	Connecticut Department	of Public I	Health	D	rinkin	g١	Nater	S	ection	
	Water Quality Mor	nitoring ar	nd Con	npl	liance	Sc	hedul	e		
PWS ID	PWS Name			Cla	ssification	Ро	pulation	Ô٧	vner Type F	Primary Sourc
CT1219053	BURNETT'S COUNTRY GARDENS				NC		25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	cial	Industria	al	Combined	Agricultura
380 NEW LONI	DON ROAD	Connections	5 1							
Towns Served:	SALEM	I								
	Mor	nitoring Req	uireme	nts	5					
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS					_	_			
Total Colifor	m (3100)						1	ro	utine (RT)	per quarter
	Point (Sampling Point ID)		Monitori	ing F	Period	Colle	ection Pe			liance Status
	m Inventory of Active Sampling Points		7/1/19 -	_					-	omplete
			1/1/20 -						Co	omplete
			4/1/20 -							
			7/1/20 -							
Total Colifor	m (3100)		.,_,	0,0	0,20			3 ו	repeat (RP) per period
	Point (Sampling Point ID)		Monitori	ing F	Period	Colle	ection Pe		• •	liance Status
	m Inventory of Active Sampling Points		9/26/19	_						omplete
	,		10/19/19							omplete
			10/19/19							omplete
			10/19/19							omplete
Total Colifor	m (3100)					3 te	emporar	v r) per month
	Point (Sampling Point ID)		Monitori	ing F			ection Pe	-	-	liance Status
	m Inventory of Active Sampling Points		10/1/19 -	_						omplete
			11/1/19 -		-					omplete
Physical Para	ameters (PPS)		, , -	,	, -		1	ro		per quarter
-	Point (Sampling Point ID)		Monitori	ina F	Period	Colle	ection Pe		• •	liance Status
	m Inventory of Active Sampling Points		7/1/19 -	_						omplete
			10/1/19 -							omplete
			1/1/20 -							omplete
			4/1/20 -							Shiplete
			7/1/20 -		•					
Water System	n Facility: ENTRY POINT (WSF ID: 007	00)	771720	575	0/20					
-	Nitrite (NOX)	00)						1	routine (RT) per year
	Point (Sampling Point ID)		Monitori	ina l	Period	Colle	ection Pe		-	liance Status
ENTRY PC			1/1/19 -			20110				omplete
	, , , , , , , , , , , , , , , , , , ,		1/1/19 -		-					omplete
			1/1/20 -		•					Simplete
Water System	n Facility: WELL (WSF ID: 10562)			/~						
E. Coli (3014	, , , , , , , , , , , , , , , , , , , ,						1 -	tric	garad (TC) per period
-	+) Point (Sampling Point ID)		Monitori	ina l	Period	Colle	L ection Pe			liance Status
WELL (2)			9/25/19			20110		100		omplete
VVLLL(2)			10/18/19							omplete
			10/18/19							omplete
			10/18/19							omplete
	Other	r Complianc			-					
Compliance Sc	hedule Activity				Date		Achie	ver	Date	
-	ANITARY SURVEY				/2015		Achie			
			1	/ - +	2013					

PWS ID	PWS Name		1 10111	toring a		1			Owner Type P	rimary Source
CT1219053	BURNETT'S COUI	NTRY GARDENS				N		25	P	GW
	where applicable)			Service	Residen		mmercial	-	-	-
380 NEW LONE				Connection				maastri		Agriculture
Fowns Served:					-					
			Othor (Complian	co Schod	lulos				
C			Other C	Junhuan			4 -	0 -1-:-	und Data	
		ODT				Due Da		Achie	ved Date	
						3/1/201				
	CTION SURVEY REP					3/1/201	_			
						3/1/201				
						3/1/201				
	T (MULTIPLE TC+, 2 CTION SURVEY REP					1/17/20 3/1/202				
LROSS CONNER	CHON SURVEY REP		1.1							
		Ρι		tification	Require					
			(Compliance	Notice		Public No	-		<u>tification</u>
Violation/Situe				Period	Tier		quired	Performe		Received
REVISED TOTAL	COLIFORM RULE (11/18/19 -	2		5/2020		2/25/2020	
		Water Syste	em Facil	lity and S	ampling	Poin	t Inver	tory		
Water							Tot			
	ter System Facility	Sam		Sampling F			Colife			Stag
Facility ID			ID	Description			tus Ru		Tier Asbestos	WQP 2 DBF
00600 DIST	RIBUTION SYSTEM		4		ION GENERI		ч ү			
		DOV		I WITHIN 5 S			4 • • •			
			SCG1	BREAKROO			A Y	_		
			SCG2 SCG3	LEFT RESTR RIGHT RES			ч ү ч ү			
			PSTREAM		SERVICE CON		ч і 4	T		
00700 ENT	RY POINT	01	3	ENTRY POI			۰ ۹			
10562 WEI			2	WELL						
			Z	VVELL			4			
50418 PRE	SSURE STORAGE		_		_					
			Cor	ntact Info	ormation	l				
Name			C	Prganization					Job Title	
Mr. Todd Burn	ett		В	urnett's Cou	ntry Garden			Owner		
Mailing Addres	s Line One	Mai	ling Addres	ss Line Two				City	State	Zip Code
380 New Londo	on Road						Salem		СТ	06420
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ac	ldress		
860-949-872	22									
Contact Role(s)	Administrative (Contact, Legal Co	ontact, Ow	ner						
Please note th	-									
	disinfectant concent							m sample.		
	n Period is specified,									
	on results, additional i ence sent by the DWS									
	nee sent by the DWS	on of aller the ge	neration ud	ie or this surfer				60) 509-73		Luuic.

