	Connecticut Departmen	nt of Dublic Hoolth	Duin	lrin a I	Motor C	o ation	
	Connecticut Departme					ection	
	3	lonitoring and Con					
PWS ID	PWS Name				-		rimary Source
CT1170122	REDDING MEDITATION SOCIETY		NC		25	Р	GW
	(where applicable)	Service Residen	tial Con	nmercial	Industrial	Combined	Agricultural
9 PICKETTS RII		Connections		1			
Towns Served							
		Ionitoring Requireme	nts				
-	m Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)					
Total Colifor	• •				1 r	-	per month
	g Point (Sampling Point ID)	Monitor			ection Period		iance Status
Select fro	om Inventory of Active Sampling Points	10/1/19 -					mplete
		11/1/19 -					mplete
		12/1/19 -					mplete
			1/31/20				mplete
			2/29/20 3/31/20				omplete omplete
			4/30/20			CC	mpiete
			5/31/20				
			6/30/20				
			7/31/20				
			8/31/20				
			9/30/20				
Physical Par	rameters (PPS)	· ·			1 rc	outine (RT	per month
-	g Point (Sampling Point ID)	Monitor	ng Perio	d Coll	ection Period	-	iance Status
Select fro	om Inventory of Active Sampling Points	10/1/19 -	10/31/1	9		Co	mplete
		11/1/19 -	11/30/1	9		Co	mplete
		12/1/19 -	12/31/1	9		Co	mplete
			1/31/20			Co	mplete
			2/29/20			Co	mplete
			3/31/20			Co	mplete
			4/30/20				
			5/31/20				
			6/30/20				
			7/31/20				
			8/31/20				
Water Systom	m Facility: ENTRY POINT (WSF ID: 0		9/30/20				
•	Nitrite (NOX)	707001			1	routine (RT) per year
	g Point (Sampling Point ID)	Monitor	na Perio	d Coll	ection Period		iance Status
ENTRY PO		1/1/19 -					mplete
	, ,	1/1/20 -					mplete
		1/1/21 -					
	Oth	her Compliance Sched	lules				
Compliance S	chedule Activity	•	Due Date		Achievea	l Date	
-	ECTION SURVEY REPORT		3/1/2020)			
	Water System	Facility and Sampling	Point	Inven	tory		
Water		, ,		Tota	al Lead and	1	
System Wo	•	g Point Sampling Point		Colifo	rm Copper		Stage

	Connecticu	it Department of	Public H	lealth	D	rinkii	ng V	Vater	Sec	tion	
		er Quality Monit					_				
PWS ID	PWS Name		<u> </u>							r Type F	rimary Source
CT1170122	2 REDDING MEDITA	ATION SOCIETY				NC		25	F		GW
Local Addr	ess (where applicable)		Service	Residen	tial	Comme	rcial	Industria	l Co	ombined	Agricultural
9 PICKETTS	S RIDGE ROAD		Connections			1					
Towns Ser	ved: REDDING						1				
Facility ID		ID	Description			Status	Rule	Rule 1	Tier A	sbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α					
		RMS001	MEDITATION	CTR KIT		Α	Υ			Υ	
		RMS002	MEDITATION	CTR RR L		Α	Υ			Υ	
		RMS003	MEDITATION	CTR RR R		Α	Υ			Υ	
		RMS004	RETREAT CTR	KIT FL 1		Α	Υ			Υ	
		RMS005	RETREAT CTR	RR FL1		Α	Υ			Υ	
		RMS006	RETREAT CTR	KIT FL 2		Α	Υ			Υ	
		RMS007	RETREAT CTR	RR FL 2		Α	Υ			Υ	
		RMS008	R RM NEAR O	FFICE		Α	Υ	1			
		RMS009	KITCHEN			Α	Υ	1			
		RMS010	R RM NEAR N	URSERY		Α	Υ	1			
		RMS011	NURSERY			Α	Υ	1			
		RMS012	2ND FLR KITC	HEN		Α	Υ	1			
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
10878	WELL #1	2	WELL			Α					
51183	WELL-X-TROL										
		Certified	Operator	Inform	ati	ion					
Water Sys	stem Facility: DISTRIE	BUTION SYSTEM (WSF II	D: 00600)								
Facility Cla	assification: SMALL WAT	ER SYSTEM									Certification
Operator I	Name	Operator Type	e Ce	ertificatio	n(s))					Expiration
FOLEY, JAN	MES	CHIEF OPERATO	DR W	ATER TRE	ATN	MENT PL	ANT C	PERATOR	- CLA	SS II	3/31/2023
		Con	tact Inforr	nation							

Contact Information												
Name					Organization		Job Title					
Mr. Michael Bresna	an				Redding Cent	er For Meiditation		Owner				
Mailing Address Lin	e One		Mailing	Addr	ess Line Two			City	State	Zip Code		
9 Picketts Ridge Ro	ad						West Re	dding	СТ	06896		
Business Phone Extension Fax M					bile Phone	Emergency Phone	Email Ad					
203-894-8183		0478			203-231-2925	mbresna	n@prodigy.net					

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 Water Qua		Public Heal oring and Co	mpl	iance	e Sch	edule	е			
PWS ID	PWS Name			Clas	ssificatio	n Pop	ulation	Owner	Type Pr	imary	Source
CT1170152	CHRIST CHURCH PARISH				NC		29	Р		GV	V
	vhere applicable)			lential	Comme	rcial	Industria	l Cor	mbined	Agric	cultural
180 CROSS HIGH			Connections	1							
Towns Served: I	REDDING										
		Monito	oring Requiren	nents	1						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliforn	n (3100)						1	routin	e (RT) p	er qu	ıarter
Sampling I	Point (Sampling Point ID)		Monit	oring P	Period	Collec	tion Peri	iod	Complic	ince S	tatus
Select from	n Inventory of Active Samplir	g Points	7/1/2	9 - 9/3	0/19				Cor	nplete	ē
			10/1/2	9 - 12/	31/19	-			Cor	nplete	<u>.</u>
			1/1/2	20 - 3/3	1/20				Cor	nplete	2
			4/1/2	20 - 6/3	0/20						
			7/1/2	20 - 9/3	0/20						
Physical Para	meters (PPS)						1	routin	e (RT) p	er qu	ıarter
Sampling I	Point (Sampling Point ID)		Monit	oring P	Period	Collec	tion Peri	iod	Complic	ince S	tatus
Select from	n Inventory of Active Samplin	g Points	7/1/2	9 - 9/3	0/19				Cor	nplete	<u> </u>
			10/1/2	9 - 12/	31/19				Cor	nplete	j
			1/1/2	20 - 3/3	1/20				Cor	nplete	ē
			4/1/2	20 - 6/3	0/20						
			7/1/2	20 - 9/3	0/20						
Water System	Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And N	litrite (NOX)							1 rou	itine (R	T) pei	year
Sampling I	Point (Sampling Point ID)		Monit	oring P	Period	Collec	tion Peri	iod	Complia	ince S	tatus
ENTRY POI	NT (3)		1/1/1	9 - 12/3	31/19				Cor	nplete	9
			1/1/2	0 - 12/3	31/20				Cor	nplete	<u> </u>
			1/1/2	1 - 12/3	31/21						
Water System	Facility: WELL (WSF ID:	10533)									
E. Coli (3014)							1	routin	e (RT) p	er qu	ıarter
Sampling F	Point (Sampling Point ID)		Monit	oring P	Period	Collec	tion Peri	iod	Complic	ince S	tatus
WELL (2)			7/1/2	9 - 9/3	0/19				Cor	nplete	9
			10/1/2	L9 - 12/	31/19				Cor	nplete	غ
			1/1/2	20 - 3/3	1/20				Cor	nplete	j
			4/1/2	20 - 6/3	0/20						
			7/1/2	20 - 9/3	0/20						
		Other Co	ompliance Sch	edule	es						
Compliance Sch	edule Activity		•		Date		Achiev	ed Dat	e		
-	TION EXEMPTION			3/1/	2022						
		System Facili	ty and Sampli			vento	rv				
Water	Waters	7000111 7 40111	o, and sampin	٠ . ح		Total	Lead a	und			
	er System Facility	Samplina Point	Sampling Point		(ı otal Coliforn					Stage
Facility ID	,	ID	Description		Status	Rule			bestos		_
	RIBUTION SYSTEM	4	DISTRIBUTION SYST		A A	Υ					
		CCP001	KIT SNK		Α	Υ			Υ		
		CCP002	RR MENS RR		Α	Y			Y		
		CCP003	RR LADY ROOM		Α	Υ			Υ		

	Water Quality M	lonitoring an	d Con	npliai	nce S	Schedul	le	
PWS ID	PWS Name			Classific	cation	Population	Owner Type	Primary Source
CT1170152	CHRIST CHURCH PARISH			NC	2	29	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Con	nmercia	al Industri	al Combin	ed Agricultural
180 CROSS HI	GHWAY	Connections	1					

