С	onnecticu	ut Department o	f Public Health	Drin	king Wat	ter Se	ction	
	Wat	er Quality Moni	toring and Com	pliai	nce Sche	dule		
PWS ID PV	WS Name	Cara ay		_	cation Popular		er Type Pi	rimary Source
CT1250024 HO	OUSATONIC MI	EADOWS/MAIN SYSTEM		NO			S	GW
Local Address (whe			Service Residenti			ustrial (Combined	Agricultural
RIVER ROAD (ROUT			Connections 6					0
Towns Served: SHA								
		Monit	toring Requiremen	ts				
Water System Fa	cility: DISTRI	IBUTION SYSTEM (WSF						
Total Coliform (3100)					1 rout	ine (RT)	per quarter
Sampling Poin	nt (Sampling Po	oint ID)	Monitorin	g Perio	d Collection	n Period	Compli	ance Status
Select from In	ventory of Acti	ve Sampling Points	7/1/19 - 9	/30/19)		Со	mplete
			4/1/20 - 6	/30/20)	_		_
			7/1/20 - 9	/30/20)			
Physical Parame	ters (PPS)					1 rout	ine (RT)	per quarter
	nt (Sampling Po	oint ID)	Monitorin	g Perio	d Collection			ance Status
Select from In	ventory of Acti	ve Sampling Points	7/1/19 - 9	/30/19)		Со	mplete
			4/1/20 - 6	/30/20)			
			7/1/20 - 9	/30/20)			
Physical Parame	ters (PPX)					1 rout	ine (RT)	per quarter
Sampling Poir	nt (Sampling Po	oint ID)	Monitorin	g Perio	d Collection	n Period	Compli	ance Status
DISTRIBUTION	I SYSTEM (4)		7/1/19 - 9	/30/19)			
			4/1/20 - 6	/30/20)			
			7/1/20 - 9	/30/20)			
Water System Fa	cility: ENTRY	POINT (WSF ID: 00700)					
Nitrate And Nitr	ite (NOX)					1 r	outine (R	T) per year
Sampling Poir	nt (Sampling Po	oint ID)	Monitorin	g Perio	d Collection		-	ance Status
ENTRY POINT	(3)		1/1/19 - 1	2/31/1	9		Со	mplete
			1/1/20 - 1	2/31/2	0			
			1/1/21 - 1	2/31/2	1			
		Other (Compliance Schedu					
Compliance Schedu	ule Activity		D	ue Dat	e A	chieved D	ate	
CROSS CONNECTIO			3,	/1/201	7			
SEASONAL START U	JP COMPLETION	V		/1/2020				
	,	Water System Faci				,		
Mateu		water system raci	iity and Samping i	Oiiit				
Water System Water S	system Facility	Samplina Poin	t Sampling Point			ead and Copper		Stage
Facility ID	ystem ruemey	ID	Description Description	Stat	Dula I		Asbestos	WQP 2 DBPR
	UTION SYSTEM	4	DISTRIBUTION SYSTEM	A	us			
	0		1 WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY P	POINT	3	ENTRY POINT	A				
22115 WELL		2	WELL	A				
			ntact Information					
Name			Organization				Job Title	
Mr. David Cooley			Deep-Engineering Unit		Sunv	Civil Engir		
Mailing Address Lir	ne One	Mailing Addre			City	CIVII LIIBII	State	Zip Code
163 Great Hill Road		iviaining Addre	33 LITTE TWO		Portland		CT	06480
בסט סובמנ וזווו עמשני	4		1		ı oı uanu		CI	00400

	0										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source										
CT1250024	T1250024 HOUSATONIC MEADOWS/MAIN SYSTEM							50		S	GW
Local Address (w	here applicable)	Service	Reside	ntial	Commerci	al Industri	ial	Combined	Agricultural		
RIVER ROAD (RO	UTE 7)			Connection	6						
Towns Served: S	HARON							·			
Business Phon	e Extension	Fax	Mobil	e Phone	Emergenc	y Phoi	ne Email A	Address			
860-342-2215	;	860-344-2560	860-2	05-7552	860-424	-3333	david.d	cooley@ct.g	ov		
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact, Owner										

