	Con	necticut De	partment of	F Public F	lealth	Dri	nkin	g Wa	ater	Se	ction		
	3011		uality Monit					_					
PWS ID	PWS N			0 0							er Type F	Primary	Source
CT108003	4 231 O	XFORD ROAD - OXF	ORD				NC	2			Р	G۱	
Local Addı	ress (where a	pplicable)		Service	Residen	tial Co	ommer	cial In	dustria	al (	Combined	d Agri	cultural
				Connections			1						
Towns Ser	rved: OXFORE	)											
			Monito	oring Requ	iireme	nts							
Water Sy	stem Facility	y: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)									
<b>Total Co</b>	liform (310	0)							1	rout	tine (RT)	per q	uarter
Samp	pling Point (S	ampling Point ID)			Monitori	ng Per	iod	Collecti	ion Per	riod	Comp	liance S	Status
Selec	t from Invent	ory of Active Samp	ling Points		7/1/19 -	9/30/2	19				C	omplet	e
					10/1/19 -	12/31,	/19				C	omplet	e
					1/1/20 -	3/31/2	20				C	omplet	e
					4/1/20 -								
					7/1/20 -	9/30/2	20						
_	Parameters								1	rout	tine (RT)	per q	uarter
_		ampling Point ID)			Monitori			Collecti	ion Per	riod		liance S	
Selec	t from Invent	ory of Active Samp	ling Points		7/1/19 -							omplet	
					10/1/19 -							omplet	
					1/1/20 -						C	omplet	e
					4/1/20 -								
			•		7/1/20 -	9/30/2	20						
•			(WSF ID: 00700)										
	And Nitrite	•									outine (		-
		ampling Point ID)			Monitori			Collecti	on Per	riod		liance S	
ENTR	RY POINT (3)				1/1/19 -							omplet	
					1/1/20 -						C	omplet	e
					1/1/21 -								
	N	Ionthly Wate	r System Facil	ity (WSF) I	Level N	/lonit	toring	g Req	uirer	mer	nts		
Water Sy	stem Facility	y: ENTRY POINT	(WSFID: 00700)										
Analyt	te	Monitoring Re	equirement (Summa	ary Type)	Ope	rating	Limit			9	Samples F	Req/Mo	onth
рН		Entry Point pH	Monitoring (PHRD	•		mum:	7 PH					4	
Start D	Date: 7/1/20	10			nce Histo	-		peratir			Monito	_	
					ing Perio			omplia	nce Sta	atus:	Compli	ance S	tatus:
					19 - 10/3								
					19 - 11/3								
					19 - 12/3		)		.,				
					0 - 1/31/2				Y				
		• • •			0 - 2/29/2				Υ				
		Water	System Facili	ity and Sar	npling	Poin			-				
Water	Matau Cost	um Eacilitu	Commine Delet	Campuliu - D-!	mt			Total	Lead				C4
System Facility ID	Water Syste	in Facility	Sampling Point ID	Sampling Pol Description	rit.	_		oliform Rule	Copp		Asbestos	N/OP	Stage 2 DRPR
00600	DISTRIBUTIO	NI SYSTEM	4	DISTRIBUTION	I SYSTEM		<del>atus</del> A	Y	nuic	. 161	713063103	war	Z DUFN
00000	אווטטוווכוע	/IN DIDILIVI	DOWNSTREAM				A	'					
			UPSTREAM	WITHIN 5 SER			A						
00700	ENTRY POIN	т	3	ENTRY POINT			A						
20700		•					- •						

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source				
CT1080034	231 OXFORD ROAD - OXFORD		NC	25	Р	GW					
Local Address	(where applicable)	Residen	itial Comme	cial Industr	ial Combine	ed Agricultural					
		Connections		1							

Towns Served: OXFORD

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
21865	WELL	2	WELL	Α		·	·						
57091	TDEATMENT DI ANT												

				Contact	Info	ormation				
Name				Organiza	tion				Job Title	
Mr. Gary Morgatto				Brooksid	e Inr	n Restaurant		Owner		
Mailing Address Lin	e One		Mailing	Address Line T	wo	State	Zip Code			
231 Oxford Road							Oxford		СТ	06478
Business Phone	Extension	Fax		Mobile Phor	ne	Emergency Phone	Email Ac	ldress		
203-888-2272 203-888-1862 203-888-6817 charlesmorgatto@sbcglobal.net										

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

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- 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

