	06371
Business		Extension	Fax	IVIOD	ile Phone	Emergency	rnone				الماما	on c==	
860-434			0					laurie@l	yrnea	rtasso	ciatio	on.org	
Contact KO	ie(s). A	dministrative	contact, OW	nei									

(	Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name					Classification		Population	Owner Ty	oe Pi	rimary Source
CT1050184 L	YME ART ASSO	CIATION			NC		25	Р		GW	
Local Address (wh	ere applicable)			Service	Residen	Residential Commercia		al Industri	al Comb	ined	Agricultural
90 LYME STREET				Connection	ns		1				
Towns Served: OL	D LYME				'				1		
Name			Or	Organization				Job T	Job Title		
Ms. Katherine Sin	nmons		Lyı	yme Art Association				President			
Mailing Address L	ine One		Mailing Address	Line Two	wo City				Sta	:e	Zip Code
90 Lyme Street							Old Lyı	me	СТ	-	06371
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address		·	
860-434-7802					860-652-	-885	4 kmsart	wrk@cox.ne	et		
Contact Role(s):	Legal Contact		•								

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

End of schedule

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	Connecticut De Water O	partment of uality Monit								ction	
PWS ID	PWS Name	201107 1 101110	011110 0111		_					ner Type Pi	rimary Source
CT1050214	GRAYBILL PROPERTIES, LI	_C				NC		30		P	GW
Local Addres	ss (where applicable)		Service	Residen	tial	Comme	ercial I	ndustria	al	Combined	Agricultural
149-151 BOS	STON POST RD		Connections			1					
Towns Serve	ed: OLD LYME				·		,				
		Monito	oring Requ	iireme	nts						
•	em Facility: <b>DISTRIBUTION</b>										
	orm (3100)										per quarter
	ng Point (Sampling Point ID)			Monitori			Collec	tion Per	riod		ance Status
Select f	rom Inventory of Active Samp	ling Points		7/1/19 -			_				mplete
				10/1/19 -							mplete
				1/1/20 -						Co	mplete
				4/1/20 - 7/1/20 -							
Physical Pa	arameters (PPS)							1	rou	tine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Per	riod	Compli	ance Status
Select f	rom Inventory of Active Samp	ling Points		7/1/19 -	9/30	/19				Со	mplete
				10/1/19 -						Со	mplete
				1/1/20 -						Со	mplete
				4/1/20 -	-						
				7/1/20 -	9/30	/20					
Water Syst	em Facility: ENTRY POINT	- WELL 1 (WSF II	D: 00700)								
	d Nitrite (NOX)									=	T) per year
_	ng Point (Sampling Point ID)			Monitori			Collec	tion Pei	riod		ance Status
ENTRY	POINT - WELL 1 (3)			1/1/19 -							mplete
				1/1/20 -						Со	mplete
				1/1/21 -	12/3	1/21					
_	nemicals (VOCS)						- "				per quarter
	ng Point (Sampling Point ID)			Monitori			Collec	tion Per	riod		ance Status
ENTRY	POINT - WELL 1 (3)			1/1/20 -						Со	mplete
				4/1/20 -							
\\/-+C+	and Facility NAIFLL HA (NAIC)	F ID: C0003\		7/1/20 -	9/30	1/20					
•	em Facility: WELL #1 (WS	F ID: 60883)								(>=>	
E. Coli (30	•			Manit		ouic d	Calla	1 tion Per			per quarter ance Status
-	ng Point (Sampling Point ID)			Monitori			Collec	tion Pei	100		<del>-</del>
WELL#	· 1 (८)			7/1/19 - 10/1/19 -	-						mplete mplete
				1/1/20 -							mplete mplete
				4/1/20 -						CO	inpiete
				7/1/20 -	-	-					
	Water	System Facili	ity and Sar				vento	ry			
Water		-					Total	Lead	and		
	Vater System Facility	Sampling Point		nt		(	Coliform				Stage
Facility ID		ID	Description		5	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	1	Α	Υ				
00700 E	NTRY POINT - WELL 1	3	ENTRY POINT	- WELL 1		Α					
60883 V	VELL #1	2	WELL #1			Α					

	Connecticut Department of Public Health	Drinking	g water	Section						
	Water Quality Monitoring and Compliance Schedule									
)	PWS Name	Classification	Population	Owner Type	Primary					

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1050214	GRAYBILL PROPERTIES, LLC				NC	30	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
149-151 BOSTON	N POST RD	Connections			1			

Towns Served: OLD LYME

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

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

60886 TREATMENT PLANT

60888 ATMOSPHERIC STORAGE

Contact Information												
Name				Organi	zation				Job Title			
Mr. James L. Grayb	oill			Graybi	II Prop	erites		Owner				
Mailing Address Lin	ne One		Mailing	Address Line	e Two			City	State	Zip Code		
P.O. Box 781							Old Lym	е	СТ	06371		
Business Phone	Extension	Fax		Mobile Ph	one	Emergency Phone	Email Ad	dress				
860-434-2265		860-434-8	3823			860-304-2535	aptolct@	aol.com				

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

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

End of schedule

Schedule Generation Date: 3/10/2020

	Conne	ecticut Department of P					_			ection		
		Water Quality Monitor	ing an	d Con	npl	liance	e So	chedu	le			
PWS ID	PWS Nam	e			Cla	ssificatio	n P	opulation	Ow	ner Type	Pri	mary Source
CT1050224	OLD LYME	COUNTRY CLUB HOUSE				NC		25		Р		GW
Local Address (v	where appli	cable) Se	ervice	Residen	itial	Comme	rcial	Industr	ial	Combine	ed	Agricultural
40 MCCURDY R	OAD	Co	onnections			1						
Towns Served:	OLD LYME											
		Monitori	ng Requ	iireme	nts	;						
Water System	Facility:	DISTRIBUTION SYSTEM (WSF ID:	00600)									
Total Coliforn										=		er quarter
		oling Point ID)		Monitor			Col	lection Pe	riod			nce Status
Select fron	m Inventory	of Active Sampling Points		7/1/19 -			_					plete
				10/1/19 -						(	Com	plete
				1/1/20 -								
				4/1/20 -								
				7/1/20 -	- 9/3	0/20						
Physical Para	=									=		er quarter
		oling Point ID)		Monitor			Col	lection Pe	riod			nce Status
Select fron	m Inventory	of Active Sampling Points		7/1/19 -		-						nplete
				10/1/19 -						(	com	plete
				1/1/20 -								
				4/1/20 -								
\\/_+C+	. Facility	FAITDY DOINT (MICE ID: 00700)		7/1/20 -	- 9/3	0/20						
		ENTRY POINT (WSF ID: 00700)									/	<u>,                                      </u>
Nitrate And N	•	•		0.0		D = 1.1 = 1	C-1	lastian Da				) per year
		oling Point ID)		Monitori			COII	lection Pe	rioa			nce Status
ENTRY POI	IN1 (3)			1/1/19 -							COLL	plete
				1/1/20 - 1/1/21 -								
								•				
		nthly Water System Facility	(WSF) I	Level I	VIOI	nitorir	ng K	equire	me	ents		
-	i Facility: I	ENTRY POINT (WSFID: 00700)										
Analyte		Monitoring Requirement (Summary	Type)	•		ng Limit				Samples		q/Month
рН		Entry Point pH Monitoring (PHRD)	0 1			m: 7 PH					4	
Start Date:	1/1/2010		_	ince Hist	-			rating Lim		Monit		_
				ing Perio			Com	pliance St	tatus	s: Comp	ııan	ce Status:
				19 - 10/3								
				19 - 11/3 19 - 12/3								
				19 - 12/3 0 - 1/31/:								
				0 - 1/31/. 0 - 2/29/:								
		Other Con										
Compliance Sch	hedule Activ		٠,٠٠٠٠٠٠٠			Date		Achie	oved	l Date		
CROSS CONNEC						'2016		Acine	Ju			
CROSS CONNEC						2010						
CROSS CONNEC						2017						
CROSS CONNEC						2019						
RESPOND TO SA						2019						
CROSS CONNEC						2020						
					. ,							

C	Connectic	•									
		ter Qua	IILY M	OIIIU	or mg a	nd Com					
	WS Name										Primary Source
	OLD LYME COUN	ITRY CLUB H	OUSE		T		N	С	25	Р	GW
Local Address (wh					Service	Resident	ial Co	mmercial	Industrial	Combined	d Agricultural
40 MCCURDY ROA	vD				Connection	ns		1			
Towns Served: OL	D LYME										
		Water Sy	ystem l	Facili	ity and S	ampling	Point	Inven	tory		
Water								Tota			
*	System Facility			Point	Sampling P			Colifo			Stage
Facility ID			ID		Description		Sta		e Kule I I	er Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM		4			ON SYSTEM	Δ				
						SERVICE CON					
			UPSTRE	EAM		SERVICE CON	Α	1			
00700 ENTRY	POINT		3		ENTRY POII	NT	Α	1			
21840 WELL A	١		2		WELL		Δ	١			
56562 TREATI	MENT PLANT										
56564 WELL C			2		WELL C		Α	١			
				Con	tact Info	rmation					
Name				Or	rganization					Job Title	
Old Lyme Country	· Club										
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	State	Zip Code
40 McCurdy Road			P O Box 2	276				Old Lyme		СТ	06371
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	dress		
Contact Role(s):	Owner				,						
Name				Or	rganization					Job Title	
Mr. Michael Iwan	icki			Ol	d Lyme Cou	ntry Club			General Ma	nager	
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	State	Zip Code
40 McCurdy Road								Old Lyme	<u>.</u>	СТ	06371
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	dress		
860-434-1639	112	860-434-3	3326					gm@oldl	ymecc.com		
Contact Role(s):	Administrative	Contact	'		"						
Name				Or	rganization					Job Title	
Mr. Fran Sablone				OI	d Lyme Cou	ntry Club			President		
Mailing Address Li	ne One		Mailing A	Address	s Line Two				City	State	Zip Code
40 McCurdy Rd								Old Lyme		СТ	06371
Business Phone	Extension	Fax	·	Mobi	le Phone	Emergency	Phone	Email Ad	dress		
860-434-1639	112	860-434-3	3326			<u> </u>		fsablone	@gmail.com		
Contact Role(s):	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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep									ection	
		ality Monit	oring and	a Con	_						
PWS ID	PWS Name				Clas		on Pop		Owi		Primary Source
CT1050244	OLD LYME INN		1			NC		45		Р	GW
	(where applicable)		Service Connections	Residen	tial	Comm		Industr	ial	Combine	d Agricultural
85 LYME STREE			Connections			2					
Towns Served:	OLD LYME				_						
		Monito	oring Requ	ireme	nts						
Water Systen	n Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)								
<b>Total Colifor</b>	m (3100)							:	1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	ction Pe	eriod	Comp	liance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 -	9/30	0/19				C	omplete
			:	10/1/19 -	12/3	31/19				C	omplete
				1/1/20 -	3/31	1/20					
				4/1/20 -							
				7/1/20 -	9/30	0/20					
-	ameters (PPS)										per quarter
	Point (Sampling Point ID)			Monitori			Collec	ction Pe	eriod		liance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 -		-					omplete
			:	10/1/19 -						C	omplete
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30	0/20					
-	m Facility: ENTRY POINT	(WSF ID: 00700)									
	Nitrite (NOX)										RT) per year
	Point (Sampling Point ID)			Monitori			Collec	ction Pe	eriod		liance Status
ENTRY PC	DINT (3)			1/1/19 -		-				C	omplete
				1/1/20 -							
				1/1/21 -	12/3	1/21					
	m Facility: WELL (WSF ID	: 21842)									
E. Coli (3014										-	per quarter
	Point (Sampling Point ID)			Monitori	_		Collec	ction Pe	eriod		liance Status
WELL (2)				7/1/19 -		-					omplete
			-	10/1/19 -						C	omplete
				1/1/20 -							
				4/1/20 -							
			_	7/1/20 -							
	Water	System Facili	ity and Sar	npling	Po	int In	vento	ory			
Water							Total				_
•	ter System Facility	Sampling Point		nt			Coliforn	-	-	A a b a a t =	Stage
Facility ID	TRIBUTION SYSTEM	ID	Description	LCVCTTT		<u>Status</u>	Rule	KUIE	ııer	ASDESTO:	s WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
		DOWNSTREAM				A					
00700 5817	TDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CUI	V	Α					
	TRY POINT	3	ENTRY POINT			Α					
21842 WE		2	WELL			Α					
58230 TRE	ATMENT PLANT										