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

End of schedule

	Connecticut D	epartme	ent of	Public	Health	D	rinkir	ng W	ater	Se	ction	
	Water (Quality N	I onit	oring a	nd Con	npl	liance	Sch	edul	le		
PWS ID	PWS Name					Cla	ssificatio	n Pop	ulation	Owr	ner Type	Primary Source
CT1250054	HOUSATONIC MEADO	NS/RIVERSID	E				NC		33		S	GW
Local Address (where applicable)			Service	Residen	tial	Comme	rcial I	ndustri	al	Combine	d Agricultura
RIVER ROAD (R	OUTE 7)			Connection	3							
Towns Served:	SHARON											
		l	Monit o	oring Red	quireme	nts	;					
Water System	Facility: DISTRIBUTION	ON SYSTEM	(WSF I	D: 00600)								
Total Colifor	m (3100)								1	rou	itine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Collec	tion Pe	riod	Comp	liance Status
Select from	m Inventory of Active San	npling Points			7/1/19 -	9/3	0/19				(Complete
					4/1/20 -	6/3	0/20					-
					7/1/20 -	9/3	0/20					
Physical Para	meters (PPS)								1	rou	itine (RT) per quarter
	Point (Sampling Point ID)			Monitori	ng F	Period	Collec	tion Pe		•	liance Status
Select from	m Inventory of Active San	npling Points			7/1/19 -	9/3	0/19				(Complete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Water System	Facility: ENTRY POIN	IT (WSF ID:	00700)									
Nitrate And I	Nitrite (NOX)									1	routine	(RT) per year
Sampling	Point (Sampling Point ID))			Monitori	ng P	Period	Collec	tion Pe	riod	Comp	liance Status
ENTRY PO	INT (3)				1/1/19 -	12/3	31/19				(Complete
					1/1/20 -	12/3	31/20					
					1/1/21 -	12/3	31/21					
		Ot	her C	ompliand	e Sched	lule	es					
Compliance Sci	hedule Activity				<u> </u>	Due	Date		Achie	ved	Date	
SEASONAL STA	RT UP COMPLETION				ļ	5/1/	2020					
	Wate	er System	Facili	ity and Sa	ampling	Po	int Inv	ento	ry			
Water								Total	Lead	and		
	ter System Facility	-	_	Sampling P			C	oliform				Stage
Facility ID			D	Description			Status	Rule	Rule	Tier	Asbesto	s WQP 2 DBPI
00600 DIST	TRIBUTION SYSTEM		1	DISTRIBUTION			Α	Υ				
				WITHIN 5 S			Α					
		UPST	REAM	WITHIN 5 S		١	Α					
00700 ENT	RY POINT	3	3	ENTRY POIN	NT .		Α					
53471 RIVE	ERSIDE WELL		2	RIVERSIDE \	WELL		Α					
			Con	tact Info	rmation	1						
Name			Oı	rganization							Job Title	
Mr. David Cool	ley		De	eep-Engineer	ring Unit			Su	pv Civil	Engi	neer	
Mailing Addres	s Line One	Mailing	Address	s Line Two				(City		State	Zip Code
163 Great Hill F	Road						Portl	and			СТ	06480
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	Pho	one Emai	il Addre	ess			
860-342-221	15 860	-344-2560	860-2	205-7552	860-424-	333	3 david	d.coole	y@ct.go	ov		
6 5												

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

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	<u> </u>						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1250054	HOUSATONIC MEADOWS/RIVERSIDE			NC	33	S	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural
RIVER ROAD (RO	OUTE 7)	Connections	3				

