Connecticut Depa	artment of Public H	Health D	rinkin	g Water	Section	
Water Qua	llity Monitoring an	d Comp	liance	Schedul	e	
PWS ID PWS Name	<u> </u>	CI	assification	Population	Owner Type P	rimary Source
CT1220007 LIME ROCK PARK, LLC			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Commerc	ial Industria	l Combined	Agricultural
497 LIME ROCK ROAD	Connections		12			
Towns Served: SALISBURY					-	
	Monitoring Requ	uirement	:s			
Water System Facility: DISTRIBUTION S	SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Per	iod Compl	iance Status
Select from Inventory of Active Samplin	g Points	7/1/19 - 8/	31/19		Co	omplete
Total Coliform (3100)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Per	iod Compl	iance Status
Select from Inventory of Active Samplin	g Points	10/1/19 - 10)/31/19		Co	mplete
·		11/1/19 - 11	/30/19		Co	mplete
		12/1/19 - 12	2/31/19			mplete
		1/1/20 - 1/				mplete
		2/1/20 - 2/				-
		3/1/20 - 3/				
		4/1/20 - 4/				
		5/1/20 - 5/				
		6/1/20 - 6/				
		7/1/20 - 7/				
		8/1/20 - 8/				
		9/1/20 - 9/				
Physical Parameters (PPS)		3, 2, 23 3,	30, 20	1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Peri		iance Status
Select from Inventory of Active Samplin	g Points	7/1/19 - 8/		7/1-8/31		omplete
Physical Parameters (PPS)	<u> </u>	., _, _, _,	<u>,</u>		routine (RT)	-
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Peri		iance Status
Select from Inventory of Active Samplin	g Points	10/1/19 - 10				mplete
Scient from inventory of Active Samplin		11/1/19 - 11				mplete
		12/1/19 - 12				mplete
		1/1/20 - 1/				mplete
		2/1/20 - 2/				mpiete
		3/1/20 - 3/				_
		4/1/20 - 4/			<u> </u>	
		5/1/20 - 5/				
		6/1/20 - 6/				
		7/1/20 - 7/ 8/1/20 - 8/				
Water System Facility: ENTRY POINT (WSF ID: 00700)	9/1/20 - 9/	30/20			
Nitrate And Nitrite (NOX)	113. 10. 007001				1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Per	=	iance Status
ENTRY POINT (3)		1/1/19 - 12				
		1/1/20 - 12				
		-, -, 20 12,	, 52, 20			

1/1/21 - 12/31/21

0			. ('D III	** 1.1	D 1	1.	YAY	7 .	0	. 1		
Co		ut Departn						_			ction		
		ter Quality	Monit	oring a	na Com	_							
	VS Name						fication						ry Source
	ME ROCK PARI	K, LLC				1	VC		25		Р		3W
Local Address (whe	re applicable)			Service	Residen	tial C	ommer	rcial I	ndustria	al C	ombine	d Ag	ricultura
497 LIME ROCK RO	AD			Connection	ıs		12						
Towns Served: SALI	ISBURY												
		Water Syste	m Facili	ity and Sa	ampling	Poir	it Inv	ento	ry				
Water System Water S Facility ID	ystem Facility	Samı	oling Point ID	Sampling P Description		St	Co atus	Total oliform Rule		per	Asbesto	s WQ	Stage P 2 DBPI
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUTI	ON SYSTEM		Α	Υ					
		DOW	/NSTREAM	WITHIN 5 S	ERVICE CON	J	Α						
		UP	STREAM	WITHIN 5 S	ERVICE CON	1	Α						
00700 ENTRY P	OINT		3	ENTRY POIN	NT		Α						
22091 WELL 1			2	WELL #1			Α						
23063 WELL 2			2	WELL #2			Α						
ST01 ATMOSP	PHERIC STORAG	 GE											
			Con	tact Info	rmation								
Name			Oı	rganization							lob Title	2	
Lime Rock Park LLC	}												
Mailing Address Lin	ie One	Mail	ing Address	s Line Two				C	ity		State	Zip	Code
497 Lime Rock Rd							Lake		•		СТ		5039
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	e Emai	il Addre	ess				
Contact Role(s): O	wner		0.								lob Title		
Name				rganization me Rock Par	ku c			N 4 -	naaina			:	
Mr. Skip Barber Mailing Address Lin	00 Ono	Mail	ing Address		KLLC				anaging	Mem	State	7in	Code
497 Lime Rock Rd	ie Offe	IVIdII	ing Address	S LITTE TWO			Lake		City				
	Fytonsion	Fox	Mobi	la Dhana		Dhone					СТ	Ut	5039
Business Phone	Extension	Fax	IVIODI	le Phone	Emergency	PHONE	= Emai	ı Adare	:55				
860-435-5000	and Courters												
Contact Role(s): Le	egai Contact		0	ranniactics							lab Title		
				rganization me Rock Park LLC			Job Title Facility Operations						
Mr. Robert Jacopin		n a = :1			K LLC					eratio		7:	Cada
Mailing Address Lin	ie One	Mail	ing Address	s Line Two			1.1		ity		State		Code
497 Lime Rock Rd.							Lake	viiie			CT	Ü	5039