Towns Served: REDDING

Water System Facility and Sampling Point Inventory											
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR				
	CCP004	KIT SNK SINGLE	Α	Υ		Υ					
	CCP005	KIT SNK TRPL SNK	Α	Υ		Υ					
	CCP006	KITCHEN SINK	Α	Υ	1						
	CCP007	KITCHEN TRPL SINK L	Α	Υ	1						
	CCP008	KITCHEN TRPL SINK M	Α	Υ	1						
	CCP009	KITCHEN TRPL SINK R	Α	Υ	1						
	CCP010	MENS RM SINK	Α	Υ	1						
	CCP011	LADIES RM SINK	Α	Υ	1						
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY POINT	3	ENTRY POINT	Α								
10533 WELL	2	WELL	Α								
45150 WATER TREATMENT											

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SY	/STEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
FOLEY, JAMES	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023

				Contact Info	ormation					
Name				Organization				Job Title		
Mrs. Laura R. Russe	ell			Christ Church	า		Warden			
Mailing Address Lin	e One		Mailing	Mailing Address Line Two			City	State	Zip Code	
P.O. Box 54						Redding	Ridge	СТ	06876	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
203-938-2872		203-938-2	2175		203-731-0545	christchurchparish@sbcglobal.net				

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

	Connectic	•					•	_			1	
	Wa	ter Qua	lity Monit	oring a	ind Com	plia	nce S	Sch	edule			
PWS ID	PWS Name					Classifi	ication	Popu	lation O	wner Type	Prima	ry Source
CT1170014	ETHAN ALLEN CO	ONDOS, LLC				N	IC	2	25	Р	(GW
,	here applicable)			Service	Resident	ial Co	mmerci	ial Ir	ndustrial	Combir	ed Ag	ricultural
199 ETHAN ALLE				Connectio	ns		1					
Towns Served: R	EDDING											
			Monito	oring Re	quiremer	its						
Water System	Facility: DISTR	IBUTION S	STEM (WSF II	D: 00600)								
Total Coliform	• •	oint (D)			0.4 - with win	a Davi		S-114		outine (R		-
	Point (Sampling P		Doints		Monitorin			onect	ion Perio	oa Con		Status
Select from	Inventory of Act	ive sampling	Points		7/1/19 - 9						Compl	
					10/1/19 - 1							
					1/1/20 - 3						Compl	ete
					4/1/20 - 9 7/1/20 - 9							
Dhysical Days	matawa (DDC)				7/1/20-3	9/30/2	.0		1	outino (D	T\	
Physical Parar	neters (PPS) Point (Sampling P	oint ID)			Monitorin	a Dori	od C	`allect	ion Perio	outine (R		Status
	Inventory of Act		Points		7/1/19 - 9			onect	ion r enc	ou con	Compl	
Sciece iron	inventory or rec	ive sampling	1 011165		10/1/19 - :	•					Compl	
					1/1/20 - 3						Compl	
					4/1/20 - (
					7/1/20 - 9							
Water System	Facility: ENTR	Y POINT (V	/SF ID: 00700)		., _, _	,, 00, =						
Nitrate And N	•	- (,							1 routine	(RT) r	er vear
	oint (Sampling P	oint ID)			Monitorin	a Peri	od C	ollect	ion Perio			Status
ENTRY POI		,			1/1/19 - 1						Compl	
	. ,				1/1/20 - 1							
					1/1/21 - 1							
			Other Co	omplian	ce Sched	ules						
Compliance Sch	edule Activity				D	ue Dat	te		Achieve	ed Date		
RESPOND TO SA	NITARY SURVEY				7/	12/20	17					
		Water Sy	stem Facili	ty and S	Sampling	Point	t Inve	ento	ry			
Water		·		•				otal	Lead a	nd		
System Wate	r System Facility		Sampling Point	Sampling I	Point		Col	iform	Сорре	r		Stage
Facility ID			ID	Description	n	Sta	itus F	Rule	Rule Ti	er Asbest	os WQ	P 2 DBPR
00600 DISTE	RIBUTION SYSTEM]	4	DISTRIBUT	ION SYSTEM	Þ	4	Υ				
			DOWNSTREAM				4					
			UPSTREAM	WITHIN 5 S	SERVICE CON	P	4					
	Y POINT		3	ENTRY POI	NT	P	4					
22012 WELL			2	WELL		P	4					
			Con	tact Info	ormation							
Name			Or	ganization						Job Tit	le	
Mr. Joseph Zaco	one		Et	han Allen Co	ondos, LLC							
Mailing Address	Line One		Mailing Address	Line Two				С	ity	State	Zip	Code
							Ridgef	ield		СТ	0	6877
199 Ethan Allen	Highway						Mugei	icia		<u> </u>	U	
		Fax	Mobil	le Phone	Emergency	Phone	_		SS			

	Water Quality Monitoring and Compliance Schedule												
	water Quality Monito	oring and	a Con	npi	nance s	scheaul	e						
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
CT1170014	ETHAN ALLEN CONDOS, LLC				NC	25	Р	GW					
Local Address (\	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural					
199 ETHAN ALL	EN HIGHWAY	Connections			1								

Towns Served: REDDING

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

	Connecticut	Department of	F Public H	[ealth]	Drir	nkino	т W:	ater Se	ction		
		•				`	_		CCIOII		
DIAKS ID		r Quality Monit	oring and		_						
PWS ID	PWS Name	DUCATION CENTER		(-	lation Owr		rimary S GW	
CT117010		DUCATION CENTER	Comico	Dooidouti		IC	4		P		
	ress (where applicable)		Service Connections	Residenti	ai Co	mmerc	iai in	dustrial	Combine	d Agricu	iiturai
	CHANT ROAD rved: REDDING		Connections			1					
Towns Se	rvea: REDDING			•							
			oring Requ	iremen	ts						
Water Sy	stem Facility: DISTRIBU	JTION SYSTEM (WSF II	D: 00600)								
Total Co	liform (3100)							1 rou	itine (RT)	per qua	arter
	pling Point (Sampling Point			Monitorin			Collecti	on Period	Comp	liance Sta	atus
Selec	ct from Inventory of Active	Sampling Points		7/1/19 - 9						omplete	
			-	10/1/19 - 1						omplete	
				1/1/20 - 3					С	omplete	
				4/1/20 - 6							
				7/1/20 - 9	/30/2	:0					
-	Parameters (PPS)								itine (RT)		
	pling Point (Sampling Point			Monitorin			Collecti	on Period		liance Sta	atus
Selec	ct from Inventory of Active	Sampling Points		7/1/19 - 9						omplete	
				10/1/19 - 1						omplete	
				1/1/20 - 3					С	omplete	
				4/1/20 - 6							
				7/1/20 - 9	/30/2	.0					
-	stem Facility: ENTRY Po	DINT (WSF ID: 00700)									
	And Nitrite (NOX)								routine (-
	pling Point (Sampling Point	t ID)		Monitorin			Collecti	on Period		liance Sta	atus
ENTF	RY POINT (3)			1/1/19 - 1	-					omplete	
				1/1/20 - 12					С	omplete	
				1/1/21 - 1		21					
		Other Co	ompliance	Schedu	ıles						
Complian	ce Schedule Activity			Di	ue Da	te		Achieved	Date		
CROSS CC	NNECTION SURVEY REPOR	Г		3/	/1/202	22					
	W	ater System Facili	itv and Sar	npling F	oin	t Inve	entor	'V			
Water		,	.,	1 0			otal	Lead and			
System	Water System Facility	Sampling Point	Sampling Poi	nt			iform	Copper		S	Stage
Facility IE		ID	Description		Sta		Rule		Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	4	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	A	4					
		NPF001	RR 1ST FLOOP	ł	A	Д	Υ		Υ		
		NPF002	RR 2ND FLOO	R	A	4	Υ		Υ		
		NPF003	KIT SNK		A	4	Υ		Υ		
		UPSTREAM	WITHIN 5 SER	VICE CON	A	4					
00700	ENTRY POINT	3	ENTRY POINT		P	4					
22021	WELL	2	WELL		A	4					
		Con	tact Inforr	nation							
Name			rganization						Job Title		
Ms. Bruce	e Given		ew Pond Farm	Education	Ctr		Inte	rim Co-Pre			
	ddress Line One	Mailing Address					Ci		State	Zip Co	de
404 14		0 1 20 00							~=	0000	_

Page 7

C	onnectic	ut Depa	rtment	of P	Public	Health	Dri	nking	<mark>Water Water Water</mark>	Se	ection		
	Wa	ter Qua	lity Mon	itor	ring a	nd Con	nplia	nce S	Schedu	le			
PWS ID P	WS Name						Classif	ication	Population	Ow	ner Type	Pri	mary Source
CT1170104 N	EW POND FAR	M EDUCATIO	ON CENTER				N	IC	49		Р		GW
Local Address (who	Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural												Agricultural
101 MARCHANT R	OAD			Co	onnection	ns		1					
Towns Served: REI	-					'	'		'	<u>'</u>		Ţ,	
101 Marchant Roa	a							west R	tedding		CI		06896
Business Phone	Extension	Fax	Mo	obile F	Phone	Emergency	/ Phone	Email A	Address				
203-938-2117		203-938-9	9593					info@r	newpondfar	m.or	rg		
Contact Role(s): L	egal Contact, C	Owner											
Name				Orga	nization						Job Title	е	
Ms. Ann Bostelma	nn			New	Pond Fari	m Edu. Cen	ter		Executive	Dire	ector		
Mailing Address Li	ne One		Mailing Addr	ress Li	ine Two				City		State		Zip Code
101 Marchant Roa	d							West R	tedding		СТ		06896
Business Phone	Extension	Fax	Mo	obile F	Phone	Emergency	/ Phone	Email A	Address				
203-938-2117		203-938-9	9593					ann@r	newpondfar	m.or	rg		
Contact Role(s):	Administrative	Contact											

