	Connecticut Departi	ment of	Public H	lealth I	Orinking	Water S	Section	
	Water Quality	/ Monit	oring an	d Comp	oliance S	Schedule	9	
PWS ID	PWS Name			C	lassification	Population C	Owner Type	Primary Source
CT1120034	37 PUTNAM ROAD				NC	25	Р	GW
Local Address (where applicable)		Service	Residentia	Commerci	al Industrial	Combine	d Agricultural
37 PUTNAM RC	DAD		Connections		1			
Towns Served:	POMFRET							
		Monito	oring Requ	iirement	ts			
Water System	Facility: DISTRIBUTION SYSTE	EM (WSF II	D: 00600)					
Total Coliforn	n (3100)					1 :	routine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period C	ollection Peri	od Comp	oliance Status
Select fron	m Inventory of Active Sampling Poi	nts		7/1/19 - 9/	/30/19		(Complete
			:	10/1/19 - 12	2/31/19			Complete
				1/1/20 - 3/	/31/20		(Complete
				4/1/20 - 6/	/30/20			
				7/1/20 - 9/	/30/20			
Physical Para	meters (PPS)					1 :	routine (RT) per quarter
	Point (Sampling Point ID)			Monitoring		ollection Peri	od Comp	oliance Status
Select fror	n Inventory of Active Sampling Poi	nts		7/1/19 - 9/	/30/19		(Complete
				10/1/19 - 12				Complete
				1/1/20 - 3/			(Complete
				4/1/20 - 6/	/30/20			
				7/1/20 - 9/	/30/20			
Water System	Facility: ENTRY POINT (WSF	ID: 00700)						
	Nitrite (NOX)							(RT) per year
	Point (Sampling Point ID)			Monitoring		ollection Peri		oliance Status
ENTRY PO	INT (3)			1/1/19 - 12			(Complete
				1/1/20 - 12				
				1/1/21 - 12	/31/21			
		Other Co	ompliance	Schedu	les			
Compliance Sch	hedule Activity			Du	e Date	Achiev	ed Date	
RESPOND TO SA	ANITARY SURVEY			7/2	9/2015			
	Pu	ıblic Not	ification R	equiren	nents			
		C	ompliance	Notice	Public N	<u>otification</u>	PN Ce	rtification
Violation/Situa			Period	Tier	Required	Performed	Due to DP	H Received
Total Coliform I	M&R Violation		/14 - 9/30/14	2	12/25/2014	1	1/4/2015	
Physical Parame	eters M&R Violation	7/1/	/14 - 9/30/14	3	11/25/2015	5	12/5/2019	5
	Water Systo	em Facili	ity and Sar	mpling P	oint Inve	ntory		
Water						otal Lead a		
•	er System Facility Sam	-	Sampling Poi	nt		iform Coppe		Stage
Facility ID	TRIBLITION CVCTEN 4	ID	Description	L CVCTTA A	Status		ier Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Υ		
			WITHIN 5 SER		A			
00700 5517		PSTREAM	WITHIN 5 SER		Α			
	RY POINT	3	ENTRY POINT		Α			
21936 WEL	.L	2	WELL		Α			

(Connectic Wa	*		of Public itoring a			_	•		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT1120034	20034 37 PUTNAM ROAD NC 25 P									
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
37 PUTNAM ROA	رD			Connection	ns		1			
Towns Served: Po	OMFRET				,	,			·	·
			Co	ontact Info	rmation	1				
Name				Organization					Job Title	е
Mr. Craig M. Gat	es			Diamonds In T	he Rough,	LLC		Owner/Pr	esident	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
P.O. Box 130							North \	Windham	СТ	06256
Business Phone	e Extension	Fax	Мо	obile Phone	Emergency	y Phone	Email A	Address	,	
860-456-0055										
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner						
Name				Organization					Job Title	е

Diamonds In The Rough, LLC

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

Mr. John A. Bellavance

Business Phone

PO Box 130

Mailing Address Line One

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

Mailing Address Line Two

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.