	Co	nnectic	ut Denai	rtment of	Public	Health F	rink	inσ M	later S	action		
	C									cction		
D1446.4D			ter Quai	ity Monit	oring a							
PWS ID		/S Name	CT CANAD A	NCFOV		CI		ion Pop		vner Type P		
CT108004		RL SCOUTS OF	CI - CAIVIP A	NSEUX	Comico	Desidentia	NC		25	P	GW	
CONDON		re applicable)			Service Connectio	Residentia			Industrial	Combined	Agric	ultural
Towns Ser		חמר			Connectio	113	S	,				
TOWIIS SEI	ved. Oxi v			Manita	ovina Do							
Water Sy	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF II		quirement	.5					
<b>Total Co</b>	liform (3	100)							1 ro	utine (RT)	per qu	arter
		t (Sampling Po				Monitoring		Colle	ction Period		iance S	
Selec	t from Inv	entory of Acti	ive Sampling I	Points		7/1/19 - 9/					omplete	
						10/1/19 - 12				Co	omplete	<u>;</u>
						1/1/20 - 3/						
						4/1/20 - 6/						
Dharainal	D	(DDC)				7/1/20 - 9/	30/20		1			
-		ers (PPS) t (Sampling Po	oint ID)			Monitoring	Period	Colle	ro ction Period	utine (RT)	per qu <i>iance Si</i>	
		entory of Acti		Points		7/1/19 - 9/		Conce	ction i crioc		omplete	
33.5		, , , , , , , , , , , , , , , , , , , ,				10/1/19 - 12	-				omplete	
						1/1/20 - 3/						
						4/1/20 - 6/	′30/20					
						7/1/20 - 9/	′30/20					
Water Sy	stem Fac	ility: ENTRY	Y POINT (W	SF ID: 00700)								
Nitrate A	And Nitri	te (NOX)							1	routine (	RT) per	year
Samp	pling Poin	t (Sampling Po	oint ID)			Monitoring	Period	Collec	ction Period	l Compl	iance S	tatus
ENTR	RY POINT (	3)				1/1/19 - 12	/31/19			Co	omplete	<u>)</u>
						1/1/20 - 12	/31/20					
						1/1/21 - 12	/31/21					
			Water Sy	stem Facili	ity and S	Sampling P	oint Ir	nvent	ory			
Water			_		_			Total	Lead and			
System Facility ID	-	stem Facility	5	ampling Point ID	Sampling I Description			Coliforn Rule		r Asbestos		Stage
00600		ITION SYSTEM	1	4		ION SYSTEM	<u>Status</u> A	Y	nuie He	i Asbestos	VVQP 2	2 DDFN
00000	DISTRIBO	TION SISILIVI	ı	<del>4</del> ВН83280		DGE KIT SIN	A	Y				
				BK41470	SPENCE LO		A	Y				
			Г	OWNSTREAM			A	•				
			_	UPSTREAM		SERVICE CON	Α					
00700	ENTRY P	DINT		3	ENTRY POI		Α					
21866	WELL			2	WELL		Α					
57394		E STORAGE										
				Con	tact Info	rmation						
Name					rganization					Job Title		
Ms. Miche	ele Velez					Connecticut		D	ir. Property			
Mailing Ad	ddress Lin	e One	I	Mailing Address	s Line Two				City	State	Zip Co	ode
20 Washir	ngton Ave	nue					No	rth Have	en	СТ	064	73
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	none Em	nail Addr	ess			
203-23	9-2922	3329	203-239-7	220		800-922-27	70 mv	/elez@gs	sofct.org			

	Connectic Wat	•	rtment o				•			
PWS ID	PWS Name					Classif	fication	Population	Owner Type	Primary Source
CT1080044	GIRL SCOUTS OF	CT - CAMP	ANSEOX			١	1C	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommerci	ial Industri	al Combine	ed Agricultural
CONDON ROAD				Connection	าร		9			
Towns Served: O	XFORD			·	·			·		·
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Titl	е
Girl Scouts of An	nerica, Inc.									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington	Street						Hartfo	rd	СТ	06106
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email /	Address		
860-522-0163										
Contact Role(s):	Legal Contact, C	Owner								

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End of schedule

Page 4

	Connecticut Dep	oartmer	nt of Public H	lealth I	Orin	king	Water S	ection	
	Water Qu	ality M	onitoring an	d Comp	oliai	nce S	chedule		
PWS ID	PWS Name			C	lassific	ation F	opulation O	wner Type P	rimary Source
CT108008	4 THE COMMUNITY CHAPEL	•			NC	2	25	Р	GW
Local Add	ress (where applicable)		Service	Residentia	al Con	nmercia	Industrial	Combined	Agricultural
24 HAWLE	EY ROAD		Connections			1			
Towns Ser	rved: OXFORD			I					
		М	onitoring Requ	iremen	ts				
Water Sy	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (	WSF ID: 00600)						
<b>Total Co</b>	liform (3100)						1 rc	outine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitoring	, Perio	d Co	llection Perio	d Compl	iance Status
Selec	ct from Inventory of Active Sampli	ng Points		7/1/19 - 9/	/30/19	)			
				10/1/19 - 12	2/31/1	.9			_
				1/1/20 - 3,	/31/20	)		Co	mplete
				4/1/20 - 6,	/30/20	)			
				7/1/20 - 9/	/30/20	)			
Physical	Parameters (PPS)						1 rc	outine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitoring	, Perio	d Co	llection Perio	d Compl	iance Status
Selec	ct from Inventory of Active Sampli	ng Points		7/1/19 - 9/	/30/19	)			
				10/1/19 - 12	2/31/1	.9			
				1/1/20 - 3,	/31/20	)		Co	mplete
				4/1/20 - 6,	/30/20	)			
				7/1/20 - 9/	/30/20	)			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 0	0700)						
Nitrate A	And Nitrite (NOX)							1 routine (I	RT) per year
Sam	pling Point (Sampling Point ID)			Monitoring	, Perio	d Co	llection Perio	d Compl	iance Status
ENTR	RY POINT (3)			1/1/19 - 12	2/31/1	9			
				1/1/20 - 12	/31/2	0		Co	mplete
				1/1/21 - 12	2/31/2	1			
		Public	Notification R	equiren	nent	s			
			Compliance	Notice	P	ublic No	<u>tification</u>	PN Cer	<u>tification</u>
Violation/	/Situation		Period	Tier	Req	uired	Performed	Due to DPH	Received
_	arameters M&R Violation		7/1/19 - 9/30/19	3		0/2020		1/9/2021	
Total Colif	form M&R Violation		7/1/19 - 9/30/19	3	12/3	0/2020		1/9/2021	
	Water	System I	Facility and Sai	npling P	oint	Inver	itory		
Water						Tot	al Lead an	d	
System	Water System Facility	Sampling	<b>Point Sampling Poi</b>	nt		Colife	orm Coppe	r	Stage
Facility ID	)	ID	Description		Stat	us Ru	le Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Y	,		
		DOWNST	REAM WITHIN 5 SEF	RVICE CON	Α				
		UPSTRE	AM WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
24000	WELL	2	WELL		Α				
21869	VVCLL								
21869	WELL		Contact Inform	mation					
Name	WELL		Contact Information	mation				Job Title	
				mation			Pastor	Job Title	
Name Pastor Jar		Mailing A		mation			Pastor City	Job Title State	Zip Code
Name Pastor Jar	mes Welty ddress Line One	Mailing A	Organization	mation		Oxford			Zip Code 06488