Please note the following:

- L. 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		
	Water Q	uality Monit	oring an	d Con	npl	ianc	e Sch	redul	le			
PWS ID	PWS Name	-			Clas	ssificati	on Pop	ulation	Owi	ner Type F	rimary	/ Source
CT117019	4 119 BLACK ROCK TURNP	IKE				NC		25		Р	G۱	W
Local Add	ress (where applicable)		Service	Residen	itial	Comm	ercial	Industri	ial	Combined	l Agri	cultural
119 BLACI	K ROCK TURNPIKE		Connections			1						
Towns Ser	ved: REDDING						1					
		Monito	oring Requ	iireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1	l rou	itine (RT)	per q	uarter
Sam	oling Point (Sampling Point ID)			Monitori	ing P	eriod	Collec	tion Pe	riod	Compl	iance s	Status
Selec	t from Inventory of Active Samp	ling Points		7/1/19 -	- 9/3	0/19				Co	omplet	e
				10/1/19 -	- 12/	31/19				Co	omplet	:e
				1/1/20 -	- 3/3	1/20				Co	omplet	e
				4/1/20 -								
				7/1/20 -								
Physical	Parameters (PPS)							1	l rou	itine (RT)	per q	uarter
Sam	oling Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Pe	riod	Compl	iance S	Status
Selec	t from Inventory of Active Samp	ling Points		7/1/19 -	- 9/3	0/19				Co	omplet	e
				10/1/19 -	- 12/	31/19				Co	omplet	e
			1/1/20 -	- 3/3	1/20				Co	omplet	e	
			4/1/20 -	- 6/3	0/20							
				7/1/20 -	- 9/3	0/20						
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1	routine (RT) pe	r year
Sam	pling Point (Sampling Point ID)			Monitori	ing P	Period	Collec	ction Pe	riod	Compl	iance S	Status
ENTR	RY POINT (3)			1/1/19 -	12/3	31/19				Co	omplet	e
				1/1/20 -	12/3	31/20				Co	omplet	e
				1/1/21 -	12/3	31/21						
	Wate	r System Facili	ity and Sar	npling	Po	int In	vento	ory				
Water							Total	Lead				
System	Water System Facility	Sampling Point		nt			Coliforn		-			Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM			N	Α						
		RRM001	KIT SNK TRPL			Α	Υ			Υ		
		RRM002	KIT SNK SINGI			Α	Y			Υ		
		RRM003	KIT SNK BACK			Α	Υ			Υ		
		RRM004	KIT HAND SNI			Α	Υ			Υ		
		RRM005	KIT HAND SNI			Α	Υ			Υ		
		RRM006	KT SNK LRG S	NG FRNT	Γ	Α	Υ			Υ		
		RRM007	RR MENS RR			Α	Υ			Υ		
		RRM008	RR LADY ROO	M		Α	Υ			Υ		
		UPSTREAM	WITHIN 5 SER	VICE COI	N	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
00000		•										

Α

WELL

2

22029 WELL

Water Quality Monitoring and Compliance Schedule											
PWS ID		Classification	Population	Owner Type	Primary Source						
CT1170194		NC	25	Р	GW						
Local Address (w	here applicable)	Resident	tial Commerci	al Industri	al Combine	ed Agricultural					

1

Connections

Connecticut Department of Public Health Drinking Water Section

119 BLACK ROCK TURNPIKE
Towns Served: REDDING

Contact Information											
Name		Organization	1		Job Title						
Mrs. Sandra, G Wri	ght	119 Black Ro	ock LLC		Owner/Manager						
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code		
85 Hill Rd.						Redding		СТ	06896		
Business Phone Extension Fax Mo			obile Phone	Emergency Phone	Email Ad	mail Address					
203-917-2001			203-938-2984	wrightsan@optonline.net							

Contact Role(s): Administrative 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 Departm	ent of Public I	Health I)rinki	inσ Wa	ter S	ection	
Water Quality				_		cction	
	widilitoi ilig al.		•			mor Tuno Dr	imanı Cauraa
PWS ID PWS Name	DING.	C			tion Ow		imary Source
CT1170214 296 ETHAN ALLEN HIGHWAY - REDI	_	D :1 ::	NC	25		Р	GW
Local Address (where applicable)	Service Connections	Residentia			ustrial	Combined	Agricultural
DAY'S INN Towns Served: REDDING	Connections		1	•			
	Monitoring Req	uiremen	ts				
Water System Facility: DISTRIBUTION SYSTEM							
Total Coliform (3100)	,				1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collectio			nce Status
Select from Inventory of Active Sampling Points		7/1/19 - 9					mplete
, , ,		10/1/19 - 1					mplete
		1/1/20 - 3					•
		4/1/20 - 6					
		7/1/20 - 9	-				
Physical Parameters (PPS)		, ,			1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collectio			ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	*			•	mplete
, , ,		10/1/19 - 1					nplete
		1/1/20 - 3					
		4/1/20 - 6					
		7/1/20 - 9					
Water System Facility: ENTRY POINT (WSF ID	: 00700)	,,1,20 3	, 50, 20				
Nitrate And Nitrite (NOX)					1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collectio	n Period	l Complic	ance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19				
		1/1/20 - 12	2/31/20				
		1/1/21 - 12	2/31/21				
Pub	lic Notification	Requiren	nents				
	Compliance	Notice	Publ	ic Notificati	on	PN Certi	<u>ification</u>
Violation/Situation	Period	Tier	Requir	red Perfo	rmed	Due to DPH	Received
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	9/10/20	019		9/20/2019	
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/10/20	019		9/20/2019	
Total Coliform M&R Violation	1/1/19 - 3/31/19	3	5/7/20)20		5/17/2020	
Physical Parameters M&R Violation	1/1/19 - 3/31/19	3	5/7/20)20		5/17/2020	
Odor M&R Violation	4/1/19 - 6/30/19	3	8/12/2	020		8/22/2020	
Water System	n Facility and Sa	mpling P	oint In	ventory			
Water				Total L	ead and	d	
	ng Point Sampling Po	int		-	Copper		Stage
Facility ID	ID Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTIO	N SYSTEM	Α	Υ			
DOWN	ISTREAM WITHIN 5 SE	RVICE CON	Α				
UPS	TREAM WITHIN 5 SE	RVICE CON	Α				
00700 ENTRY POINT	3 ENTRY POIN	Т	Α				

Α

WELL

2

22031 WELL

	Connectic	ut Dona	rtmont	of Dublic	Haalth	Dri	alzino	Mator	Soct	ion		
'		•					_			1011		
	wa	ter Qua	lity Mon	nitoring an	nd Con	nplia	ince S	schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner ⁻	Туре	Primary Source	
CT1170214	296 ETHAN ALLI	N HIGHWAY	- REDDING			NC		25	Р		GW	
Local Address (w	here applicable)			Service	Resider	itial Co	mmerci	al Industri	al Cor	nbine	d Agricultural	
DAY'S INN				Connection	S	1						
Towns Served: RI	Towns Served: REDDING											
			Co	ontact Info	rmatior	1						
Name				Organization					Jol	o Title		
Mr. Amarat Pate	I			Ridgefield Mot	or Inn, Inc	•		President				
Mailing Address I	Line One		Mailing Add	ress Line Two	ess Line Two			City	S	tate	Zip Code	
296 Ethan Allen I	Highway					Ridgefield				СТ	06877	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email Address					
203-438-3781		203-431-6	5402									
Contact Role(s):	Administrative	Contact, Leg	al Contact									
Name				Organization					Jol	o Title		
296 Ethan Allen I	Highway											
Mailing Address I	Line One		Mailing Add	ress Line Two				City	S	tate	Zip Code	
296 Ethan Allen H			Redding				CT	06877-6217				
Business Phone	Extension	Fax	Me	obile Phone	Emergency	ergency Phone Email Address						
					<u> </u>							
		· · · · · · · · · · · · · · · · · · ·										

Please note the following:

Contact Role(s): Legal Contact, Owner

- 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		•	artment (ction	
DVA/C ID DVA		ter Qua	ility Moli	normg a	iiiu Coii				1	T D.	wiwaawu Cauwaa
	/S Name	/ TNIDI/				Classifica	ition Po	-	Owr		rimary Source
	9 BLACK ROCH	KINPK		Service	Residen	NC	mercial	48 Industri	-1	P Combined	GW
Local Address (whe 109 BLACK ROCK TU				Connection		itiai Com	merciai	maustri	dI		Agricultural
Towns Served: RED				Connectio	113					4	
Towns Served: RED	DING								_		
Water System Fac	cility: DISTR	IBUTION S		itoring Re F ID: 00600)	quireme	nts					
Total Coliform (3	3100)							1	l rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitor	ing Period	Colle	ection Pe	riod	Compli	ance Status
Select from Inv	entory of Act	ive Samplin	g Points		7/1/19 -	9/30/19				Со	mplete
					10/1/19 -	12/31/19)			Со	mplete
					1/1/20 -	3/31/20					
					4/1/20 -	6/30/20					
					7/1/20 -	9/30/20					
Physical Paramet	ters (PPS)							1	l rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitor	ing Period	Colle	ection Pe	riod	Compli	ance Status
Select from Inv	entory of Act	ive Samplin _{	g Points		7/1/19 -	9/30/19				Co	mplete
					10/1/19 -	12/31/19)			Co	mplete
					4/1/20 -	6/30/20					
					7/1/20 -	9/30/20					
Water System Fac	cility: ENTR	Y POINT (\	NSF ID: 0070	0)							
Nitrate And Nitri	te (NOX)								1	routine (F	T) per year
Sampling Poin	t (Sampling P	oint ID)			Monitor	ing Period	Colle	ection Pe	riod	Compli	ance Status
ENTRY POINT ((3)				1/1/19 -	12/31/19				Со	mplete
					1/1/20 -	12/31/20					
					1/1/21 -	12/31/21					
			Other	Complian							
Compliance Schedu						Due Date		Achie	eved I	Date	
CROSS CONNECTIO	N EXEMPTION					3/1/2022					
		Water S	ystem Fac	ility and S	Sampling	Point I	Invent	tory			
Water			- " - "				Tota				
- /	ystem Facility		Sampling Poi	nt Sampling Descriptio			Colifor			Ashastas	Stage
Facility ID	ITION CYCTEN					Statu		e Kuie	Her	Aspestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4 DOM/NETDEA		TON SYSTEM		Y				
				M WITHIN 5							
00700 FNITDV D	OINT		UPSTREAM		SERVICE COI						
00700 ENTRY P	OINT		3	ENTRY PO	IN I	Α .					
22034 WELL 1		OF TAX!!!	2	WELL		Α					
59552 ATMOSP	HERIC STORA	GE TANKS									
			Co	ontact Info	ormation)					
Name				Organization						Job Title	
Mr. Steven Rounto	S			The Spinning	Wheel	1					
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City		State	Zip Code
109 Black Rock Turr	npike				I		edding			СТ	06896
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone E	mail Add	dress			

Page 13

	dominocitate Bopar amone of Fabrica Troater Britishing Water Bootlein											
	Water Quality M	onitoring and	d Con	npl	iance S	Schedul	le					
PWS ID	NS ID PWS Name					Population	Owner Type	Primary Source				
CT1170244	109 BLACK ROCK TNPK		NC 48			Р	GW					
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural				
109 BLACK ROCI	K TURNPIKE	Connections					4					
Towns Served: F		·										
203-257-4491	203-612-3593	203-257-4491			thespir	iningwheeld	t@gmail.con	า				
Contact Role(s):	Administrative Contact, Legal Contact	t, 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

Page 14

	Connecticut Departmen	nt of Public H	lealth	Dr	inking	Wate	r S	ection	
	Water Quality M				_				
PWS ID	PWS Name			Clas	sification	Population	יס ר	wner Type Pr	imary Source
CT1170254	ST PATRICKS CHURCH				NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Indust	rial	Combined	Agricultural
179 BLACK RO	CK TURNPIKE	Connections			1				
Towns Served:	REDDING								
	M	onitoring Requ	iireme	nts					
Water Syster	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	m (3100)						1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori			ollection P	erio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -						mplete
			11/1/19 -						mplete
			12/1/19 -						mplete
			1/1/20 -						mplete
			2/1/20 -					Соі	mplete
			3/1/20 -		-				
			4/1/20 -						
			5/1/20 - 6/1/20 -						
			7/1/20 -						
			8/1/20 -						
			9/1/20 -						
Physical Para	ameters (PPS)		-, , -		· , -		1 r	outine (RT)	per month
-	Point (Sampling Point ID)		Monitori	ng P	eriod C	ollection P			ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/3	31/19			Coi	mplete
			11/1/19 -	11/3	30/19			Соі	mplete
			12/1/19 -	12/3	31/19			Coi	mplete
			1/1/20 -	1/31	L/20			Coi	mplete
			2/1/20 -	2/29	9/20			Coi	mplete
			3/1/20 -						
			4/1/20 -		-				
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
Mater System	n Facility: ENTRY POINT (WSF ID: 0	0700)	9/1/20 -	9/30	J/ 2U				
	,	0700)						1 routing /P	T) por voor
	Nitrite (NOX) Point (Sampling Point ID)		Monitori	na D	eriod C	ollection P		1 routine (R	ance Status
ENTRY PC			1/1/19 -			onection P	C110		mplete
בואוווורכ	····· ()		1/1/20 -						mplete
			1/1/21 -		-				
	Public	c Notification R			•				
	. 3511	Compliance	Notice			otification		PN Cert	ification
Violation/Situ	ation	Period	Tier		Required	Perform	ed	Due to DPH	Received
r Cal:		4/1/10 4/20/10	2		C/4/2020	2.,0		C/14/2020	2222

3

6/4/2020

6/14/2020

4/1/19 - 4/30/19

E. Coli

F4.4.703.F.4	CT DATRICKS CHURCH	NC	25	_	CM					
WS ID	PWS Name	Classification	Population	Owner Type	Primary So					
Water Quality Monitoring and Compliance Schedule										
Connecticut Department of Fublic Health Drinking Water Section										

PW3 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1170254	ST PATRICKS CHURCH			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
179 BLACK ROCI	KTHRNPIKE	Connections		1			

Towns Served: REDDING

DIA

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 Stage Rule Tier Asbestos WQP 2 DBPR					
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		SPC001	KIT SNK PARISH CTR	Α	Υ	Υ					
		SPC002	LADIES R PARISH CTR	Α	Υ	Υ					
		SPC003	MENS R PARISH CTR	Α	Υ	Υ					
		SPC004	LADIES L PARISH CTR	Α	Υ						
		SPC005	MENS L PARISH CTR	Α	Υ						
		SPC006	MENS L CHURCH	Α	Υ						
		SPC007	MENS R CHURCH	Α	Υ						
		SPC008	LADIES L CHURCH	Α	Υ						
		SPC009	LADIES R CHURCH	Α	Υ						
		SPC010	VESTING ROOM	Α	Υ						
		SPC011	FLOWER ROOM	Α	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
22035	WELL 1	2	WELL 1	Α							
52915	WELL 2	2	WELL 2	Α							
57104	TREATMENT PLANT										

Contact Information												
Name					Organization			Job Title				
Father Joseph Cervero					St. Patrick's C	hurch		Pastor				
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two			City	State	Zip Code		
169 Black Rock Turi	npike		P.O. Box	119			Redding	Ridge	СТ	06876-0119		
Business Phone Extension Fax M				Мо	bile Phone	Emergency Phone	Email Ad	ail Address				
203-938-2253 203-938-3396							fj203@o	ptimum.net				

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

	Connecticut Departmer	nt of Public H	Iealth	D	rinking	g W	ater	Se	ection	
	Water Quality Mo	onitoring an	d Con	npl	liance	Sch	edul	e		
PWS ID	PWS Name			Cla	ssification	Pop	ulation	Ow	ner Type	Primary Source
CT1170274	TOPSTONE TOWN PARK				NC		25		Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial	Commerc	ial I	ndustri	al	Combine	d Agricultural
72 TOPSTONE RO	OAD	Connections			1					
Towns Served: R	REDDING									
	M	onitoring Requ	ıireme	nts	;					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform	n (3100)							1 rc	outine (RT) per month
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period C	Collec	tion Pe	riod	Comp	liance Status
Select from	Inventory of Active Sampling Points		5/1/20 -	5/3	1/20					
		·	6/1/20 -	6/3	0/20					
			7/1/20 -	7/3	1/20					
			8/1/20 -	8/3	1/20					
			9/1/20 -	9/3	0/20					
Physical Parar	meters (PPS)							1 ro	outine (R1) per month
Sampling P	Point (Sampling Point ID)		Monitori			Collec	tion Pe	riod	Comp	liance Status
Select from	Inventory of Active Sampling Points		5/1/20 -	5/3	1/20					
			6/1/20 -							
			7/1/20 -							
			8/1/20 -	8/3	1/20					
			9/1/20 -	9/3	0/20					
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)								
Nitrate And N	itrite (NOX)							1	routine (RT) per year
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period C	Collec	tion Pe	riod	Comp	liance Status
ENTRY POIN	NT (3)		1/1/19 -	12/3	31/19	5/	1-9/30		С	omplete
			1/1/20 -	12/3	31/20	5/	1-9/30			
			1/1/21 -	12/3	31/21	5/	1-9/30			
Water System	Facility: WELL (WSF ID: 22037)									
E. Coli (3014)								1 ro	outine (RT) per month
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period C	Collec	tion Pe	riod	Comp	liance Status
WELL (2)			5/1/20 -	5/3	1/20					
			6/1/20 -	6/3	0/20					
			7/1/20 -	7/3	1/20					
			8/1/20 -							
			9/1/20 -	9/3	0/20					
	Oth	er Compliance	Sched	lule	es					
Compliance Sch	edule Activity			Due	Date		Achie	ved	Date	
SEASONAL STAR	T UP COMPLETION			5/1/	'2020					
	Public	Notification R	equire	eme	ents					
Walast for	tt	Compliance	Notice		Public N					rtification
Violation/Situat		Period 7/24/40	Tier		Required		rforme		Due to DPF	
E. Coli M&R Viol		7/1/19 - 7/31/19	3		12/11/2020				12/21/2020	
E. Coli M&R Viol		8/1/19 - 8/31/19	3		12/11/2020	_		1	12/21/2020)
	Water System F	acility and Sai	npling	Po	int Inve	ento	ry			