		4 Days		of Dublic	Haalela	D.	م مدادا مداد	- 1170404	Cook	0.70	
•	Connecticu	•					_			on	
	Wate	er Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Cla	ssification	Population	Owner 1	ype P	rimary Source
CT1050244	OLD LYME INN						NC	45	Р		GW
Local Address (wl	nere applicable)			Service	Resider	ntial	Commerci	al Industri	al Con	nbined	Agricultura
85 LYME STREET	(ROUTE 1)			Connectio	ns		2				
Towns Served: O	LD LYME										
			C	ontact Info	rmation	1					
Name				Organization					Job	Title	
For A Song LLC											
Mailing Address I	ine One		Mailing Add	ess Line Two				City	St	tate	Zip Code
85 Lyme St							Old Lyı	me		СТ	06371
Business Phone	Extension	Fax	M	obile Phone	Emergency	y Pho	one Email A	Address			
Contact Role(s):	Legal Contact, Ov	vner									
Name	_			Organization					Job	Title	
Ms. Christine A K	itchings			For A Song LL	С			Member/	Manager		
Mailing Address L	ine One		Mailing Add	ess Line Two				City	St	tate	Zip Code
85 Lyme St							Old Lyı	me		СТ	06371
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Pho	ne Email A	Address	,		
844-265-6197											

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

End of schedule

Schedule Generation Date: 3/10/2020

Connecticut Dep Water Qua							_			ection		
· ·	anty M	JIIIL	or mg and	a GUII							Dulius C	
PWS ID PWS Name					Cla		Po		Ow		Primary So	urce
CT1050254 OLD LYME LIBRARY			Τ			NC		25		L	GW	
Local Address (where applicable)			Service Connections	Residen	itial		cial	Industri	al	Combine	d Agricult	tural
2 LIBRARY LANE			Connections			1						
Towns Served: OLD LYME				•								
	M	onite	oring Requ	ireme	nts	5						
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (\	NSF I	D: 00600)									
Total Coliform (3100)								1	l ro	utine (RT)	per quar	ter
Sampling Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ection Pe	riod	Comp	liance Stat	tus
Select from Inventory of Active Samplin	ng Points			7/1/19 -	9/3	80/19				C	omplete	
				10/1/19 -	· 12/	/31/19				C	omplete	
				1/1/20 -	3/3	31/20				C	omplete	
				4/1/20 -	6/3	30/20						
				7/1/20 -	9/3	30/20						
Physical Parameters (PPS)								1	l ro	utine (RT)	per quar	ter
Sampling Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ection Pe	riod	Comp	liance Stat	tus
Select from Inventory of Active Samplir	ng Points			7/1/19 -							omplete	
				10/1/19 -						C	omplete	
				1/1/20 -						С	omplete	
				4/1/20 -	6/3	30/20						
				7/1/20 -	9/3	30/20						
Water System Facility: ENTRY POINT (	WSF ID: 00	700)										
Nitrate And Nitrite (NOX)									1	routine (	RT) per ye	ear
Sampling Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ection Pe	riod	Comp	liance Stat	tus
ENTRY POINT (3)				1/1/19 -	12/3	31/19				C	omplete	
				1/1/20 -	12/3	31/20				C	omplete	
				1/1/21 -	12/3	31/21						
	Oth	er C	ompliance									
Compliance Schedule Activity						Date		Achie	eved	Date		
CROSS CONNECTION SURVEY REPORT						/2018						
CROSS CONNECTION SURVEY REPORT					3/1/	/2020						
	Public	Not	ification R	equire	eme	ents						
		С	ompliance	Notice		<u>Public</u> l	Noti	fication		PN Ce	rtification	
Violation/Situation			Period	Tier		Requirea	1 1	Performe	d L	Due to DPI	H Receiv	red
Total Coliform M&R Violation		4/1/	/04 - 6/30/04	2		12/2/200	4		1	L2/12/200 <sub>0</sub>	1	
Total Coliform M&R Violation		1/1/	′04 - 3/31/04	2		12/2/200	4		1	L2/12/200 <sub>0</sub>	1	
Physical Parameters M&R Violation		4/1/	/04 - 6/30/04	3		11/2/200	5		1	L1/12/200	5	
Physical Parameters M&R Violation		1/1/	'04 - 3/31/04	3		11/2/200	5		1	L1/12/200	5	
Water 9	System F	acili	ty and Sar	npling	Po	int Inv	ent	tory				
Water	-						Tota	I Lead	and	1		
System Water System Facility	Sampling	Point	Sampling Poi	nt			olifor					age
Facility ID	ID		Description			Status	Rule	e Rule	Tier	Asbesto	WQP 2 D	)BPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM	1	Α	Υ					
	DOWNST	REAM	WITHIN 5 SER	VICE COI	V	Α						
	UPSTRE	AM	WITHIN 5 SER	VICE COI	N	Α						
00700 ENTRY POINT	3		ENTRY POINT			Α						

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source					
CT1050254				NC	25	L	GW					
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural				
2 LIBRARY LANE		Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

	,	Water Sy	/sten	ո Faci	lity and S	Sampling Po	int l	nvento	ry		
Water System Water S Facility ID 21843 WELL	System Facility		- 1	ng Poin ID 2	t Sampling Descriptio		Status A	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
ZIO43 WELL					ntact Info	ormation					
Name					Organization					Job Title	
Mr. Ronald Rose				-	Town of Old I	Lyme		Sa	nitarian		
Mailing Address Li	ne One		Mailin	g Addre	ess Line Two			C	City	State	Zip Code
52 Lyme Street							Ol	d Lyme		СТ	06371
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Pho	ne Er	nail Addre	ess		
860-434-1605	214	860-434-9	9283			860-424-1605	5 he	alth@old	lyme-ct.gov		
Contact Role(s):	egal Contact						·				
Name				(	Organization					Job Title	
Ms. Mary T. Fiorel	li				Library			Dii	rector		
Mailing Address Li	ne One		Mailin	g Addre	ess Line Two			C	City	State	Zip Code
2 Library Lane							Ol	d Lyme		СТ	06371
Business Phone	Extension	Fax		Mol	bile Phone	Emergency Pho	ne Er	nail Addre	ess	·	
860-434-1684		860-434-9	9547			860-572-1280	) m	fiorelli@o	l.lioninc.org		
Contact Role(s):	Administrative (	Contact, Leg	al Cont	act			·				

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

End of schedule

Schedule Generation Date: 3/10/2020

	Cor		•	rtment o				U			ection		
		Wat	ter Qual	ity Moni	toring a	nd Com	ıplia	nce S	che	dule			
PWS ID	PWS	Name					Classifi	ication F	opula	ation O	wner Type	Primary	Source
CT1050264	OLD	LYME PIZZA	PALACE INC	•			N	С	25	5	Р	G۱	N
Local Addre	ess (where	applicable)			Service	Resident	tial Co	mmercia	Inc	dustrial	Combine	d Agri	cultura
264 SHORE	ROAD				Connectio	ns		1					
Towns Serv	ed: OLD L	YME			'	'							
				Monit	oring Re	quireme	nts						
Water Sys	tem Facili	ity: DISTR	IBUTION SY	STEM (WSF	ID: 00600)								
<b>Total Coli</b>	form (31	00)								1 rc	outine (RT)	per q	uarter
Sampl	ling Point (	Sampling Po	oint ID)			Monitorii	ng Peri	od Co	llectio	on Perio	d Comp	liance S	Status
Select	from Inve	ntory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	.9			C	omplet	e
						10/1/19 -	12/31/	19			C	omplet	е
						1/1/20 -	3/31/2	.0					
						4/1/20 -	6/30/2	.0					
						7/1/20 -	9/30/2	0					
Physical P	Paramete	rs (PPS)								1 rc	outine (RT)	per q	uarter
_		Sampling Po	oint ID)			Monitorii	ng Peri	od Co	llectio	on Perio	-	liance S	
Select	from Inve	ntory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	.9			C	omplet	e
						10/1/19 -	12/31/	'19			C	omplet	e
						1/1/20 -	3/31/2	0					
						4/1/20 -	6/30/2	0					
						7/1/20 -	9/30/2	.0					
Water Sys	tem Facili	ity: ENTRY	POINT (W	/SF ID: 00700	)								
Nitrate A		•	•								1 routine (	RT) pe	r vear
		Sampling Po	oint ID)			Monitorii	na Peri	od Co	llectio	on Perio		liance S	-
-	/ POINT (3)		,			1/1/19 - 1						omplet	
	- (-)	<u>'</u>				1/1/20 - 1							
						1/1/21 - 3							
			Water Sy	stem Facil	lity and S				ntor	V			
Water			•		•			Tot		- Lead an	d		
System	Water Syst	tem Facility	9	Sampling Point	Sampling I	Point		Colife	orm	Coppei	•		Stage
Facility ID				ID	Description	n	Sta	itus Ru	le	Rule Tie	er Asbesto	s WQP	2 DBPI
00600	DISTRIBUT	ION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	<b>Α</b> Υ	,				
			1	DOWNSTREAM	WITHIN 5 S	SERVICE CON	I A	4					
				UPSTREAM	WITHIN 5 9	SERVICE CON	I A	4					
00700 I	ENTRY POI	NT		3	ENTRY POI	NT	A	4					
21844	WELL			2	WELL		A	4					
58238	TREATMEN	NT PLANT											
				Cor	ntact Info	rmation							
Name					)rganization						Job Title		
Mr. Theodo	ore Anasta	ısiou			0				Cool	<	100 1100		
Mailing Add				Mailing Addres	ss Line Two				Cit		State	Zip (	Code
264 Shore F								Old Lym		1	CT	063	
Business		Extension	Fax	Moh	ile Phone	Emergency	Phone			<u> </u>	CI	50.	,, <u>+</u>
860-434-		LACCIONI	860-434-2		and I HOHE	860-460-4		f.anasta			nail com		
000-434	171/		000-434-2	.003		300-400-4	+330	ı.aııdSld	SIUUI	JJ4@gl	nan.com		

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

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

		0		-r-				
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1050264	OLD LYME PIZZA PALACE INC.				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
264 SHORE ROA	D	Connections			1			

Towns Served: OLD LYME

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End of schedule

Schedule Generation Date: 3/10/2020

	Connecticut Dep	partment of	Public H	ealth	Dri	nkii	ng W	ater So	ection	
	•	ality Monit					_			
DIA/C ID		anty Monit	or mg am	a Con	_				un au Trun a Du	:
PWS ID	PWS Name									imary Source
CT1050364	85 HALLS ROAD		Comico	Dasidasa		NC		25	P	GW
	(where applicable)		Service Connections	Residen	tiai C	omme	rciai i	ndustrial	Combined	Agricultural
85 HALLS ROAL			Connections			1				
Towns Served:	OLD LYIME				-					
Matax Custon	- Fosility DISTRIBUTION		oring Requ	ireme	nts					
-	n Facility: DISTRIBUTION	SYSTEINI (WSF II	D: 00600)							
Total Colifor	•				_		- II		outine (RT)	-
	Point (Sampling Point ID)			Monitori			Collect	tion Period		ance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/19 -			_			mplete
				11/1/19 -						mplete
				12/1/19 -						mplete
				1/1/20 -						mplete
				2/1/20 -						mplete
				3/1/20 -					Coi	mplete
				4/1/20 -						
				5/1/20 -						
				6/1/20 -						
				7/1/20 -						
				8/1/20 -						
	<b>. .</b>			9/1/20 -	9/30/	20				
_	ameters (PPS)						o !!		outine (RT)	-
	Point (Sampling Point ID)			Monitori			Collect	tion Period	-	ance Status
DISTRIBO	TION SYSTEM (4)			10/1/19 -						mplete
				11/1/19 -						mplete
			-	12/1/19 -						mplete
				1/1/20 -						mplete
				2/1/20 -						mplete
				3/1/20 -					Col	mplete
				4/1/20 -						
				5/1/20 -						
				6/1/20 -						
				7/1/20 -						
			_	8/1/20 -			_			
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)		9/1/20 -	9/30/	20				
•	Nitrite (NOX)							1	routine (R	T) per vear
	Point (Sampling Point ID)			Monitori	ng Per	riod	Collect	tion Period	-	ance Status
ENTRY PC				1/1/19 -						mplete
				1/1/20 -						nplete
				1/1/21 -						
	Water	System Facili					vento	ry		
Water							Total	Lead and	1	
	ter System Facility	Sampling Point		nt		C	Coliform			Stage
Facility ID		ID	Description		St	atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	LSVSTEM		Α	Υ			