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

End of schedule

Page 4

	Connecticut Department	of Public H	Health	Drink	ing V	Water :	Section	
	Water Quality Mor	nitoring an	d Com	plian	ce Sc	hedule	9	
PWS ID	PWS Name			Classificat	ion Po	pulation (Owner Type P	rimary Sourc
CT1250084	SILVER LAKE CONFERENCE CENTER - WEL	L #2		NC		25	Р	GW
ocal Address (where applicable)	Service	Resident	tial Comn	nercial	Industrial	Combined	Agricultura
223 LOW ROAI)	Connections			1			
Towns Served:	SHARON							
	Mon	itoring Requ	uiremei	nts				
Water Systen	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)						
Total Colifor	m (3100)					1 :	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	Coll	ection Peri	od Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	7/31/19			Co	mplete
Total Colifor	m (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	Coll	ection Peri	od Compl	iance Status
Select fro	m Inventory of Active Sampling Points		11/1/19 -	11/30/19				
			12/1/19 -	12/31/19				
			1/1/20 -	1/31/20			Co	mplete
			2/1/20 -	2/29/20				
			3/1/20 -	3/31/20				
			4/1/20 -	4/30/20				
			5/1/20 -					
			6/1/20 -					
			7/1/20 -					
			8/1/20 -					
			9/1/20 -	9/30/20				
•	ameters (PPS)				- "		outine (RT)	• •
	Point (Sampling Point ID)		Monitorin		Coll	ection Peri	-	iance Status
	m Inventory of Active Sampling Points		7/1/19 -	9/30/19				mplete
•	ameters (PPS)			5	6 "		routine (RT)	•
	Point (Sampling Point ID)		Monitorii		Coll	ection Peri	od Compli	iance Status
Select fro	m Inventory of Active Sampling Points		11/1/19 -					
			12/1/19 -				C-	
			1/1/20 -				CC	mplete
			2/1/20 -					
			3/1/20 -					
			4/1/20 - 5/1/20 -		_			
			6/1/20 -				<u> </u>	
			7/1/20 -					
			8/1/20 -					
			9/1/20 -					

Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusENTRY POINT (3)1/1/19 - 12/31/19Complete1/1/20 - 12/31/20

1/1/21 - 12/31/21

Nitrate And Nitrite (NOX)

1 routine (RT) per year

Connecticut Department of	Public Health	Drinki	ing W	⁷ ater	Sec	tion	
Water Quality Monit	oring and Con	nplianc	e Sch	edul	le		
							1 -

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary	Source
CT1250084	SILVER LAKE CONFERENCE CENTER - WELL #2	2			NC	25	Р	G\	N
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agri	cultural
223 LOW ROAD		Connections			1				

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	4/4/2020	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/3/2020	

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	tification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/15/19 - 11/13/19	2	11/22/2019		12/2/2019	
E. Coli M&R Violation	8/22/19 -	3	12/15/2020		12/25/2020	
E. Coli M&R Violation	8/22/19 - 9/26/19	3	12/15/2020		12/25/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22120	WELL 2	2	WELL 2	Α					
F7202	TDEATMAENT DIANT								

57203 TREATMENT PLANT

Contact Information

			C	illact IIII	Offication				
Name				Organization				Job Title	
Mr. Ryan Gackenheimer				Silver Lake Conference Center			Executive Director		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
221 Low Rd						Sharon		СТ	06069
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-364-5526						Gackenh	eimerr@sne	ucc.com	

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

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End of schedule

	Connecticut Departmen	t of Public H	lealth	Dr	inking	g Water	Section			
	Water Quality Mo	nitoring an	d Con	npli	iance	Schedule	9			
PWS ID	PWS Name	<u> </u>		_				ner Type Primary Sourc		
CT1250094	SILVER LAKE CONFERENCE CENTER - WE	ELL #1			NC	25	Р	GW		
Local Address ((where applicable)	Service	Residen	itial	Commerc	ial Industria	l Combine	ed Agricultural		
221 LOW ROAI)	Connections			1					
Towns Served:	SHARON	,		'		'		,		
	Mo	nitoring Requ	ıireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)								
Total Colifor	m (3100)					1	routine (R	T) per month		
	Point (Sampling Point ID)		Monitor	ing Pe	eriod C	Collection Peri	=	oliance Status		
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/3	1/19		(Complete		
		_	11/1/19 -	11/3	0/19			Complete		
			12/1/19 -	12/3	1/19		(Complete		
			1/1/20 -	1/31	/20			Complete		
			2/1/20 -	2/29	/20					
			3/1/20 -	3/31	./20					
			4/1/20 -	4/30	/20					
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -	9/30	/20					
•	ameters (PPS)			_			-	T) per month		
	Point (Sampling Point ID)		Monitor			Collection Peri		oliance Status		
Select fro	m Inventory of Active Sampling Points		10/1/19 -					Complete		
			11/1/19 -					Complete		
			12/1/19 -					Complete		
			1/1/20 -				(Complete		
			2/1/20 -							
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 - 7/1/20 -							
			8/1/20 -							
			9/1/20 -				<u> </u>			
Water System	n Facility: ENTRY POINT (WSF ID: 00)	700)	J 1 20 -	<i>J</i> 30	, 20					
-	Nitrite (NOX)	,					1 routine	(RT) per year		
	Point (Sampling Point ID)		Monitor	ina Pe	eriod C	Collection Peri		oliance Status		
ENTRY PC			1/1/19 -					Complete		
	. ,		1/1/20 -		-			r - -		
			1/1/21 -							
	Othe	er Compliance								
Compliance Sc	hedule Activity			Due L		Achiev	ed Date			
	CTION SURVEY REPORT			3/1/2						
	CTION SURVEY REPORT			3/1/2						
<u> </u>										