Total

Coliform Copper

Lead and

Stage

Page 17

Sampling Point Sampling Point

Water

System Water System Facility

		Connecticut Depa	artment of	f Public H	lealth	\mathbf{D}	rinking	Water	Section	
		Water Qua	lity Monit	toring an	d Con	npl	iance S	Schedul	le	
PWS ID		PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT117027	' 4	TOPSTONE TOWN PARK				NC		25	Р	GW
Local Add	ress (w	here applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	d Agricultural
72 TOPST	ONE R	DAD		Connections			1			
Towns Sei		EDDING		B-03011B-110-1						
		NIDUTION SYSTEM		DICTRIBUTION	LCVCTEN		Status '	Y Naic	THE PISSESTO	TIQI Z DDI K
00600	ווצוע	RIBUTION SYSTEM	4	DISTRIBUTION		-		Y		
			DOWNSTREAM	WITHIN 5 SERVICE CON			Α			
			TTP001	RR GENERIC RR			Α	Υ	Υ	
			TTP002	WATER FOUN	TAIN		Α	Υ	Υ	
			UPSTREAM	WITHIN 5 SER	VICE CO	V	Α			
00700	ENTR	Y POINT	3	ENTRY POINT			Α			
22037	WELL		2	WELL			Α			
60957	TREA	TMENT PLANT								
			Cor	ntact Inform	nation	1				
Name			0	rganization					Job Title	
Mr. Robe	rt S. Bl	ick	P	arks & Recreati	on Dept.					
Mailing A	ddress	Line One	Mailing Addres	s Line Two				City	State	Zip Code

Contact Role(s): Administrative Contact, Legal Contact

Extension

6

Please note the following:

P O Box 1071

Business Phone

203-938-2551

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

Mobile Phone

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

Fax

203-938-1071

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.

Redding

Emergency Phone | Email Address

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

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

End of schedule

06896

CT

RBLICK@TOWNOFREDDINGCT.ORG

	Connecticut Departmen				`				ection	
	Water Quality M	onitoring an	d Com	_						
PWS ID	PWS Name			Clas	ssification	Ро	pulation	Ow	ner Type	Primary Source
CT1170314	2 LONG RIDGE ROAD				NC		25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	ial	Industria	al	Combine	d Agricultural
		Connections			1					
Towns Served:	REDDING									
	M	onitoring Requ	ireme	nts						
-	n Facility: DISTRIBUTION SYSTEM (
Total Colifor							:	1 ro	-	Γ) per month
	Point (Sampling Point ID)		Monitori			Colle	ection Per	ioa	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/	31/19					_
			11/1/19 -							
			12/1/19 -							
			1/1/20 -							
			2/1/20 -							
			3/1/20 -		-					
			4/1/20 -		-					
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -	9/3	0/20					
-	ameters (PPS)								-	Γ) per month
	Point (Sampling Point ID)		Monitori			Colle	ection Per	rioa	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -							
			11/1/19 -							
			12/1/19 -	12/	31/19					
			1/1/20 -	1/3	1/20					
			2/1/20 -							
			3/1/20 -							
			4/1/20 -		-					
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							_
			9/1/20 -	9/3	0/20					
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And	Nitrite (NOX)							1	routine ((RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period (Colle	ection Per	rioa	Comp	liance Status
ENTRY PC	OINT (3)		1/1/19 -						C	Complete
			1/1/20 -		-					
			1/1/21 -	12/3	31/21					
		er Compliance	Sched	lule	es					
	hedule Activity			Due	Date		Achie	ved	Date	
RESPOND TO S	ANITARY SURVEY		13	1/15	/2015					
4 4005004	T (A A) II TIBLE TO \			- 14 -	10047					

L1 ASSESSMENT (MULTIPLE TC+)

10/19/2017

	Connecticut De	partmen	it of	Public H	[ealth]	Drinkin	g Wate	er S	ection	
	Water Qi	-					_			
PWS ID	PWS Name	adirey 1-10	<i>31110</i>				1		wner Type Pr	imary Source
CT1170314						NC	25		Р	GW
Local Addre	ess (where applicable)			Service	Residenti	al Commerc	cial Indus	trial	Combined	Agricultural
				Connections		1				
Towns Serv	red: REDDING					-	-			
		Public	Not	ification R	equirer	ments				
			C	ompliance	Notice	Public I	<u>Votificatio</u>			<u>ification</u>
Violation/S				Period	Tier	Required	_	ned	Due to DPH	Received
	OTAL COLIFORM RULE (RTCR) TT	Violation		0/20/17 -	2	5/9/2018			5/19/2018	
	rm M&R Violation			¹ 18 - 5/31/18	3	9/10/2019	9		9/20/2019	
Physical Pa	rameters M&R Violation		5/1/	¹ 18 - 5/31/18	3	9/10/2019	9		9/20/2019	
	rm M&R Violation			/19 - 2/28/19	3	6/3/2020			6/13/2020	
-	rameters M&R Violation			/19 - 2/28/19	3	6/3/2020			6/13/2020	
Total Colifo	rm M&R Violation		8/1/	19 - 8/31/19	3	12/18/202	0		12/28/2020	
Physical Pa	rameters M&R Violation		8/1/	/19 - 8/31/19	3	12/18/202	0		12/28/2020	
Total Colifo	rm M&R Violation			/19 - 9/30/19	3	12/18/202	0		12/28/2020	
Physical Pa	rameters M&R Violation		9/1/	/19 - 9/30/19	3	12/18/202	0		12/28/2020	
	Water	System F	acili	ity and San	npling I	Point Inve	entory			
Water								ad an		
System	Water System Facility		Point	Sampling Poir	nt	Со	liform C	орреі	r	Stage
System Facility ID		ID		Description		Co Status	liform C Rule Ru	орреі	er Asbestos	Stage WQP 2 DBPR
System Facility ID	Water System Facility DISTRIBUTION SYSTEM	1D 2LR00)1	Description KIT SNK TRPL	DELI	Status A	liform C Rule Ru Y	орреі	er Asbestos Y	_
System Facility ID		2LR00 2LR00	1	Description KIT SNK TRPL KIT SNK HAND	DELI	Status A A	liform Co Rule Ru Y	орреі	er Asbestos Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00	1 2 3	Description KIT SNK TRPL KIT SNK HAND RR DELI	DELI	Co Status A A A	liform Co Rule Ru Y Y Y	орреі	er Asbestos Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00	1 12 13	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA	DELI DELI	A A A A A	liform Co Rule Ru Y Y Y Y	орреі	Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00)1)2)3)4	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ	DELI DELI ZZA	A A A A A A	liform Co Rule Ru Y Y Y Y Y	орреі	Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00	11 12 13 14 15	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL	DELI) DELI ZZA PIZZA	A A A A A	liform Co Rule Ru Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00	11 12 13 14 15 16	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT	DELI DELI ZZA PIZZA H SNK PZ	A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00	11 12 13 14 15 16 17	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R	DELI DELI ZZA PIZZA H SNK PZ	A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00	11 12 13 14 15 16 17 18	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP	DELI DELI ZZA PIZZA H SNK PZ RR	A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00	11 12 13 14 15 16 17 18 19 19	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFICE	DELI ZZA PIZZA H SNK PZ RR P RR CE RR	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01	11 12 13 14 15 16 17 18 19 19	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR	DELI ZZA PIZZA H SNK PZ RR P RR CE RR E RR	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01 2LR01 4	11 12 13 14 15 16 17 18 19 19 10	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR DISTRIBUTION	DELI DELI ZZA PIZZA H SNK PZ RR P RR CE RR E RR I SYSTEM	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID		2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01 4 DOWNSTF	11 12 13 14 15 16 17 18 19 0 1	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR DISTRIBUTION WITHIN 5 SER	DELI DELI ZZA PIZZA H SNK PZ RR P RR CE RR E RR I SYSTEM VICE CON	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID 00600	DISTRIBUTION SYSTEM	2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01 4 DOWNSTE	11 12 13 14 15 16 17 18 19 0 1	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR DISTRIBUTION WITHIN 5 SER	DELI DELI ZZA PIZZA H SNK PZ RR P RR CE RR E RR I SYSTEM VICE CON	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID 00600	DISTRIBUTION SYSTEM	2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01 2LR01 4 DOWNSTR	11 12 13 14 15 16 17 18 19 0 1	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	DELI DELI ZZA PIZZA H SNK PZ RR P RR CE RR E RR I SYSTEM VICE CON	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_
System Facility ID 00600	DISTRIBUTION SYSTEM	2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR00 2LR01 4 DOWNSTE	11 12 13 14 15 16 17 18 19 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description KIT SNK TRPL KIT SNK HAND RR DELI RR PIZZA HAND SNK PIZ KIT SNK TRPL SERVER STAT HAIR SALON R BARBER SHOP DENTIST OFFIC LIQUOR STOR DISTRIBUTION WITHIN 5 SER	DELI DELI ZZA PIZZA H SNK PZ RR CE RR E RR I SYSTEM VICE CON	A A A A A A A A A A A A A A A A A A A	liform Co Rule Ru Y Y Y Y Y Y Y Y Y Y	орреі	Y Y Y Y Y Y Y Y Y	_