DOWNSTREAM WITHIN 5 SERVICE CON

Α

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1050364	85 HALLS ROAD				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
85 HALLS ROA	D	Connections			1			

Towns Served: OLD LYME

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21852	WELL 1	2	WELL	Α									

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Scott Parker Cpd Energy Corp Env & Const. Manager										
Mailing Address Lin	e One		Mailing	g Address Line Two			City State Zip Co			
536 Main Street						New Pal	tz	NY	12561	
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Ad	ddress			
845-256-0162		845-255-2	2305							

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

#### Please note the following:

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

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

End of schedule

Schedule Generation Date: 3/10/2020

	Wa	ter Quality M	lonit	oring an	nd Com	ıplia	nce	Sche	edule		
PWS ID	PWS Name					Classif	ication	Popu	lation Ow	ner Type	Primary Source
CT1050374	100 SHORE ROA	D - OLD LYME				Ν	IC	2	.5	Р	GW
Local Address	(where applicable)			Service Connections	Resident	ial Co	ommero 1	cial In	dustrial	Combine	d Agricultura
Towns Served	: OLD LYME										
		N	/lonit	oring Req	uiremei	nts					
Water Syste	m Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Colifo	rm (3100)								1 ro	utine (RT	) per quarter
Samplin	g Point (Sampling P	oint ID)			Monitorii	ng Peri	iod	Collect	ion Period	Comp	oliance Status
Select fr	om Inventory of Act	ive Sampling Points			1/1/20 -	3/31/2	20				
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
<b>Physical Pa</b>	rameters (PPS)								1 ro	utine (RT	) per quarter
Samplin	g Point (Sampling P	oint ID)			Monitorii	ng Peri	iod	Collect	ion Period	Comp	oliance Status
DISTRIB	JTION SYSTEM (4)				1/1/20 -	3/31/2	20				
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
Water Syste	m Facility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And	Nitrite (NOX)								1	routine	(RT) per year
Samplin	g Point (Sampling P	oint ID)			Monitorin	ng Peri	iod	Collect	ion Period	Comp	oliance Status
ENTRY P	OINT (3)				1/1/20 - 1	12/31/	20				
					1/1/21 - 1	12/31/	21				
		<b>Water System</b>	Facili	ity and Sa	mpling	Poin	t Inv	entoi	ry		
Water							7	Total	Lead and	1	
-	ater System Facility		_	Sampling Po	oint			liform	Copper	_	Stage
Facility ID		IL	)	Description		Sto	atus	Rule	Rule Tie	Asbesto	s WQP 2 DBPF
00600 DI	STRIBUTION SYSTEM			DISTRIBUTIO			A	Υ			
				5 SERVICE CO			A	Υ			
		UPSTF	REAM	5 SERVICE CO	ONNECTIO	N A	A	Υ			
00700 EN	ITRY POINT	3	<b> </b>	ENTRY POIN	Т	-	A				
21853 W	ELL	2		WELL		,	A				
			Con	tact Infor	mation						
Name			0	rganization						Job Title	!
Mr. Joshua V	/oods		Bl	ack Hall Grille	)						
Mailing Addr		Mailing	Addres	s Line Two				Ci	ty	State	Zip Code
100 Shore Ro	ad						Old Ly	yme		СТ	06371
Business Ph	none Extension	Fax	Mobi	le Phone E	Emergency	Phone	Email	Addres	SS		
860-434-1	414										
Contact Role	s): Administrative	Contact, Legal Conta	ct, Owr	ner							

Connecticut Department of Public Health Drinking Water Section

## Please note the following:

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

End of schedule

	Connecticut Depar	rtment o	of Public H	lealth I	Drinkin	g Water S	Section	
	Water Qual					O		
PWS ID	PWS Name	ity 1.1011	icoring an			Population C		imary Source
CT1050394	163 BOSTON POST ROAD				NC	25	P	GW
	(where applicable)		Service	Residentia			Combined	Agricultural
163 BOSTON P	· · · · · · · · · · · · · · · · · · ·		Connections	Residentia	1	ciai iliuustilai	Combined	Agricultural
Towns Served:								
TOWNS SCIVEU.	OLD LIMIL	Moni	toring Pogu	iiromon	ł c			
Water System	n Facility: DISTRIBUTION SY		toring Requ	unemen				
Total Colifor	· · · · · · · · · · · · · · · · · · ·	312.01 (003.	12.00000,			1 r	outine (RT) ¡	per quarter
	Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ance Status
	m Inventory of Active Sampling I	Points		7/1/19 - 9	·			mplete
				10/1/19 - 1				mplete
				1/1/20 - 3				mplete
				4/1/20 - 6,				'
				7/1/20 - 9				
Physical Para	ameters (PPS)			, ,		1 r	outine (RT) <sub>I</sub>	oer quarter
-	Point (Sampling Point ID)			Monitoring	Period	Collection Perio		ance Status
Select fro	m Inventory of Active Sampling I	Points		7/1/19 - 9,	/30/19		Со	mplete
	<del></del>			10/1/19 - 1			Со	mplete
				1/1/20 - 3,	/31/20		Co	mplete
				4/1/20 - 6	/30/20			<u> </u>
				7/1/20 - 9	/30/20			
Water Systen	n Facility: ENTRY POINT (W	SF ID: 0070	0)					
Nitrate And	Nitrite (NOX)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Perio	=	ance Status
ENTRY PC	OINT (3)			1/1/19 - 12	/31/19		Co	mplete
				1/1/20 - 12	/31/20		Co	mplete
				1/1/21 - 12	/31/21			
		Public No	otification F	Requiren	nents			
			Compliance	Notice	<u>Public</u>	Notification	PN Cert	<u>ification</u>
Violation/Situe	ation		Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform	M&R Violation	1/	/1/19 - 3/31/19	3	6/9/2020	)	6/19/2020	
Physical Param	eters M&R Violation	1/	/1/19 - 3/31/19	3	6/9/2020	)	6/19/2020	
Total Coliform	M&R Violation	4/	1/19 - 6/30/19	3	9/10/202	0	9/20/2020	
Physical Param	eters M&R Violation	4/	1/19 - 6/30/19	3	9/10/202	0	9/20/2020	
	Water Sy	stem Fac	ility and Sai	mpling P	oint Inv	entory		
Water						Total Lead ai	nd	
	ter System Facility S		nt Sampling Poi	int		oliform Coppe		Stage
Facility ID		ID	Description		Jiuius		er Asbestos	WQP 2 DBPR
00600 DIS	FRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ		
	[		M WITHIN 5 SEF		Α			
		UPSTREAM	WITHIN 5 SEF		Α			
00700 ENT	RY POINT	3	ENTRY POINT	•	Α			
21855 WE	LL	2	WELL		Α			

59548

TREATMENT PLANT

	Water Quality Monit	oring an	d Con	npl	liance S	schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1050394	163 BOSTON POST ROAD				NC	25	Р	GW
Local Address (	where applicable)	Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
163 BOSTON PO	OST ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: OLD LYME

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Robert Schiand	)								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
163 Boston Post Rd						Old Lyme	9	СТ	06371
Business Phone Extension Fax M			Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-514-4840									

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

# Please note the following:

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

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

End of schedule

Conne	ecticut Department of	Puhlic H	ealth	Dı	rinkir	1σ <b>\</b>	Nater	Sec	rtion	
Comic	Water Quality Monito					_				
PWS ID PWS Nam		ning am	ı Con	_					or Tuno Dri	mary Source
	NS CHURCH			Clas	NC	II PC	25		P Type Pri	GW
Local Address (where appli		Service	Residen	tial	Comme	rcial	Industria		Combined	Agricultural
82 SHORE ROAD	,	Connections	Residen	itiai	Comme	TCIai	muustiit	ai C	1	Agricultural
Towns Served: OLD LYME										
TOWNS SCIVED. OLD LINE	Monitor	ring Requ	iromo	ntc						
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID:		ii eiiie	1163						
Total Coliform (3100)							1	rout	ine (RT) p	er quarter
Sampling Point (Samp	oling Point ID)	ı	Monitori	ing P	Period	Coll	ection Per	riod	Complia	ınce Status
Select from Inventory	of Active Sampling Points		7/1/19 -	9/3	0/19				Cor	nplete
		-	.0/1/19 -	12/	31/19				Cor	nplete
			1/1/20 -	3/3	1/20				Cor	nplete
			4/1/20 -							
			7/1/20 -	9/3	0/20					
Physical Parameters (P	•						1	rout	ine (RT) p	er quarter
Sampling Point (Samp			Monitori			Coll	ection Per	riod		ınce Status
Select from Inventory	of Active Sampling Points		7/1/19 -							nplete
			10/1/19 -							nplete
			1/1/20 -						Cor	nplete
			4/1/20 -		-					
			7/1/20 -	9/3	0/20					
Water System Facility:	ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NC	•								=	Γ) per year
Sampling Point (Samp	oling Point ID)		Monitori			Coll	ection Per	riod		ince Status
ENTRY POINT (3)			1/1/19 -		-					nplete
			1/1/20 -						Cor	nplete
			1/1/21 -		·					
Mor	nthly Water System Facilit	y (WSF) L	evel N	Иor	nitorin	ig R	equire	men	ts	
Water System Facility: I	ENTRY POINT (WSFID: 00700)									
Analyte	<b>Monitoring Requirement (Summar</b>	y Type)	Ope	ratir	ng Limit			S	amples Re	q/Month
рН	Entry Point pH Monitoring (PHRD)		Mini	imur	m: 7.0 PI	Н			4	
<b>Start Date:</b> 3/1/2005		Complia		-	(	Oper	ating Limi	t	Monitori	_
		Monitor				Comp	oliance Sta	atus:	Compliar	nce Status:
		10/1/20:								
		11/1/20:								
		12/1/20:								
		1/1/2020								
	O41 C-	2/1/2020								
	Other Co	mpliance								
Compliance Schedule Activ					Date		Achie	ved D	ate	
CROSS CONNECTION EXEM					2012					
RESPOND TO SANITARY SU		!:!'- <b>-</b>			/2015					
	Public Notif		-							
Violation (Cityothia		npliance	Notice	?			<u>fication</u>		PN Certi	
Violation/Situation		Period	Tier	1	Require		Performe		to DPH	Received
pH M&R Violation	//1/1	2 - 7/31/12	3	1	10/15/20	113		10,	/25/2013	

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1059113	SAINT ANNS CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
82 SHORE ROAD	)	Connections					1	

Towns Served: OLD LYME

	Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
pH M&R Violation	8/1/12 - 8/31/12	3	10/15/2013		10/25/2013							
pH M&R Violation	9/1/12 - 9/30/12	3	11/9/2013		11/19/2013							
pH M&R Violation	10/1/12 - 10/31/12	3	12/18/2013		12/28/2013							
pH M&R Violation	1/1/13 - 1/31/13	3	3/14/2014		3/24/2014							
pH M&R Violation	7/1/13 - 7/31/13	3	9/25/2014		10/5/2014							
pH M&R Violation	11/1/14 - 11/30/14	3	1/9/2016		1/19/2016							
pH M&R Violation	10/1/14 - 10/31/14	3	1/9/2016		1/19/2016							

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper			Stage			
Facility IE	•	ID	Description	Status	Dula		Asbestos	WQP				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		SA001	MAIN KITCHEN SINK	Р	Υ	1						
		SA002	PRESCHOOL SINK	Р	Υ	1						
		SA003	UPSTAIRS MENSROOM	Р	Υ	1						
		SA004	DOWNSTAIRS MENSROOM	Р	Υ	1						
		SA005	DOWNSTAIRS WOMANSROO	Р	Υ	1						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
11018	WELL #1	2	WELL #1	Α								

Contact Information												
Name				Organiz	Organization				Job Title			
Mr. Richard D. Lamourine					St. Ann's Episcopal Church				Property Administrat			
Mailing Address Line One Mailing Addr					ress Line Two				State	Zip Code		
82 Shore Road							Old Lym	2	СТ	06371		
Business Phone	Extension	Fax		Mobile Pho	one	Emergency Phone	Email Ad	dress				
860-434-1621												

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

## Please note the following:

49580 CALCITE TREATMENT PLANT

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

End of schedule

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.