	Water Quality Mo	nitoring an	d Con	npl	lance	Sch	edu	le		
PWS ID	PWS Name			Clas	ssification	Рори	ulation	Ow	ner Type Pr	imary Sourc
CT1210054	HENNY PENNY (HENDELS INC.) SALEM				NC		25		Р	GW
ocal Address	(where applicable)	Service	Residen	itial	Commerc	cial I	ndustr	ial	Combined	Agricultura
NEW LONDO	ON ROAD (ROUTE 85)	Connections			1					
owns Served	: SALEM									
	Мо	nitoring Requ	uireme	nts	;					
Nater Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Colifo						_		1 ro	utine (RT) p	per quarter
	g Point (Sampling Point ID)		Monitori	ina P	Period (Collec	tion Pe			ance Status
	om Inventory of Active Sampling Points		7/1/19 -	_						mplete
Total Colifo	· · · · · · · · · · · · · · · · · · ·		11-	1 -	, -			1 rc	outine (RT)	
	Point (Sampling Point ID)		Monitori	ing P	Period (Collec	tion Pe			ance Status
	om Inventory of Active Sampling Points		10/1/19 -	_					-	mplete
	, , , , , , , , , , , , , , , , , , , ,		11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -		•					mplete
			2/1/20 -							mplete
			3/1/20 -	- 3/3	1/20					
			4/1/20 -	- 4/3	0/20					
			5/1/20 -	- 5/3	1/20					
			6/1/20 -	- 6/3	0/20					
			7/1/20 -	- 7/3	1/20					
			8/1/20 -	- 8/3	1/20					
			9/1/20 -	- 9/3	0/20					
Physical Par	ameters (PPS)						-	1 ro	utine (RT) j	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period (Collec	tion Pe	riod	Complie	ance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	- 8/3	1/19	7/	'1-8/31		Со	mplete
Physical Par	ameters (PPS)							1 rc	outine (RT)	per month
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period (Collec	tion Pe	riod	Complie	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/19 -	- 10/	31/19				Со	mplete
			11/1/19 -	- 11/	30/19				Со	mplete
			12/1/19 -	- 12/	31/19				Со	mplete
			1/1/20 -	- 1/3	1/20				Со	mplete
			2/1/20 -	- 2/2	9/20				Со	mplete
			3/1/20 -	- 3/3	1/20					
			4/1/20 -	4/3	0/20					
			5/1/20 -	- 5/3	1/20					
			6/1/20 -	- 6/3	0/20					
			7/1/20 -	- 7/3	1/20					
			8/1/20 -	- 8/3	1/20					
			9/1/20 -	- 9/3	0/20					
Vater Syster	m Facility: ENTRY POINT (WSF ID: 007	700)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period (Collec	tion Pe	riod	Complie	ance Status
ENTRY PO	DINT (3)		1/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					

(Connectic	ut Depa	rtmen	t of Public	Health	Drir	iking	Water S	Section	
		-		nitoring a			Ŭ			
PWS ID P	WS Name		<u> </u>	0						Primary Source
CT1210054 H	IENNY PENNY (HENDELS INC	.) SALEM			Ν	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industrial	Combine	d Agricultura
2 NEW LONDON F	OAD (ROUTE 8	5)		Connectio	ns		1			
Towns Served: SA	LEM			I						1
			Public	Notificatior	Require	ment	ts			
				Compliance	Notice			otification		rtification
Violation/Situatio				Period	Tier		quired	Performed		
Physical Paramete	ers M&R Violati			4/1/19 - 6/30/1			5/2020		9/15/2020	
		Water Sy	/stem F	acility and S	ampling	Point	t Inve	ntory		
Water								tal Lead ar		
· ·	System Facility	9		Point Sampling				form Coppe		Stage
Facility ID			ID	Descriptio		Sta	lus		er Asbesto	s WQP 2 DBPI
00600 DISTRII	BUTION SYSTEM		4		ION SYSTEM		ι, Υ	Y		
				EAM WITHIN 5			4			
			UPSTREA	M WITHIN 5	SERVICE CON	N A	4			
00700 ENTRY	POINT		3	ENTRY PO	NT	A	4			
22080 WELL			2	WELL		A	4			
61151 TREATI	MENT PLANT									
				Contact Info	ormation					
Name				Organization					Job Title	
Hendel's Investor	S									
Mailing Address L	ine One		Mailing Ac	ldress Line Two				City	State	Zip Code
35 Great Neck Roa	ad		P. O. Box 2	201			Waterfo	ord	СТ	06385
Business Phone	Extension	Fax		Mobile Phone	Emergency	Phone	Email A	ddress		
860-443-5337										
Contact Role(s):	Owner		·				·			
Name				Organization					Job Title	
Mr. Steve Salvegg	jio			Pmg Coop, LL	С			Operations	Director	
Mailing Address L	ine One		Mailing Ac	ldress Line Two				City	State	Zip Code
35 Great Neck Roa	ad						Waterfo	ord	СТ	06385
Business Phone	Extension	Fax		Mobile Phone	Emergency	Phone	Email A	ddress	I	
860-557-7942		860-574-8	8031		860-608-	8406	ssalveg	gio@petromg	.com	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Name				Organization					Job Title	
Petroleum Marke	ting Group Inc									
Mailing Address L	ine One		Mailing Ac	ldress Line Two				City	State	Zip Code
Business Phone	Extension	Fax		Mobile Phone	Emergency	Phone	Email A	ddress		
	Owner									

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1210054	HENNY PENNY (HENDELS INC.) SALEM	1		NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
2 NEW LONDO	N ROAD (ROUTE 85)	Connections		1			
Towns Served	SALEM	·		·		1	
Please note th	e following:						
1. The residua	I disinfectant concentration must be measure	d at the same location	and time a	as each total coli	form sample.		
2. If a Collection	on Period is specified, all water quality sample	es must be collected dur	ring the sp	ecified period.			
	on results, additional monitoring may be requ ence sent by the DWS on or after the generat			1 1		0,	,

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

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

	Со		ut Depar						0			ction		
	1		ter Quali	ty Monit	coring a									
PWS ID	PW	S Name					Classi	ficatior	n Popu	lation	Owr	er Type P	rimary So	ource
CT121008			CAMPGROUND	, INC			١	NC		25		Р	GW	
Local Addr	ress (where	e applicable)			Service	Resident	tial Co	ommer	cial Ir	ndustria	al	Combined	Agricul	ltural
39 ALEXAN					Connection	IS		1						
Towns Ser	ved: SALEI	M												
				Monit	oring Rec	quireme	nts							
Water Sy	stem Faci	lity: DISTR	IBUTION SYS	TEM (WSF I	D: 00600)									
Total Col	liform (3	100)								1	rou	tine (RT)	per qua	rter
Samp	oling Point	(Sampling P	oint ID)			Monitorir	ng Per	riod	Collect	tion Per	riod	Compl	iance Sta	itus
Selec	t from Inve	entory of Act	ive Sampling P	oints		7/1/19 -	9/30/2	19				Co	omplete	
						10/1/19 -	12/31	/19				Co	omplete	
						4/1/20 -	6/30/2	20						
						7/1/20 -	9/30/2	20						
Physical	Paramete	ers (PPS)								1	rou	tine (RT)	per qua	rter
Samp	oling Point	(Sampling P	oint ID)			Monitorir	ng Per	riod	Collect	tion Per	riod	Compl	iance Sta	tus
Selec	t from Inve	entory of Act	ive Sampling P	oints		7/1/19 -	9/30/2	19				Co	omplete	
						10/1/19 -	12/31	/19				Co	omplete	
						4/1/20 -	6/30/2	20						
						7/1/20 -	9/30/2	20						
Water Sy	stem Faci	lity: ENTR	y point (ws	F ID: 00700)										
Nitrate A	And Nitrit	e (NOX)									1	routine (I	RT) per y	/ear
Samp	oling Point	(Sampling P	oint ID)			Monitorir	ng Per	riod	Collect	tion Per	riod	Compl	iance Sta	tus
ENTR	Y POINT (3	3)				1/1/19 - 1	12/31/	/19	4/1	-12/31		Co	omplete	
						1/1/20 - 1	12/31/	/20	4/1	-12/31				
						1/1/21 - 1	12/31/	/21	4/1	12/31				
				Other C	ompliand	e Sched	ules							
Compliand	ce Schedul	e Activitv			•	Ľ	Due Da	ate		Achie	ved I	Date		
			N			5	5/1/20	20						
			Water Sys	tom Eacil	ity and Sa				onto	r\/				
Mator			water Sys		ity and Se	amping	FUII		Total	• y Lead				
Water System	Water Sv	stem Facility	So	mpling Point	Samplina P	oint			i otai oliform				St	tage
Facility ID	_	,		ID	Description		C+/	atus	Rule			Asbestos		-
00600		TION SYSTEM	1	4	DISTRIBUTI			A	Y		-		-	
				OWNSTREAM				A	-					
				UPSTREAM	WITHIN 5 S			А						
00700	ENTRY PC	DINT		3	ENTRY POIN	NT		А						
22083	WELL #1			2	WELL			A						
55027	WELL #2			2	WELL #2			A						
55029	WELL #3			2	WELL #3			A						
23023	-	IERIC TANK		-										
60544	ATMOSPH													
60544	ATMOSPH			Car	tact lafe	rmation								
	ATMOSPH				tact Info	rmation						1 1 merch		
Name		-		0	rganization							Job Title		
Name Ms. Teresa	a Cinea		1.	O Sa	rganization alem Farms C		LLC						7. 0. 1	
Name Ms. Teres a Mailing Ac	a Cinea Idress Line		N	0	rganization alem Farms C		LLC			ity		State	Zip Cod	
Name Ms. Teresa	a Cinea Idress Line der Road		Fax	O Sa 1ailing Addres	rganization alem Farms C s Line Two			Saler	n				Zip Cod 06420	