Rusiness Phane Extension Fax Mobile Phane Emergency Phane Email Address

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

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

									,			
	V	Vate	er Quality	Monit	oring an	d Con	npl	iance S	Schedul	le		
PWS ID	PWS Name						Clas	sification	Population	Owner Ty	oe Pr	imary Source
CT1080084	THE COMM	CHAPEL				NC	25	Р		GW		
Local Address	(where applica	ole)			Service	Residen	itial	Commerci	al Industri	al Comb	ined	Agricultural
24 HAWLEY RO	DAD				Connections			1				
Towns Served:	OXFORD									,		
Dusiness File	JIIE LXLEIISI	л	гах	Ινιουπ	e Filone L	mergency	PHO	nie Linan /	<del>duui ess</del>			
203-264-10	45							pastor	jim@commı	unitychape	l.org	
Contact Role(s	): Administra	ive Co	ontact, Legal Co	ntact, Own	er							

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End of schedule

C	Connectic	ut Departme	nt o	f Public	Health I	Orinkii	ng Wa	ater S	Section	
	Wa	ter Quality M	onit	coring a	nd Com	oliance	Sche	dule		
PWS ID P	WS Name									rimary Source
CT1080114 B	OBBY FRITZS S	SNACK BAR LLC				NC	25	5	Р	GW
Local Address (wh	ere applicable)			Service	Residentia	al Comme	rcial Ind	dustrial	Combined	Agricultural
72 OXFORD ROAD				Connection	ns	1				
Towns Served: OX	FORD					1				
		N	lonit	oring Red	quiremen	ts				
Water System Fa	acility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)						
<b>Total Coliform</b>	(3100)							1 r	outine (RT)	per quarter
Sampling Poi	int (Sampling P	Point ID)			Monitoring	g Period	Collection	on Perio	od Compl	iance Status
Select from Ir	nventory of Act	ive Sampling Points			7/1/19 - 9	/30/19			Co	mplete
					10/1/19 - 1	2/31/19			Co	mplete
					1/1/20 - 3	/31/20			Co	mplete
					4/1/20 - 6	/30/20				
					7/1/20 - 9	/30/20				
<b>Physical Parame</b>	eters (PPS)							1 r	outine (RT)	per quarter
Sampling Poi	int (Sampling P	Point ID)			Monitoring	g Period	Collection	on Perio	od Compl	iance Status
Select from Ir	nventory of Act	ive Sampling Points			7/1/19 - 9	/30/19			Co	mplete
					10/1/19 - 1	2/31/19			Co	mplete
					1/1/20 - 3	/31/20			Co	omplete
					4/1/20 - 6	/30/20				
					7/1/20 - 9	/30/20				
Water System Fa	acility: ENTR	Y POINT (WSF ID: 0	0700)							
Nitrate And Niti	rite (NOX)								1 routine (F	RT) per year
Sampling Poi	nt (Sampling P	oint ID)			Monitoring	g Period	Collection	on Perio	od Compl	iance Status
ENTRY POINT	(3)				1/1/19 - 12	2/31/19			Co	mplete
					1/1/20 - 12	2/31/20			Co	mplete
					1/1/21 - 12	2/31/21				
		Publi	c Not	tification	Requiren	nents				
			C	Compliance	Notice	Public	Notifica	<u>tion</u>	PN Cer	tification_
Violation/Situatio	n			Period	Tier	Require	d Perf	ormed	Due to DPH	Received
E. Coli			10/1	L/17 - 6/27/1	18 3	3/12/20	19		3/22/2019	
		<b>Water System</b>	Facil	ity and S	ampling P	oint Inv	ventor	у		
Water							Total	Lead ar	nd	
System Water	System Facility	Sampling	y Point	Sampling F	Point	(	Coliform	Сорре	r	Stage
Facility ID		ID	)	Description	1	Status	Rule	Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	1 4		DISTRIBUTI	ION SYSTEM	Α	Υ			
		DOWNS	rream	WITHIN 5 S	SERVICE CON	Α				
		UPSTR	EAM	WITHIN 5 S	SERVICE CON	Α				
00700 ENTRY	POINT	3		ENTRY POI	NT	Α				
21872 WELL		2		WELL		Α				
			Con	tact Info	rmation					
Name				rganization					Job Title	
Mr. Robert L. Fritz		Г		nackbar		ı	Mar	nager		
Mailing Address Li	ne One	Mailing	Addres	s Line Two			Cit	:y	State	Zip Code
72 Oxford Road				ı		Oxfo	ord		СТ	06478
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency P	hone Ema	il Addres	S		
202_000_0245						B∪B	DVEDIT7	ക∧വ വ	ON4	

	donnecticat Bepar timent	of I ablie I	carcii	י ע		, water	Decero	11	
	Water Quality Mon	itoring an	d Con	npl	liance S	Schedu	le		
PWS ID	PWS Name			Cla	ssification	Population	Owner Typ	e Pr	imary Source
CT1080114	BOBBY FRITZS SNACK BAR LLC				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	ial Combi	ned	Agricultural
72 OXFORD R	OAD	Connections			1				
Towns Served						·	·		
203-000-32	243				BUBBI	TKITZWAUL	COIVI		
Contact Role(s	s): Administrative Contact, Legal Contact, O	wner							