	Connecticut De	•				ection
	Water Qı	iality Monito	oring and Co	mplianc	e Schedule	
PWS ID F	PWS Name			Classificati	on Population Ow	ner Type Primary Source
CT1059203	CHURCH OF CHRIST THE I	(ING		NC	305	P GW
Local Address (wh	nere applicable)		Service Reside	ential Comm	ercial Industrial	Combined Agricultural
1 MCCURDY ROAL	D		Connections	1	-	
Towns Served: OL	LD LYME					
		Monito	ring Requirem	ents		
Water System F	acility: DISTRIBUTION	SYSTEM (WSF ID	): 00600)			
<b>Total Coliform</b>	(3100)				1 rou	ıtine (RT) per quarter
Sampling Po	oint (Sampling Point ID)		Monito	ring Period	<b>Collection Period</b>	Compliance Status
Select from I	Inventory of Active Samp	ing Points	7/1/19	9 - 9/30/19		Complete
			10/1/19	9 - 12/31/19		Complete
			1/1/20	0 - 3/31/20		Complete
				0 - 6/30/20		
			7/1/20	) - 9/30/20		
<b>Physical Param</b>						utine (RT) per quarter
	oint (Sampling Point ID)			ring Period	Collection Period	Compliance Status
Select from I	Inventory of Active Samp	ing Points		9 - 9/30/19		Complete
				9 - 12/31/19		Complete
				) - 3/31/20		Complete
				0 - 6/30/20		
		(1.122.12.02.02)	7/1/20	) - 9/30/20		
•	acility: ENTRY POINT	(WSF ID: 00700)				
Nitrate And Nit						routine (RT) per year
	oint (Sampling Point ID)			ring Period	Collection Period	Compliance Status Complete
	T /2\			- 12/31/19		
ENTRY POINT	T (3)			12/21/20		complete
ENTRY POIN	T (3)		1/1/20	- 12/31/20		Complete
ENTRY POIN		· Crestana Facili	1/1/20 1/1/21	- 12/31/21	Daniina	·
	Monthly Water		1/1/20 1/1/21	- 12/31/21	ng Requireme	·
Water System Fa	Monthly Water acility: ENTRY POINT	(WSFID: 00700)	1/1/20 1/1/21 ty (WSF) Level	- 12/31/21 <b>Monitori</b>		nts
Water System Fa	Monthly Water acility: ENTRY POINT Monitoring Re	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21 ty (WSF) Level	- 12/31/21  Monitori  Derating Limit	t	nts Samples Req/Month
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700)	1/1/20 1/1/21 ty (WSF) Level ry Type) Op	- 12/31/21  Monitori  Derating Limit inimum: 7.0	t PH	nts Samples Req/Month 4
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21 ty (WSF) Level  ary Type)  Compliance His	Monitori Derating Limit Inimum: 7.0 Story:	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21 ty (WSF) Level  Try Type) Op  Compliance His Monitoring Per	Monitori  Derating Limit  inimum: 7.0  story: iod	t PH	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21 ty (WSF) Level  ary Type)  Compliance His Monitoring Per 10/1/2019 - 10/	Monitori Derating Limit Inimum: 7.0 Story: iod /31/2019	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21  ty (WSF) Level  Iry Type) Op  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,	Derating Limitationimum: 7.0 story: iod //31/2019	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21 ty (WSF) Level  Try Type)  Compliance His Monitoring Per 10/1/2019 - 10, 11/1/2019 - 11, 12/1/2019 - 12,	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  //31/2019 //30/2019	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) quirement (Summa	1/1/20 1/1/21  ty (WSF) Level  Iry Type)  Op  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2019 - 12,  1/1/2020 - 1/31	- 12/31/21  Monitori  perating Limit inimum: 7.0 story: iod /31/2019 /30/2019 /31/2019	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH	(WSFID: 00700) equirement (Summa Monitoring (PHRD)	1/1/20 1/1/21  ty (WSF) Level  Try Type)  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2020 - 1/31  2/1/2020 - 2/29	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  //31/2019 //30/2019 //31/2019 //2020 //2020	t PH Operating Limit	nts Samples Req/Month 4 Monitoring
Water System Fa	Monthly Water facility: ENTRY POINT  Monitoring Re Entry Point pH 1/1/2005	(WSFID: 00700) equirement (Summa Monitoring (PHRD)	1/1/20 1/1/21  ty (WSF) Level  Iry Type)  Op  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2019 - 12,  1/1/2020 - 1/31	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  //31/2019 //30/2019 //31/2019 //2020 //2020	t PH Operating Limit	Nts Samples Req/Month 4 Monitoring : Compliance Status:
Water System Factorian Analyte pH Start Date: 1	Monthly Water facility: ENTRY POINT  Monitoring Re Entry Point pH 1/1/2005	(WSFID: 00700) equirement (Summa Monitoring (PHRD)	1/1/20 1/1/21  ty (WSF) Level  Try Type)  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2020 - 1/31  2/1/2020 - 2/29	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  //31/2019 //30/2019 //2020  //2020  //2020  //2020  //2020  //2020  //2020  //2020  //2020	t PH Operating Limit Compliance Status	Nts Samples Req/Month 4 Monitoring : Compliance Status:
Water System Factorian Analyte pH Start Date: 1	Monthly Water acility: ENTRY POINT Monitoring Re Entry Point pH 1/1/2005	(WSFID: 00700) equirement (Summa Monitoring (PHRD)  Other Co	1/1/20 1/1/21  ty (WSF) Level  Try Type)  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2020 - 1/31  2/1/2020 - 2/29	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  /31/2019 /30/2019 /2020  D/2020  D/2020  Due Date  3/1/2020	t PH Operating Limit Compliance Status  Achieved	Nts Samples Req/Month 4 Monitoring : Compliance Status:
Water System Factorian Analyte pH Start Date: 1	Monthly Water acility: ENTRY POINT Monitoring Re Entry Point pH 1/1/2005	(WSFID: 00700) equirement (Summa Monitoring (PHRD)  Other Co	1/1/20 1/1/21 ty (WSF) Level  Iry Type) Op  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2020 - 1/31  2/1/2020 - 2/29  Ompliance Sche  ty and Samplin	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  /31/2019 /30/2019 /2020  D/2020  D/2020  Due Date  3/1/2020	t PH Operating Limit Compliance Status  Achieved	Nts Samples Req/Month 4 Monitoring : Compliance Status:
Water System Factorial Start Date: 1  Compliance Scheet CROSS CONNECTION  Water System Water	Monthly Water acility: ENTRY POINT Monitoring Re Entry Point pH 1/1/2005	(WSFID: 00700) Equirement (Summa Monitoring (PHRD)  Other Co  System Facilit  Sampling Point	1/1/20 1/1/21 ty (WSF) Level  Try Type) Op Compliance His Monitoring Per 10/1/2019 - 10, 11/1/2019 - 11, 12/1/2020 - 1/31 2/1/2020 - 2/29 Compliance Schee  ty and Sampling  Sampling Point	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  /31/2019 /30/2019 /2020  D/2020  D/2020  Due Date  3/1/2020	Achieved Total Lead and Coliform Copper	nts  Samples Req/Month  4  Monitoring : Compliance Status:
Water System Facility ID	Monthly Water Cacility: ENTRY POINT Monitoring Re Entry Point pH 1/1/2005  dule Activity ION SURVEY REPORT Water	Other Co	1/1/20 1/1/21 ty (WSF) Level  Iry Type) Op  Compliance His  Monitoring Per  10/1/2019 - 10,  11/1/2019 - 11,  12/1/2020 - 1/31  2/1/2020 - 2/29  Ompliance Sche  ty and Samplin	- 12/31/21  Monitori  Derating Limit  Inimum: 7.0  Story:  iod  /31/2019 /30/2019 /2020  D/2020  D/2020  Due Date  3/1/2020	Achieved Total Lead and Coliform Copper	nts  Samples Req/Month  4  Monitoring : Compliance Status:

	Con	nostisi	ıt Dono	ertmont (	of Dublic	Lagl+k	, D	rinlri	na M	lator	Co	ation		
	COL		•	irtment (					_			CUOII		
DWC ID	DVA/C	VV al Name	er Qua	lity Mon	itoring a	iliu Col	-					or Tupo [	lrina a ri	Course
PWS ID		Name RCH OF CHR	ICT THE MINI	<u> </u>			Cia	NC		305		er Type F	rimary Sourc	
CT1059203			SI IHEKIN	G	Service	Resider	atial			305 Industria	al l	Combined	_	
1 MCCURD	ess (where a	аррисавіе)			Connection		ILIdi	1	erciai	muustri	dI	Combined	Agric	cultural
	ved: OLD LY	NAE			Comiconi									
TOWIIS SELV	ved. OLD LT		Water S	vstem Fac	ility and <sup>9</sup>	Sampling	Po	int In	vento	nrv				
Water	Water System Facility and Sampli								Total	Lead	and			
	Water Syst	em Facility		Sampling Poir	nt Samplina	Point			Coliforn					Stage
Facility ID	,	•		ID	Description			Status	Rule			Asbestos	WQP	_
				1910-10	SOUTH M	ENS RM SIN		A	Υ	N				
				1910-2	KITCHEN S	SINK		Α	Υ	N	l			
				1910-3		DIES RM SIN	١K	Α	Υ	N				
				1910-4	FAMILY BA	FAMILY BATHROOM SIN NORTH LADIES RM SINK NORTH MEN'S RM SINK ROBING ROOM SINK			Υ	N				
				1910-5	NORTH LA				Υ	N N				
				1910-6	NORTH M				Υ					
				1910-7	ROBING R				Υ	N	l			
				1910-8	SACRISTY	SINK		Α	Υ	N				
				1910-9	MAINT RC	OM SINK		Α	Υ	N	N			
				4	GENERIC I	GENERIC DISTRIBUTION WITHIN 5 SERVICE CON		Α						
				DOWNSTREA	M WITHIN 5			Α						
				UPSTREAM	WITHIN 5	SERVICE CO	N	Α						
00700	ENTRY POIN	NT		3	ENTRY PO	INT		Α						
50718	WELL 1			2	WELL 1			Α						
50722	TREATMEN	T PLANT												
50724	ATMOSPHE	RIC TANK												
50726	BLADDER TA	ANKS												
50728	PUMP STAT	ION												
				Certifie	d Operate	or Inforn	nati	ion						
Water Sys	stem Facilit	y: TREAT	MENT PLA	NT (WSF ID:										
•	ssification:												Certif	ication
Operator N	-			Operator Ty	уре	Certification	on(s)	)					_	ration
BRAIG, ALL	EN L.			CHIEF OPERA	TOR	WATER TR	EATN	ΛΕΝΤ PL	ANT OF	PERATOR	R - CL	ASS IV	6/30	)/2022
,						DISTRIBUT	ION :	SYSTEM	OPERA	TOR - CL	.ASS I	I		1/2021
				Co	ntact Info	ormation	า							
Name					Organization							Job Title		
	Joseph Ash	2			Church of Ch	rist The King	ξ		Pa	astor				
	dress Line C			Mailing Addr			-			City		State	Zip C	ode
1 McCurdy				<u> </u>				Old	Lyme	•		СТ	063	
Business		extension	Fax	Mo	bile Phone	Emergenc	y Pho			ess				
000 404			000 404											

860-434-7140

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

860-434-1669

Schedule Generation Date: 3/10/2020 Page 33

860-434-1660

CTKOLDLYME@AOL.COM

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1059203	CHURCH OF CHRIST T	HE KING			NC	305	Р	GW
Local Address (	where applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
1 MCCURDY RC	AD		Connections		1			