Contact Role(s): Administrative Contact

Extension

124

Please note the following:

Business Phone

860-435-5000

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

860-435-5010

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.

Emergency Phone Email Address

jocko@limerock.com

860-671-1629

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

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

End of schedule

		t Department of er Quality Monit				U			ection	
PWS ID	PWS Name	er Quality Monit	oring a	iiu Coii					nor Tuno	Primary Sour
CT122009		OAD CALICBLIDY			No		25 25		P P	GW
		UAD - SALISBURT	Service	Resident		mmercia		dustrial	Combine	
LOCAI AUUI	ress (where applicable)		Connectio		tiai Coi	1	1 1110	Justriai	Combine	u Agricultur
Towns Ser	ved: SALISBURY		Commedia			1				
		Monito	oring Re	quireme	nts					
Water Sy	stem Facility: DISTRIB	UTION SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)							1 rou	utine (RT)	per quarte
Sam	oling Point (Sampling Poi	nt ID)		Monitorii	ng Perio	od Co	llectio	on Period	Comp	liance Status
Selec	t from Inventory of Active	Sampling Points		7/1/19 -	9/30/19	9			C	omplete
				4/1/20 -	6/30/20	0				
				7/1/20 -	9/30/20	0				
Physical	Parameters (PPS)							1 rou	utine (RT)	per quarte
Sam	oling Point (Sampling Poi	nt ID)		Monitorii	ng Perio	od Co	llectio	on Period	Comp	liance Status
Selec	t from Inventory of Active	Sampling Points		7/1/19 -	9/30/19	9			C	omplete
				4/1/20 -	6/30/20	0				
				7/1/20 -	9/30/20	0				
Water Sy	stem Facility: ENTRY F	POINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (RT) per yea
Sam	oling Point (Sampling Poir	nt ID)		Monitorii	ng Perio	od Co	llectio	on Period	Comp	liance Status
ENTR	RY POINT (3)			1/1/19 - 1	12/31/1	.9			C	omplete
				1/1/20 - 3	12/31/2	:0				
				1/1/21 - 3	12/31/2	1				
		Other Co	omplian	ce Sched	ules					
Complian	ce Schedule Activity			Ĺ	Due Dat	е		Achieved	Date	
RESPOND	TO SANITARY SURVEY			7,	/18/201	L5				
	V	/ater System Facili	ty and S	ampling	Point	Inver	ntor	У		
Water		•	-			Tot		Lead and	1	
System	Water System Facility	Sampling Point				Colif	orm	Copper		Stag
Facility ID)	ID	Description	n	Stat	tus Ru	ıle	Rule Tier	Asbesto	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	Α	١ ١	1			
		DOWNSTREAM	WITHIN 5	SERVICE CON	I A	١				
		UPSTREAM	WITHIN 5	SERVICE CON	I A	١				
00700	ENTRY POINT	3	ENTRY POI	NT	А	١				
57194	WELL	2	WELL		А	١				
		Con	tact Info	rmation						
Name		Or	ganization						Job Title	
Mr. John I	M. O'hara, Et Al									
Mailing Ad	ddress Line One	Mailing Address	Line Two				Cit	У	State	Zip Code
1 O'hara L	ane					Salisbur	У		СТ	06068
Business	s Phone Extension	Fax Mobi	le Phone	Emergency	Phone	Email A	ddres	S		
203-26	4-5169									
Contact R	ole(s): Legal Contact, Ow	ner								