							P					
PWS ID	PWS Name						Class	fication	Population	Owner Ty	vpe l	Primary Source
CT1210084	SALEM FARMS	CAMPGROUI	ND, INC					NC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	ial Industr	ial Com	oine	d Agricultural
39 ALEXANDER R	OAD				Connection	IS		1				
Towns Served: S	ALEM					·						
860-859-2320												
Contact Role(s):	Legal Contact											
Name				Or	ganization					Job	Title	
Mr. Brian Cinea				Sal	em Farms C	ampgroun	d LLC					
Mailing Address	Line One		Mailing	Address	Line Two				City	Sta	ate	Zip Code
39 Alexander Rd								Salem		C	Т	06420
Business Phone	e Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email /	Address			
860-859-2320								sfcg20	03@gmail.c	om		
Contact Role(s):	Administrative	Contact, Leg	gal Conta	act							-	
Please note the	following:											
1. The residual d	isinfectant concen	tration must b	e measur	red at the	same locatio	n and time	as each	total colif	orm sample.			
2 If a Collection	Period is specified	all water qua	lity samp	les must k	he collected d	luring the sr	pecified	period				

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

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

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

	Water Quality Mo	nitoring an	d Con	npl	iance	Sch	ledul	e		
PWS ID	PWS Name			Clas	sification	n Pop	ulation	Owr	ner Type Pr	imary Source
CT1210094	SALEM FREE PUBLIC LIBRARY				NC		28		L	GW
ocal Address (where applicable)	Service	Residen	ntial	Commer	cial	Industri	al	Combined	Agricultura
264 HARTFORD	ROAD	Connections			1					
owns Served:	SALEM		1	1						
	Moi	nitoring Requ	uireme	nts						
Nator System	n Facility: DISTRIBUTION SYSTEM (W	• •			_					
Total Colifor		51 12.00000						1	uting (PT)	nor month
	Point (Sampling Point ID)		Monitori	ina D	Period	Coller	tion Pe			per month ance Status
	m Inventory of Active Sampling Points		10/1/19 -			conet		nou		mplete
Select II OI	in inventory of Active Sampling Points		11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -							mplete
			2/1/20 -		-					mplete
			3/1/20 -						0	inpiete
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Total Colifori	m (3100)		5/1/20	575	0,20			3 ra	anaat (RP)	per period
	Point (Sampling Point ID)		Monitori	ina P	eriod	Collec	tion Pe		• • •	ance Status
	m Inventory of Active Sampling Points		9/13/19	-						mplete
	ameters (PPS)		-,,	- / -	-,			1 ro		per month
-	Point (Sampling Point ID)		Monitori	ing P	eriod	Colled	tion Pe			ance Status
	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 -							mplete
			3/1/20 -	- 3/3	1/20					-
			4/1/20 -	- 4/3	0/20					
			5/1/20 -	- 5/3	1/20					
		-	6/1/20 -	- 6/3	0/20					
		-	7/1/20 -	- 7/3	1/20					
			8/1/20 -	- 8/3	1/20					
			9/1/20 -	- 9/3	0/20					
Nater System	Facility: ENTRY POINT (WSF ID: 007	00)								
Nitrate And I	Nitrite (NOX)							1	routine (R	T) per year
	Point (Sampling Point ID)		Monitori	ing P	Period	Collec	tion Pe		-	ance Status
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19				Со	mplete
			1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					
Nater System	Facility: WELL (WSF ID: 22084)									
E. Coli (3014							1	trigg	gered (TG)	per period
-	Point (Sampling Point ID)		Monitori	ina P	eriod	Colled	tion Pe			ance Status