Towns Served: OLD LYME

## Please note the following:

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

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

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

End of schedule

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Connecticut Department of					$\overline{}$			ection	
Water Quality Monito	oring an	d Con	ıpl	iance	Sc	hedul	e		
PWS ID PWS Name			Clas	ssification	Ро	pulation	Ow	ner Type F	Primary Source
CT1059204 OLD LYME COUNTRY CLUB- TENNIS COURT				NC		25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commer	cial	Industria	al	Combined	d Agricultural
	Connections			1					
Towns Served: OLD LYME					·				
Monito	ring Requ	ireme	nts						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID									
Total Coliform (3100)						;	1 rc	outine (RT	) per month
Sampling Point (Sampling Point ID)		Monitori	ng P	Period	Colle	ection Per	riod	Comp	liance Status
Select from Inventory of Active Sampling Points		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					
Physical Parameters (PPS)								<del>-</del>	) per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Per	riod	Comp	liance Status
Select from Inventory of Active Sampling Points		5/1/20 -							
		6/1/20 -							
		7/1/20 -							
		1/20							
		9/1/20 -	9/3	0/20					
Water System Facility: ENTRY POINT (WSF ID: 00700)									•
Nitrate And Nitrite (NOX)			_		- "			=	RT) per year
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Per	rıod		liance Status
ENTRY POINT (3)		1/1/19 -		<u> </u>				C	omplete
		1/1/20 -							
Makes Contain Facility MITH D (MITH D. ECT72)		1/1/21 -	12/3	31/21					
Water System Facility: WELL D (WSF ID: 56573)								/==	<b>.</b>
E. Coli (3014)		B. C. a. i ka ui		antad	C-11-			=	) per month
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Per	rioa	Compl	liance Status
WELL D (2)		5/1/20 -		-					
		6/1/20 - 7/1/20 -							
		8/1/20 -							
		9/1/20 -							
Other Co	mpliance								
Compliance Schedule Activity				Date		Achie	ved	Date	
CROSS CONNECTION SURVEY REPORT				2016		7101110	-		
CROSS CONNECTION SURVEY REPORT				2017					
CROSS CONNECTION SURVEY REPORT				2018					
CROSS CONNECTION SURVEY REPORT				2019					
RESPOND TO SANITARY SURVEY				/2019					
CROSS CONNECTION SURVEY REPORT				2020					
SEASONAL START UP COMPLETION				2020					
Water System Facili	ty and Sai	mpling	Po	int Inv	ent	orv			
Water	-,	1 8			Total		and	1	
				,	. 5.01		u	•	

Samplina Point Samplina Point

System Water System Facility

Coliform Conner

(	Connectic	ut Depa	rtme	ent o	f Public	Heal	th D	rinl	king	Water	Se	ction		
	Wa	ter Qua	lity N	Monit	oring a	and Co	mp	lian	ce So	chedul	e			
PWS ID	PWS Name											ner Type I	Primary Source	
CT1059204	OLD LYME COUN	NTRY CLUB- 1	ΓENNIS	COURT				NC		25		P	GW	
Local Address (wh	nere applicable)				Service	Resid	dential	Com	mercial	Industri	al	Combined	Agricultura	
					Connectio	ons			1					
Towns Served: OI	D LYME					1				1				
Facility ID	,		I	D	Descriptio	n		Statu	ıs Rui	le Rule	Tier	Asbestos	WQP 2 DBP	
	BUTION SYSTEM	1		4	DISTRIBUT	ION SYST	EM	A	13				•	
			DOWN:	STREAM	WITHIN 5			Α						
				REAM	WITHIN 5			Α						
00700 ENTRY	POINT			3	ENTRY PO	INT		Α						
56573 WELL														
				Con	tact Info	ormati	on							
Name					rganization						Job Title			
Old Lyme Countr	y Club													
Mailing Address L	ine One		Mailing	g Addres	s Line Two					City		State	Zip Code	
40 McCurdy Road			Р О Во	x 276				C	old Lyme	5	СТ	06371		
Business Phone	Extension	Fax		Mob	bile Phone Emergency Phone				mail Ad	dress				
Contact Role(s):	Owner							,						
Name				0	rganization							Job Title		
Mr. Michael Iwa	nicki			0	ld Lyme Coເ	untry Club	)			General N	/lana	ger		
Mailing Address L	ine One		Mailing	g Addres	s Line Two					City		State	Zip Code	
40 McCurdy Road								C	old Lyme	9		CT	06371	
<b>Business Phone</b>	Extension	Fax		Mob	ile Phone	Emerge	ncy Pho	one E	mail Ad	dress				
860-434-1639	112	860-434-3	3326					g	gm@oldlymecc.com					
Contact Role(s):	Administrative	Contact												
Name				О	rganization							Job Title		
Mr. Fran Sablone				О	ld Lyme Coເ	untry Club	)			President				
Mailing Address L	ine One		Mailing	g Addres	s Line Two					City		State	Zip Code	
40 McCurdy Rd								C	old Lyme	9		CT	06371	
Business Phone	Extension	Fax		Mob	ile Phone	Emerge	ncy Pho	one E	mail Ad	dress				
860-434-1639	112	860-434-3	3326					fs	sablone	@gmail.co	m			
Contact Role(s):	Legal Contact													
Please note the f	ollowing:													

- 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

End of schedule

	Connecticut Dep	artment of	Public H	lealth I	Drinki	ing W	ater S	ection	
	Water Qu	ality Monit	oring and	d Com	olianc	e Sch	edule		
PWS ID	PWS Name	<u>J</u>	0					ner Type Pr	imary Source
CT1059214	OLD LYME COUNTRY CLUE	- POOL CABANA			NC		25	Р	GW
Local Addre	ess (where applicable)		Service	Residentia	l Comm	ercial li	ndustrial	Combined	Agricultural
40 MCCURI	DY ROAD		Connections					1	
Towns Serv	red: OLD LYME				·	·			
		Monito	oring Requ	irement	ts				
Water Sys	tem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)						
<b>Total Coli</b>	form (3100)						1 re	outine (RT)	per month
Sampl	ling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	l Compli	ance Status
Select	from Inventory of Active Sampli	ng Points		5/1/20 - 5/	/31/20				
				6/1/20 - 6/					
				7/1/20 - 7/	/31/20				
				8/1/20 - 8/					
				9/1/20 - 9/	/30/20				
-	Parameters (PPS)								per month
	ling Point (Sampling Point ID)			Monitoring		Collect	tion Period	l Compli	ance Status
DISTRI	IBUTION SYSTEM (4)			5/1/20 - 5/					
				6/1/20 - 6/					
				7/1/20 - 7/					
				8/1/20 - 8/					
Mator Cus	tom Facility: ENTRY DOINT	/WSE ID: 00700\		9/1/20 - 9/	30/20				
	tem Facility: ENTRY POINT	(WSF ID: 00700)							T\
	nd Nitrite (NOX)  ling Point (Sampling Point ID)			Monitoring	Pariod	Collect	د ion Period:	=	T) per year ance Status
	POINT (3)			1/1/19 - 12		Conect	ion Period	-	mplete
LINITAL	POINT (3)			1/1/20 - 12	•			CO	ilipiete
				1/1/21 - 12					
		Other Co	ompliance						
Compliance	Schedule Activity	other c	omphanec		e Date		Achieved	l Date	
-	INECTION SURVEY REPORT				1/2012		Acmerea	Date	
	INECTION SURVEY REPORT				1/2016				
	INECTION SURVEY REPORT				1/2017				
	INECTION SURVEY REPORT				1/2018				
	INECTION SURVEY REPORT				1/2019				
	O SANITARY SURVEY				7/2019				
CROSS CON	INECTION SURVEY REPORT				1/2020				
SEASONAL	START UP COMPLETION			5/:	1/2020				
	Water	System Facili	ity and Sar	npling P	oint Ir	vento	ry		
Water						Total	Lead and	1	
	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A				
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SER	VICE CON	A				
	ENTRY POINT	3	ENTRY POINT		Α .				
56579	WELL B	2	WELL B		A				

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

	Wa	ter Qua	lity Moi	nitoring a	and Con	nplia	nce S	chedul	e	
PWS ID PY	WS Name					Classifi	cation F	Population	Owner Type	Primary Sou
CT1059214 O	LD LYME COU	NTRY CLUB-	POOL CABAN	NA		N	С	25	Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmercia	Industria	al Combin	ed Agricult
40 MCCURDY ROA	D			Connection	ons				1	
Towns Served: OLD	) LYME								,	·
			C	Contact Inf	ormation	า				
Name				Organization					Job Tit	le
Old Lyme Country	Club									
Mailing Address Li	ne One		Mailing Add	dress Line Two	City State			Zip Code		
40 McCurdy Road			P O Box 276	5			Old Lyme CT 06			06371
Business Phone	Extension	Fax	Mobile Phone Emerge			y Phone	Email Address			
Contact Role(s):	)wner									
Name				Organization					Job Tit	е
Mr. Michael Iwani				Old Lyme Co	untry Club		1	General M		Т
Mailing Address Li	ne One		Mailing Add	dress Line Two	•			State		
40 McCurdy Road							Old Lym		СТ	06371
Business Phone	Extension	Fax	N	1obile Phone	Emergence	y Phone				
860-434-1639	112	860-434-3	3326				gm@old	llymecc.con	n	
Contact Role(s):	dministrative	Contact								
Name				Organization					Job Tit	e
Mr. Fran Sablone			1	Old Lyme Co	untry Club			President		
Mailing Address Li	ne One		Mailing Add	dress Line Two				City	State	Zip Code
40 McCurdy Rd							Old Lym	e	СТ	06371
Business Phone Extension Fax Mobile F				1obile Phone	Emergence	y Phone	Email Ad	ddress		
860-434-1639	112	860-434-3	3326				fsablone	e@gmail.co	m	
Contact Role(s):	egal Contact									
Please note the fo	llowing:									

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

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

End of schedule

	Connectic	ut Depa	rtment	of Publ	ic Healt	h Dri	nking	Water	Se	ction	
	Wa	ter Oua	lity Mo	nitoring	and Co	mplia	ance S	chedul	e		
PWS ID	PWS Name			0		_				er Type P	rimary Source
CT1059224	GRAYBILL PROP	ERTIES, LLC				ı	١C	35		Р	GW
Local Address (wl	here applicable)			Service	Resido	ential Co	ommercia	Industria	al (	Combined	Agricultural
11 HALL'S ROAD				Connec	tions		1				_
Towns Served: O	LD LYME				l	1					
			Mo	nitoring F	equirem	ents					
Water System F	acility: DISTR	IBUTION S	YSTEM (W	SF ID: 00600	<b>)</b> )						
<b>Total Coliform</b>	(3100)							1	rou	tine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monito	oring Per	iod Co	llection Per	riod	Compli	iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/1	9 - 9/30/:	19			Сс	mplete
					10/1/1	9 - 12/31	/19			Сс	mplete
					1/1/2	0 - 3/31/2	20				
					4/1/2	0 - 6/30/2	20				
					7/1/2	0 - 9/30/2	20				
Physical Param	neters (PPS)							1	rou	tine (RT)	per quarter
-	oint (Sampling P	oint ID)			Monito	oring Per	iod Co	llection Per			iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/1	9 - 9/30/:	19			Co	mplete
	·				10/1/1	9 - 12/31	/19			Со	mplete
						0 - 3/31/2					•
						0 - 6/30/2					
						0 - 9/30/2					
Water System F	acility: ENTR	Y POINT (V	VSF ID: 007	00)		,,					
Nitrate And Ni	•			,					1 r	outine (F	RT) per year
	oint (Sampling P	oint ID)			Monito	oring Per	ind Co	llection Per		=	iance Status
ENTRY POIN		ome ib,				- 12/31/		incomon i ci	104		mplete
LIVINITOIN	1 (3)					) - 12/31/					inpiete .
						12/31/					
		Motor C	vetere Fe	-:::::				<b>.</b>			
144		water 5	ystem Fa	cility and	Sampiin	ig Poin		<u> </u>			
Water	System Facility		Camplina D	oint Samplin	a Point		Tot				Chara
System Water Facility ID	System Facility		Jumping PC ID	Descript	_	6.	Colife Atus Ru			Ashestos	Stage WQP 2 DBPR
	BUTION SYSTEM	1	4		JRION SYSTE		<del>atus Ru</del> A	ic nuic	1101	713003103	11Q1 2 2 2 2 1 1 1
00000 DISTRI	IBOTION SISTEN			AM WITHIN							
							Α				
00700 ENTRY	' POINT		UPSTREAI 3	ENTRY F	5 SERVICE C		<u>Α</u>				
	FUINI				Olivi		A				
56960 WELL	** 45 N.T. D. 4 S.T.		2	WELL			A				
56962 TREAT	MENT PLANT										
			C	Contact In	formation	n					
Name				Organizatio	on					Job Title	
Mr. James L. Gra	ybill			Graybill Pro	perites			Owner			
Mailing Address I	ine One		Mailing Add	dress Line Tw	0			City		State	Zip Code
P.O. Box 781							Old Lym	e		СТ	06371
Business Phone	Extension	Fax	N	1obile Phone	Emergen	cy Phone	Email A				
860-434-2265		860-434-8	8823		_	4-2535		aol.com			
			• • • •	_							