C	onnecticut	рера	n unient (of Public	пеани	וועו	HKIII	g water	Section	
	Wate	r Qual	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le	
PWS ID P	WS Name					Classi	fication	Population	Owner Type	Primary Source
CT1220094 2	220094 254 TWIN LAKES ROAD - SALISBURY						NC	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	Residential Con		al Industri	al Combin	ed Agricultural
			Connection	ons		1	1			
Towns Served: SA	ISBURY					,				·
Name				Organization					Job Titl	е
Ms. Michele W. H	aab			Brookwood Marine Inc.				Secretary	/Owner	
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
254 Twin Lakes Rd							Salisbu	ıry	СТ	06068
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	e Email A	Address	·	
860-824-7583		518-789	-4818	oharas	oharaslanding@hotmail.com					
Contact Role(s):	Administrative Cor	ntact, Leg	al Contact							

Connecticut Department of Public Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 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	oartmer	nt of	Public H	lealth	Dı	rinkin	g W	Vater S	Section	
	Water Qu							$\overline{}$			
PWS ID	PWS Name	<u> </u>		0 -		_					rimary Source
CT1220134	TWIN LAKES BEACH CLUB						NC		25	P	GW
Local Address	s (where applicable)			Service	Residen	ntial	Commerc	cial	Industrial	Combined	Agricultura
TWIN LAKES				Connections			1				
Towns Served	d: SALISBURY				I		I			l	l
		М	onito	ring Requ	ireme	nts					
Water Syste	em Facility: DISTRIBUTION										
Total Colifo									1	routine (RT)	per month
	g Point (Sampling Point ID)				Monitor	ing P	Period	Colle	ction Perio		ance Status
	om Inventory of Active Sampli	ng Points			6/1/20 -					•	
	· ·				7/1/20 -	- 7/3	1/20				•
					8/1/20 -		-				
Physical Pa	rameters (PPS)								1	routine (RT)	per month
	g Point (Sampling Point ID)				Monitor			Colle	ction Perio	d Compli	ance Status
Select fr	om Inventory of Active Sampli	ng Points			6/1/20 -		-				
					7/1/20 -						
					8/1/20 -	- 8/3	1/20				
	em Facility: ENTRY POINT	(WSF ID: 0	0700)								
	d Nitrite (NOX)									1 routine (F	
	g Point (Sampling Point ID)				Monitori			Colle	ction Perio	-	ance Status
ENTRY P	POINT (3)				1/1/19 -					Со	mplete
					1/1/20 -						
					1/1/21 -						
		Oth	er Co	mpliance	Sched	dule	es				
Compliance S	Schedule Activity					Due	Date		Achieve	ed Date	
RESPOND TO	SANITARY SURVEY				1	2/13	3/2010				
SEASONAL ST	TART UP COMPLETION					7/1/	2020				
		Public	: Noti	fication R	Require	eme	ents				
				mpliance	Notice	?	<u>Public l</u>	<u>Votifi</u>	<u>cation</u>	PN Cert	<u>tification</u>
Violation/Sit				Period	Tier		Required		erformed	Due to DPH	Received
	AL COLIFORM RULE (RTCR) TT	Violation		17 - 6/22/18	2		10/26/201			11/5/2017	
-	meters M&R Violation			18 - 8/31/18	3		12/31/201			1/10/2020	
Total Coliforn	m M&R Violation			18 - 8/31/18	3		12/31/201			1/10/2020	
	Water	System I	Facilit	ty and Sar	mpling	Po	int Inv	ento	ory		
Water								Total		nd	
•	ater System Facility	Sampling ID		Sampling Poi Description	nt			liforr			Stage
Facility ID	CTDIDLITION CVCTENA				L CVCTER		Jiuius	Rule	Kule II	er Asbestos	WQP Z DBP
00600 DI	STRIBUTION SYSTEM	4 DOWNST		DISTRIBUTION			A	Υ			
		UPSTRE		WITHIN 5 SER WITHIN 5 SER			A ^				
00700 EN	NTRY POINT	3		ENTRY POINT		IN	A A				
	ELL	2		WELL			A				
22090 W					· · · · ·		A				
				tact Inform	mation	1					
Name				ganization						Job Title	
Mr. Jack Mah	<u> </u>			in Lakes Beac	h Club				resident		
Mailing Addr	ess Line One	Mailing A	Address	Line Two					City	State	Zip Code