CT1210094 SALEM FREE PUBLIC LIBRARY NC 28 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 264 HARTFORD ROAD Connections 1 Torusrial Combined Agricultural Towns Served: SALEM Monitoring Requirements 1 triggered (TG) per period Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete Compliance Schedule Activity Due Date Achieved Date Respond To SANITARY SURVEY 12/8/2016 Complete Complete Cost Consciption 3/1/2020 Vater System Facility and Sampling Point Coliform Copper Stage Vater Service NC A Y Stage Stage Stage System Vater System Facility Sampling Point Service Coliform Copper Stage System Vater System Facility Sampling Point Sampling Point Status Y Downstecand Y <td< th=""><th></th><th>Co</th><th>onnecticu</th><th>ut Departme</th><th>ent of</th><th>f Public</th><th>Health</th><th>Dri</th><th>nkin</th><th>g Wa</th><th>ater Se</th><th>ection</th><th></th><th></th></td<>		Co	onnecticu	ut Departme	ent of	f Public	Health	Dri	nkin	g Wa	ater Se	ection		
CT1210094 SALEM FREE PUBLIC LIBRARY NC 28 L GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 264 HARTFORD ROAD Connections 1 Industrial Combined Agricultural Towns Served: SALEM Monitoring Requirements Industrial Compliance Schedules Compliance Status Water System Facility: WELL (WSF ID: 22084) I triggered (TG) per period Compliance Status Sempling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 9/12/19 - 9/18/19 Compliance Status Compliance Status Compliance Schedule Activity Due Date Achieved Date ResPOND TO SANITARY SURVEY 12/8/2016 3/1/2020 Voter Sampling Point Sampling Point Coliform Copper Stage System Water System Facility Sampling Point Satus Rule Rule Tier Asbestos WQP 2 DBPR Oofoo DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM VITHIN S SERVICE CON <td></td> <td></td> <td>Wat</td> <td>er Quality N</td> <td><i>l</i>onit</td> <td>coring a</td> <td>nd Con</td> <td>nplia</td> <td>ance</td> <td>Sch</td> <td>edule</td> <td></td> <td></td> <td></td>			Wat	er Quality N	<i>l</i> onit	coring a	nd Con	nplia	ance	Sch	edule			
Local Address (where applicable) Service Connections Residential 1 Commercial 1 Industrial 1 Combined Agricultural 20 264 HARFFORD ROAD Monitoring Requirements Water System Facility: WELL (WSF ID: 22084) 1 triggered (TG) per period Collection Period Compliance Status Weter System Facility: WELL (WSF ID: 22084) 1 triggered (TG) per period Collection Period Compliance Status WELL (2) 9/12/19-9/18/19 Compliance Status Complete Other Compliance Schedules Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2020 Vater System Facility and Sampling Point Total Lead and System Stage 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Y Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Y Y 00600 DISTRIBUTION SYSTEM 3 ENTRY POINT A Y 22084 WELL 2 WELL A Y Z 00700 ENTRY POINT 3 ENTRY POINT A Z Z Z Z Z	PWS ID	PW	/S Name					Classi	fication	Popu	lation Ow	ner Type	Primary	Source
264 HARTFORD ROAD Connections 1 Towns Served: SALEM Monitoring Requirements Water System Facility: WELL (WSF ID: 22084) 1 triggered (TG) per period E. Coli (3014) 1 triggered (TG) per period Collection Period Sempling Point (Sampling Point ID) Monitoring Period Collection Period WELL (2) 9/12/19 - 9/18/19 Compliance Status Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Consection CROSS CONNECTION SURVEY REPORT 3/1/2020 Status Water System Facility Sampling Point Fotal Lead and System Water System Facility Sampling Point Coliform Copper Stage 00500 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00500 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00500 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00500 DISTRIBUTION SYSTEM A Y Contact Information City State State Cip Code <	CT1210094	SA	LEM FREE PUB	LIC LIBRARY					NC	2	28	L	GV	V
Monitoring Requirements Monitoring Requirements Water System Facility: WELL (WSF ID: 22084) E. Coil (301a) 1 triggered (TG) per period Sampling Point (Sampling Point ID) Monitoring Period Compliance Status Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date Respond To SANITARY SURVEY 12/8/2016 Cost Colspan="2">Complete Date and Colspan="2">Achieved Date Respond To SANITARY SURVEY 12/8/2016 Cost Colspan="2">Complete System Facility and Sampling Point Inventory Water Surver Facility Sampling Point Sampling Point Inventory Water Surver Facility Sampling Point Sampling Point Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y OOWNUSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 2284 WELL 2 WELL A Statu	Local Addres	s (wher	e applicable)			Service	Residen	tial C	ommer	ial Ir	ndustrial	Combine	d Agric	cultural
Monitoring Requirements Water System Facility: WELL (WSF ID: 22084) E. Coli (3014) 1 triggered (TG) per period Sampling Point (Sampling Point ID) Monitoring Period Compliance Status WELL (2) 9/12/19 - 9/18/19 Compliance Schedules Complete Object Sampling Point Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Satus Rule Rule Tier Asbestos WQP 2 DBPR Contract Information Job Within S SERVICE CON A OO0000 Status Rule Rule Tier Asbestos WQP 2 DBPR	264 HARTFO	RD ROA	D			Connectior	าร		1					
Water System Facility: WELL (WSF ID: 22084) E. Coli (3014) 1 triggered (TG) per period Sampling Point (D) Monitoring Period Compliance Status WELL (2) 9/12/19 - 9/18/19 Compliance Status WELL (2) Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Compliance Schedule Activity Due Date Achieved Date Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Sampling Point Colfform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM A Y DOWNSTREAM Y DOWNSTREAM Y E 22084 WELL 2 WELL A SSTAUS SSTAUS E SSTAUS SSTAUS Z Z Z Z Z Z	Towns Serve	d: SALE	M											
E. Coli (3014) 1 triggered (TG) per period Sampling Point (Sampling Point (D) Monitoring Period Collection Period Compliance Status WELL (2) 9/12/19 9/18/19 Complete Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 CROSS CONNECTION SURVEY REPORT 3/1/2020 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Collection Copper Stage Facility ID DESCRIPTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM SUBLE 2 WELL A S9221 TREATMENT PLANT Function Mailing Address Line Two Contact Nele(s): Administrative Contact Neles Subport State Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address B60-859-3873 110 860-859-1184 kevin.lyden@salemct.gov Contact Nele(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 collform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Opending on results, additional monitoring may ber				Γ	Nonit	oring Red	quireme	nts						
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Construct System Facility Survey Total Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Construct System Facility Survey Total Lead and Colspan="2">Complete Water System Facility Sampling Point Sampling Point Total Lead and Colspan="2">Contact Information Outons System Water System Facility Sampling Point Sampling Point Sampling Point Colspan="2">Satus Rule Rule Tier Asbestos WQP 2 DBPR Outons System Water System Facility Point A Outons System Water System Facility Point Satus Rule Rule Tier Asbestos WQP 2 DBPR Outons System Water System Facility Point A Outons Trans Within S SERVICE CON A Outons Trans Within S SERVICE CON A Organization <td>Water Syst</td> <td>em Fac</td> <td>ility: WELL</td> <td>(WSF ID: 22084)</td> <td></td>	Water Syst	em Fac	ility: WELL	(WSF ID: 22084)										
WELL (2) 9/12/19 - 9/18/19 Complete Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 Conservice System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Coliform Copper Stage Goodo Distribution System A downstream Within's SERVICE CON A UDWNSTREAM WITHIN'S SERVICE CON A ODO000 ENTRY POINT A POINT A Stage Organization For Job Title Mailing Address Line Two City Code Contact Information Name Organization For Job Title Mark Kwin T. Lyden For Job Title Mark Kwin T. Lyden Contact Information Mailing Address Line Two <td< td=""><td>E. Coli (30</td><td>14)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1 trig</td><td>gered (TG</td><td>i) per p</td><td>eriod</td></td<>	E. Coli (30	14)									1 trig	gered (TG	i) per p	eriod
Other Compliance Schedules Compliance Schedule Activity Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 3/1/2020 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00700 ENTRY POINT 3 ENTRY POINT A 22084 WELL 2 WELL A 59221 TREATMENT PLANT Town of Salem First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Town of Salem First Selectman Email Address Email Address Email Address Business Phone Extension Fax Mobile Ph	Sampli	ng Poin	t (Sampling Po	oint ID)			Monitori	ing Per	riod	Collect	ion Period	Сотр	liance S	tatus
Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 12/8/2016 CROSS CONNECTION SURVEY REPORT 3/1/2020 Total Lead and System Water System Facility and Sampling Point Coliform Copper Stage Facility ID Water System Facility Sampling Point Facility ID ID Description 0600 DISTRIBUTION SYSTEM 4 00000 DISTRIBUTION SYSTEM 4 00000 ENTRY POINT 3 2084 WELL 2 2084 WELL 2 2084 WELL A 59221 TREATMENT PLANT A Contact Information Name Organization Job Title Mailing Address Line ONE Mailing Address Line Two City State Zip Code Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Role System System Facility samples must be collected during the specified period. 3 Lip Code 3	WELL (2	2)					9/12/19	- 9/18,	/19			C	omplete	ŝ