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End of schedule

	Connecticut Departme	nt of Public H	ealth I	)rinking	Water	Section	
	Water Quality M			Ŭ			
PWS ID	PWS Name					wner Type Pri	imary Source
CT1080154	OLDE SAWMILL SNACK BAR			NC	25	Р	GW
	where applicable)	Service	Residentia			Combined	Agricultural
345 OXFORD RO		Connections	Residentie	1	maastriar	Combined	7 Gilcarcarai
Towns Served: (							
	M	Ionitoring Requ	irement	ts			
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
<b>Total Coliforn</b>	n (3100)				1	routine (RT)	per month
Sampling I	Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	nce Status
Select from	n Inventory of Active Sampling Points		6/1/20 - 6,	/30/20			
			7/1/20 - 7,	/31/20			_
			8/1/20 - 8,	/31/20			
			9/1/20 - 9/	/30/20			
Physical Para	meters (PPS)				1	routine (RT)	per month
-	Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	= =	nce Status
Select from	n Inventory of Active Sampling Points	/30/20					
			7/1/20 - 7,	/31/20			
			8/1/20 - 8/	/31/20			
			9/1/20 - 9/	/30/20			
Water System	Facility: ENTRY POINT (WSF ID: 0	00700)					
Nitrate And N	litrite (NOX)					1 routine (R	T) per year
Sampling I	Point (Sampling Point ID)	ı	Monitoring	Period Co	ollection Perio	d Complia	ince Status
ENTRY POI	NT (3)		1/1/19 - 12	/31/19		Cor	nplete
			1/1/20 - 12	2/31/20			
			1/1/21 - 12	/31/21			
	Ot	her Compliance	Schedu	les			
Compliance Sch	edule Activity		Du	e Date	Achieve	d Date	
SEASONAL STAF	RT UP COMPLETION		6/:	1/2020			
	Publi	c Notification R	equiren	nents			
		Compliance	Notice	<u>Public No</u>	<u>otification</u>	<u>PN Certi</u>	<u>fication</u>
Violation/Situa		Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform N		7/1/04 - 9/30/04	2	3/3/2005		3/13/2005	
Total Coliform N		4/1/04 - 6/30/04	2	3/3/2005		3/13/2005	
Total Coliform N		4/1/05 - 6/30/05	2	11/23/2005		12/3/2005	
•	eters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006	
	eters M&R Violation	4/1/04 - 6/30/04	3	2/1/2006		2/11/2006	
Total Coliform N		7/1/05 - 9/30/05	2	3/8/2006		3/18/2006	
Total Coliform N		4/1/06 - 6/30/06	2	9/21/2006		10/1/2006	
	eters M&R Violation	4/1/05 - 6/30/05	3	10/24/2006		11/3/2006	
-	eters M&R Violation	4/1/08 - 6/30/08	3	8/14/2009		8/24/2009	
Total Coliform N		7/1/09 - 9/30/09	2	1/27/2010		2/6/2010	
Nitrate And Niti	rite M&R Violation	1/1/09 - 12/31/09	2	3/21/2010		3/31/2010	

4/1/09 - 6/30/09

7/1/09 - 9/30/09

9/1/2010

12/28/2010

3

3

9/11/2010

1/7/2011

Physical Parameters M&R Violation

Physical Parameters M&R Violation

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Class	sification	Population	Owner Type	Primary Source					
CT1080154	OLDE SAWMILL SNACK BAR				NC	25	Р	GW				
Local Address (	where applicable)	Resider	ntial (	Commercia	al Industri	al Combine	ed Agricultural					
RAS OXEORD ROAD Connections 1												

Towns Served: OXFORD

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 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							
21874	WELL	2	WELL	Α							

Contact Information											
Name				Organization	l	Job Title					
Mr. Albert Turcott		Olde Sawmil	l Snack Bar	Owner							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
528 Tampico Drive						North Po	ort	FL	34287		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress				
203-888-3954			20	3-305-5305							