					•	•			
				Contact Info	ormation				
Name				Job Title					
Mr. John D. Wanat									
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
2 Long Ridge Road	P.O.Box 75				West Redding			СТ	06896
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
203-938-3771		203-938-2	2969		203-938-3771	kingpoleac@aol.com			
Contact Role(s): Ac	dministrative	Contact, Leg	al Cont	act, Owner					

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

					1				
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT1170314	2 LONG RIDGE ROAD					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
			Connections			1			

Towns Served: REDDING

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

omtoring an			T T		imary Source			
OLID WELL	Ci		·		GW			
	Pecidentia				Agricultural			
		Commerci	iai iiiuustiiai	Combined	Agricultural			
	1							
lonitoring Regu	iirement	te						
	an emem							
W3F ID. 00000j			1 r	outine (RT) n	er guarter			
	Monitorina	Period C			-			
			onection Ferio		nplete			
					nplete			
				CO1	прісте			
•								
					nplete			
	10/1/19 - 12/31/19 10/1-11/15			Complete				
					•			
	7/1/20 - 9/	/30/20						
0700)								
				1 routine (R	Γ) per year			
	Monitoring	Period C		=	ınce Status			
	1/1/10 - 12	/31/19		Cor	malata			
	1/1/1/1/12				nplete			
	1/1/20 - 12	-			npiete			
		/31/20		<u> </u>	ripiete			
ner Compliance	1/1/20 - 12 1/1/21 - 12	/31/20 /31/21			пріесе			
ner Compliance	1/1/20 - 12 1/1/21 - 12 • Schedu	/31/20 /31/21	Achieve		пріесе			
ner Compliance	1/1/20 - 12 1/1/21 - 12 • Schedu	/31/20 /31/21 les	Achieve		пріесе			
ner Compliance	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2	/31/20 /31/21 les e Date 22/2007	Achieve		приесе			
	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2	/31/20 /31/21 les e Date 22/2007	Achieve otification					
c Notification F	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem	/31/20 /31/21 les e Date 22/2007		d Date				
c Notification F	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice	/31/20 /31/21 les e Date 22/2007 nents Public N	lotification Performed	d Date PN Certi	fication			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier	/31/20 /31/21 les e Date 22/2007 nents Public N Required	otification Performed	d Date <u>PN Certi</u> Due to DPH	fication			
C Notification F Compliance Period 4/1/09 - 6/30/09	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009	otification Performed	d Date PN Certi Due to DPH 10/19/2009	fication			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009	otification Performed	PN Certi Due to DPH 10/19/2009 12/2/2009	fication			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09 7/1/12 - 9/30/12	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009 11/24/2012	otification Performed	PN Certi Due to DPH 10/19/2009 12/2/2009 12/4/2012	fication			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09 7/1/12 - 9/30/12 Facility and Sampling Point Sampling Point	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2 mpling P	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009 11/24/2012 coint Inve	Performed Performed Performed Performed Performed Performed Performed	PN Certi Due to DPH 10/19/2009 12/2/2009 12/4/2012	fication Received Stage			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09 7/1/12 - 9/30/12 Facility and Sampling Point Sampling Point Description	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2 mpling P	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009 11/24/2012 coint Inve	Performed Performed Performed Performed Lead an iform Coppe	PN Certi Due to DPH 10/19/2009 12/2/2009 12/4/2012	fication Received Stage			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09 7/1/12 - 9/30/12 Facility and Sail Point Sampling Point Description DISTRIBUTION	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2 mpling P	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009 11/24/2012 oint Inve	Performed Performed Performed Performed Performed Performed Performed	PN Certi Due to DPH 10/19/2009 12/2/2009 12/4/2012	fication Received Stage			
C Notification F Compliance Period 4/1/09 - 6/30/09 7/1/09 - 9/30/09 7/1/12 - 9/30/12 Facility and Sampling Point Sampling Point Description	1/1/20 - 12 1/1/21 - 12 2 Schedu Du 11/2 Requirem Notice Tier 2 2 2 mpling P	/31/20 /31/21 les e Date 22/2007 nents Public N Required 10/9/2009 11/22/2009 11/24/2012 coint Inve	Performed Performed Performed Performed Lead an iform Coppe	PN Certi Due to DPH 10/19/2009 12/2/2009 12/4/2012	fication Received Stage			
	Service Connections Ionitoring Requ (WSF ID: 00600)	OUP WELL Service Residential Connections 1 Ionitoring Requirement (WSF ID: 00600) Monitoring 7/1/19 - 9/ 10/1/19 - 12 4/1/20 - 6/ 7/1/20 - 9/ 10/1/19 - 12 4/1/20 - 6/ 7/1/20 - 9/ 10/700) Monitoring Monitoring Connections 1 1 2 3 4 5 7 6 7 7 7 7 7 8 9 10	Classification NC Service Residential Commercial Connections 1 Connections 1 Connections 1 Commercial Commercial Connections 1 Connections 1 Commercial Commercial Comme	Classification Population OOP WELL NC 25	Service Residential Commercial Industrial Combined			

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

22732 WELL

DIAIC No	Cl:6:+:	Daniel Latine	O	During
Water Quality Monitoring and Con	npliance S	Schedul	le	
Connecticut Department of Public Health	Drinking	g Water	Section	

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1170344	PUTNAM MEMORIAL S.P./YOUTH GROUP W	ELL			NC	25	S	GW
Local Address (v	Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural
792 BLACK ROC	K TURNPIKE	Connections	1					

Towns Served: REDDING

Contact Information										
Name		Job Title								
Mr. David Cooley Deep-Engineering Unit							Supv Civil Er	gineer		
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
163 Great Hill Road			Portl					СТ	06480	
Business Phone Extension Fax				Mobile Phone Emergency Phone Email Address						
860-342-2215 860-344-				860-205-7552	860-424-3333	david.cooley@ct.gov				

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 De	•					_			ction		
Water Qu	uality Monit	oring an	d Con	npli	ianc	e Sch	edul	e			
PWS ID PWS Name				Clas	sificatio	on Popu	ulation	Own	er Type Pi	rimary	Source
CT1170374 REDDING COMMUNITY C	ENTER				NC		25		L	G۷	V
Local Address (where applicable)		Service	Residen	itial	Comme	ercial I	ndustria	al	Combined	Agric	cultural
37 LONETOWN ROAD		Connections			1						
Towns Served: REDDING						·		·			
	Monito	oring Requ	uireme	nts							
Water System Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)									
Total Coliform (3100)							1	rou	tine (RT)	per qu	ıarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collect	tion Pei		Compli		
Select from Inventory of Active Samp	ling Points		7/1/19 -	9/30)/19				Со	mplete	9
			10/1/19 -	- 12/3	31/19				Со	mplete	
			1/1/20 -	- 3/31	L/20				Со	mplete	è
			4/1/20 -								
			7/1/20 -	9/30)/20						
Physical Parameters (PPS)							1	rou	tine (RT)	per qu	ıarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collect	tion Pei	riod	Compli	ance S	tatus
Select from Inventory of Active Samp	ling Points		7/1/19 -	9/30)/19				Co	mplete	9
			10/1/19 - 12/31/19						Complete		
			1/1/20 -	- 3/31	L/20				Co	mplete	ة
			4/1/20 -	- 6/30)/20						
			7/1/20 -	9/30)/20						
Water System Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And Nitrite (NOX)								1 ו	routine (R	T) pei	year
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collect	tion Pei	riod	Compli	ance S	tatus
ENTRY POINT (3)			1/1/19 -	12/3	1/19				Со	mplete	9
			1/1/20 -	12/3	1/20				Co	mplete	9
			1/1/21 -	12/3	1/21						
	Other Co	ompliance	Sched	dule	S						
Compliance Schedule Activity				Due L	Date		Achie	ved L	Date		
CROSS CONNECTION SURVEY REPORT			:	3/1/2	2017						
CROSS CONNECTION SURVEY REPORT				3/1/2	2019						
CROSS CONNECTION SURVEY REPORT				3/1/2	2020						
Water	System Facili	ity and Sar	mpling	Poi	int In	vento	ry				
Water						Total	Lead	and			
System Water System Facility	Sampling Point		int			Coliform					Stage
Facility ID	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP .	2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ					
	DOWNSTREAM			N	Α						
	RCC001	KIT SNK FOOL			Α	Υ			Υ		
	RCC002	KIT HAND SNI	K		Α	Υ			Υ		
	RCC003	RR MENS RR			Α	Υ			Υ		
	RCC004	RR LADY ROO			Α	Υ			Υ		
	RCC005	RR LADY ROO			Α	Υ			Υ		
	RCC006	RR LADY ROO			Α	Υ			Υ		
	RCC007	RR LADY ROO			Α	Υ			Υ		
	RCC008	RR MENS RR	L		Α	Υ			Υ		