RESPOND TO SANITARY SURVEY 12/8/2016 CROSS CONNECTION SURVEY REPORT 3/1/2020 Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22084 WELL 2 WELL A 59221 TREATMENT PLANT Contact Information Mailing Address Line One Mailing Address Line Two City State Zip Code Town of Salem First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Town of Salem City State Zip Code Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov 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				Ot	her C	ompliand	e Sched	lules						
3/1/2020 Water System Facility Sampling Point Sampling Point Inventory Water Sampling Point Sampling Point Sampling Point Colfform Copper Stage System Water System Facility ID ID Description Status Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00700 ENTRY POINT 3 ENTRY POINT A Y 22084 WELL 2 WELL A S9221 TREATMENT PLANT Contact Information Graving and the second of th	Compliance	Schedu	le Activity					Due Do	ate		Achieved	Date		
Water System Facility and Sampling Point Inventory Water Status Total Lead and Coliform Copper Stage System Value ID Description Status Rule Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00700 ENTRY POINT A Y DOWNSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A Y 59221 TREATMENT PLANT 2 WELL A Y Status Mailing Address Line One Organization First Selectman Mailing Address Line Two City State Zip Code Town office Building 270 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-1873 110 860-859-1184 kev	RESPOND TO) SANIT	ARY SURVEY				1	.2/8/2	016					
Water System Water System Facility Sampling Point Sampling Point Total Coliform Lead and Coliform Stage Rule Tie <	CROSS CON	NECTION	N SURVEY REP	ORT			:	3/1/20)20					
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y <				Water System	Facili	ity and Sa	ampling	Poir	nt Inv	ento	ry			
ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00700 ENTRY POINT 3 ENTRY POINT A Y 22084 WELL 2 WELL A Y 59221 TREATMENT PLANT A Y Y Y Contact Information Name Organization Job Title Y Mailing Address Line One Mailing Address Line Town of Salem First Selectman Zip Code Town office Building 270 Hartford Road Salem CT 06420 Business Phore Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov Y Y 1 The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. Y Y Y 1 Spending on results, add	Water								7	⁻ otal	Lead and	1		
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y 00700 ENTRY POINT 3 ENTRY POINT A Y 2084 WELL 2 WELL A Y 2084 WELL 2 WELL A Y 59221 TREATMENT PLANT A Z Y A String of the text of the text of the text of tex		Vater Sy	stem Facility	Samplin	g Point				Со	liform				
DOWNSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22084 WELL 2 WELL A 22084 WELL 2 WELL A 59221 TREATMENT PLANT A S Solution Job Title Marker Service Information Name Organization Job Title Marker T. Lyden Town of Salem First Selectman Mailing Address Line One Mailing Address Line Town of Salem City State Zip Code Town Office Building 270 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov Contact.gov 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,	Facility ID			1	D	Description	1	St	atus	Rule	Rule Tier	Asbesto	; WQP	2 DBPR
UPSTREAMWITHIN 5 SERVICE CONA00700ENTRY POINT3ENTRY POINTA22084WELL2WELLA59221TREATMENT PLANTACorrelationNameOrganizationNameJob TitleMailing Address Line OneMailing Address Line TwoCityStateMailing Address Line OneMailing Address Line TwoSalemCityStateZip CodeTown Office Building270 Hartford RoadSalemCT06420Business PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address860-859-3873110860-859-1184kevin.lyden@salemct.govContact Role(s):Administrative Contact, Legal ContactPlease 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	00600 D	ISTRIBU	ITION SYSTEM	4	1	DISTRIBUTI	ON SYSTEM	l	А	Y				
00700 ENTRY POINT 3 ENTRY POINT A 22084 WELL 2 WELL A 59221 TREATMENT PLANT A Contact Information Name Organization Job Title Mailing Address Line One Mailing Address Line Town of Salem First Selectman Mailing Address Line One Mailing Address Line Tow of Salem Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov Contact Contact Role(s): Administrative Contact, Legal Contact Please note the following: I I 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. It is a collected or neriod is subject to change, and any related 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related				DOWNS	STREAM	WITHIN 5 S	ERVICE CON	N	А					
22084 WELL 2 WELL A 59221 TREATMENT PLANT				UPST	REAM	WITHIN 5 S	ERVICE CON	N	А					
S9221 TREATMENT PLANT Contact Information Name Job Title Mailing Address Line One Mailing Address Line Two First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Town Office Building Salem City State Zip Code Business Phone Extension Fax Mobile Phone Emergency Phone Email Address CT 06420 0 060-859-3873 110 860-859-1184 V 060-859-1184 V 060-859-1184 V 060-859-1184 V 06120 V V V V V V V V V V V V V V V <	00700 E	NTRY PO	DINT	:	3	ENTRY POIN	NT		А					
Contact Information Name Organization Job Title Mr. Kevin T. Lyden Town of Salem First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Town Office Building 270 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov 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. If a Collection Period is specified, all water quality samples must be collected during the specified period. Job Title 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related	22084 V	/ELL		2	2	WELL			А					
Name Organization Job Title Mr. Kevin T. Lyder Town of Salem First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Monor Office Building Address Line Two Salem CT 06420 Business Phore Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 Emergency Phone Email Address Vertication Vertication Please note the Following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 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	59221 T	REATM	ENT PLANT											
Mr. Kevin T. Lyden Town of Salem First Selectman Mailing Address Line One Mailing Address Line Two City State Zip Code Town Office Building 270 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov 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. Juity 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					Con	tact Info	rmation	1						
Mailing Address Line One Mailing Address Line Two City State Zip Code Town Office Building 270 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 Mobile Phone Emergency Phone Email Address Contact Role(s): Administrative Contact, Legal Contact Vertex Contact, Legal Contact Vertex Contact Role (s): Image: Contact Role (s): Administrative contact, Legal Contact 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. If a Collection Period is specified, all water quality samples must be collected during the specified period. It is schedule is subject to change, and any related 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related	Name				0	rganization						Job Title		
Town Office Building Z70 Hartford Road Salem CT 06420 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address Email Address Salem CT 06420 860-859-3873 110 860-859-1184 Image: Contact Role(s): Administrative Contact, Legal Contact kevin.lyden@salemct.gov Feeseance	Mr. Kevin T.	Lyden			Тс	own of Salem	I			Firs	st Selectma	an		
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov 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	Mailing Add	ress Line	e One	Mailing	Addres	s Line Two				Ci	ity	State	Zip C	ode
860-859-3873 110 860-859-1184 kevin.lyden@salemct.gov 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	Town Office	Buildin	g	270 Ha	rtford R	oad			Salem	1		СТ	064	20
Contact Role(s): Administrative Contact, Legal Contact Please note the following: Image: Contact and the same location and time as each total coliform sample. I. 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	Business P	hone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	e Email	Addre	SS			
 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 	860-859-3	3873	110	860-859-1184					kevin.	lyden@	@salemct.	gov		
 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 	Contact Role	e(s): Ac	Iministrative (Contact, Legal Conta	act									
 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 	Please note	the foll	owing:											
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related	1. The resid	ual disint	fectant concent	ration must be measu	red at the	e same locatio	on and time a	is each	total col	form sa	ample.			
	2. If a Collec	tion Per	iod is specified,	all water quality samp	les must	be collected o	during the sp	ecified	period.					
correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.														elated
If you have any questions, please contact the Drinking Water Section at (860) 509-7333.	correspon	ndence s						-				a in this scl	iedule.	