	Water Quality	y Monitoring an	d Con	npliance	Schedul	le	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1220134	T1220134 TWIN LAKES BEACH CLUB					Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	cial Industri	al Combin	ed Agricultural
TWIN LAKES RO	AD	Connections		1			
Towns Served: S	SALISBURY						
P.O. Box 122		Salisb	06068				

Emergency Phone Email Address

mahoney.jacknyc@me.com

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Business Phone

201-314-9283

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

Mobile Phone

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

Fax

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

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

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

End of schedule

С			rtment of					0			ction		
		ter Qua	lity Monit	oring a	nd Con								
	VS Name					Class	sificatio			Owr	ner Type P		
	RINITY EPISCO	PAL CHURCH					NC		29		Р	G۷	
Local Address (whe				Service	Residen	itial (Comme	rcial I	ndustri	al	Combined	Agrio	cultural
484 LIME ROCK RO				Connection	ns		3						
Towns Served: SAL	ISBURY												
			Monite	oring Re	quireme	nts							
Water System Fa	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)									
Total Coliform (3100)								1	rou	tine (RT)	per qu	uarter
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30)/19				Со	mplete	е
					10/1/19 -	- 12/3	1/19				Со	mplete	e
					1/1/20 -	3/31	./20						
					4/1/20 -	- 6/30	/20						
					7/1/20 -	9/30	/20						
Physical Parame	ters (PPS)								1	rou	tine (RT)	per qu	uarter
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30	/19				Co	mplete	е
					10/1/19 -	- 12/3	1/19				Co	mplete	е
					1/1/20 -	- 3/31	./20						
					4/1/20 -	- 6/30	/20						
					7/1/20 -	9/30	/20						
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00700)										
Nitrate And Nitr	ite (NOX)									1	routine (F	T) pe	r year
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
ENTRY POINT	(3)				1/1/19 -	12/31	1/19				Co	mplete	е
					1/1/20 -	12/31	1/20						
					1/1/21 -	12/31	1/21						
			Other C	omplian	ce Sched	dule	S						
Compliance Schedu	ıle Activity					Due D	Date		Achie	ved	Date		
RESPOND TO SANIT	TARY SURVEY					1/3/2	2009						
		Water Sy	stem Facili	ity and S	ampling	Poi	int Inv	ento	ry				
Water								Total	Lead	and			
	ystem Facility		Sampling Point				C	oliform	1 Сор	per			Stage
Facility ID			ID	Description	า	S	Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM	1	Α	Υ					
			DOWNSTREAM	WITHIN 5 S	SERVICE COI	N	Α						
			UPSTREAM	WITHIN 5 S	SERVICE COI	N	Α						
00700 ENTRY P	OINT		3	ENTRY POI	NT		Α						
22760 WELL			2	WELL			Α						
61041 BLADDE	R TANK												
			Con	tact Info	rmation	1							
Name			0	rganization							Job Title		
Trinity Episcopal C	hurch												
Mailing Address Lir			Mailing Addres	s Line Two				(City		State	Zip C	ode
484 Lime Rock Roa							Lake				СТ	060	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phor	ne Emai	il Addre	ess				