	Water Quality Monit	oring an	d Con	npl	iance S	chedul	le	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1170374	REDDING COMMUNITY CENTER				NC	25	L	GW
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural
37 LONETOWN	N ROAD	Connections			1			

Towns Served: REDDING

	Wate	r System Facili	ity and Sampling P	oint Ir	nvento	ry			
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
		RCC009	RR MENS RR M	Α	Υ		Υ		
		RCC010	RR MENS RR R	Α	Υ		Υ		
		RCC011	SENIORS CRAFT ROOM	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23071	WELL #1	2	WELL #1	Α					
54456	ATMOSPHERIC TANK								
54458	HYDROPNEUMATIC TANKS								

			(Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Doug Hartline				Town of Red	ding		Sanitarian		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
PO Box 1028						Redding		СТ	06875
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ldress		
203-938-2559		203-938-5	5027		203-948-4370	health@	townofreddin	gct.org	
6									

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

	Connecticut De	•				_			
		iality Mon	itoring an						
PWS ID	PWS Name						-	wner Type Pr	
CT1170384		-PAVILION SYSTI			NC		25	S	GW
	ess (where applicable)		Service	Resident	ial Con	nmercial	Industrial	Combined	Agricultural
ROUTE 58			Connections					1	
Towns Serv	ved: REDDING								
		Mon	itoring Requ	ıiremer	nts				
Water Sys	tem Facility: DISTRIBUTION	I SYSTEM (WSI	ID: 00600)						
Total Coli	iform (3100)						1 r	outine (RT) բ	er quarter
Samp	ling Point (Sampling Point ID)			Monitorin			llection Perio	d Compli	ance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9	9/30/19			Coi	mplete
				4/1/20 -	6/30/20				
				7/1/20 - 9	9/30/20				
_	Parameters (PPS)							outine (RT) բ	-
	ling Point (Sampling Point ID)			Monitorin			llection Perio		ance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 - 9				Соі	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 0070	0)						
Nitrate A	nd Nitrite (NOX)							1 routine (R	T) per year
Samp	ling Point (Sampling Point ID)			Monitorin	ng Perio	d Co	llection Perio	d Compli	ance Status
ENTR	Y POINT (3)			1/1/19 - 1	12/31/19	9		Coi	mplete
				1/1/20 - 1	12/31/20)			
				1/1/21 - 1	12/31/21	1			
		Other	Compliance	Sched	ules				
Compliance	e Schedule Activity			D	ue Date	?	Achieve	d Date	
RESPOND 1	TO SANITARY SURVEY			11	/22/200)7			
		Public No	otification R	Require	ments	S			
			Compliance	Notice			tification	PN Cert	ification
Violation/S	Situation		Period	Tier	Req	uired	Performed	Due to DPH	Received
Distribution	n Turbidity MCL Violation	1,	/1/06 - 3/31/06	2	4/5/	/2006		4/15/2006	
Distribution	n Turbidity MCL Violation	10,	/1/05 - 12/31/05	2	4/5/	/2006		4/15/2006	
Physical Pa	rameters M&R Violation	4,	/1/14 - 6/30/14	3	8/21	/2015		8/31/2015	
	Water	System Fac	ility and Sai	npling	Point	Inven	itory		
Water		•	•			Tot	<u> </u>	nd	
	Water System Facility	Sampling Poi	nt Sampling Poi	nt		Colife			Stage
Facility ID		ID	Description		Stati	us Ru	le Rule Ti	er Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А				
		DOWNSTREA	M WITHIN 5 SEF	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		А				
23112	WELL 4	2	WELL 4		Α				
53839	PM-PAV TREATMENT PLANT								
		C	ntact Infori	mation					
Name			Organization					Job Title	
Mr. David	Cooley		Deep-Engineerir	a I Init			Supv Civil E		
	dress Line One	Mailing Addr		ig Utill			City	State	Zip Code
iviailing Au	GIC33 LINE OHE	iviaiiiig Auul	C33 LITTE T VVU				City	State	Zip Code

	domicette	at Depa	I CITIC.	110 01	1 abiic	ricarci	יעו	11111111	, II acci		dominectical Department of Labore Treatment Diffining Water Decitor										
	Water Quality Monitoring and Compliance Schedule																				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source																				
CT1170384	PUTNAM MEMO	ORIAL S.PPA	VILION	SYSTEM				NC	25		S	GW									
Local Address (w	ocal Address (where applicable)					Resider	ntial	Commerci	al Industrial		Combine	ed Agricultura									
ROUTE 58					Connection	S					1										
Towns Served: R	EDDING				,																
163 Great Hill Ro	ad							Portlar	nd		СТ	06480									
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Pho	ne Email A	Address												
860-342-2215 860-344-2560 860-205						860-424	-3333	david.d	cooley@ct.g	ov											
Contact Role(s):	ract Role(s): Administrative Contact, Legal Contact, Owner																				

Please note the following:

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

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

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

End of schedule

	Connecticut D	epartment of	f Public H	lealth	Dr	inkin	gW	'ater	Se	ction		
	Water	Quality Monit	oring an	d Con	ıpl	iance	Sch	edul	e			
PWS ID	PWS Name				Clas	sification	Рор	ulation	Owr	ner Type	Primar	y Source
CT117912	24 2 MAIN STREET					NC		25		Р	G	W
Local Add	ress (where applicable)		Service	Residen	tial	Commer	cial I	ndustri	al	Combine	d Agr	icultural
			Connections			3						
Towns Sei	rved: REDDING		•				·		·			
		Monito	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1	. rou	tine (RT) per q	uarter
Samj	pling Point (Sampling Point IL	D)		Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	liance	Status
Selec	ct from Inventory of Active Sa	mpling Points		7/1/19 -	9/30)/19					Comple	te
			:	10/1/19 -	12/3	31/19				C	Comple	te
				1/1/20 -	3/31	L/20				C	Comple	te
				4/1/20 -	6/30)/20						
				7/1/20 -	9/30)/20						
Physical	Parameters (PPS)							1	. rou	tine (RT) per q	uarter
Samj	pling Point (Sampling Point IL	D)		Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	liance	Status
Selec	ct from Inventory of Active Sa	mpling Points		7/1/19 -	9/30)/19				C	Comple	te
				10/1/19 -	12/3	31/19				C	Comple	te
				1/1/20 -	3/31	L/20				C	Comple	te
				4/1/20 -	6/30)/20						
				7/1/20 -	9/30)/20						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)										
	And Nitrite (NOX)								1	routine		-
	pling Point (Sampling Point IL	D)		Monitori			Collec	tion Pe	riod	Comp	liance	Status
ENTF	RY POINT (3)			1/1/19 -	12/3	1/19				C	comple	te
				1/1/20 -						C	Comple	te
				1/1/21 -	12/3	1/21						
	Wat	ter System Facili	ity and Sar	npling	Poi	int Inv	ento	ry				
Water							Total	Lead				
System	Water System Facility	Sampling Point		nt			oliform					Stage
Facility ID		ID	Description		9	iulus	Rule	Rule	Tier	Asbesto	s WQF	2 DBPR
00600	DISTRIBUTION SYSTEM	2MS001	KIT SNK LOWI			Α	Υ			Υ		
		2MS002	RR GENERIC F			Α	Υ			Υ		
		2MS003	KIT SNK MAIN			Α	Υ			Υ		
		2MS004	BAR SINK SEC	OND FLR		Α	Υ			Υ		
		2MS006	RR MENS RR			A	Y			Y		
		2MS007	RR LADY ROO			A	Υ			Υ		
		4	DISTRIBUTION			A						
		DOWNSTREAM			N	A						
		SS	SERVERS STAT			A	Υ			Υ		
		UPSTREAM	WITHIN 5 SER		N	A						
00700	ENTRY POINT	3	ENTRY POINT			Α						
53795	WELL 1	2	WELL 1			Α						

53799 BLADDER TANK

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source		
CT1179124	2 MAIN STREET				NC	25	Р	GW		
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural		
		Connections			3					

Towns Served: REDDING

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Marilyn L. Slop	er								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
8 Sasqua Trail						Weston		СТ	06883
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
203-544-9224					203-770-6240	info@ma	rilynsloper.co	m	