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

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

End of schedule

Zip Code

06256

Legal Contact

State

CT

City

North Windham

Emergency Phone Email Address

	Connecticut Dep					_			
	Water Qu	ality M	onitoring an	d Comj	olia	nce So	chedule		
PWS ID	PWS Name			C	lassifi	cation P	opulation O	wner Type Pi	rimary Source
CT1120044	MOST HOLY TRINITY CATH	OLIC CHUR	СН		N	С	25	Р	GW
Local Address (\	where applicable)		Service	Residentia	al Cor	mmercial	Industrial	Combined	Agricultural
568 POMFRET S	STREET		Connections			2			
Towns Served: I	POMFRET								·
		М	onitoring Requ	iiremen	ts				
-	Facility: DISTRIBUTION								
Total Coliforn	·							outine (RT)	
	Point (Sampling Point ID)			Monitoring			lection Perio		ance Status
Select fron	m Inventory of Active Sampli	ng Points		7/1/19 - 9					mplete
				10/1/19 - 1					mplete
				1/1/20 - 3				Со	mplete
				4/1/20 - 6 7/1/20 - 9					
Physical Para	meters (PPS)						1 r	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring	g Perio	od Col	lection Perio	• • •	ance Status
Select fron	n Inventory of Active Samplin	ng Points		7/1/19 - 9	/30/19	9		Со	mplete
				10/1/19 - 1	2/31/:	19		Со	mplete
				1/1/20 - 3	/31/20)		Со	mplete
				4/1/20 - 6	/30/20)			
				7/1/20 - 9	/30/20)			
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)						
Nitrate And N	Nitrite (NOX)							1 routine (R	T) per year
Sampling I	Point (Sampling Point ID)			Monitoring	y Perio	od Col	lection Perio	od Compli	ance Status
ENTRY POI	INT (3)			1/1/19 - 12	2/31/1	.9		Co	
				-, -, -, -,				CO	mplete
				1/1/20 - 12	2/31/2	.0			mplete
		Public	Notification R	1/1/20 - 12 1/1/21 - 12	2/31/2 nent	1 :S		Со	mplete
		Public	: Notification R	1/1/20 - 12 1/1/21 - 12 equiren	2/31/2 nent	1 :S ublic Not		Co PN Cert	mplete
Violation/Situa		Public	: Notification R Compliance Period	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier	2/31/2 nent P Rec	1 :S ublic Not quired	i <u>fication</u> Performed	PN Cert Due to DPH	mplete
Total Coliform N	MCL Violation	Public	Compliance Period 10/1/05 - 12/31/05	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier	2/31/2 nent P Rec 12/1	S sublic Not quired 8/2005		PN Cert Due to DPH 12/28/2005	mplete
	MCL Violation MCL Violation		Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2	2/31/2 nent P Rec 12/1 1/2:	1 Sublic Not quired 8/2005 1/2006	Performed	PN Cert Due to DPH	mplete
Total Coliform N	MCL Violation MCL Violation		Compliance Period 10/1/05 - 12/31/05	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2	2/31/2 nent P Rec 12/1 1/2:	1 Sublic Not quired 8/2005 1/2006	Performed	PN Cert Due to DPH 12/28/2005	mplete
Total Coliform N Total Coliform N Water	MCL Violation MCL Violation Water	System	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F	2/31/2 nent P Rec 12/1 1/2:	1 Ssublic Not quired 8/2005 1/2006 Cinven	Performed tory Lead a	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete
Total Coliform N Total Coliform N Water System Water	MCL Violation MCL Violation	System I	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar	1/1/20 - 12 1/1/21 - 12 equiren Notice Tier 2 2 mpling F	2/31/2 nent P Rec 12/1 1/2:	ss ublic Not quired 8/2005 1/2006 c Inven	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID	MCL Violation MCL Violation Water Start System Facility	System I Sampling ID	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Poin Description	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F	2/31/2 nent P Rec 12/1 1/2:	ss ublic Not quired 8/2005 1/2006 Coliforatus Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received
Total Coliform N Total Coliform N Water System Wate Facility ID	MCL Violation MCL Violation Water	System Sampling ID 4	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 npling F	2/31/2 ment P Rec 12/1 1/2: Point	1 Ssublic Not quired 8/2005 1/2006 Colifor Rul Y	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID	MCL Violation MCL Violation Water Start System Facility	System I Sampling ID 4 DOWNST	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER	1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM EVICE CON	Periodical Point Stan A	ss ublic Not quired 8/2005 1/2006 Tota Colifor Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST	MCL Violation MCL Violation Water Start System Facility RIBUTION SYSTEM	System I Sampling ID 4 DOWNST UPSTRE	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Period 12/11 1/2: Point	ss quired 8/2005 1/2006 Toto Colifor tus Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST	MCL Violation MCL Violation Water Seer System Facility RIBUTION SYSTEM RY POINT	System I Sampling ID 4 DOWNST UPSTRE	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Personal Property of the Prope	ublic Not quired 8/2005 1/2006 Tota Colifor Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST	MCL Violation MCL Violation Water Seer System Facility RIBUTION SYSTEM RY POINT	System I Sampling ID 4 DOWNST UPSTRE	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Period 12/11 1/2: Point	ublic Not quired 8/2005 1/2006 Tota Colifor Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST 00700 ENTE 21937 WEL	MCL Violation MCL Violation Water Seer System Facility RIBUTION SYSTEM RY POINT	System I Sampling ID 4 DOWNST UPSTRE	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Personal Property of the Prope	ublic Not quired 8/2005 1/2006 Tota Colifor Rul	Performed tory Lead ar rm Coppe	PN Cert Due to DPH 12/28/2005 1/31/2006 and or eer Asbestos	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST 00700 ENTR 21937 WEL	MCL Violation MCL Violation Water : Per System Facility FRIBUTION SYSTEM RY POINT LL	System I Sampling ID 4 DOWNST UPSTRE	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform Organization	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Period Star	1 Ssublic Not quired 8/2005 1/2006 Colifor Rull Y	Performed tory al Lead ar rm Coppe e Rule Ti	PN Cert Due to DPH 12/28/2005 1/31/2006	mplete ification Received Stage
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST 00700 ENTE 21937 WEL Name Father David Ch	MCL Violation MCL Violation Water : Per System Facility PRIBUTION SYSTEM RY POINT LL hoquette	System I Sampling ID 4 DOWNST UPSTRE 3 2	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inforr Organization Holy Trinity Cath	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Period Star	1 Ssublic Not quired 8/2005 1/2006 Colifor Rull Y	tory al Lead and the Rule Ti	PN Cert Due to DPH 12/28/2005 1/31/2006 Ind Ind Ind Ind Ind Ind Ind Ind Ind In	mplete ification Received Stage WQP 2 DBPR
Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST 00700 ENTR 21937 WEL	MCL Violation MCL Violation Water S Ter System Facility TRIBUTION SYSTEM RY POINT LL hoquette s Line One	System I Sampling ID 4 DOWNST UPSTRE 3 2	Compliance Period 10/1/05 - 12/31/05 12/1/05 - 12/31/05 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inforr Organization Holy Trinity Cath	1/1/20 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/21 - 12 1/1/20	Period Star	1 Ssublic Not quired 8/2005 1/2006 Colifor Rull Y	Performed tory al Lead ar rm Coppe e Rule Ti	PN Cert Due to DPH 12/28/2005 1/31/2006 and or eer Asbestos	mplete ification Received Stage

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

Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name						Cla	assification	Population	Owner Type	Primary Source	
CT1120044	MOST HOLY TRI	NITY CATHO	LIC CHUR	СН			NC		25	Р	GW	
Local Address (w	ocal Address (where applicable) Service								al Industri	al Combine	ed Agricultural	
568 POMFRET STREET Connections 2												
Towns Served: P	_					,			,	·		
business Filoni		Гах		IVIODII	e Filone	Linergency	y FII	One Linair F				
860-928-5830		860-928-	4035					mhtoff	ice@sbcglob	pal.net		
Contact Role(s):	Administrative	Contact										
Name				Or	ganization					Job Title	e	
Reverend Micha	el R. Cote			Die	ocese of No	rwich			Bishop of	Norwich		
Mailing Address	Line One		Mailing A	Address	Line Two				City	State	Zip Code	
201 Broadway								Norwic	ch	СТ	06360-4328	
Business Phone	e Extension	Fax		Mobil	le Phone	Emergency	y Ph	one Email A	Address			
860-887-9294		860-886-	1670					bpcote	@norwichd	iocese.net		
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.
- 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

		(D. 1.1)						
Connecticut Dej	partme	nt of Public	: Health I	Orin	iking	Water S	Section	
Water Or	iality M	onitoring a	ind Comi	oliai	nce So	chedule	<u> </u>	
PWS ID PWS Name		01110011110						rimary Source
CT1120094 MASHAMOQUET BROOK	S.P./PARK V	VELL		NO		417	S	GW
Local Address (where applicable)	• ,	Service	Residentia		mmercial		Combined	_
ROUTE 44		Connectio						
Towns Served: POMFRET								
	M	lonitoring Re	auiraman	tc				
Water System Facility DISTRIBUTION			quireilleil	LS				
Water System Facility: DISTRIBUTION	I SYSTEIVI (WSF ID: 00600)					.: (5=)	
Total Coliform (3100)			0.0 14 1	. 0			outine (RT)	-
Sampling Point (Sampling Point ID)	D. it.		Monitoring			lection Perio		ance Status
Select from Inventory of Active Sampl	ing Points		7/1/19 - 9					mplete
			4/1/20 - 6					
District Description (DDC)			7/1/20 - 9	/30/20	J	4	/DT\	
Physical Parameters (PPS)			Monitorio	. Douis	ما دما	1 r lection Perio	outine (RT)	
Sampling Point (Sampling Point ID)	ing Doints		7/1/19 - 9			ection Perio		ance Status
Select from Inventory of Active Sampl	ing FUIIILS		4/1/20 - 6				CC	mplete
			7/1/20 - 9					
Water System Facility: ENTRY POINT	(MCE ID: 0	10700\	7/1/20-3	/30/20	J			
	ט :עו אכעען (אי	0700)					1	T)
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitorin	n Dorie	nd Cal	lection Perio	=	RT) per year ance Status
ENTRY POINT (3)			<i>Monitoring</i> 1/1/19 - 12			ection Pend		mplete
LIVINI FOINT (3)			1/1/19 - 12				CC	ilipiete
			1/1/20 - 12					
	0.1	0 1:			. т			
	Otr	ner Complian	ce Scheau	lies				
Compliance Schedule Activity				ıe Dat		Achieve	ed Date	
SEASONAL START UP COMPLETION			4/	1/202	0			
	Public	c Notification	Requiren	nent	:S			
		Compliance	Notice	<u>P</u>	ublic Not	<u>ification</u>	PN Cer	tification_
Violation/Situation		Period	Tier	Red	quired	Performed	Due to DPH	Received
Physical Parameters M&R Violation		7/1/14 - 9/30/1	.4 3	11/2	5/2015		12/5/2015	
Water	System	Facility and S	Sampling F	oint	Inven	tory		
Water					Tota	al Lead a	nd	
System Water System Facility	Sampling	Point Sampling			Colifo			Stage
Facility ID	ID			Stat	tus Rul	e Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	Α	. Y			
		REAM WITHIN 5		Α				
	UPSTRI		SERVICE CON	А	1			
00700 ENTRY POINT	3	ENTRY POI	NT	Α				
21942 WELL	2	WELL		Α				
		Contact Info	ormation					
Name		Organization					Job Title	
Mr. David Cooley		Deep-Enginee	ering Unit			Supv Civil E	ngineer	
Mailing Address Line One	Mailing A	Address Line Two				City	State	Zip Code
163 Great Hill Road					Portland		СТ	06480
Business Phone Extension F	ax	Mobile Phone	Emergency P	hone	Email Ad	dress		
860-342-2215 860-34	14-2560	860-205-7552	860-424-33	333	david.co	oley@ct.gov	,	