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

Co	onnectic	ut Depa	rtment	of Public	Health	Drin	nking '	Water	Section	
	Wa	ter Qual	ity Moi	nitoring a	ınd Con	nplia	nce So	chedule	9	
PWS ID PV	VS Name					Classif	ication Po	opulation	Owner Type	Primary Source
CT1080184 OX	FORD UNITED	CHURCH OF	CHRIST CO	NGREG.		N	IC	25	Р	GW
Local Address (whe	re applicable)			Service	Residen	tial Co	mmercial	Industria	l Combine	d Agricultural
3 ACADEMY ROAD				Connectio	ns		1			
Towns Served: OXF	ORD									
			Moı	nitoring Re	quireme	nts				
Water System Fac	cility: DISTR	RIBUTION SY	STEM (W	SF ID: 00600)						
Total Coliform (	3100)							1	routine (RT	) per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	ing Peri	od Coll	ection Peri	od Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9		C	Complete
					10/1/19 -	12/31/	'19		- 0	Complete
					1/1/20 -	3/31/2	.0			
							.0			
					7/1/20 -	9/30/2	.0			
Physical Parame	ters (PPS)							1	routine (RT	) per quarter
Sampling Poin	= =	oint ID)			Monitori	ing Peri	od Coll	ection Peri	od Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9		C	Complete
					10/1/19 -	12/31/	<b>'</b> 19		C	Complete
					1/1/20 -	3/31/2	.0			
					4/1/20 -					
					7/1/20 -					
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 007	00)						
Nitrate And Nitri	•	•		•					1 routine	(RT) per year
Sampling Poin	• •	oint ID)			Monitori	ina Peri	od Coll	ection Peri		liance Status
ENTRY POINT		0			1/1/19 -					Complete
	(0)				1/1/20 -					
					1/1/21 -					
		Water Sv	stem Fa	cility and S				tory		
14/eston		water 5y	Stelli i a	cincy and s	amping	, 1 0111	Tota	<u> </u>	un d	
Water System Water S	ystem Facility		Samnlina Pa	oint Sampling	Point		Colifo			Stage
Facility ID	ystem raemty	-	ID	Descriptio		Cha	D. J			s WQP 2 DBPR
	JTION SYSTEM	1	4		ION SYSTEM		<u>itus Rui</u> A Y			
OCCOO DISTRIB	311014 3131214			AM WITHIN 5			Α .			
		'	UPSTREAM		SERVICE COI		Α			
00700 ENTRY P	OINT		3	ENTRY PO			4			
21877 WELL	OIIVI		2	WELL	11 1		<del>م</del> 4			
	ENT DI ANT		2	VVELL		,	<u> </u>			
59129 TREATM	ENT PLANT									
			C	Contact Info	ormation	)				
Name				Organization					Job Title	
Mr. David A. Zeichi	ner			Oxford United	d Church of	Christ		Chairman d	of Trustees	
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code
3 Academy Rd							Oxford		СТ	06478
Business Phone	Extension	Fax	N	1obile Phone	Emergency	/ Phone	Email Ad	dress		
203-676-0296		203-881-2	.088				dazeichn	er@comca	st.net	
					*		*			

Contact Role(s): Administrative Contact, Legal Contact

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

	2000000	8		P				
PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
CT1080184 OXFORD UNITED CHURCH OF CHRIST CONGREG.						25	Р	GW
Local Address (w	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
3 ACADEMY ROAD		Connections			1			

Towns Served: OXFORD

## 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 Department of Public Health Drinking Water Section											
	Water Quality M	onitoring and		•	1						
PWS ID PWS Name	2		C	Classification	Population C	Owner Type F	Primary Source				
CT1080204 POSYPANI				NC	25	L	GW				
Local Address (where applied	cable)	Service	Residentia		cial Industrial	Combined	l Agricultural				
HAWKINS ROAD		Connections		1							
Towns Served: OXFORD											
		onitoring Requ	iremen	ts							
	DISTRIBUTION SYSTEM (	WSF ID: 00600)					-				
Total Coliform (3100)						<del>-</del>	) per month				
Sampling Point (Samp			Monitoring		Collection Peri		iance Status				
Select from Inventory	of Active Sampling Points		10/1/19 - 1			C	omplete				
		-	11/1/19 - 1								
			4/1/20 - 4								
			5/1/20 - 5 6/1/20 - 6								
			7/1/20 - 7								
			8/1/20 - 8/31/20 9/1/20 - 9/30/20								
Physical Parameters (P	PS)		3, 1, 20 3	750720	1	routine (RT	) per month				
Sampling Point (Samp	•		Monitoring	a Period		· · · ·					
	of Active Sampling Points		10/1/19 - 10/31/19 Complete								
			11/1/19 - 1	1/30/19			·				
			4/1/20 - 4	/30/20							
			5/1/20 - 5	/31/20							
			6/1/20 - 6	/30/20							
			7/1/20 - 7	/31/20							
			8/1/20 - 8	/31/20							
			9/1/20 - 9	/30/20							
Water System Facility:	ENTRY POINT (WSF ID: 0	0700)									
Nitrate And Nitrite (NC	X)					•	RT) per year				
Sampling Point (Samp	oling Point ID)		Monitoring		Collection Peri		iance Status				
ENTRY POINT (3)			1/1/19 - 12	<u> </u>		C	omplete				
			1/1/20 - 12								
			1/1/21 - 12								
	Oth	er Compliance	Schedu	ıles							
Compliance Schedule Activ	ity		Di	ie Date	Achiev	ed Date					
RESPOND TO SANITARY SU			6/	8/2017							
CROSS CONNECTION EXEM	PTION			1/2019							
SEASONAL START UP COMP	SEASONAL START UP COMPLETION 4/1/2020										
Public Notification Requirements											
		Compliance	Notice		<u>Notification</u>		<u>tification</u>				
Violation/Situation	DIME (DEC.) == 100 in in	Period	Tier	Required							
REVISED TOTAL COLIFORM		5/7/17 - 5/9/17	2	10/14/201		10/24/2017					
Total Coliform M&R Violation		5/1/18 - 5/31/18	3	9/6/2019		9/16/2019					
Physical Parameters M&R \		5/1/18 - 5/31/18	3	9/6/2019		9/16/2019					
Total Coliform M&R Violation	7/1/19 - 7/31/19	3	12/10/202		12/20/2020						
Physical Parameters M&R \	/ioiation	7/1/19 - 7/31/19	3	12/10/202	U	12/20/2020					

Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT1080204	POSYPANKO PARK				NC	25	L	GW			
Local Address (v	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
HAWKINS ROAD	Connections			1							

Towns Served: OXFORD

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 SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21878	WELL	2	WELL	Α							
ST01	HYDROPNEUMATIC TANK										