CROSS CONNECTION SURVEY REPORT

3/1/2014

	Connecticut De	partmer	nt of	Public H	ealth	Dı	rinking	. Wa	ater S	Section		
	Water Qu						_					
PWS ID	PWS Name	idiley 1-1		011118 4111	4 0011				Population Owner Type Primary Sou			
CT1250094	SILVER LAKE CONFERENCE	E CENTER - W	/ELL #1	L			NC	2		P	GW	
Local Address	s (where applicable)			Service	Residen	tial	Commerci	al In	dustrial	Combined	Agricultura	
221 LOW ROA	AD			Connections			1				_	
Towns Served	d: SHARON						I					
		Oth	er C	ompliance	Sched	lule	es					
Compliance S	Schedule Activity			•			Date		Achieve	d Date		
-	ECTION SURVEY REPORT				3	3/1/	2015					
CROSS CONN	ECTION SURVEY REPORT				3	3/1/	2016					
CROSS CONN	ECTION SURVEY REPORT						2017					
CROSS CONN	ECTION SURVEY REPORT						2018					
CROSS CONN	ECTION SURVEY REPORT				3	3/1/	2019					
CROSS CONN	ECTION SURVEY REPORT				3	3/1/	2020					
CORRECTIVE	ACTION/CORRECTIVE ACTION	PLAN			3	3/25/	/2020					
RESPOND TO	SANITARY SURVEY				4	4/4/	2020					
		Public	Not	ification R	equire	eme	ents					
			C	ompliance	Notice		Public No	otifica	<u>tion</u>	PN Certi	<u>fication</u>	
Violation/Sit	uation			Period	Tier		Required	Perj	formed	Due to DPH	Received	
REVISED TOTA	AL COLIFORM RULE (RTCR) TT	Violation	9/15/	['] 19 - 11/13/19	2	1	11/22/2019			12/2/2019		
E. Coli M&R \	/iolation		8/22	/19 - 9/26/19	3	1	12/15/2020	1		12/25/2020		
E. Coli M&R \	/iolation		8	3/22/19 -	3	1	12/15/2020	1		12/25/2020		
	Water	System I	Facili	ity and Sar	npling	Po	int Inve	ntor	У			
Water								otal	Lead an	nd		
	ater System Facility		Point	Sampling Poi	nt			form	Coppe		Stage	
Facility ID		ID		Description			Jiuius	ule	Rule Ti	er Asbestos	WQP 2 DBPF	
00600 DI	STRIBUTION SYSTEM	4	DE 4 4 4	DISTRIBUTION				Υ				
				WITHIN 5 SER			A					
	ITDV DOINT	UPSTRE	AIVI	WITHIN 5 SER	VICE CON	N	Α					
00700 51	ITRY POINT	3		ENTRY POINT			A					
		2		WELL 1			Α					
22121 W	ELL #01	2										
22121 W 61816 HY	ELL #01 /DROPNEUMATIC TANK	2										
22121 W 61816 HY 61817 BC	ELL #01 /DROPNEUMATIC TANK DOSTER PUMPS	2										
22121 W 61816 HY 61817 BC	ELL #01 /DROPNEUMATIC TANK	2										
22121 W 61816 HY 61817 BC	ELL #01 /DROPNEUMATIC TANK DOSTER PUMPS	2	Con	tact Inforr	nation	1						
22121 W 61816 HY 61817 BC	ELL #01 /DROPNEUMATIC TANK DOSTER PUMPS TMOSPHERIC STORAGE	2	Or	tact Inforr						Job Title		