	Connecticut Department of	i i ubiic i	icaitii	וטו	mixmg	vvatti	Section	
	Water Quality Monit	toring an	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1120094	MASHAMOQUET BROOK S.P./PARK WELL				NC	417	S	GW
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industria	al Combine	ed Agricultural

Connections

10

Connecticut Department of Public Health Drinking Water Section

Towns Served: POMFRET

ROUTE 44

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

	Connectic	ut Depa	rtmer	it of	Public	: Health I	Orin	king W	ater Se	ction	
	Wat	ter Qua	lity Mo	onit	oring a	ınd Comj	oliai	nce Sch	edule		
PWS ID	PWS Name				0					ner Type F	rimary Source
CT1120184	POMFRET TOWN	I HALL					NO		25	L	GW
Local Address (\	where applicable)				Service	Residentia	al Cor	nmercial I	ndustrial	Combined	Agricultural
5 HAVEN ROAD					Connectio	ons		1			
Towns Served: I	POMFRET					·	·	·	·		·
			M	onit	oring Re	quiremen	ts				
Water System	Facility: DISTR	IBUTION S	YSTEM (\	NSF I	D: 00600)						
Total Coliforn	n (3100)								1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)				Monitoring	g Perio	d Collect	ion Period	Compl	iance Status
Select fron	n Inventory of Act	ive Sampling	Points			7/1/19 - 9	/30/19)		Co	mplete
						10/1/19 - 1	2/31/1	.9		Co	mplete
						1/1/20 - 3	/31/20)		Co	mplete
						4/1/20 - 6	/30/20)			
						7/1/20 - 9	/30/20)			
Physical Para										• •	per quarter
	Point (Sampling P					Monitoring			ion Period		iance Status
Select fron	n Inventory of Acti	ive Sampling	Points			7/1/19 - 9					mplete
						10/1/19 - 1					mplete
						1/1/20 - 3				C	mplete
						4/1/20 - 6					
Water System	Facility: ENTRY	/ DOINT /W	VSE ID: 00	וחסק		7/1/20 - 9	/30/20)			
Nitrate And N	•	i POINT (V	V31 1D. 00	,,,,,					1	routino (I	RT) per year
	Point (Sampling P	oint ID)				Monitoring	n Perio	d Collect	ion Period	=	iance Status
ENTRY POI						1/1/19 - 12	-		ion i ciioa		mplete
2	(5)					1/1/20 - 12	•				mplete
						1/1/21 - 12	-				
		Water S	vstem F	acili	ity and 9	Sampling P			rv		
Water		Trace: 5	y o ce i i i	ucii.	ity and s	amping i	0	Total	Lead and		
	er System Facility		Sampling	Point	Sampling	Point		Coliform			Stage
Facility ID			ID		Descriptio		Stat	Dula		Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	А	Υ			
			4-1		Kitchen Sir	nk	Α	Υ			
			4-2		Downstair	s Restroom	Α	Υ			
			4-3		Upstairs P	ublic Rest	Α	Υ			
			4-4		Upstairs St		Α	Υ			
						SERVICE CON	Α				
			UPSTRE	AM		SERVICE CON	Α				
	RY POINT		3		ENTRY PO	INT	Α				
21948 WEL	L		2		WELL		Α				
				Con	tact Info	ormation					
Name				Oı	rganization					Job Title	
Ms. Maureen N			ı		own of Pom	fret		Fire	st Selectwo	man	
Mailing Address	Line One		Mailing A	ddres	s Line Two				ity	State	Zip Code
5 Haven Road						1		Pomfret		СТ	06259
Business Phor		Fax			le Phone	Emergency P					
860-974-019	1			860-2	214-9755			maureen.ni	cholson@po	mfretct.o	rg

	Connecticut Department of Fubile Hearth Diffixing Water Section										
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	mary Source		
CT1120184	POMFRET TOWN HALL			NC		25	L		GW		
Local Address (w	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed	Agricultural		
5 HAVEN ROAD	IAVEN ROAD Connections										
Towns Served: P	owns Served: POMFRET										

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

Connectic	ut Departmer	nt of Public	Health l	Drinki	nσ W:	ater S	ection	
	ter Quality M						CCCIOII	
	ter Quarity M	officor fing a					unor Tuno Di	simanı Cauraa
	CTODE II C							rimary Source
CT1120204 19 PUTNAM RD	STORE LLC	Comico	Danidanti	NC		5	P	GW
Local Address (where applicable)		Service Connection	Residentia			dustrial	Combined	Agricultural
19 PUTNAM ROAD (ROUTE 44) Towns Served: POMFRET		Connection	3	1				
TOWNS Served. POWIFRET	N.4	onitoring Boo	uiromon	+c				
Water System Facility: DISTF		onitoring Red	lanemen	LS				
Total Coliform (3100)	IIDOTION 3131EWI (W3F ID. 00000)				1 ro	utine (RT) i	per quarter
Sampling Point (Sampling F	Point ID)		Monitoring	a Period	Collecti	ion Period		ance Status
Select from Inventory of Act			7/1/19 - 9		Concett	011 1 01100	Compil	arree status
Select Holl inventory of the	ive sampling remes		10/1/19 - 1					mplete
			1/1/20 - 3					mplete
			4/1/20 - 6					
			7/1/20 - 9					
Physical Parameters (PPS)			, ,	, , -		1 ro	utine (RT)	per quarter
Sampling Point (Sampling F	Point ID)		Monitoring	g Period	Collecti	ion Period		ance Status
Select from Inventory of Act	ive Sampling Points		7/1/19 - 9					
			10/1/19 - 1	2/31/19			Со	mplete
			1/1/20 - 3	/31/20			Со	mplete
			4/1/20 - 6	/30/20				
			7/1/20 - 9	/30/20				
Water System Facility: ENTR	Y POINT (WSF ID: 0	0700)						
Nitrate And Nitrite (NOX)						1	L routine (R	T) per year
Sampling Point (Sampling F	Point ID)		Monitoring	g Period	Collecti	ion Period	d Compli	ance Status
ENTRY POINT (3)			1/1/19 - 12	2/31/19			Co	mplete
			1/1/20 - 12	2/31/20				
			1/1/21 - 12	2/31/21				
	Public	Notification	Requirer	nents				
		Compliance	Notice	Publ	ic Notifica	rtion_	PN Cert	<u>ification</u>
Violation/Situation		Period	Tier	Requir	ed Per	formed	Due to DPH	Received
Total Coliform M&R Violation		4/1/19 - 6/30/19	3	9/10/2	020		9/20/2020	
Physical Parameters M&R Violati	on	4/1/19 - 6/30/19	3	9/10/2	020		9/20/2020	
Physical Parameters M&R Violati	on	7/1/19 - 9/30/19	3	12/15/2	2020		12/25/2020	
Total Coliform M&R Violation		7/1/19 - 9/30/19	3	12/15/2	2020		12/25/2020	
	Water System I	Facility and Sa	ampling F	oint In	iventoi	у		
Water					Total	Lead and	d	
System Water System Facility		Point Sampling P			Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		DISTRIBUTI		Α	Υ			
		REAM WITHIN 5 S		Α				
	UPSTRE		ERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POIN	JT	Α				

WELL

2

21950 WELL

Α

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source			
CT1120204	19 PUTNAM RD STORE LLC			NC		25	Р	GW			
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	d Agricultural			
19 PUTNAM R	OAD (ROUTE 44)			1							

Towns Served: POMFRET

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Syed Sami				Saybrook Ro	ad LLC				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 21						Durham		СТ	06422
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		
203-645-6443						chorbaty	@outlook.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.