			Co	ntact Info	ormation				
				Organization			Job Title		
Mr. George R. Temple				Town of Oxford			First Selectman		
9		Mailing A	Addr	ess Line Two			City	State	Zip Code
		486 Oxfo	rd R	oad	Oxford		СТ	06478-2136	
ension	Fax		Mo	obile Phone Emergency Phone		Email Ad	dress		
012	203-888-2	2136							
ontact		,							
Name								Job Title	9
Ms. Kyra Nesteriak					Town of Oxford				
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code
C	ension 012 ontact	ension Fax 012 203-888-2 ontact	486 Oxfo ension Fax 012 203-888-2136 ontact	Mailing Addr 486 Oxford R ension Fax Mc 012 203-888-2136 ontact	Organization Town of Oxfo  Mailing Address Line Two 486 Oxford Road ension Fax Mobile Phone 012 203-888-2136 Ontact  Organization Town of Oxfo	Town of Oxford  Mailing Address Line Two  486 Oxford Road  ension Fax Mobile Phone Emergency Phone  012 203-888-2136  Organization  Town of Oxford	Organization Town of Oxford  Mailing Address Line Two 486 Oxford Road Oxford ension Fax Mobile Phone Emergency Phone Email Address O12 203-888-2136 Organization Town of Oxford	Organization Town of Oxford First Select Mailing Address Line Two 486 Oxford Road Oxford City 486 Oxford Road Oxford Cansion C	Organization Job Title Town of Oxford First Selectman  Mailing Address Line Two City State 486 Oxford Road Oxford CT  ension Fax Mobile Phone Emergency Phone Email Address 012 203-888-2136 Organization Job Title Town of Oxford

Oxford

parkrecdir@oxford-ct.gov

Emergency Phone Email Address

Contact Role(s): Administrative Contact

Extension

### Please note the following:

486 Oxford Road

**Business Phone** 

203-881-5203

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

Oxford Town Hall

Mobile Phone

203-828-6506

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

Fax

203-888-2136

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

06478

CT

	Connecticut Dep Water Qua	artment of ality Monit								ction		
PWS ID	PWS Name				_					ner Type	Primary	/ Source
CT108025	4 STAR FOOD MART - GLOBA	L GAS STATION				NC		30		Р	G	W
Local Addı	ress (where applicable)		Service	Resident	tial	Comme	rcial	Industr	rial	Combine	d Agr	icultural
357 OXFO	RD ROAD		Connections			1						
Towns Ser	ved: OXFORD											
		Monito	oring Requ	ireme	nts							
•	stem Facility: DISTRIBUTION											_
	liform (3100)				_					tine (RT)		
	pling Point (Sampling Point ID)	· ·	ı	Monitorii			Colle	ction P	eriod		liance .	
Selec	t from Inventory of Active Samplin	ig Points		7/1/19 -			_				omplet	_
			-	10/1/19 -							omplet	
				1/1/20 -						C	omplet	ie
				4/1/20 - 7/1/20 -								
Physical	Parameters (PPS)			,, 1, 20	3,3,	0,20			1 rou	tine (RT	ner a	uarter
-	oling Point (Sampling Point ID)			Monitorii	na P	eriod	Colle	ction P		-	liance .	
	t from Inventory of Active Samplin	g Points		7/1/19 -							omplet	
	,			10/1/19 -							omplet	
			1/1/20 - 3/31/20						Complete			
			4/1/20 - 6/30/20									
				7/1/20 -	9/30	0/20						
Water Sy	stem Facility: ENTRY POINT (	WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1	routine (	RT) pe	r vear
Samp	oling Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction P			liance .	-
ENTR	Y POINT (3)			1/1/19 - 1	12/3	1/19				C	omplet	:e
				1/1/20 - 3	12/3	1/20						
				1/1/21 - 1	12/3	31/21						
Water Sy	stem Facility: WELL (WSF ID:	21883)										
E. Coli (3	3014)								1 rou	tine (RT	per q	uarter
Samp	oling Point (Sampling Point ID)		ı	Monitorii	ng P	eriod	Colle	ction P	eriod	Comp	liance	Status
WELL	. (2)			7/1/19 -	9/3	0/19				C	omplet	:e
			1	10/1/19 -	12/	31/19				C	omplet	:e
				1/1/20 -	3/3	1/20				C	omplet	:e
				4/1/20 -	6/3	0/20						
				7/1/20 -	9/30	0/20						
	Water	System Facili	ty and Sar	npling	Ро	int Inv						
Water	Water System Facility	Sampling Point	Sampling Dais	nt			Total		d and			Ctaas
System Facility ID		ID	Description				Colifori Rule	-	pper e Tier	Asbesto	s WOP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		<u>Status</u> A	Y				- ~	
20000		DOWNSTREAM				Α	•					
		KITCHEN	KITCHEKN SIN			Α	Υ					
		UPSTREAM	WITHIN 5 SER		J	Α	•					
00700	ENTRY POINT	3	ENTRY POINT			Α						
21883	WELL	2	WELL			Α						
47650	ULTRAVIOLET DISINFECTION											

	Wa	ter Qua	lity Mor	nitoring a	ınd Con	nplia	nce S	chedule	9				
PWS ID PV	VS Name					Classif	ication [	Population (	Owner Type	Primary Sourc			
CT1080254 ST	AR FOOD MA	RT - GLOBAL	<b>GAS STATIO</b>	N		N	С	30	Р	GW			
Local Address (whe	re applicable)			Service	Residen	itial Co	mmercia	l Industria	Combine	d Agricultura			
357 OXFORD ROAD				Connectio	ns		1						
Towns Served: OXF	ORD					·				·			
			C	ontact Info	ormation	1							
Name				Organization					Job Title				
Alliance Energy Co	rporation												
Mailing Address Lir	ne One		Mailing Add	ress Line Two				City	State	Zip Code			
36 East Industrial Road Retail Gasol				ine Division			Branfor	d	СТ	06405			
Business Phone	Extension	Fax	М	obile Phone	Emergency	/ Phone	Email A	ıil Address					
Contact Role(s):	wner												
Name				Organization					Job Title				
Mr. David J. Went				Alliance Energ	gy, LLC.				liance Mngr				
Mailing Address Lir			Mailing Add	ress Line Two				City	State	Zip Code			
15 North East Indu							Branfor		СТ	06405			
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress					
781-402-8893		781-674-	7799		339-368-	-0668	DWent(	@globalp.co	m				
Contact Role(s): A	dministrative	Contact											
Name				Organization					Job Title				
A E Holdings Corp													
Mailing Address Lir	ne One		Mailing Add	ress Line Two				City	State	Zip Code			
57 Bedford St Ste 1	02						Lexingto	on	MA	02420			
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress					
Contact Role(s): Lo	egal Contact												
Please note the fol													