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

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

ш										
ı	PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
(	CT1059224	GRAYBILL PROPERTIES	S, LLC				NC	35	Р	GW
Ī	Local Address (w	vhere applicable)		Service	Resi	dential	Commerci	ial Industri	al Combine	ed Agricultural
	11 HALL'S ROAD			Connectio	าร		1			

#### Please note the following:

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

End of schedule

Facility ID  00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A						
System Water System Facility	Sampling Point ID	Sampling Poil Description	nt		liform Coppe Rule Rule Ti		Stage WQP 2 DBPR			
Water		-		7	otal Lead a	nd				
,	ystem Facil				entory					
Physical Parameters M&R Violation		/13 - 12/31/13		5/8/2015		5/18/2015				
Physical Parameters M&R Violation		/13 - 9/30/13	3	2/25/2015		3/7/2015				
Nitrate And Nitrite M&R Violation		13 - 12/31/13	2	6/7/2014		6/17/2014				
Total Collorm M&R Violation		/13 - 9/30/13		6/7/2014		6/17/2014				
Violation/Situation Total Coliform M&R Violation	7/1	<b>Period</b> /13 - 9/30/13	Tier 2	<i>Required</i> 6/7/2014	Performed	<i>Due to DPH</i> 6/17/2014	Received			
		ompliance	Notice		<u>lotification</u>	PN Cert	<u>ification</u>			
	Public Not									
			1/1/20 - 1 1/1/21 - 1			Co	mplete			
ENTRY POINT (3)			1/1/19 - 1				mplete			
Sampling Point (Sampling Point ID)			Monitorin		Collection Perio		ance Status			
Nitrate And Nitrite (NOX)						1 routine (R				
Water System Facility: ENTRY POINT (V	VSF ID: 00700)									
			7/1/20 - 9							
			4/1/20 - 6				•			
						1/1/20 - 3/31/20 Complete				
Select from Inventory of Active Sampling	romis		7/1/19 - 9 10/1/19 - 1				mplete mplete			
Sampling Point (Sampling Point ID)	Doints		Monitorin		Collection Perio		ance Status			
Physical Parameters (PPS)						outine (RT)				
			7/1/20 - 9	9/30/20						
			4/1/20 - 6	5/30/20						
			1/1/20 - 3				mplete			
	, , , , , , , , , , , , , , , , , , , ,		10/1/19 - 1			<del></del>	mplete			
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling	Points		<b>Monitorin</b> 7/1/19 - 9		Collection Perio		mplete			
Total Coliform (3100)			Manitarin	a Daviad (		outine (RT)				
Water System Facility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)								
		oring Requ	iiremer	its						
Towns Served: OLD LYME										
34 LYME STREET		Connections				1				
Local Address (where applicable)		Service	Resident			Combined	Agricultural			
CT1059244 34 LYME STREET				NC	35	P	GW			
	irey 14101111e	or mg am					rimary Source			
PWS ID PWS Name	irey Promit	oring an		Classification	Population C	wner Type Pi	•			

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.

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58576 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule									
PWS ID	WS ID PWS Name					Population	Owner Type	Primary Source		
CT1059244	CT1059244 34 LYME STREET					35	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial (	Commercia	al Industri	al Combine	d Agricultural		
34 LYME STRE	Connections					1				

Towns Served: OLD LYME

Contact Information											
Name				Organization			Job Title				
Ms. Angeline P. Rea	ale			Kallie, LLC			Owner				
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code		
34 Lyme Street						Old Lym	е	СТ	06371		
Business Phone Extension Fax N			Me	obile Phone	Emergency Phone	Email Ad	dress				
860-434-6942						cashmer	ecook@yah	oo.com			

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

#### Please note the following:

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

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

End of schedule

	Connecticut Departmen	nt of Public H	lealth	Drink	ing \	Water S	Section	
	Water Quality M	onitoring an	d Com	plian	ce So	chedule		
PWS ID	PWS Name			Classificat	ion Po	opulation O	wner Type Pr	imary Source
CT1059234	TOWN WOODS PARK	_		NC		25	L	GW
Local Address	(where applicable)	Service	Resident	tial Comn	nercial	Industrial	Combined	Agricultural
26 TOWN WO	ODS ROAD	Connections			1			
Towns Served	: OLD LYME							
	M	onitoring Requ	iiremei	nts				
Water Syster	m Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
<b>Total Colifor</b>	rm (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	Coll	ection Perio	d Complic	ince Status
Select fro	om Inventory of Active Sampling Points			10/31/19	_		Out o	f Service
				11/30/19				
		:		12/31/19				
			1/1/20 -					
			2/1/20 -					
			3/1/20 -					
			4/1/20 -					
			5/1/20 -					
			6/1/20 - 7/1/20 -					
			8/1/20 -					
			9/1/20 -					
Physical Par	ameters (PPS)		3/1/20	3/30/20		1	routine (RT)	per month
-	Point (Sampling Point ID)		Monitorii	ng Period	Coll	ection Perio		ince Status
	om Inventory of Active Sampling Points			10/31/19				f Service
	, , ,			11/30/19				
		:	12/1/19 -	12/31/19				
			1/1/20 -	1/31/20				
			2/1/20 -	2/29/20				
			3/1/20 -	3/31/20				
			4/1/20 -	4/30/20				
			5/1/20 -					
			6/1/20 -					
			7/1/20 -					
			8/1/20 -					_
	- 111		9/1/20 -	· ·				
•	m Facility: TOWN WOODS PARK ENT	TRY POINT (WSF ID	D: 00702)					_•
	Nitrite (NOX)						1 routine (R	
	Point (Sampling Point ID)		Monitorii		Coll	ection Perio		ince Status
IOWN W	OODS PARK ENTRY POINT (3-TWP)		1/1/19 - 1				Cor	nplete
			1/1/20 - 1 1/1/21 - 1					
	D. I. I.							
	Public	Notification R	-		10			
Violation /Six.	ation	Compliance Period	Notice Tier			i <u>fication</u>	PN Certi	
Violation/Situ	ution	7/4/40 0/20/40	rier	Requi	rea	Performed	Due to DPH	Received

3

11/13/2019

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11/23/2019

Schedule Generation Date: 3/10/2020

7/1/18 - 9/30/18

E. Coli

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
CT1059234	TOWN WOODS PARK				NC	25	L	GW			
Local Address	Service	Resider	ntial (	Commerci	al Industri	al Combin	ed Agricultural				
26 TOWN WOODS ROAD		Connections			1						

	Water	System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00502	TOWN WOODS PARK WELL	2-TOWNWDSPK	TOWN WOODS PARK	Α					
			WELL						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		4-LYMESSRCT	DISTRIBUTION SYSTEM-	Α	Υ				
		4-TOWNWDSPK	DISTRIBUTION SYSTEM-	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00702	TOWN WOODS PARK ENTRY	3-TWP	TOWN WOODS PARK	Α					
	POINT		ENTR						

Contact Information										
Name				Organization	1			Job Title		
Mr. Timothy Grisw	old			Town of Old	Lyme		First Selectn	nan		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
Town of Old Lyme			52 Lyme Stre	eet		Old Lym	е	СТ	06371	
Business Phone Extension Fax		Mo	obile Phone	Emergency Phone Email A		ldress				
860-434-1605						tgriswol	d@oldlyme-c	t.gov		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

Towns Served: OLD LYME

- 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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End of schedule

Schedule Generation Date: 3/10/2020

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Connecticut Departm	ent of Public	Health Di	rinki	ng Wa	ater Se	ection	
Water Quality l	Monitoring a	nd Compl	liance	e Sche	edule		
PWS ID PWS Name		Clas	ssificatio	n Popul	lation Ow	ner Type Pri	imary Source
CT1059254 A. C. PETERSEN DRIVE-IN			NC	3	3	Р	GW
Local Address (where applicable)	Service	Residential	Comme	ercial In	dustrial	Combined	Agricultural
113 SHORE ROAD	Connection	S	1				
Towns Served: OLD LYME							
	Monitoring Red	uirements	;				
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)						
Total Coliform (3100)					1 rou	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collecti	on Period	Complia	ınce Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	0/19			Cor	nplete
		4/1/20 - 6/3	0/20				
		7/1/20 - 9/3	0/20				
Physical Parameters (PPS)						utine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring P		Collecti	on Period	-	ınce Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3				Cor	nplete
		4/1/20 - 6/3	-				
		7/1/20 - 9/3	0/20				
Water System Facility: ENTRY POINT (WSF ID	: 00700)						
Nitrate (1040)						utine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring P		Collecti	on Period		ınce Status
ENTRY POINT (3)		7/1/19 - 9/3				Cor	nplete
		4/1/20 - 6/3					
		7/1/20 - 9/3	0/20				
Nitrite (1041)						routine (R	
Sampling Point (Sampling Point ID)		Monitoring P		Collecti	on Period		ince Status
ENTRY POINT (3)		1/1/19 - 12/3				Cor	nplete
		1/1/20 - 12/3					
W. C. J. E. W. MILL & W. C. D. TOCON	-1	1/1/21 - 12/3	31/21				
Water System Facility: WELL 1 (WSF ID: 58690	o)					.: (5=)	_
E. Coli (3014)		Manitorina D	Dowland	Collecti		utine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring P		Conecti	on Period		ince Status
WELL 1 (2)		7/1/19 - 9/3 4/1/20 - 6/3				COI	nplete
		7/1/20 - 9/3	-				
0	thar Camplian						
Compliance Schedule Activity	ther Compliand		Date		Achieved	Date	
SEASONAL START UP COMPLETION			2020		Acmeveu	Dute	
	a Eacility and S			vontor	*\ <i>(</i>		
•	n Facility and Sa	amping Po	onne m		•		
Water System Water System Facility Sampli	ng Point Sampling P	oint		Total Coliform	Lead and Copper		Stago
	ID Description			Rule		Asbestos I	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION		<u>Status</u> A				
	STREAM WITHIN 5 S		A				
	REAM WITHIN 5 S		A				
00700 ENTRY POINT	3 ENTRY POIN		Α				
58696 WELL 1	2 WELL 1		Α				
	<del></del>		-				

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.

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1059254	A. C. PETERSEN DRIVE-IN				NC	33	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
113 SHORE RO	AD	Connections			1			

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

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

58703 TREATMENT PLANT

00100 11111111										
			(	Contact Inf	ormation					
Name				Organization	1			Job Title		
Ms. Catherine O. D	enton			A.C. Peterse	n At Hallmark, LLC		Owner			
Mailing Address Lin	e One		Mailing Ad	dress Line Two	ine Two City Star				Zip Code	
240 Park Rd						West Hartford CT 061				
Business Phone	Extension	Fax	ı	Mobile Phone	Emergency Phone	Email Ad	ddress			
860-233-3651		860-233-	9941 8	360-833-9031		cadento	n@comcast.	net		
	•				<del></del>	· · · · · · · · · · · · · · · · · · ·				

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

#### Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

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	Co		•		nt of Public							ection	
			ei Quaii	Ly IVI	omtoring a	iiiu Coii	_						
PWS ID		/S Name							n Po		Ow		Primary Sourc
CT1059284		PRO AUTOM	OTIVE					NC		35		Р	GW
	-	re applicable)			Service	Residen	itial (	Comme	ercial	Industr	ial	Combined	d Agricultura
147 BOSTO					Connection	ons						1	
Towns Serv	red: OLD	LYME					_		_				
Mater Cue	+ous Foo	:lite DICTRI	DUTION CV		onitoring Re	quireme	nts						
•		•	BUTION SYS	I EIVI (	WSF ID: 00600)						1	utions (DT)	
Total Coli	•	•	tot (D)			0.0 16	· O .	at a at	C- II.				per quarter
		t (Sampling Po		-1-4-		Monitori			Colle	ection Pe	erioa		liance Status
Select	from Inv	entory of Activ	ve Sampling P	oints		7/1/19 -			_				omplete
						10/1/19 -							omplete
						1/1/20 -						С	omplete
						4/1/20 - 7/1/20 -							
Physical P	Paramet	ers (PPS)									1 rou	ıtine (RT)	per quarter
-		t (Sampling Po	oint ID)			Monitori	ing Pe	riod	Colle	ection Pe			liance Status
Select	from Inv	entory of Activ	ve Sampling P	oints		7/1/19 -	9/30,	/19				С	omplete
						10/1/19 -	12/3	1/19				С	omplete
						1/1/20 -	3/31,	/20				С	omplete
						4/1/20 -	6/30,	/20					
						7/1/20 -	9/30,	/20					
Water Sys	tem Fac	ility: ENTRY	POINT (WS	SF ID: 0	0700)								
Nitrate A	nd Nitri	te (NOX)									1	routine (	RT) per year
		t (Sampling Po	oint ID)			Monitori	ing Pe	riod	Colle	ection Pe			liance Status
ENTRY	POINT (	3)				1/1/19 -	12/31	/19				С	omplete
						1/1/20 -	12/31	./20				С	omplete
						1/1/21 -	12/31	/21					·
		,	Water Sys	stem l	Facility and S	Sampling	Poi	nt In	vent	ory			
Water									Tota				
- /	Water Sy	stem Facility	So		Point Sampling			(	Colifor	-	per		Stage
Facility ID				ID	Descriptio			tatus	Rule	e Rule	? Tier	Asbestos	WQP 2 DBP
		ITION SYSTEM		4		TON SYSTEM	1	Α	Υ				
00700 I	ENTRY PO	TNIC		3	ENTRY PO	INT		Α					
60268	WELL 1			2	WELL 1			Α					
					Contact Info	ormation	1						
Name					Organization							Job Title	
Mr. James					Graybill Prop	erites			(	Owner			
Mailing Add		e One	N	/lailing /	Address Line Two					City		State	Zip Code
P.O. Box 78		ı		1					Lyme			СТ	06371
Business		Extension	Fax		Mobile Phone	Emergency							
860-434			860-434-88			860-304-	-2535	apto	olct@a	aol.com			
Contact Ro	le(s): Ac	lministrative (	Contact, Lega	Contac	t								

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.