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

Page 10

	Connectic	ut Depa	rtment of	Public	Health	Dr	inki	ng V	Vater	Se	ection	
	Wat	ter Qual	ity Monit	oring a	nd Con	ıpli	ianc	e Scl	nedul	e		
PWS ID	PWS Name					Class		on Pop	oulation	Owr	ner Type Pi	rimary Source
CT1120234	THE VANILLA BE	AN CAFE					NC		47		Р	GW
	(where applicable)			Service	Residen	tial (Comm		Industria	ıl	Combined	Agricultural
	RFIELD ROAD (ROUTE	E 97)		Connection	15		1					
Towns Served	I: POMFRET						_	_				
				oring Red	quireme	nts						
-	m Facility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)								
Total Colifo	•											per quarter
	g Point (Sampling Po				Monitori			Colle	ction Peri	iod		ance Status
Select fr	om Inventory of Acti	ve Sampling	Points		7/1/19 -			_				mplete
					10/1/19 -							mplete
					1/1/20 -		-				Со	mplete
					4/1/20 -							
Di di di	(226)				7/1/20 -	9/30	720				(DT)	
	rameters (PPS) g Point (Sampling Po	oint ID)			Monitori	na Da	ouio d	Calla	1 ction Peri			per quarter ance Status
	om Inventory of Acti		Points		<i>Monitori</i> 7/1/19 -			Colle	ction Pen	iou		mplete
Select III	om inventory of Acti	ve sampling	Folits		10/1/19 -							mplete
					1/1/20 -		-					mplete
					4/1/20 -							impiete
					7/1/20 -		-					
Water Syste	m Facility: ENTRY	POINT (W	/SF ID: 00700)		., _, _	3,00	7=0					
-	Nitrite (NOX)	(1)								1	routine (R	T) per year
	g Point (Sampling Po	oint ID)			Monitori	na Pe	eriod	Colle	ction Peri		=	ance Status
ENTRY P		•			1/1/19 -							mplete
	. ,				1/1/20 -							mplete
					1/1/21 -							<u> </u>
		Water Sy	stem Facili	ity and Sa	ampling	Poi	nt In	vent	ory			
Water				-				Total	Lead a	and		
System W	ater System Facility	9	Sampling Point					Colifor	п Сорр	er		Stage
Facility ID			ID	Description			tatus	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM		4	DISTRIBUTI			Α	Υ				
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 S	ERVICE CON	١	Α					
	TRY POINT		3	ENTRY POIN	NT		Α					
21953 W	ELL		2	WELL			Α					
			Con	tact Info	rmation							
Name			Or	rganization							Job Title	
Mr. Barry Jes	surun		Th	ie Vanilla Be	an Cafe							
Mailing Addre	ess Line One		Mailing Address	s Line Two					City		State	Zip Code
450 Deerfield			P O Box 206	1				mfret			CT	06258
Business Ph		Fax		le Phone	Emergency							
860-928-1		860-928-6	5139		860-974-	1691	bar	rry@the	evanillabe	anc	afe.com	

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

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

		_	 		_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1120234	THE VANILLA BEAN CA	.FE			NC	47	Р	GW
Local Address (v	vhere applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
448-450 DEERFI	ELD ROAD (ROUTE 97)		Connections		1			
						·	·	

Towns Served: POMFRET

Please note the following:

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

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

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

End of schedule

	Connecticut De	-					_			ection	
		uality Monit	coring an	d Con							
PWS ID	PWS Name					ificati	on Pop		Owr		Primary Sourc
CT1120254	WE-LI-KIT ICE CREAM					NC		25		Р	GW
	(where applicable)		Service	Residen	tial C	Comm		Industr	ial	Combine	d Agricultura
-	8 HAMPTON ROAD)		Connections			1					
Towns Served	: POMFRET										
		Monite	oring Requ	iireme	nts						
Water Syster	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)								
Total Colifo	rm (3100)								1 rou	itine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitori	ing Pe	riod	Collec	tion Pe	eriod	Comp	liance Status
Select fro	om Inventory of Active Samp	ling Points		7/1/19 -	8/31,	/19					omplete
				4/1/20 -	6/30/	/20					
				7/1/20 -	9/30/	/20					
-	rameters (PPS)										per quarter
	g Point (Sampling Point ID)			Monitori			Collec	ction Pe	eriod		liance Status
Select fro	om Inventory of Active Samp	ling Points		7/1/19 -						С	omplete
				4/1/20 -							
				7/1/20 -	9/30/	/20					
Water Systei	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (10	40)								1 rou	itine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing Pe	riod	Collec	ction Pe	eriod	Comp	liance Status	
ENTRY PO	OINT (3)			7/1/19 -	9/30/	/19				С	omplete
				4/1/20 -	6/30/	/20					
				7/1/20 -	9/30/	/20					
Nitrite (104	! 1)								1	routine (RT) per year
Sampling	g Point (Sampling Point ID)			Monitori	ing Pe	riod	Collec	ction Pe	eriod	Comp	liance Status
ENTRY PO	OINT (3)			1/1/19 -	12/31	/19				C	omplete
				1/1/20 -	12/31	./20					
				1/1/21 -	12/31	./21					
		Other C	ompliance	Sched	lules	S					
Compliance S	chedule Activity				Due D	ate		Achi	eved	Date	
RESPOND TO	SANITARY SURVEY				8/1/20	014					
RESPOND TO	SANITARY SURVEY				5/9/20	019					
SEASONAL STA	ART UP COMPLETION				4/9/20	020					
	Water	System Facili	itv and Sar	npling	Poi	nt In	vento	orv			
Water		7000000					Total	=	d and		
	ater System Facility	Sampling Point	Sampling Poi	nt			Coliforn		per		Stage
Facility ID	-	ID	Description		Si	tatus	Rule		-	Asbestos	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CO	N	Α					
		UPSTREAM	WITHIN 5 SER	VICE CO	N	Α					
00700 EN	TRY POINT	3	ENTRY POINT			Α					
21955 WE		2	WELL			Α					
		Con	tact Inforr	nation							
Name			rganization							Job Title	
Mr. Chaplin S	Rich		041112411011				Pr	operty	Own		
Mailing Addre		Mailing Addres	s Line Two					City	C 2411	State	Zip Code
4 6 01 0							· · ·	1			

	Connecticut Department of Fublic Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source		
CT1120254 WE-LI-KIT ICE CREAM NC 25 P										GW		
Local Address (w	here applicable)		Service	Resider	ntial C	ommerci	al Industri	al Combine	ed Agricultural			
ROUTE 97 (728 F	IAMPTON ROAD))		Connections			1					
Towns Served: P	OMFRET					·						
16 Rich Road							Pomfre	et Center	CT	06259		
Business Phone	e Extension	Mobile	e Phone E	Emergency Phone Email Address								
Contact Role(s):	Administrative	Contact. Leg	al 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.
- 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 Department of Water Quality Monito				_	,		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1120264	WINDHAM/TOLLAND 4-H CAMP - DINING HA	\LL			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	d Agricultural