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

End of schedule

Connecticut Dep	artment of	f Public He	ealth D	rinkir	ng Wa	iter S	ection	
Water Qua					_			
PWS ID PWS Name		<u>8 ama</u>					ner Type Pri	mary Source
CT1080394 ROLANDO'S RESTAURANT				NC	35		P	GW
Local Address (where applicable)		Service I	Residential	Comme	rcial Ind	dustrial	Combined	Agricultural
340 OXFORD ROAD		Connections		1				
Towns Served: OXFORD					·			
		oring Requi	rement	S				
Water System Facility: <b>DISTRIBUTION</b> S	SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)		_			- "		utine (RT) p	-
Sampling Point (Sampling Point ID)	D : .		lonitoring		Collection	on Period		nce Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9/3		-		Con	nplete
			<mark>)/1/19 - 12,</mark> 1/1/20 - 3/3				Con	nplete
			1/1/20 - 3/3 1/1/20 - 6/3				COII	ihiere
			7/1/20 - 0/3 7/1/20 - 9/3					
Physical Parameters (PPS)			7 1 20 3/3	50,20		1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		N	onitoring	Period	Collection	on Period		nce Status
Select from Inventory of Active Samplin	g Points		7/1/19 - 9/3					nplete
	<del>-</del>	10	)/1/19 - 12,	/31/19				-
		1	L/1/20 - 3/3	31/20			Con	nplete
		2	1/1/20 - 6/3	30/20				
		7	7/1/20 - 9/3	30/20				
Water System Facility: ENTRY POINT (	WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (R1	) per year
Sampling Point (Sampling Point ID)		N	lonitoring	Period	Collection	on Period	l Complia	nce Status
ENTRY POINT (3)			/1/19 - 12/					nplete
			/1/20 - 12/				Con	nplete
			/1/21 - 12/					
	Other C	ompliance S	Schedul	es				
Compliance Schedule Activity			Due	Date		Achieved	l Date	
RESPOND TO SANITARY SURVEY			11/2	3/2017				
	Public Not	tification Re	quirem	ents				
		Compliance	Notice		Notificat	tion	PN Certi	fication
Violation/Situation		Period	Tier	Require	d Perf	ormed	Due to DPH	Received
Total Coliform MCL Violation	4/1	/10 - 6/30/10	2	7/14/20	10		7/24/2010	
Water 9	System Facil	ity and Sam	pling Po	oint Inv	entor	у		
Water	-	-			Total	Lead and	1	
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	t		oliform Rule	Copper Rule Tie	r Asbestos V	Stage NOP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Status A	Υ			
	DOWNSTREAM	WITHIN 5 SERV		Α				
	UPSTREAM	WITHIN 5 SERV		Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
22934 WELL #1	2	WELL		Α				
	<del></del>	<del></del>						

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	Classification	n P	opulation	Owner Type	Primary Source					
T1080394	ROLANDO'S RESTAURANT			NC		35	Р	GW			
ocal Address (where applicable)  Service Residential Commercial Industrial Combined Agr								ed Agricultural			

1

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: OXFORD

340 OXFORD ROAD

Contact Information											
Name Organization Job Title											
Mr. Rocco Cufone				Cucina Rustio	ca						
Mailing Address Lin	e One	ress Line Two			City	State	Zip Code				
7 Council Drive						Oxford		СТ	06478		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress				
203-906-3554											

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

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Connecticut Departm				_			
Water Quality l	Monitoring an						
PWS ID PWS Name		Cl	assificatio	on Po	opulation O	wner Type P	rimary Source
CT1085044 JACKSON COVE			NC		50	L	GW
Local Address (where applicable)	Service	Residentia	I Comme	ercial	Industrial	Combined	Agricultural
	Connections		1				
Towns Served: OXFORD							
	Monitoring Requ	iirement	:S				
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)						
Total Coliform (3100)					1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Coll	ection Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		10/1/19 - 10	)/31/19	_		Co	mplete
		11/1/19 - 11	./30/19				
		5/1/20 - 5/	31/20				
		6/1/20 - 6/	30/20				
		7/1/20 - 7/	31/20				
		8/1/20 - 8/					
		9/1/20 - 9/	30/20				
Physical Parameters (PPS)							per month
Sampling Point (Sampling Point ID)		Monitoring		Coll	ection Perio		iance Status
Select from Inventory of Active Sampling Points							mplete
		11/1/19 - 11					
		5/1/20 - 5/					
		6/1/20 - 6/					
		7/1/20 - 7/					
		8/1/20 - 8/					
		9/1/20 - 9/	30/20				
Water System Facility: ENTRY POINT (WSF ID	: 00700)						
Nitrate And Nitrite (NOX)						•	RT) per year
Sampling Point (Sampling Point ID)		Monitoring		Coll	ection Perio		iance Status
ENTRY POINT (3)		1/1/19 - 12,				Co	mplete
		1/1/20 - 12/31/20					
		1/1/21 - 12,					
0	ther Compliance	Schedul	les				
Compliance Schedule Activity		Due	e Date		Achieve	d Date	
SEASONAL START UP COMPLETION		5/1	/2020				
Pub	lic Notification R	equirem	ents				
	Compliance	Notice	Publi	c Noti	<u>ification</u>	PN Cer	<u>tification</u>
Violation/Situation	Period	Tier	Require	ed	Performed	Due to DPH	=
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/8/20	12		9/18/2012	
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/20	12		9/18/2012	
Physical Parameters M&R Violation	4/1/17 - 6/30/17	3	9/26/20	)18		10/6/2018	
Total Coliform M&R Violation	4/1/17 - 6/30/17	3	9/26/20	)18		10/6/2018	
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	9/6/20	19		9/16/2019	
Water System	n Facility and Sar	mpling P	oint In	ven	tory		
Water				Tota	<del>-</del>	nd	
	ng Point Sampling Poi	nt		Colifo			Stage
Facility ID	ID Description		Status	Rul	e Rule Ti	er Asbestos	WQP 2 DBPR