	Connection	at Depa	rtment	of Public	Health	Drii	nkıng	g Water	Sec	tion	
	Wa	ter Qua	lity Mon	nitoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name		Classif	Classification P		n Owner Type		Primary Source			
CT1059284	ALL PRO AUTOI	MOTIVE				N	IC	35	Р		GW
ocal Address (w	here applicable			Service	Residen	itial Co	mmerci	al Industri	al Co	mbine	d Agricultural
L47 BOSTON PO	ST ROAD			Connection	ns					1	
Towns Served: O	LD LYME			·	·				·		·
Name				Organization					Jo	ob Title	2
All Pro Enterpris	e LLC										
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
L47 Boston Post	Road						Old Lyr	me		CT	06371
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address			
860-434-3530							aptolct	t@aol.com			
Contact Role(s):	Owner										

## Please note the following:

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End of schedule

Connecticut	Departme	ent of Public	Health Dr	inking	Water Se	ection	
	•	Monitoring a		_			
PWS ID PWS Name	Quality 1				opulation Ow	ner Type Prim	nary Source
CT1059283 JIA MEI LLC				NC	42	P	GW
Local Address (where applicable)		Service		Commercial		-	Agricultural
83 HALLS ROAD		Connection		1		7	.6
Towns Served: OLD LYME							
	ſ	Monitoring Re	quirements				
Water System Facility: <b>DISTRIBU</b>	TION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)		. ,			1 roi	utine (RT) pe	r quarter
Sampling Point (Sampling Point	ID)		Monitoring Pe	riod Col	llection Period		•
Select from Inventory of Active S	-		7/1/19 - 9/30/			Comp	
			10/1/19 - 12/3	1/19		Comp	
			1/1/20 - 3/31,	/20		Comp	
			4/1/20 - 6/30,			<u>.</u>	
			7/1/20 - 9/30,	/20			
Physical Parameters (PPS)					1 roi	utine (RT) pe	r quarter
Sampling Point (Sampling Point	ID)		Monitoring Pe	riod Col	llection Period		-
Select from Inventory of Active S	ampling Points		7/1/19 - 9/30,	/19		Comp	olete
			10/1/19 - 12/3	1/19		Comp	olete
			1/1/20 - 3/31,	/20		Comp	olete
			4/1/20 - 6/30,	/20			
			7/1/20 - 9/30,	/20			
Water System Facility: ENTRY PC	DINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)					1	routine (RT)	per year
Sampling Point (Sampling Point	ID)		Monitoring Pe	riod Col	llection Period	Complian	ce Status
ENTRY POINT (3)			1/1/19 - 12/31	/19		Comp	olete
			1/1/20 - 12/31	/20		Comp	olete
			1/1/21 - 12/31	/21			
Wa	ater System	Facility and S	Sampling Poi	nt Inven	itory		
Water System Water System Facility	Sampli	ng Point Sampling	Point	Tot Colife		1	Stage
Facility ID		D Descriptio	n Si	tatus Ru	le Rule Tier	Asbestos W	QP 2 DBPR
00600 DISTRIBUTION SYSTEM		4 DISTRIBUT	TON SYSTEM	Α			
00700 ENTRY POINT		3 ENTRY PO	INT	Α			
60270 WELL 1		2 WELL 1		Α			
		Contact Info	ormation				
Name		Organization				Job Title	
Mr. Robert Cheung		Jia Mei LLC					
Mailing Address Line One	Mailing	Address Line Two			City	State Z	ip Code
108 Comstock Hill Ave				Norwalk		СТ	06850
Business Phone Extension	Fax	Mobile Phone	Emergency Phon	e Email Ac	ldress		
203-866-7492			862-703-8456	robertch	neungtao@aol.	.com	
Contact Role(s): Administrative Con	tact, Legal Cont	act					

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

			- 0		1				
PWS ID	PWS Name				Classificat	on P	opulation	Owner Type	Primary Source
CT1059283	JIA MEI LLC				NC		42	Р	GW
Local Address (w	vhere applicable)		Service	Residen	itial Comm	ercial	Industri	al Combine	ed Agricultural
83 HALLS ROAD			Connections		1	-			

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End of schedule

Co	onnectic Wa	ut Depa ter Qual						Ŭ			ection			
PWS ID PV	/S Name						-				ner Type I	Primary Source		
CT1059294 TH	E VILLAGE SH	OPS						NC	33		P	GW		
Local Address (whe	re applicable)				Service	Residen	itial C	Commercia	l Indust	rial	Combine	d Agricultural		
10 LYME STREET					Connection	ns		7						
Towns Served: OLD	LYME						l							
Mater Custom For	silitur DISTR	DIRLITION SY			oring Re	quireme	nts							
Water System Fac	•	IIDUTIUN ST	2 I EIVI	(WSF II	ט: טטפטטן					4				
Total Coliform (3	•	laint ID)				Monitor	ina Da	wind Co	llostion [			per quarter		
Sampling Poin			Doints			Monitor			llection F	reriod		liance Status		
Select from Inv	rentory of Act	ive Sampling	Points			7/1/19 -						omplete		
						10/1/19 -		•				omplete		
						1/1/20 -					C	omplete		
						4/1/20 -								
	(222)					7/1/20 -	- 9/30/	/20		_	/5=1			
Physical Paramet	= =											per quarter		
Sampling Poin			<b>.</b>			Monitori			llection F	erioa		liance Status		
Select from Inv	Select from Inventory of Active Sampling Points						7/1/19 - 9/30/19 10/1/19 - 12/31/19					Complete		
									omplete					
1/1/20 - 3/31/20											C	omplete		
						4/1/20 -								
						7/1/20 -	- 9/30/	/20						
Water System Fac	•	Y POINT (W	/SF ID: C	)0700)										
Nitrate And Nitri	•										=	RT) per year		
Sampling Poin		oint ID)				Monitor			llection F	Perioa		liance Status		
ENTRY POINT (	(3)					1/1/19 -					Complete			
						1/1/20 -	12/31	/20			С	omplete		
						1/1/21 -	12/31	/21						
		Water Sy	stem	Facili	ity and S	ampling	Poir	nt Invei	ntory					
Water					-			To	tal Lea	d and	1			
System Water S	ystem Facility		Sampling	g Point	Sampling F	Point		Colif	orm Co	pper		Stage		
Facility ID			ID	)	Description	n	St	tatus Ru	ıle Rui	le Tie	r Asbestos	WQP 2 DBPR		
00600 DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTI	ION SYSTEM	1	Α						
00700 ENTRY P	OINT		3		ENTRY POI	NT		Α						
60518 WELL 1			2		WELL 1			Α						
60734 TREATM	ENT PLANT													
				Con	tact Info	rmation	۱							
Name					rganization						Job Title			
					wner						שווו מטנ			
Mr. Leroy Mergy Mailing Address Lin	o Onc		Mailing		s Line Two				City		State	Zip Code		
22 Lyme St	e One		ivialillig	Audiess	s Lille I WO			Old Lym	City		CT	06371		
Business Phone	Evtonsion	Eav		Mahi	le Phone	Emergency	, Dhan	-			CI	003/1		
	Extension	Fax		IUUUII	ie riione	cinergency	PHON			2 00 22				
203-249-1713		Contact !-	al Carri	· ·				ieemerg	gy@yahoo	o.com	1			
Contact Role(s): A	urninistrative	Contact, Leg	ai conta	ιτ, Uwr	ier									

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

	Contract Con	- 0		F		_	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1059294	THE VILLAGE SHOPS			NC	33	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
10 LYME STREET		Connections		7			

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

End of schedule

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Connecticut Departmen			•			
Water Quality Mo	onitoring an	ıd Comp	liance S	Schedul	e	
PWS ID PWS Name		Cl	assification	Population	Owner Type Pr	imary Source
CT1059304 ADVANCED FAMILY DENTISTRY OF OLD	LYME		NC	31	Р	GW
Local Address (where applicable)	Service	Residentia	Commerci	al Industria	I Combined	Agricultural
6 DAVIS ROAD WEST	Connections	5	1			
Towns Served: OLD LYME						
Mo	onitoring Requ	uirement	:S			
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)					
Total Coliform (3100)	•			1	routine (RT) p	er guarter
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Per		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/				mplete
		10/1/19 - 12	2/31/19		Coi	mplete
		1/1/20 - 3/	31/20			
		4/1/20 - 6/	30/20			
		7/1/20 - 9/	30/20			
Physical Parameters (PPS)				1	routine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Per	iod Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	30/19		Coi	mplete
		10/1/19 - 12	2/31/19		Соі	mplete
		1/1/20 - 3/				
		4/1/20 - 6/				
		7/1/20 - 9/	30/20			
Water System Facility: ENTRY POINT (WSF ID: 00	700)					
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		ollection Per		ance Status
ENTRY POINT (3)		1/1/19 - 12,			Coi	mplete
		1/1/20 - 12,				
		1/1/21 - 12,				
Public	<b>Notification </b>	Requirem	ents			
	Compliance	Notice	<u>Public N</u>	<u>otification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required	Performed		Received
Total Coliform M&R Violation	1/1/19 - 3/31/19	3	5/7/2020		5/17/2020	
Physical Parameters M&R Violation	1/1/19 - 3/31/19	3	5/7/2020		5/17/2020	
\A/ . 1 C 1	':   :   :   -   -   -   -   C -					
Water System F	acility and Sa	mpling P	oint Inve	entory		
Water			To	otal Lead o		
Water System Water System Facility Sampling I	Point Sampling Po		To Col	otal Lead of	er	Stage
Water System Water System Facility Sampling I Facility ID ID	Point Sampling Po Description	int	Col Status	otal Lead of		_
Water System Water System Facility Sampling I Facility ID ID  00600 DISTRIBUTION SYSTEM 4	Point Sampling Po Description DISTRIBUTIO	oint ON SYSTEM	Col Status F A	otal Lead of	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  3	Point Sampling Po Description DISTRIBUTIO ENTRY POINT	oint ON SYSTEM	Col Status F A A	otal Lead o	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM 4  00700 ENTRY POINT 3 60523 WELL 1 2	Point Sampling Po Description DISTRIBUTIO	oint ON SYSTEM	Col Status F A	otal Lead o	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  3 60523 WELL 1  2 60660 TREATMENT PLANT	Point Sampling Po Description DISTRIBUTIO ENTRY POINT WELL 1	oint ON SYSTEM T	Col Status F A A	otal Lead o	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  3 60523 WELL 1  2 60660 TREATMENT PLANT	Point Sampling Po Description DISTRIBUTIO ENTRY POINT	oint ON SYSTEM T	Col Status F A A	otal Lead o	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT  3 60523 WELL 1  2 60660 TREATMENT PLANT	Point Sampling Po Description DISTRIBUTIO ENTRY POINT WELL 1	oint ON SYSTEM T	Col Status F A A	otal Lead o	er	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM 4 00700 ENTRY POINT 3 60523 WELL 1 2 60660 TREATMENT PLANT  Name Mr. Michael D'occhio	Point Sampling Po Description  DISTRIBUTIO ENTRY POINT WELL 1  Contact Infor Organization Cmd Realty Gro	oint ON SYSTEM T Cmation	Col Status F A A	otal Lead o	er Tier Asbestos	WQP 2 DBPR
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM 4 00700 ENTRY POINT 3 60523 WELL 1 2 60660 TREATMENT PLANT  Name Mr. Michael D'occhio Mailing Address Line One  Mailing Address Line One	Point Sampling Po Description DISTRIBUTIO ENTRY POINT WELL 1  Contact Infor Organization	oint ON SYSTEM T Cmation	Col Status F A A	otal Lead o	er Tier Asbestos	_
Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM 4 00700 ENTRY POINT 3 60523 WELL 1 2 60660 TREATMENT PLANT  Name Mr. Michael D'occhio Mailing Address Line One 1 Johnnycake Lane	Point Sampling Po Description  DISTRIBUTIO ENTRY POINT WELL 1  Contact Infor Organization Cmd Realty Gro	oint ON SYSTEM T Cmation	Status A A A Ivoryte	city  City	er Tier Asbestos  Job Title	WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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	X		1.0			,		
	Water Quality Monit	oring an	d Con	npl	iance S	schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type P	rimary Source
CT1059304	ADVANCED FAMILY DENTISTRY OF OLD LYM	E			NC	31	Р	GW
Local Address (	where applicable)	Service	Residen	itial Commerc		al Industri	al Combined	Agricultural
6 DAVIS ROAD	WEST	Connections			1			
Towns Served:	OLD LYME							
800-434-550	00-454-0880		800-310-	-113	s mikead	occnio@yan	oo.com	
Contact Role(s)	: Administrative Contact, Legal Contact, Own	er						