Local Address (where applicable)	Service	Residentiai	Commercial	industriai	Combined	Agricultura
326 TAFT POND ROAD	Connections		1			
Towns Served: POMFRET	1					
Mon	itoring Requ	uirements	5			
Water System Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT)	er quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	80/19		Со	mplete
	_	10/1/19 - 10/	/31/19		Со	mplete
Total Coliform (3100)				1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	= =	ance Status
Select from Inventory of Active Sampling Points		1/1/20 - 1/3	31/20		Со	mplete
		2/1/20 - 2/2	29/20		Со	mplete
		3/1/20 - 3/3	31/20			
		4/1/20 - 4/3	30/20			
		5/1/20 - 5/3	31/20			
		6/1/20 - 6/3	30/20			
		7/1/20 - 7/3	31/20			
		8/1/20 - 8/3	31/20			
		9/1/20 - 9/3	30/20			
Total Coliform (3100)				3	repeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitoring Period Collection Pe			d Compli	ance Status
Select from Inventory of Active Sampling Points	:	10/16/19 - 10	/21/19		Со	mplete
	:	11/13/19 - 11	/18/19			
	:	11/13/19 - 11	/18/19			
	:	11/13/19 - 11	/18/19		Со	mplete
	:	12/17/19 - 12	/22/19		Со	mplete
	:	12/17/19 - 12	/22/19		Со	mplete
Total Coliform (3100)			3 1	temporary r	outine (TR)	per month
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		11/1/19 - 11/	/30/19		Со	mplete
		12/1/19 - 12/	/31/19		Со	mplete
Physical Parameters (PPS)				1 rc	outine (RT) լ	er quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	80/19		Со	mplete
		10/1/19 - 11/	/30/19	10/1-11/30	Со	mplete
Physical Parameters (PPS)				1 r	outine (RT)	-
Sampling Point (Sampling Point ID)		Monitoring I		lection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		12/1/19 - 12/				
		1/1/20 - 1/3				
		2/1/20 - 2/2			Со	mplete
		3/1/20 - 3/3				
		4/1/20 - 4/3				
		5/1/20 - 5/3				
		6/1/20 - 6/3	30/20			

	Connecticut Dep							ection	
		ality Monit	oring and		•				
PWS ID	PWS Name			С		-			rimary Source
CT1120264	<u> </u>	CAMP - DINING HA			NC		25	Р	GW
	ess (where applicable)		Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agricultural
326 TAFT P	OND ROAD		Connections		1				
Towns Serv	ved: POMFRET								
		Monito	oring Requ	irement	ts				
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Physical F	Parameters (PPS)						1 ro	utine (RT)	per month
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
				7/1/20 - 7,	/31/20				
				8/1/20 - 8,	/31/20				
				9/1/20 - 9,	/30/20				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)						1	routine (R	T) per year
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
ENTR	POINT (3)			1/1/19 - 12	2/31/19			Со	mplete
				1/1/20 - 12	2/31/20				
				1/1/21 - 12	2/31/21				
Water Sys	tem Facility: WELL 1 (WSF)	D: 21956)							
E. Coli (3	014)						1 trigg	gered (TG)	per period
Samp	ling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
WELL	1 (2)		1	0/15/19 - 1	.0/21/19			Со	mplete
			1	1/12/19 - 1	1/18/19				
			1	1/12/19 - 1	1/18/19				
			1	1/12/19 - 1	1/18/19			Со	mplete
			1	2/16/19 - 1	2/22/19			Со	mplete
			1	2/16/19 - 1	2/22/19			Со	mplete
Water Sys	tem Facility: WELL 4 (WSF)	D: 59728)							
E. Coli (3	014)						1 trigg		per period
Samp	ling Point (Sampling Point ID)			Monitoring	g Period	Collect	ion Period	Compli	ance Status
WELL	4 (2)		1	0/15/19 - 1	.0/21/19			Со	mplete
				1/12/19 - 1					
			1	1/12/19 - 1	.1/18/19				
			1	1/12/19 - 1	1/18/19			Со	mplete
				2/16/19 - 1				Co	mplete
			1	2/16/19 - 1	.2/22/19			Со	mplete
	Water	System Facili	ty and Sar	npling P	oint Ir	vento	ry		
Water						Total	Lead and		
	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
	ENTRY POINT	3	ENTRY POINT		Α				
	WELL 1	2	WELL 1		Α				
46632	WELL 1 TREATMENT PLANT								

Page 16

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT1120264	WINDHAM/TOLLAND 4-H CAMP - DINING H	ALL		NC	25	Р	GW					
Local Address (where applicable)		Service	Resider	ntial Commerc	cial Industr	ial Combin	ed Agricultural					
326 TAFT POND ROAD Connections			1									

Towns Served: POMFRET

	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		
59728	WELL 4	2	WELL 4	А							
59731	WELL 4 TREATMENT PLANT										
59733	ATMOSPHERIC TANKS										
59737	PUMP STATION										

Contact Information											
Name				Organization	า		Job Title				
Ms. Mary D. Seguir	eguine Windham County 4-H Foundation Rental Chair Person										
Mailing Address Lin	e One	Mailing Add	dress Line Two			City State Zip					
326 Taft Pond Road	I	Pomfret				Center	СТ	06259			
Business Phone	Extension	Fax	N	Nobile Phone	bbile Phone Emergency Phone Email						
860-974-3379		860-974-3	3327 8	60-450-6711	860-779-6200	wt4hoffice@gmail.com					
								-			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Cor	nnectic	ut Depa	artmen	it of	Public	Health	Di	rinkir	ıg W	/ater	'Se	ction		
		Wat	ter Oua	lity Mo	onit	oring a	ind Con	laı	iance	Sch	nedu	le			
PWS ID	PWS	Name				<u> </u>						1	ner Type P	rimary S	ource
CT1120274		DHAM/TOLI	LAND 4-H C	AMP - WEL	L #2				NC		31		Р	GW	
Local Addre		<u>-</u>				Service	Residen	tial	Comme	rcial	Industr	ial	Combined	Agricu	ultural
326 TAFT P	•					Connectio	ns		4						
Towns Serv	ed: POMF	RET													
				M	onite	oring Re	quireme	nts							
Water Sys	tom Eacili	ty: DISTP	IBLITION S				quii ciiic								
•		•	IBUTION 3	131EIVI (V	NSF II	D. 00000)						l man	tine (DT)		
	iform (31)	-	oint ID)				Monitori	na D	ariad	Collag			tine (RT)		
_		Sampling Po		7 Doints			<i>Monitori</i> 7/1/19 -			Collec	tion Pe	rioa		ance Sto	atus
Select	Irom inver	ntory of Acti	ive Sampling	3 Points					· —					mplete mplete	
							10/1/19 - 1/1/20 -							mpiete	
							4/1/20 - 6/30/20 7/1/20 - 9/30/20								
Dhysical E	Parameter	rc (DDS)					7/1/20-	3/30	0/20			Lrou	itine (RT)	nor all	ortor
_		Sampling Po	oint ID)				Monitori	na P	Period	Collec	tion Pe			ance St	
		ntory of Acti		Points			7/1/19 -			Conce		1100		mplete	itus
Sciecc	Trom miver	101 4 01 7 011	ive sampling	51 01110			10/1/19 -		-					mplete	
							1/1/20 -							Пріссс	
							4/1/20 -								
							7/1/20 -		-						
Water Sys	tem Facili	tv: ENTR	POINT (V	NSF ID: 00	700)		., _, _	-,-	-,						
•	nd Nitrite	•	(,							1	routine (F	RT) ner	vear
		Sampling P	oint ID)				Monitori	na P	eriod	Collec	ction Pe		=	ance St	-
	POINT (3)	r <u>J</u>	,				1/1/19 -							mplete	
							1/1/20 -							<u> </u>	
							1/1/21 -								
				Ωth	er C	omnlian	ce Sched								
Compliance	o Schodulo	Activity		Oti.		ompilan			 Date		Achie	avod.	Data		
Compliance		COMPLETIO	NI .						2020		ACIII	veu	Date		
SEASONAL	START UP														
			Water S	ystem F	acılı	ity and S	Sampling	Ро	int Inv	ento	ory				
Water	14/4 64	F		C	D-f-4	Carran line at	D = f = t		_	Total	Lead				
System Facility ID	water syst	em Facility		Sampling ID	Point	Sampling I Description				oliforn Rule		•	Asbestos		Stage
	NICTDIBI ITI	ON SYSTEM	<u> </u>	4			ION SYSTEM		<u>Status</u> A	Y	Nuic	1101	ASSESTEDS	vvqi z	DDFK
00000	DISTRIBUTI	ON SISILIVI	ı	•	RFΔM		SERVICE CON		A	'					
				UPSTRE			SERVICE CON		A						
00700	ENTRY POI	NT		3		ENTRY POI		•	A						
	WELL	1.4.1		2		WELL	1141		Α						
21337	VVLLL				C = :=				Α						
							ormation								
Name						rganization							Job Title		
Ms. Mary D							unty 4-H Fou	ında	tion		ental Ch	air P			
Mailing Add		One		Mailing A	ddress	s Line Two					City		State	Zip Co	
326 Taft Po							I _			fret Ce			СТ	0625	9
Business		Extension	Fax			le Phone	Emergency								
860-974	-3379		860-974-	3327	860-4	50-6711	860-779-	6200	wt4h	nottice	@gmail	.com			