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classif	fication	Population	Owner Type	Primary Source			
CT1085044	JACKSON COVE		N	1C	50	L	GW			
Local Address	Local Address (where applicable) Service				ommercia	al Industri	al Combine	ed Agricultural		
				1						

	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								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
57579	WELL 1	2	WELL 1	Α								
	Contact Information											

Name			1		Job Title					
Ms. Debbie Gatto		Director								
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
Town Hall, 486 Oxford Road						Oxford		СТ	06478	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	E Email Address				
203-888-2543	3069	203-888-	3-2136 203-888-0469 parkrecdir@oxford-ct.go							
Contact Role(s): A	dministrative	Contact				•				
Name				Organization	l		Job Title			
Mr. George R. Tem	ple			Town of Oxfo	ord		First Selectman			
Mailing Address Lin	e One		Mailing	g Address Line Two		City		State	Zip Code	
Oxford Town Hall				ford Road	Oxford		СТ	06478-2136		
Business Phone	Extension	Fax	Mobile Phone Emergency Phone			Email Address				
203-888-2543										

Contact Role(s): Legal Contact

# Please note the following:

Towns Served: OXFORD

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

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

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

End of schedule

	Connecticut Dep	partment of	Public H	lealth	Drink	ing W	ater Se	ection	
	Water Qu	iality Monit	oring an	d Com	pliand	e Sch	edule		
PWS ID	PWS Name			(	Classificat	ion Popu	ulation Ow	ner Type Pr	imary Source
CT1085064	AGGIE'S PARK				NC	1	.00	L	GW
	(where applicable)		Service	Residenti	al Comm	nercial I	ndustrial	Combined	Agricultural
BOWERS HILL			Connections		1	L			
Towns Served	: OXFORD								
		Monite	oring Requ	iremen	its				
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	•								per month
	Point (Sampling Point ID)			Monitorin	_	Collec	tion Period		ance Status
Select fro	om Inventory of Active Sampl	ing Points		10/1/19 - 1				Coi	mplete
			:	11/1/19 - 1					
				5/1/20 - 5					
				6/1/20 - 6					
				7/1/20 - 7					
				8/1/20 - 8					
Dhariaal Day	verseters (DDC)			9/1/20 - 9	3/30/20		4		
-	ameters (PPS) a Point (Sampling Point ID)			Monitorin	a Dariad	Collec	1 rc tion Period		per month
	om Inventory of Active Sampl	ing Points		10/1/19 - 1		Conec	lion Periou		mplete
Select II c	on inventory of Active Sample	ing i onits		10/1/19 - 1		11/	1-11/11	COI	inpiete
				5/1/20 - 5		-	10-5/31		
				6/1/20 - 6		3/ -	10 3/31		
				7/1/20 - 7					
				8/1/20 - 8					
				9/1/20 - 9					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	Compli	ance Status
ENTRY PO	OINT (3)			1/1/19 - 1	2/31/19			Соі	mplete
				1/1/20 - 1	2/31/20				
				1/1/21 - 1	2/31/21				
		Other C	ompliance	Schedu	ules				
Compliance So	chedule Activity			D	ue Date		Achieved	Date	
SEASONAL STA	ART UP COMPLETION			5/	10/2020				
CROSS CONNE	ECTION SURVEY REPORT			3,	/1/2024				
	Water	System Facili	ity and Sar	npling l	Point Ir	nvento	ry		
Water						Total	Lead and		
-	nter System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 EN	TRY POINT	3	ENTRY POINT		Α				

Α

WELL#1

2

61024 WELL#1

Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Primary	CT1085064												
Water Quality Monitoring and Compliance Schedule	PWS ID	PWS Name	Classification	Population	Owner Type	<b>Primary Source</b>							
		Water Quality Monitoring and Con	npliance S	Schedul	e								

Residential Commercial Industrial

1

Service

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: OXFORD

**BOWERS HILL ROAD** 

Local Address (where applicable)

Contact Information										
Name Organization Job Title										
Ms. Kyra Nesteriak		Tov	wn of Oxfo	rd						
Mailing Address Lin	e One		Mailing A	Address	ress Line Two			City	State	Zip Code
486 Oxford Road			Oxford To	own Hal	Hall Oxford				СТ	06478
Business Phone	Extension	Fax		Mobile	obile Phone					
203-881-5203		203-82	28-6506		parkrecd	ir@oxford-ct	.gov			

Contact Role(s): Administrative Contact, Legal Contact

## Please note the following:

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End of schedule

Combined Agricultural