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

	C	· CD ll: II	ı lıl D	. 1 .	TAT .	C		
	Connecticut Departme			•			ection	
	Water Quality M	lonitoring an	d Comp	liance	Schedu	le		
PWS ID	PWS Name		Cla	assification	Population	Ow	ner Type	Primary Source
CT1179134	TEMPLE B'NAI CHAIM			NC	31		Р	GW
Local Address (w	vhere applicable)	Service	Residential	Commerc	ial Industr	ial	Combine	ed Agricultural
82 PORTLAND A	VENUE	Connections		2				
Towns Served: R	REDDING							
	N	Ionitoring Requ	irement	S				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Coliform	n (3100)					2 rc	outine (R	T) per month
Sampling P	Point (Sampling Point ID)		Monitoring	Period (Collection Pe	eriod	Com	oliance Status
Select from	Inventory of Active Sampling Points		10/1/19 - 10	/31/19			(Complete
			11/1/19 - 11	/30/19				Complete
			12/1/19 - 12	/31/19			(Complete
			1/1/20 - 1/3	31/20			(Complete
			2/1/20 - 2/2	29/20			(Complete
			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	n (3100)					3 r	epeat (R	P) per period
Sampling P	Point (Sampling Point ID)		Monitoring	Period (Collection Pe	eriod	Com	oliance Status
Select from	Inventory of Active Sampling Points		9/26/19 - 10)/1/19			(Complete
Physical Parar	meters (PPS)					2 rc	outine (R	T) per month
Sampling P	Point (Sampling Point ID)		Monitoring	Period (Collection Pe	erioa	Com	oliance Status
Select from	Inventory of Active Sampling Points	:	10/1/19 - 10	/31/19			(Complete
		:	11/1/19 - 11	/30/19			(Complete
			12/1/19 - 12	/31/19			(Complete
			1/1/20 - 1/3	31/20			(Complete
			2/1/20 - 2/2	29/20				Complete
			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				
	Facility: ENTRY POINT 1 (WSF ID	: 00700)						
Water System						1	routine	(RT) per year
Nitrate And N	litrite (NOX)							
Nitrate And N	litrite (NOX) Point (Sampling Point ID)		Monitoring	Period (Collection Pe	eriod	Com	oliance Status
Nitrate And N Sampling P	• •		<i>Monitoring</i> 1/1/19 - 12/		Collection Pe	eriod		Complete
Nitrate And N Sampling P	Point (Sampling Point ID)			31/19	Collection Pe	eriod	(

Monitoring Period

1 routine (RT) per year

Collection Period

Compliance Status

Water System Facility: ENTRY POINT 2 (WSF ID: 00701)

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

	Connecticut Department o	f Public H	lealth	D	rinking	g Water	Section	1
	Water Quality Monit	toring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1179134	TEMPLE B'NAI CHAIM				NC	31	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industria	al Combin	ed Agricultural
82 PORTLAND	AVENUE	Connections			2			
Towns Served:	REDDING	·						
	Monit	oring Requ	iireme	nts	;			
Water System	Facility: ENTRY POINT 2 (WSF ID: 0070	1)						
Nitrate And N	Nitrite (NOX)						1 routine	(RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per	riod Com	pliance Status
ENTRY PO	INT WELL 2 (3)		1/1/19 -	12/3	31/19			Complete
			1/1/20 -	12/3	31/20			Complete
			1/1/21 -	12/3	31/21			
Water System	Facility: WELL 1 (WSF ID: 56140)							
E. Coli (3014)					1 t	triggered (T	G) per period
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per	riod Com	pliance Status
WELL (2)			9/25/19	- 10,	/1/19			Complete
	Public No	tification R	equire	eme	ents			
		Compliance	Notice		Public N	<u>otification</u>	PN C	<u>Certification</u>

. Coli M&R Violation 12/22/16 - 3/20/17 3 5/1/2018 5/11/2018										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
E. Coli M&R Violation	12/22/16 - 3/20/17	3	5/1/2018		5/11/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	3/31/18 - 10/28/18	2	5/6/2018		5/16/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/9/17 - 12/1/17	2	5/6/2018		5/16/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/7/17 - 12/1/17	2	5/6/2018		5/16/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/13/17 - 12/1/17	2	5/6/2018		5/16/2018					
REVISED TOTAL COLIFORM RULE (RTCR)	9/17/18 - 10/28/18	3	11/21/2019		12/1/2019					

	0 17 12 00 211 0 1111 110 222 (111 011	, 0/=:/	20 20, 20, 20	,, _		_	_, _,		
	Wat	ter System Facili	ty and Sampling P	oint Ir	vento	ГУ			
Water					Total	Lead and			
System	Water System Facility		Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	DISTRIBUTION SYSTEM	Α	Υ				
		4-2	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		DOWNSTREAM2	WELL2RRMRR	Α	Υ				
		TBC001	WELL 1 KIT SNK	Α	Υ		Υ		
		TBC002	WELL 2 KIT SNK	Α	Υ		Υ		
		TBC003	WELL 1 RR MEN L	Α	Υ		Υ		
		TBC004	WELL 1 RR MEN R	Α	Υ		Υ		
		TBC005	WELL 1 RR LADYS L	Α	Υ		Υ		
		TBC006	WELL 1 RR LADYS R	Α	Υ		Υ		
		TBC007	WELL 2 RR MEN L	Α	Υ		Υ		
		TBC008	WELL 2 RR MEN R	Α	Υ		Υ		
		TBC009	WELL 2 RR LADYS L	Α	Υ		Υ		
		TBC010	WELL 2 RR LADYS R	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM 2	LADIES RM	Α	Υ				
00700	ENTRY POINT 1	3	ENTRY POINT WELL 1	Α					

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

				_			
PWS ID	PWS Name			${\it Classification}$	Population	Owner Type	Primary Source
CT1179134	TEMPLE B'NAI CHAIM			NC	31	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
82 PORTLAND	AVENUE	Connections		2			

Towns Served: REDDING

	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		
00701	ENTRY POINT 2	3	ENTRY POINT WELL 2	Α							
56140	WELL 1	2	WELL	Α							
56966	WELL 2	2	WELL 2	Α							

Contact Information										
Name Organization								Job Title		
Ms. Denise Seccurra				Temple B'nai Chaim			Office Manager			
Mailing Address Line One				Mailing Address Line Two			City		Zip Code	
82 Portland Avenue			P.O. Box 305			Georgetown		СТ	06829	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ddress			
203-544-8695						officeadmin@templebnaichaim.org				

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

	Connecticut De	epartment of	F Public H	lealth	Drink	ing W	ater S	ection			
		uality Monit									
PWS ID	PWS Name	juditey 1.10111c	oring and	u don	_			wner Type Pr	imary Source		
CT1179144	CALVARY INDEPENDENT	F BAPTIST CHURCH			NC	-	25	P	GW		
	(where applicable)		Service	Residen			ndustrial	Combined	Agricultural		
2004171441.033	(Where applicable)		Connections	Residen		l	- Castriai	Combined	7 Ignouncurur		
Towns Served:	: REDDING										
		Monito	oring Requ	iireme	nts						
Water Syster	n Facility: DISTRIBUTIO		<u>.</u>								
Total Colifor	rm (3100)						1 ro	utine (RT) _I	oer quarter		
Sampling	Point (Sampling Point ID)			Monitori	ing Period	Collect	tion Period	d Compli	ance Status		
Select fro	m Inventory of Active Sam	pling Points		7/1/19 -	9/30/19			Co	mplete		
				10/1/19 -	12/31/19			Со	mplete		
				1/1/20 -	3/31/20			Co	mplete		
				4/1/20 -	6/30/20						
				7/1/20 -	9/30/20						
_	ameters (PPS)							outine (RT) լ	•		
	Point (Sampling Point ID)				ing Period	Collect	tion Period	d Compli	ance Status		
Select fro	om Inventory of Active Sam	pling Points		7/1/19 -	9/30/19			Со	mplete		
					12/31/19				mplete		
					3/31/20			Со	mplete		
			4/1/20 - 6/30/20								
				7/1/20 -	9/30/20						
Water Syster	n Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate (104	-						1 ro	utine (RT) լ	-		
Sampling	Point (Sampling Point ID)				ing Period	Collect	tion Period	•			
ENTRY PO	DINT (3)			7/1/19 -	9/30/19			Со	Complete		
			-	10/1/19 -	12/31/19			Со	mplete		
				1/1/20 - 3/31/20					Complete		
				4/1/20 - 6/30/20							
				7/1/20 - 9/30/20							
Nitrite (104							:	1 routine (R			
	Point (Sampling Point ID)				ing Period	Collect	tion Period		ance Status		
ENTRY PO	DINT (3)				12/31/19				mplete		
					12/31/20			Со	mplete		
				1/1/21 -	12/31/21						
	Wate	er System Facili	ity and Sar	npling	Point Ir	nvento	ry				
Water						Total	Lead and		_		
•	iter System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliform			Stage WQP 2 DBPR		
Facility ID	TOIDLITION CVCTENA			LCVCTERA	Status	Rule	Kule He	er Aspesios	WQP Z DBPK		
00600 DIS	TRIBUTION SYSTEM	4 CBC001	DISTRIBUTION RR MENS RM			Υ		Υ			
		CBC001	RR MENS RM		Α	Υ Υ		Υ Υ			
		CBC002	RR LADY ROO		A A	Υ Υ		Υ Υ			
		CBC003	RR LADY ROO		A	Ϋ́Υ		Υ			
		CBC005	RR LADY RM I			Y		Υ			
		CBC003				Y		Υ			
		CBC007				A Y			Y		
		CDCOOT	51410		^	•		'			

DOWNSTREAM WITHIN 5 SERVICE CON

Α

Page 33 Schedule Generation Date: 3/10/2020

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT1179144	CALVARY INDEPENDENT BAPTIST CHURCH			NC	25	Р	GW			
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural			
		Connections		1						

Towns Served: REDDING

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.4-	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
58363	WELL #1	2	WELL #1	Α							

Contact Information										
Name				Organization			Job Title			
Mr. Roger Chapman				Cibc Holding Corp			Treasurer			
Mailing Address Line One Mailing Addr				ess Line Two		City		State	Zip Code	
P.O. Box 47						West Red	dding	СТ	06896-0047	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
203-938-1317						rogerchap@sbcglobal.net				

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