	Connectic	ut Depa	rtment	of Public	Health	Drii	nking	Water S	ection	
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	nce So	chedule		
PWS ID	PWS Name					Classif	ication P	opulation O	wner Type F	Primary Sourc
CT1220154	TRINITY EPISCO	PAL CHURCH				N	IC	29	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combined	d Agricultura
484 LIME ROCK F	ROAD			Connectio	ons		3			
Towns Served: Sa						,				
860-435-2627										
Contact Role(s):	Owner			T						
Name				Organization					Job Title	
Mr. Linda Lloyd		Trinity Episco	pal Church			Senior Ward	en			
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
484 Lime Rock Ro	d						Lakeville		СТ	06039
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email Ad	dress		
845-486-4840		845-486-4	4852		860-435	-2627				
Contact Role(s):	Legal Contact									
Name				Organization					Job Title	
Rector Heidi Tru	ах			Trinity Episco	pal Church-	Lr		Rector		
Mailing Address	Line One		Mailing Addr	ess Line Two			City		State	Zip Code
484 Lime Rock Ro	oad						Lakeville		СТ	06039
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email Ad	dress		
860-435-2627										
Contact Role(s):	Administrative	Contact								

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

Connecticut Departmen	t of Public H	lealth D	rinking	Water S	Section	
Water Quality Mo	onitoring and	d Comp	liance S	Schedule		
PWS ID PWS Name		Cla	assification	Population O	wner Type Pri	imary Source
CT1220164 ISOLA BELLA YOUTH CAMP			NC	80	Р	GW
Local Address (where applicable)	Service	Residential	Commercia	al Industrial	Combined	Agricultural
410 TWIN LAKES ROAD	Connections	6				
Towns Served: SALISBURY						
Mo	onitoring Requ	uirements	S			
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complia	ince Status
Select from Inventory of Active Sampling Points	_	6/1/20 - 6/3	30/20			
		7/1/20 - 7/3				
		8/1/20 - 8/3				
		9/1/20 - 9/3	30/20			
Physical Parameters (PPS)				1	routine (RT)	-
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio	d Complia	ince Status
Select from Inventory of Active Sampling Points		6/1/20 - 6/3				
		7/1/20 - 7/3				
		8/1/20 - 8/3				
144 ·	N=00\	9/1/20 - 9/3	30/20			
Water System Facility: ENTRY POINT (WSF ID: 00	1700)					
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		ince Status
ENTRY POINT (3)		1/1/19 - 12/			Cor	nplete
		1/1/20 - 12/				
		1/1/21 - 12/	•			
	er Compliance					
Compliance Schedule Activity			Date	Achieve	d Date	
CROSS CONNECTION SURVEY REPORT			/2014			
CROSS CONNECTION SURVEY REPORT			/2015			
CROSS CONNECTION SURVEY REPORT			/2016			
CROSS CONNECTION SURVEY REPORT			/2017			
CROSS CONNECTION SURVEY REPORT			/2018			
CROSS CONNECTION SURVEY REPORT			/2019			
SEASONAL START UP COMPLETION			5/2019			
CROSS CONNECTION SURVEY REPORT			/2020			
SEASONAL START UP COMPLETION			5/2020			
Public	Notification R					
Violation/Situation	Compliance Period	Notice Tier		otification	PN Certi	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/16/19 -	2	Required 8/25/2019	Performed	Due to DPH 9/4/2019	Received
, ,					9/4/2019	
Water System F	acility and Sar	mpling Po			,	
Water System Water System Facility Sampling I	Point Sampling Poi	nt		tal Lead ar form Coppe		Stage
System Water System Facility Sampling I Facility ID ID	Description				r er Asbestos I	_
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM	Julias	Y		
	REAM WITHIN 5 SER		A	-		
Sewiisiii			- *			

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1220164	ISOLA BELLA YOUTH CAMP				NC	80	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
410 TWIN LAKE	SROAD	Connections	6					

Towns Served: SALISBURY

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
22851	WELL #1	2	WELL #1	Α									
55117	IBYC TP												
55119	HYD TANKS												

Contact Information											
Name				(Organization	ı	Job Title				
Ms. Jennifer Pizzoferrato				,	American School For The Deaf			Director Operations			
Mailing Address Line One Mailing Addr				Addre	ess Line Two		City		State	Zip Code	
Director of Finance And Operations 139 North M			th Ma	ain Street		West Hartford		СТ	06107		
Business Phone	Extension	Fax	Mo		bile Phone	Emergency Phone	Email Address				
890-570-2300		860-570-2284					jennifer.pizzoferrato@asd-1817.org			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