CT1120274	WINDHAM/TOLLAND 4-H CAMP - WELL #2	NC	31	Р	GW							
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
	Water Quality Monitoring and Con	npliance S	Schedul	e								
	Connecticut Department of Public Health Drinking Water Section											

Residential Commercial Industrial

4

Service

Connections

326 TAFT POND ROAD Towns Served: POMFRET

Local Address (where applicable)

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

Combined Agricultural

Co	onnectic	ut Departm	ent of	f Public	Health	Drir	nking '	Water S	Section	
		ter Quality l								
PWS ID PV	VS Name			- 0 -						Primary Source
CT1120284 W	OLF DEN STAT	E PARK/CAMPGRO	UND WE	LL		N		83	S	GW
Local Address (whe	re applicable)			Service	Residenti	al Co	mmercial	Industrial	Combine	d Agricultural
WOLF DEN ROAD				Connection	ns 1					
Towns Served: PON	1FRET			1	,	·				
			Monit	oring Red	quiremen	its				
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (· ·							1 ו	routine (RT)	per quarter
Sampling Poin		-			Monitorin			ection Peri		liance Status
Select from In	entory of Act	ive Sampling Points			7/1/19 - 9					omplete
					4/1/20 - 6	•				
					7/1/20 - 9	9/30/2	0			
Physical Parame	• •						,		= -	per quarter
Sampling Poin					Monitorin			ection Peri		liance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 - 9				C	omplete
					4/1/20 - 6					
W. I C I	alla ENTO	V DOINT (MISE ID	00700\		7/1/20 - 9	9/30/2	U			
Water System Fac	•	Y POINT (WSF ID	: 00700)						4	'n=\
Nitrate And Nitri		oint ID)			Monitorin	a Bori	ad Call	lection Perio		RT) per year liance Status
Sampling Point ENTRY POINT		טווונ וטן			<i>Monitorin</i> 1/1/19 - 1			ection Peni		complete
LINIKI FOINI	(3)				1/1/19 - 1	-				ompiete
					1/1/21 - 1					
		0	ther C	omplian	ce Schedi					
Compliance Schedu	le Activity				D	ue Da	te	Achiev	ed Date	
SEASONAL START U	P COMPLETIO	N			4,	/1/202	10			
		Pub	lic Not	ification	Require	men	ts			
			C	ompliance	Notice		Public Not	<u>ification</u>	PN Ce	<u>rtification</u>
Violation/Situation			- 1-	Period	Tier			Performed		
Physical Parameter	s M&R Violatio			/14 - 9/30/1			25/2015		12/5/2015	
		Water Systen	n Facili	ity and S	ampling	Poin				
Water System Water S	ystem Facility	Samnli	na Point	Sampling F	Point		Tota Colifo			Stage
Facility ID	ystem ruemty		ID	Description 1		Sta	D. J			s WQP 2 DBPR
	JTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM	<u>Stu</u>	tus			,
			STREAM		SERVICE CON	A	Ą			
		UPS1	REAM	WITHIN 5 S	SERVICE CON	A	A			
00700 ENTRY P	OINT		3	ENTRY POI	NT	A	4			
21958 WELL			2	WELL		A	4			
			Con	tact Info	rmation					
Name			0	rganization					Job Title	
Mr. David Cooley			De	eep-Enginee	ering Unit			Supv Civil E	ngineer	
Mailing Address Lin	e One	Mailin	g Addres	s Line Two				City	State	Zip Code
163 Great Hill Road							Portland		СТ	06480
Business Phone	Extension	Fax	Mobi	le Phone	Emergency I	Phone	Email Ad	dress		
860-342-2215		860-344-2560	860-2	205-7552	860-424-3	333	david.co	oley@ct.gov	/	

	donnectical Department of	I ubite I	Carti	וטו	1111111111	, water	DCCCIOII		
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary	Source
CT1120284	WOLF DEN STATE PARK/CAMPGROUND WEL	L			NC	83	S	G۷	J
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industria	al Combine	ed Agric	ultural
WOLF DEN ROAI)	Connections	1						

Towns Served: POMFRET

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

Please note the following:

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

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

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

End of schedule

	Connecticut Dep						_			ction	
		ality Monit	oring and	u Con	_						
PWS ID	PWS Name								Owr		rimary Source
CT1120344	SHARPE HILL VINEYARD -	TASTING ROOM		5		NC		37		Р	GW
	s (where applicable)		Service Connections	Residen	tiai C	Comme	ercial I	ndustri	aı	Combined	Agricultural
108 WADE RO			Connections			1					
Towns Served	d: POMFRET										
Water Syste	em Facility: DISTRIBUTION		oring Requ D: 00600)	iireme	nts						
Total Colifo	•	•	· · · · · ·					1	rou	tine (RT)	per quarter
	g Point (Sampling Point ID)			Monitori	na Pe	riod	Collec	tion Pe			ance Status
	om Inventory of Active Sampli	ng Points		7/1/19 -							mplete
	,	0		10/1/19 -			_				mplete
				4/1/20 -		-					
				7/1/20 -							
Total Colifo	orm (3100)			, , ==	., = 3/	-			3 re	epeat (RP)	per period
	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Collec	tion Pe		•	ance Status
	om Inventory of Active Sampli	ng Points		2/13/19							
Total Colifo		<u> </u>		, ,	•	,	3 ten	nporar	v ro	utine (TR)	per month
	g Point (Sampling Point ID)			Monitori	ng Pe	riod		tion Pe	-		ance Status
-	om Inventory of Active Sampli	ng Points		1/1/20 -							mplete
	rameters (PPS)							1	rou		per quarter
•	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Collec	tion Pe			ance Status
	om Inventory of Active Sampli	ng Points		7/1/19 -							mplete
	, ,			10/1/19 -							mplete
				1/1/20 -	3/31,	/20				Со	mplete
				4/1/20 -							<u> </u>
				7/1/20 -							
Water Syste	em Facility: ENTRY POINT	WELL 1 (WSF ID	: 00700)								
Nitrate And	d Nitrite (NOX)								1	routine (R	T) per year
Samplin	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Collec	tion Pe			ance Status
EP - WE	LL 1 (3)			1/1/19 -	12/31	/19				Со	mplete
				1/1/20 -	12/31	/20				Со	mplete
				1/1/21 -	12/31	/21					
Water Syste	em Facility: WELL #1 (WSF	ID: 22940)									
E. Coli (301	14)							1	trigg	ered (TG)	per period
•	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Collec	tion Pe			ance Status
WELL (2)		1	2/12/19	- 12/1	.8/19					_
		Other Co	ompliance	Sched	lules	S					
Compliance S	Schedule Activity				Due D	ate		Achie	ved I	Date	
L1 ASSESSME	ENT (TC+ INS REPEATS)			1	/11/2	2020					
		System Facili	ty and Sar	npling	Poi	nt In	vento	ry			
Water							Total	Lead			
-	ater System Facility	Sampling Point		nt		(Coliform				Stage
Facility ID		ID	Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					

CT1120344	SHARPE HILL VINEYARD - TASTING ROOM	NC	37	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary So
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	שוואוווועוו	5 Water	occuon	

1 443 10	I VV3 IVallie			Class	Silication	Opulation	Owner Type	i iiiiai y 30ui	CC
CT1120344	SHARPE HILL VINEYARD - TASTING ROOM				NC	37	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultur	al
108 WADE BOAL	<u> </u>	Connections			1				

Towns Served: POMFRET

	V	Vater System Facili	ity and Samplin	ng Point II	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	Α				
22940	WELL #1	2	WELL	А				

		C	Contact Inf	ormation				
			Organization	า			Job Title	е
ollweiler		Sharpe Hill V	/ineyard		Vp/Secretary			
e One		Mailing Add	dress Line Two			City	State	Zip Code
					Pomfret		СТ	06258-0001
Extension	N	1obile Phone	Emergency Phone	Email Ad	dress			
112								
	e One Extension	e One Extension Fax	e One Mailing Add Extension Fax N	Organization Sharpe Hill \ e One	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Sharpe Hill Vineyard e One Mailing Address Line Two Pomfret Extension Fax Mobile Phone Emergency Phone Email Address Address Property Phone Email Address Property Property Phone Email Address Property Phone	Organization Sharpe Hill Vineyard Pomfret Extension Organization Sharpe Hill Vineyard Vp/Secretary City Pomfret Emergency Phone Emergency Phone Email Address	Organization Job Title Sharpe Hill Vineyard Vp/Secretary e One Mailing Address Line Two City State Pomfret CT Extension Fax Mobile Phone Emergency Phone Email Address

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

Please note the following:

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

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

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

End of schedule

	Connecticut Dep							ection	
		ality Monit	oring and						
PWS ID	PWS Name			(Classificat	ion Popu	lation Ov	vner Type P	Primary Source
CT1120384	VINEYARD VALLEY GOLF C	LUB			NC	2	25	Р	GW
Local Address (where applicable)		Service	Residenti	al Comm	nercial Ir	ndustrial	Combined	d Agricultural
106 BRAYMAN	HOLLOW ROAD		Connections		1	1			
Towns Served:	POMFRET								
Matau Cuataua	- Facility DISTRIBUTION		oring Requ	iremen	its				
-	Facility: DISTRIBUTION	SYSTEINI (WSF II	D: 00600)					/==	`
Total Coliforn				0.0 16 1.1-	0	C-114		=) per month
	Point (Sampling Point ID)	D-it-		Monitorin		Collect	ion Period		liance Status
Select from	m Inventory of Active Sampli	ng Points		10/1/19 - 1					omplete
				4/1/20 - 4	· ·				
				5/1/20 - 5					
				6/1/20 - 6					
				7/1/20 - 7	-				
				8/1/20 - 8					
	f= = = N			9/1/20 - 9	9/30/20				
-	meters (PPS)					- "		_) per month
	Point (Sampling Point ID)			Monitorin		Collect	ion Period		liance Status
Select fror	m Inventory of Active Sampli	ng Points		10/1/19 - 1				Co	omplete
				4/1/20 - 4					
				5/1/20 - 5					
				6/1/20 - 6					
				7/1/20 - 7					
				8/1/20 - 8					
				9/1/20 - 9	9/30/20				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)						1	l routine (I	RT) per year
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Period	l Compl	liance Status
ENTRY PO	INT (3)			1/1/19 - 1	2/31/19			Co	omplete
				1/1/20 - 1	2/31/20				
				1/1/21 - 1	2/31/21				
		Other C	ompliance						
Compliance Sci	hedule Activity				ue Date		Achieved	l Date	
SEASONAL STA	RT UP COMPLETION			4/	15/2020				
	Water	System Facili	ity and Sar	npling I	Point Ir	nvento	ry		
Water						Total	Lead and		
System Wat Facility ID	ter System Facility	Sampling Point ID	Sampling Poil Description	nt	Status	Coliform Rule			Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	l	A	Y			,
22220 2131		DOWNSTREAM			A	•			
		UPSTREAM	WITHIN 5 SER		A				
00700 ENT	RY POINT	3	ENTRY POINT	1.02 0014	A				
OUTOU LIVE	INT I OHNI	J	LIVITAL FOUNT		^				

Α

WELL

2

55929 WELL 1

	onnectic	ut Dena	rtment of	f Public	Haalth	Drii	nkino	Mater	Section	า	
		•	lity Monit				_	•		1	
PWS ID P	WS Name	ter Qua	iity Moiiit	toring an	iiu Coii		1			Pri	imary Source
_	INEYARD VALL	EY GOLF CLU	IB				С	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combir	ned	Agricultural
106 BRAYMAN HO	LLOW ROAD			Connection	ıs		1				
Towns Served: PO	MFRET				"			1	1		1
			Con	tact Info	rmation	1					
Name			О	rganization					Job Tit	le	
Ms. Joan T. Loos								Owner			
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State		Zip Code
P.O. Box 66							Pomfre	et .	СТ		06258
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	Address	·		
860-974-2100											
Contact Role(s):	Legal Contact, (Owner									
Name			0	rganization					Job Tit	le	
Mr. Jabbar Mowa	ish		Vi	ineyard Valle	y Golf Club)		Business	Owner		
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State	!	Zip Code
34 Brayman Hollo	w Rd						Pomfre	et Center	СТ		06259
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	Address	·		

Contact Role(s): Administrative Contact

Please note the following:

860-974-2100

- 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

Page 25

jabbarmowaish@gmail.com

	Connectic	ut Dono	rtmont	of Dublic	Hoalth	Drir	lzina l	Mata	r Co	ction		
		•								CUOII		
	Wa	ter Qua	lity Moi	nitoring a	ind Com	_			_			
PWS ID	PWS Name							-	Owi	ner Type	Primary Sou	urce
CT1129084	SHARPE HILL VII	NEYARD, INC	•			N		37		Р	GW	
	s (where applicable)			Service	Resident	ial Co	mmercial	Industr	rial	Combine	d Agricult	:ural
108 WADE R				Connectio	ns		1					
Towns Serve	d: POMFRET											
			Mor	nitoring Re	quireme	nts						
Water Syste	em Facility: DISTR	IBUTION S	YSTEM (W	SF ID: 00600)								
Total Colif	orm (3100)								1 rou	itine (RT	per quar	ter
Samplin	ng Point (Sampling P	oint ID)			Monitorii	ng Perio	od Coll	ection P	eriod	Comp	liance Stat	us
Select f	rom Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9			C	omplete	
					10/1/19 -	12/31/	19				omplete	
					1/1/20 -	3/31/2	0			C	omplete	
					4/1/20 -	6/30/2	0					
					7/1/20 -	9/30/2	0					
•	arameters (PPS)								1 rou	itine (RT	per quar	ter
	ng Point (Sampling P				Monitorii			ection P	eriod		liance Stat	us
Select f	rom Inventory of Act	ive Sampling	Points		7/1/19 -						omplete	
					10/1/19 -						omplete	
					1/1/20 -					C	omplete	
					4/1/20 -							
					7/1/20 -	9/30/2	0					
-	em Facility: ENTR'	Y POINT - W	VELL 2 (WS	F ID: 00700)							· \	
	d Nitrite (NOX)										RT) per ye	
_	ng Point (Sampling P	oint ID)			Monitorii	_		ection P	eriod		liance Stat	us
EP - WE	LL 2 (3)				1/1/19 - 1						omplete	
					1/1/20 - 1						omplete	
					1/1/21 - 1			_				
		water Sy	ystem Fa	cility and S	ampling	Point	t Inven					
Water	/ C		C 1: D-	int Committee	Detet		Tota		d and			
System W Facility ID	ater System Facility		Sampling Po ID	int Sampling I Description			Colifo tus Rul	-	per Tier	Ashesto	Sta S WQP 2 D	age SRDR
	ISTRIBUTION SYSTEM	1	4		ION SYSTEM	Sta	tus	e nun	rier	ASDESTO	, WQI ZD	DI K
00000 D	ISTRIBUTION STSTEW			AM WITHIN 5								
			UPSTREAM		SERVICE CON							
00700 EI	NTRY POINT - WELL 2)	3	EP - WELL		Δ						
	/ELL 2	-	2	WELL 2	_							
	REATMENT PLANT			******			•					
	RESSURE TANK											
33731				ontoot lafe	ven atia							
			C	ontact Info	ormation							
Name				Organization						Job Title		
	ne O. Vollweiler			Sharpe Hill Vi	neyard			Vp/Secre	etary			
	ress Line One		Mailing Add	ress Line Two			5 .	City		State	Zip Code	
PO Box 1	Land E	_		alatia Bi	F	DI-	Pomfret	-l		СТ	06258-000	U1
Business P	hone Extension	Fax	l N	obile Phone	Emergency	rnone	Email Ad	aress				
000 074 0	110											
860-974-3	3549 112 e(s): Administrative	Contest	ol Control	D								

(Connectic	ut Depa	irtment of	Public	Health	D	rinking	g Water	Section	n	
	Wa	ter Qua	lity Monite	oring a	nd Con	np	liance S	Schedul	le		
PWS ID	PWS Name					Cla	ssification	Population	Owner Typ	e Pr	rimary Source
CT1129084	SHARPE HILL VIN	IEYARD, INC	•	NC 37 P							GW
Local Address (wh	nere applicable)			Service	Residen	tial	Commerci	al Industri	al Combi	ned	Agricultural
108 WADE ROAD				Connection	ns		1				
Towns Served: PC	OMFRET				'				'		
Name			Or	ganization					Job Ti	tle	
Mr. Steven V. Vo	llweiler		Sh	arpe Hill Vin	neyard, Inc.			Owner			
Mailing Address L	ine One		Mailing Address	Line Two				City	Stat	9	Zip Code
PO Box 1							Pomfre	et	СТ	1	06258-0001
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address			
860-974-3549	11		914-6	64-0200							
Contact Role(s):	Owner		•								

Please note the following:

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

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

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

End of schedule

	Connecticut Depa	artmen	t of Publi	c Health	n Drin	king	Water	Section	l
	Water Qua	lity Mo	nitoring	and Con	nplia	nce S	chedul	le	
PWS ID	PWS Name				Classific	cation	Population	Owner Type	Primary Source
CT1129094	WATERCURE FARM, LLC				N	С	25	Р	GW
Local Address (v	where applicable)		Service	Resider	ntial Cor	mmercia	l Industri	al Combin	ed Agricultural
WATERCURE FA	ARM, LLC		Connecti	ons				1	
Towns Served:	POMFRET			,				'	
		Mo	onitoring R	equireme	nts				
Water System	Facility: DISTRIBUTION S	YSTEM (V	VSF ID: 00600)						
Total Coliforn	n (3100)						1	l routine (R	Γ) per quarter
Sampling I	Point (Sampling Point ID)			Monitor	ing Perio	od Co	llection Pe	riod Com	pliance Status
Select fron	n Inventory of Active Sampling	g Points		10/1/19	- 12/31/2	19			Complete
					- 3/31/20				Complete
					- 6/30/20				
				7/1/20	- 9/30/20)			
Physical Para	meters (PPS)						1	l routine (R	Γ) per quarter
Sampling I	Point (Sampling Point ID)			Monitor	ing Perio	od Co	llection Pe	riod Com	pliance Status
Select fron	n Inventory of Active Sampling	g Points		10/1/19					Complete
					- 3/31/20				Complete
					- 6/30/20				
				7/1/20	- 9/30/20)			
Water System	Facility: ENTRY POINT (V	WSF ID: 00	700)						
Nitrate And N	Nitrite (NOX)							1 routine	(RT) per year
Sampling I	Point (Sampling Point ID)			Monitor	ing Perio	od Co	llection Pe	riod Com	pliance Status
ENTRY POI	INT (3)			1/1/19 -	12/31/1	.9			Complete
				1/1/20 -	12/31/2	.0			
				1/1/21 -	12/31/2	1			
	Water S	ystem F	acility and	Sampling	Point	Inve	ntory		
Water	C	<i>c</i>				To			-
*	er System Facility	Sampling I ID	Point Sampling Descripti			_	orm Cop		Stage
Facility ID	DIDLITION CYCTEM				Stat	ıus		Her Asbest	os WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4 DOWNSTB		TION SYSTEM			(
		UPSTREA	EAM WITHIN 5				Y Y		
00700 ENT	DV DOINT			SERVICE CO			<u> </u>		
	RY POINT	3	ENTRY PO	JIN I	A				
61607 WEL	L I	2	WELL 1		A	<u>.</u>			
			Contact Inf	ormation	1				
Name			Organization	1				Job Titl	e
Mr. Daniel Nag	у					I			
Mailing Address		Mailing Ad	ddress Line Two				City	State	Zip Code
94 Hampton Ro	pad					Pomfre	t Center	СТ	06259
Business Phor	ne Extension Fax		Mobile Phone	Emergency	y Phone	Email A	ddress		
860-208-408	3					daniel@	watercure	farm.com	

Contact Role(s): Administrative Contact, Owner

Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS Name	Classification	Population	Owner Type	Prima							

PWS ID PWS Name			Class	sification	Population	Owner Type	Primary Source	
CT1129094 WATERCURE FARM, LLC					NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercial Industria		al Combine	ed Agricultural
WATERCURE FA	Connections					1		

Towns Served: POMFRET

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