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

End of schedule

		it Department of				0		ection	
		er Quality Monit	coring and		•		1		
PWS ID	PWS Name			(tion Pop		ner Type F	Primary Source
CT1210104		LL	c ·	D 11 11	NC		41		GW
	ess (where applicable)		Service Connections	Residenti			Industrial	Combined	Agricultura
	ORD ROAD ved: SALEM		connections			2			
Towns Serv		N A = *		•					
			oring Requ	iremen	its				
		BUTION SYSTEM (WSF I	D: 00600)						
	iform (3100)								per quarter
-	oling Point (Sampling Po			Monitorin	-	Colle	ction Period	-	iance Status
Select	t from Inventory of Activ	e Sampling Points		7/1/19 - 9					omplete
				10/1/19 - 1					omplete
				1/1/20 - 3				C	omplete
				4/1/20 - 6					
Dhualast	Demonsterne (DDC)			7/1/20 - 9	9/30/20		4		
-	Parameters (PPS) Iling Point (Sampling Po	int (D)		Monitorin	a Doriod	Collo	1 ro ction Period	• •	per quarter
	t from Inventory of Activ		1	Monitorin 7/1/19 - 9	-	Collec	Luon Period		iance Status omplete
Jeleci	t nom inventory of Activ			//1/19-3 10/1/19-1					omplete
				1/1/20 - 3					omplete
				4/1/20 - 6					Simplete
				7/1/20 - 9					
Mater Sve	stem Facility: ENTRY	POINT (WSF ID: 00700)		//1/20-1	<i>JJ JJJJJJJJJJJJJ</i>				
	and Nitrite (NOX)						1	routine (RT) per year
	ling Point (Sampling Po	int ID)		Monitorin	a Period	Colle	tion Period	-	iance Status
	Y POINT (3)			1/1/19 - 1	-			-	omplete
				1/1/20 - 1					p.ete
				1/1/21 - 1					
		Other C	ompliance						
Complianc	a Schodulo Activity	Other C	ompliance		ue Date		Achieved	Data	
	e Schedule Activity						Achieved	Dale	
	NNECTION SURVEY REPO	Τ			2/8/2016 /1/2020				
			the anal Car						
		Nater System Facil	ity and Sar	npiing	Point		-		
Water	Water System Facility	Sampling Point	Sampling Poi	nt		Total	Lead and	1	Steere
System Facility ID		Sumpling Point ID	Description	n.	Charles	Coliforn Rule		r Ashestas	Stage WQP 2 DBP
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	ISYSTEM	<u>Status</u> A	Y		,	
00000		4 DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SER						
00700	ENTRY POINT	3	ENTRY POINT		A				
	WELL	2	WELL		A				
	TREATMENT PLANT	-							
55215		Co	tact Inform	nation					
			tact Inform	nation					
Name		0	rganization					Job Title	
- · · ·									
	Ith Department						C'1	C	71 0 1
	ldress Line One	Mailing Addres				llem	City	State CT	Zip Code 06420

							P				
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
CT1210104	SALEM TOWN H	ALL						NC	41	L	GW
Local Address (w	here applicable)				Service	Resid	ential	Commerc	ial Industri	ial Combin	ed Agricultural
270 HARTFORD	ROAD				Connectio	ons		2			
Towns Served: S	ALEM				·		·				·
Business Phon	e Extension	Fax		Mobi	le Phone	Emergen	cy Phor	ne Email .	Address		
860-859-3837	7										
Contact Role(s):	Owner										
Name				0	rganization					Job Tit	e
Mr. Kevin T. Lyd	len			Тс	own of Sale	m			First Sele	ctman	
Mailing Address	Line One		Mailing	Addres	s Line Two				City	State	Zip Code
Town Office Buil	ding		270 Har	tford Ro	oad			Salem		СТ	06420
Business Phon	e Extension	Fax		Mobi	le Phone	Emergen	cy Phor	ne Email	Address		
860-859-3873	3 110	860-859-	1184					kevin.	yden@saler	nct.gov	
Contact Role(s):	Administrative	Contact, Leg	gal Conta	nct							
Diasso noto the	following										

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.