Schedule Generation Date: 3/10/2020

	Connectic	*						U			ection	
		ter Qual	ity IV	Ionit	coring a	na Con	_					
PWS ID	PWS Name SALISBURY SCHOOL - BOAT HOUSE							•	n Ov		Primary Source	
CT1221053			IOUSE		C	D i d		IC	25	-1 - 1	P	GW
	where applicable)				Service Connection	Residen	tiai Co	ommercia	l Indust	riai	Combined	d Agricultural
251 CANAAN ROAD - BOAT HOUSE					<u> </u>			1				
Towns Served: S	ALISBURY							_	_			
Water System	Facility: DISTF	RIBUTION SY			oring Red D: 00600)	quireme	nts					
Total Coliform	(3100)									1 ro	utine (RT)	per quarter
	oint (Sampling P	Point ID)				Monitori	ng Peri	iod Co	llection P			liance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/30/19				Complete			
						10/1/19 -	12/31/	/19			С	omplete
						4/1/20 -						
						7/1/20 -						
Physical Parar	neters (PPS)									1 ro	utine (RT)	per quarter
•	oint (Sampling P	Point ID)				Monitori	ng Peri	iod Co	llection P			liance Status
	Inventory of Act	-	Points			7/1/19 -					C	omplete
						10/1/19 -	12/31/	/19			С	omplete
						4/1/20 -	6/30/2	20				
						7/1/20 -	9/30/2	20				
Water System	Facility: ENTR	Y POINT (W	/SF ID:	00700)								
Nitrate And N	•	•								1	routine (RT) per year
	Point (Sampling P	Point ID)				Monitori	ng Peri	iod Co	llection P		=	liance Status
ENTRY POI		•				1/1/19 -			4/1-12/3	31	-	omplete
	. ,					1/1/20 -			4/1-12/3			· ·
						1/1/21 -			4/1-12/3			
			Ot	her C	ompliand	re Sched	lules					
Camarillana an Cala			O.	iiei C	omphanc				0 -4-	•	/ D 4	
Compliance Sch		\ N .I			Due Date 4/1/2020				Achieved Date			
SEASONAL STAR	T UP COMPLETIC											
Water		Water Sy	<i>s</i> tem	Facili	ity and Sa	ampling	Poin	t Inver		d and	<u> </u>	
	er System Facility	, 9	Samplin	g Point	Sampling P	oint		Colif		pper	•	Stage
Facility ID			II	ס	Description)	Sto	atus Ru		-	r Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	1	۷		DISTRIBUTI	ON SYSTEM		A				
			DOWNS	TREAM	WITHIN 5 S	ERVICE CON	۱ ،	Α				
			UPST	REAM	WITHIN 5 S	ERVICE CON	۱ ،	Α				
00700 ENTR	Y POINT		3	}	ENTRY POIN	NT	,	A				
56294 WELL	-		2	2	WELL			A				
56300 BLAD	DER TANK											
				Con	tact Info	rmation						
Name						····ation					Lab Tiel	
Name	: Ja				rganization	_1			Chi-f F		Job Title	
Mr. Mark Schmi			N / c : l :		alisbury Scho	Ol			Chief Fir	ınanı		7in Cada
Mailing Address	Line One		iviaiiing	Address	s Line Two			Calial	City		State	Zip Code
251 Canaan Rd		-	1	p.a. 1 ·	la Dk - :-		Dk -	Salisbur	-		СТ	06068
Business Phon		Fax	750	iviobi	le Phone	Emergency					-b!-	
860-435-5709		860-435-5				860-435-	5/59	mschmi	at@salisb	urys	chool.org	
contact Role(s):	Administrative	contact, Leg	ai Conta	act								

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1221053	SALISBURY SCHOOL - BOAT HOUSE			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
251 CANAAN ROAD - BOAT HOUSE		Connections		1			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

Towns Served: SALISBURY

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End of schedule