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Connecticut Depa							ection	
Water Qua	lity Monit	oring and	Compl	lianc	e Sch	edule		
PWS ID PWS Name			Cla	ssificati	on Popu	ulation Ow	ner Type I	Primary Source
CT1059314 HIGH HOPES THERAPEUTIC I	RIDING INC			NC		44	Р	GW
Local Address (where applicable)		Service R	esidential	Comm	ercial I	ndustrial	Combined	d Agricultural
36 TOWN WOODS ROAD		Connections					2	
Towns Served: OLD LYME								
	Monito	oring Requir	ements	5				
Water System Facility: <b>DISTRIBUTION S</b>	YSTEM (WSF II	D: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			nitoring F		Collect	tion Period		liance Status
Select from Inventory of Active Sampling	g Points		1/19 - 9/3		_			omplete
			1/19 - 12/					omplete
			1/20 - 3/3				С	omplete
			1/20 - 6/3					
		7,	1/20 - 9/3	0/20				
Physical Parameters (PPS)					6 "			per quarter
Sampling Point (Sampling Point ID)	- D-:t-		onitoring F		Collect	tion Period		liance Status
Select from Inventory of Active Sampling	Points		1/19 - 9/3	-				omplete
			1/19 - 12/					omplete
			1/20 - 3/3 1/20 - 6/3				C	omplete
			1/20 - 6/3 1/20 - 9/3	-				
Water System Facility: ENTRY POINT (V	VSE ID: 00700\		1/20 - 9/3	0/20				
	V3F ID. 00700)					1	vouting /	DT\ man vaan
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)		N/4	onitoring F	Pariod	Collect	1 tion Period	=	RT) per year liance Status
ENTRY POINT (3)			1/19 - 12/3		Conec	tion Feriou		omplete
LIVINI FOINT (3)			1/19 - 12/3 1/20 - 12/3					omplete
			1/20 - 12/3 1/21 - 12/3					ompiete
Monthly Mator C	vetore Foeil				na Dos		nto.	
Monthly Water S		ity (WSF) Le	vei ivioi	nitori	ng Kec	quireme	nts	
Water System Facility: ENTRY POINT (W	•							
Analyte Monitoring Requ			Operatii	_			•	Req/Month
pH Entry Point pH M	onitoring (PHRD	•	Minimu		PH			4
Start Date: 8/1/2017		Compliand	•		-	ing Limit	Monito	_
		Monitoring		240	Complia	ance Status	: Compii	ance Status:
		10/1/2019						
		11/1/2019						
		12/1/2019 1/1/2020 -						
		2/1/2020 -	-					
Water	vstom Eacili	ty and Sam			wonto	rv		
	ystem racili	ty and Sam	ning Po	mil In		•		
Water System Water System Facility	Sampling Point	Samplina Point			Total Coliform	Lead and Copper		Stage
Facility ID	ID	Description Description			Rule		Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION S		Status A				
00700 ENTRY POINT	3	ENTRY POINT		A				
60546 WELL 1	2	WELL 1		A				
60621 TREATMENT PLANT		** +						
OUGZI INCATIVICIALI CANI								

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	Water Quality Monit	oring an	d Con	npl	liance S	schedul	.e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1059314	HIGH HOPES THERAPEUTIC RIDING INC			NC		44	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
36 TOWN WOO	DDS ROAD	Connections					2	

Towns Served: OLD LYME

Contact Information										
Name				Organization	Organization Job Tit					
Ms. Mary Katherine	Statsburg									
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code	
36 Town Woods Rd						Old Lyme	9	СТ	06371	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-434-1974		860-434-3	3723	hhinfo@highhopestr.org						

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

### Please note the following:

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End of schedule

	C	ı D	-1	-1 C	D 1.1:	TT 1.1	D	2.12	Y A	7-1	1.		
	Connectic	•									ection		
	Wa	ter Qual	lity M	lonito	oring a	nd Con	npli	ianc	e Scł	nedule			
PWS ID	PWS Name						Clas	sificatio	on Por	oulation O	wner Type	Primary So	ource
CT1059324	64-68 LYME STR	EET						NC		36	P	GW	
Local Address (v	vhere applicable)				Service	Residen	tial	Comme	ercial	Industrial	Combine	d Agricu	ltural
					Connection			2					
Towns Served: 0	OLD LYME												
			N	lonito	ring Rec	quireme	nts						
Water System	Facility: DISTR	IBUTION SY	YSTEM	(WSF ID	: 00600)								
Total Coliform	•			•						1 rc	outine (RT	) per qua	rter
	Point (Sampling P	oint ID)				Monitori	ina Pe	eriod	Colle	ction Perio	=	liance Sta	
	Inventory of Act		Points			7/1/19 -						Complete	
						10/1/19 -			_			Complete	
						1/1/20 -						Complete	
						4/1/20 -							
						7/1/20 -							
Physical Parai	motors (DDS)					771720	3,30	,,20		1 r	outine (RT	) nor aus	rtor
-	Point (Sampling P	oint ID)				Monitori	ina Pi	erind	Colle	ction Perio	=	liance Sta	
	Inventory of Act		Points			7/1/19 -			Conc			Complete	reas
301000111011	iniventory of rice	ive sampling	1 011163			10/1/19 -						Complete	
						1/1/20 -						Complete	
						4/1/20 -						ompiete	
						7/1/20 -		-					
Water System	Facility: ENTR'	V DOINT (M	VSE ID: (	וחקחח		7/1/20	<i>3</i> /30	7/20					
Nitrate And N	•	110111 (1	V31 1D. C	,0,00,							1 routing	/DT\ nor \	100r
	Point (Sampling P	oint ID)				Monitori	ina D	oriod	Colla	ction Perio	1 routine	liance Sta	-
ENTRY POI		טווונ וטן				1/1/19 -			Colle	ction Peno		Complete	itus
ENTRIPOL	VI (5)					1/1/20 -						Complete	
						1/1/21 -		-				ompiete	
					1.0								
		Water Sy	ystem	Facilit	y and Sa	ampling	Pol	int in	vent	ory			
Water									Total			_	
System Water Facility ID	er System Facility		Sampıını ID		Sampling P Description				Colifori Rule		er Asbesto		tage
_	NOUTION CYCTEN	•			-			<u>Status</u>	Kule	Kule III	er Asbesto	S WQP 2	DDPK
	RIBUTION SYSTEM		4			ON SYSTEM	l	A					
	Y POINT		3		ENTRY POIN	N I		Α					
60550 WELL	. 1		2		WELL 1			Α					
						rmation							
Name				Org	anization						Job Title	!	
Mr. Charles Mo			T										
Mailing Address			Mailing	Address	Line Two					City	State	Zip Cod	
411-1 Hamburg					1			Lym			СТ	06371	L
Business Phon		Fax		Mobile	Phone	Emergency							
860-434-8532		860-434-8				860-304-	6656	cha	rmonte	@att.net			
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct, Owne	er								

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

					1			
PWS ID	PWS Name				Classification	n Population	Owner Type	Primary Source
CT1059324	64-68 LYME STREET				NC	36	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Comme	ercial Industr	ial Combin	ed Agricultural
			Connections	2	2			

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End of schedule

	Connecticut Departmen	nt of Public H	lealth	Dr	inking	g W	ater	Sec	ction	
	Water Quality M				•	_				
PWS ID	PWS Name	<u> </u>		_					er Type I	Primary Source
CT1059334	LYME SENIOR CENTER				NC		25		P	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerc	ial Ir	ndustria	al C	Combine	d Agricultura
26 TOWN WC	OODS ROAD	Connections							1	
Towns Served	: OLD LYME	·		·				,		
	M	onitoring Requ	iireme	nts						
Water Syste	m Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)								
<b>Total Colifo</b>	rm (3100)						1	L rou	tine (RT	) per month
Sampling	g Point (Sampling Point ID)		Monitor	ing P	eriod (	Collect	ion Per	iod	Comp	liance Status
Select fro	om Inventory of Active Sampling Points		10/1/19 -	- 10/3	31/19				C	omplete
			11/1/19 -	- 11/3	30/19				С	omplete
			12/1/19 -	- 12/3	31/19				С	omplete
			1/1/20 -	- 1/31	1/20				С	omplete
			2/1/20 -						С	omplete
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
nl'l.n.	(DDC)		9/1/20 -	- 9/30	0/20				/	·\
-	rameters (PPS) g Point (Sampling Point ID)		Monitori	ina D	ariad (	Callact	ion Per		=	) per month liance Status
	om Inventory of Active Sampling Points		10/1/19 -			Jonect	ion Per	iou		omplete
Select III	on inventory of Active Sampling Foilits		11/1/19 -							omplete
			12/1/19 -							omplete
			1/1/20 -							omplete
			2/1/20 -							omplete
			3/1/20							ompiete
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
		-	9/1/20 -					_		•
Water Syste	m Facility: ENTRY POINT (WSF ID: 0	0700)	, ,=3	-,-						
•	Nitrite (NOX)							1 r	outine (	RT) per year
	g Point (Sampling Point ID)		Monitor	ing P	eriod (	Collect	ion Per		-	liance Status
ENTRY P			1/1/19 -							omplete
			1/1/20 -							omplete
			1/1/21 -	12/3	1/21					
Water Syste	m Facility: WELL #1 (WSF ID: 61472)									
E. Coli (301	•						1	L rou	tine (RT	) per month
,										

2/1/20 - 2/29/20 Complete

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**Monitoring Period** 

12/1/19 - 12/31/19

1/1/20 - 1/31/20

**Collection Period** 

Schedule Generation Date: 3/10/2020

SENIOR CENTER WELL #1 (2)

Sampling Point (Sampling Point ID)

**Compliance Status** 

Complete

Complete

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1059334	LYME SENIOR CENTER				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
26 TOWN WOO	DS ROAD	Connections					1	

# **Monitoring Requirements**

Water System Facility: WELL #1 (WSF ID: 61472)

E. Coli (3014)					
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
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					
	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	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			

# Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
61472	WELL #1	2	SENIOR CENTER WELL #	Α					
64650	TD = 4.4.454   T D   4.4.17								

61652 TREAMENT PLANT

## **Contact Information**

Name			Organization			Job Title			
Mr. Timothy Griswold				Town of Old	Lyme	First Selectman			
Mailing Address Line One Mailin			Mailing Ad	ailing Address Line Two			City		Zip Code
Town of Old Lyme			52 Lyme Street			Old Lyme		СТ	06371
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address			
860-434-1605						tgriswold@oldlyme-ct.gov			

Contact Role(s): Administrative Contact, Legal Contact

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