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

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

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

	Connecticut Dep						0			ion	
	Water Qu	ality Monit	oring an	d Con	npl	ianc	e Sch	edule	ò		
PWS ID	PWS Name				Clas	ssificati	on Popu	ulation C)wner ⁻	Type Pr	imary Source
CT1210144	WITCH MEADOW LAKE CA	MPGROUND-WEL	LS 1 & 4			NC		50	Р		GW
Local Address (v	where applicable)		Service	Residen	tial	Comm	ercial I	ndustrial	Con	nbined	Agricultural
139 WITCH MEA	ADOW ROAD		Connections			1					
Towns Served: S	SALEM										
		Monito	oring Requ	ireme	nts	;					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliform	• •							2 r	outine	ן (RT)	per quarter
Sampling F	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Perio	od	Compli	ance Status
Select from	n Inventory of Active Sampli	ng Points		7/1/19 -	9/3	0/19				Со	mplete
				4/1/20 -	6/3	0/20					
				7/1/20 -	9/3	0/20					
Physical Para	meters (PPS)							2 r	outine	e (RT)	per quarter
	Point (Sampling Point ID)			Monitori	-		Collec	tion Perio	od	Compli	ance Status
Select from	n Inventory of Active Sampli	ng Points		7/1/19 -	-					Со	mplete
				4/1/20 -	6/3	0/20					
				7/1/20 -	9/3	0/20					
Water System	Facility: ENTRY POINT -	WELL #1 (WSF	D: 00700)								
Nitrate And N	litrite (NOX)								1 rou	tine (R	T) per year
Sampling F	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Perio	od	Compli	ance Status
ENTRY POI	NT #1 (3)			1/1/19 -	12/3	31/19				Со	mplete
				1/1/20 -	12/3	31/20					
				1/1/21 -	12/3	31/21					
Water System	Facility: ENTRY POINT -	WELL #4 (WSF I	D: 00701)								
Nitrate And N	litrite (NOX)								1 rou	tine (R	T) per year
	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Perio		-	ance Status
ENTRY POI	NT #4 (3)			1/1/19 -	12/3	31/19				Со	mplete
				1/1/20 -	12/3	31/20					·
				1/1/21 -							
		Other C	ompliance								
Compliance Sch	odulo Activity		Sinpliance					Achieve	od Dat	0	
						Date		Achieve	eu Dati	e	
						2020					
SEASONAL STAR	RT UP COMPLETION					2020	_				
	Water	System Facili	ty and Sar	npling	Ρο	oint In		ry			
Water	с., с. 11 ¹		c // c /				Total	Lead a			
	er System Facility	Sampling Point ID	Sampling Poil	nt			-	Coppe Bulo T		hastas	Stage
Facility ID						<u>Status</u>	Rule	Rule I	iei ASI	023105	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM					A	Y				
		DOWNSTREAM				A					
00700 51:55		UPSTREAM	WITHIN 5 SER		N	A					
	RY POINT - WELL #1	3	ENTRY POINT			A					
	RY POINT - WELL #4	3	ENTRY POINT	#4		A					
22088 WELL		2	WELL			Α					
58913 WELI	L #4	2	WELL #4			A					

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1210144 WITCH MEADOW LAKE CAMPGROUND-WELLS 1 & 4 NC 50 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 139 WITCH MEADOW ROAD 1 Towns Served: SALEM **Contact Information** Organization Name Job Title Ms. Deborah E. Cadwell President Mailing Address Line One Mailing Address Line Two City State Zip Code 139 Witch Meadow Road Salem СТ 06415 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-859-1542 860-859-0476 campwitch@aol.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

Connecticut Department of Publi	c Health Drinking Water Section
Water Quality Monitoring	and Compliance Schedule
PWS ID PWS Name	Classification Population Owner Type Primary Source
CT1210164 WITCH MEADOW LAKE CAMPGROUND - WELL #3	NC 25 P GW
Local Address (where applicable) Service	Residential Commercial Industrial Combined Agricultura
139 WITCH MEADOW ROAD Connecti	
Towns Served: SALEM	
Monitoring R	equirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	•
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete
	1/1/20 - 12/31/20
	1/1/21 - 12/31/21
Other Complia	nce Schedules
Compliance Schedule Activity	Due Date Achieved Date
SEASONAL START UP COMPLETION	5/1/2020
Water System Facility and	
Water	Total Lead and
System Water System Facility Sampling Point Sampling	
Facility ID ID Descripti	· · · · · · ·
00600 DISTRIBUTION SYSTEM 4 DISTRIBU	TION SYSTEM A Y
DOWNSTREAM WITHIN 5	SERVICE CON A
UPSTREAM WITHIN 5	SERVICE CON A
00700 ENTRY POINT 3 ENTRY PO	DINT A
22090 WELL #3 2 WELL	А
Contact Inf	ormation
Name Organization	Job Title
Ms. Deborah E. Cadwell	President
Mailing Address Line One Mailing Address Line Two	City State Zip Code
139 Witch Meadow Road	Salem CT 06415
Business Phone Extension Fax Mobile Phone	Emergency Phone Email Address
860-859-1542 860-859-0476	campwitch@aol.com
Contact Role(s): Administrative Contact, Legal Contact	· · · ·

		0					
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
CT1210164	WITCH MEADOW LAKE CAMPGROUND	UND - WELL #3		NC	25	Р	GW
Local Address	(where applicable)	Service	Residential Commerci		ial Industri	al Combine	ed Agricultura
139 WITCH M	EADOW ROAD	Connections		1			
Towns Served	: SALEM	÷					
Please note t	he following:						
1. The residua	al disinfectant concentration must be measured	at the same location	and time a	as each total colif	form sample.		
2. If a Collecti	on Period is specified, all water quality samples	must be collected dur	ing the sp	ecified period.			
	on results, additional monitoring may be requir dence sent by the DWS on or after the generatio	· · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0,	,

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

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

	Connecticut Depa					0			on	
	Water Qua	lity Monit	oring a	nd Com	plia	nce So	chedul	le		
PWS ID	PWS Name							1	ype P	rimary Source
CT1210194	FOX FARM BREWERY				Ν		25	Р		GW
Local Address (w	/here applicable)		Service	Resident	ial Co	mmercial	Industri	al Com	bined	Agricultural
62 MUSIC VALE			Connection	ns		1				
Towns Served: S	ALEM									
		Monito	oring Red	quireme	nts					
Water System	Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)							
Total Coliform	(3100)						1	routine	(RT)	per quarter
	Point (Sampling Point ID)			Monitorir	n <mark>a</mark> Perio	od Col	lection Pe			ance Status
	Inventory of Active Sampling	g Points		7/1/19 -	-					mplete
	······································	,		10/1/19 -						mplete
				1/1/20 -						mplete
				4/1/20 -						
				7/1/20 -						
Physical Parar	motors (DDC)			,,1,20-	5,50,2	•	1	routing	(PT)	per quarter
-	Point (Sampling Point ID)			Monitoriı	na Dorid	nd Col	lection Pe		• •	ance Status
		Points		7/1/19 -	-			nou c		mplete
Select from Inventory of Active Sampling Points				10/1/19 -						mplete
				1/1/20 -						mplete
				4/1/20 -					CL	inpiete
Mator System	Facility: ENTRY POINT (V			7/1/20 -	9/30/2	0				
-		W3F ID. 00700)						4	··· - / -	· T)
Nitrate And N	• •			Manitavi	o a Douis	ad Cal	leation De			RT) per year
	Point (Sampling Point ID)			Monitorii	-		lection Pe	rioa C		ance Status
ENTRY POI	NT (3)			1/1/19 - 1						mplete
				1/1/20 - 1					Co	mplete
			_	1/1/21 - 1						
	Water S	ystem Facili	ty and S	ampling	Point	t Inven	tory			
Water System Wate Facility ID	er System Facility	Sampling Point ID	Sampling F Description		Sta	Toto Colifo tus ^{Rul}	orm Cop	per	estos	Stage WQP 2 DBPF
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	A	A				
00700 ENTR	Y POINT	3	ENTRY POI	NT	A	4				
60612 WELL	. 1	2	WELL 1		A	۸				
		Con	tact Info	rmation						
Name			ganization					loh	Title	
Mr. Zachary Ada	ams		04.11241011					500		
Mailing Address		Mailing Address	s Line Two				City	St	ate	Zip Code
62 Music Vale R						Salem	0.07		T.	06420
	м 									00-120
	e Extension Eav	Mohi	le Phone 🛛	Emergency	Phone	Email Ad	dress			
Business Phon 860-287-0076		Mobi	le Phone	Emergency	Phone		dress xfarmbeer	. com		

	C 2	0		1					
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source		
CT1210194	FOX FARM BREWERY	Υ			NC	25	Р	GW	
Local Address (v	where applicable)	Service	Residential Commercial In		ervice Residential Commercial Industrial Comb	ntial Commerci		al Combine	ed Agricultural
62 MUSIC VALE	RD	Connections			1				
Towns Served: 1	SALEM	1					1		
Please note the	e following:								
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as ead	ch total colif	orm sample.			
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ring the sp	pecifie	ed period.				
	n results, additional monitoring may be required (i.e nce sent by the DWS on or after the generation date						-		

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

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

Connecticut Depa				0		ction	
C		oring and Com	*		1		
PWS ID PWS Name			Classifi		opulation Owr		-
CT1219134 DOLLAR GENERAL SALEM			N	-	25	Р	GW
Local Address (where applicable)		Service Resident	ial Cor	mmercial	Industrial	Combined	Agricultural
4 CENTRE ST		Connections				1	
Towns Served: SALEM							
Water System Facility: DISTRIBUTION S		oring Requiremer	nts				
						(DT)	
Total Coliform (3100)							per quarter
Sampling Point (Sampling Point ID)		Monitorin	-		lection Period		iance Status
Select from Inventory of Active Sampling	g Points	10/1/19 - 1				Co	omplete
		1/1/20 - 3					
		4/1/20 - 6					
		7/1/20 - 9	9/30/20	0			
Physical Parameters (PPS)					1 rou		per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Perio	od Coll	lection Period	Compl	iance Status
Select from Inventory of Active Sampling	g Points	10/1/19 - 1	12/31/2	19		Co	omplete
		1/1/20 - 3	3/31/20	0			
		4/1/20 - 6	5/30/20	0			
		7/1/20 - 9	9/30/20	0			
Water System Facility: ENTRY POINT (N	NSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (F	RT) per year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)		Monitorin	g Perio	od Coll	1 lection Period	-	RT) per year <i>iance Status</i>
Sampling Point (Sampling Point ID)			-			Compl	iance Status
		1/1/19 - 1	2/31/1	.9		Compl	
Sampling Point (Sampling Point ID)		1/1/19 - 1 1/1/20 - 1	2/31/1 2/31/2	.9 !0		Compl	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	ystem Facil	1/1/19 - 1	2/31/1 2/31/2 2/31/2	.9 20 21	lection Period	Compl	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	ystem Facil	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/1 2/31/2 2/31/2	.9 20 21	lection Period	Compl	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water S	-	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/1 2/31/2 2/31/2	9 10 11 t Inven Toto Colifo	lection Period tory al Lead and rm Copper	Compli	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility	Sampling Point	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point	2/31/1 2/31/2 2/31/2 Point	9 10 11 t Inven Toto Colifo tus Rul	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID	Sampling Point ID 4	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description	2/31/1 2/31/2 2/31/2 Point Stat	9 20 21 21 21 70 70 70 70 70 7	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID	Sampling Point ID 4	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM	2/31/1 2/31/2 2/31/2 Point Stat A A	9 20 21 21 21 70to Colifo tus Rul X Y	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID	Sampling Point ID 4 DOWNSTREAM	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	2/31/1 2/31/2 2/31/2 Point Stat A A	9 20 21 21 21 21 20 20 20 20 20 20 20 20 20 20 20 20 20	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	2/31/1 2/31/2 2/31/2 Point Star A A A	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	2/31/1 2/31/2 2/31/2 Point Stat A A A A	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL	2/31/1 2/31/2 2/31/2 Point Stat A A A A	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and rm Copper	Compli	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 61551 WELL 1	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 Con	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL tact Information	2/31/1 2/31/2 2/31/2 Point Stat A A A A A A A A	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and rm Copper	Compli Cc Asbestos	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 61551 WELL 1	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 2 Con	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL tact Information rganization DIAR General East Hampt	2/31/1 2/31/2 2/31/2 Point Stat A A A A A A A A	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and rm Copper	Compli Cc Asbestos	iance Status omplete Stage
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Vater System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 61551 WELL 1 Name Mr. Gary Eucalitto	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 CON	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL tact Information rganization DIA General East Hampt	2/31/1 2/31/2 2/31/2 Point Star A A A A A A A On	9 20 21 21 21 7 Toto Colifo Colifo tus Rul X Y X Y X Y X Y	lection Period tory al Lead and arm Copper e Rule Tier	Compli Cc Asbestos	iance Status omplete Stage WQP 2 DBPR
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Vater System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 61551 WELL 1 Name Mr. Gary Eucalitto Mailing Address Line One 6 William Way	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 0 Mailing Addres	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL tact Information rganization ollar General East Hampt s Line Two	2/31/1 2/31/2 2/31/2 Point A A A A A A A On	9 20 21 21 21 21 21 7 7 7 7 7 7 7 7 7 7 7 7	lection Period tory al Lead and arm Copper e Rule Tier e Rule Tier city	Compli Co Co Co Co Co Co Co Co Co Co Co Co Co	iance Status omplete Stage WQP 2 DBPR
Sampling Point (Sampling Point ID) ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 61551 WELL 1 Name Mr. Gary Eucalitto Mailing Address Line One	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 CON 2 Mailing Addres Mobi	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ity and Sampling Sampling Point Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL stact Information opliar General East Hampt s Line Two le Phone Emergency	2/31/1 2/31/2 2/31/2 Point A A A A A A A A A Phone	9 20 21 21 21 21 70 20 20 20 20 20 20 20 20 20 20 20 20 20	lection Period tory al Lead and arm Copper e Rule Tier e Rule Tier city	Compli Cc Cc Asbestos	iance Status omplete Stage WQP 2 DBPR

		0		L			
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
CT1219134	DOLLAR GENERAL SALEM	M		NC	25	Р	GW
Local Address	where applicable)	Service	rvice Residential Commercial Industrial Comb		al Combine	ed Agricultural	
4 CENTRE ST		Connections				1	
Towns Served:	SALEM	÷		·			·
Please note th	e following:						
1. The residua	disinfectant concentration must be measured a	t the same location	and time a	as each total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples m	nust be collected du	ring the sp	ecified period.			
1 0	on results, additional monitoring may be required ence sent by the DWS on or after the generation			1 1		0,	

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

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