City

Gackenheimerr@sneucc.com

Sharon

Emergency Phone Email Address

State

CT

Zip Code

06069

Mailing Address Line Two

Mobile Phone

Fax

Mailing Address Line One

Extension

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

Business Phone

860-364-5526

221 Low Rd

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

			P -		011001			
PWS ID	S ID PWS Name CI					Population	Owner Type	Primary Source
CT1250094	SILVER LAKE CONFERENCE CENTER - WELL #1				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
221 LOW ROAD	Connections			1				

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End of schedule

	Connectic	ut Depa ter Qua							_			ection		
PWS ID	PWS Name	ter Qua	iity Mt	/111(toring a	iiu Coii						T D	w!	Causas
CT1250104	TRINITY GLEN-W	ICCA						NC	IOII PO	50	on Ow	ner Type P	GV	
	vhere applicable)	ICCA			Service	Residen			nercial	Indus	strial	Combined		cultural
149 WEST CORN					Connection		tiai C	1		muus	Striai	Combined	Agiit	Juiturai
Towns Served: S									L					
TOWNS SELVED.	WIN INCOM		N/I c	n i t	oring Do	nuirom o	ntc							
Water System	Facility: DISTR	IBUTION S			oring Red ID: 00600)	quireine	1115							
Total Coliforn	•										1 rou	ıtine (RT)	per qu	ıarter
	Point (Sampling P					Monitori			Colle	ection	Period	Compl		
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -							mplete	
						10/1/19 -							mplete	
						1/1/20 -						Co	mplete	9
						4/1/20 - 7/1/20 -								
Physical Para	meters (PPS)										1 rou	itine (RT)	per qu	uarter
Sampling I	Point (Sampling P	oint ID)				Monitori	ing Per	riod	Colle	ection	Period	Compl	iance S	tatus
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -							mplete	
						10/1/19 -							mplete	
						1/1/20 -						Co	mplete	9
						4/1/20 -								
						7/1/20 -	9/30/	/20						
-	Facility: ENTR	Y POINT (V	VSF ID: 00	700										
Nitrate And N												routine (I		-
	Point (Sampling P	oint ID)				Monitori			Colle	ection	Period		iance S	
ENTRY POI	NT (3)					1/1/19 -		•				Co	mplete	9
						1/1/20 -		-						
						1/1/21 -		·						
			Othe	er C	complian	ce Schec	lules	5						
Compliance Sch	edule Activity						Due Do	ate		Ac	hieved	Date		
CROSS CONNEC	TION SURVEY REP	PORT					3/1/20	020						
Water		Water Sy	ystem F	acil	ity and S	ampling	Poir	nt Ir	nvent Tota	-	ad and			
	er System Facility		Samplina F	Point	Sampling F	Point			Colifor		uu unu opper			Stage
Facility ID	,		ID		Description		St	tatus	Rule			Asbestos	WQP	_
00600 DISTI	RIBUTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM		Α	Υ					
			DOWNSTR	EAM	WITHIN 5 S	SERVICE COI	N	Α						
			UPSTRE/	M	WITHIN 5 S	SERVICE CO	N	Α						
00700 ENTF	Y POINT		3		ENTRY POI	NT		Α						
61769 WELI	_#2		2		WELL #2			Α						
				Cor	ntact Info	rmation)							
Name					rganization							Job Title		
Mr. Joseph S. S			T		rinity Glen-M	1cCa			F	Preside	ent			
Mailing Address			Mailing Ad	dres	ss Line Two					City		State	Zip C	
149 West Corwa									aron			СТ	060	69
Business Phor		Fax		Mob	ile Phone	Emergency								
860-672-6689	9	860-672-3	3021			860-672-	6680	jsu	llivan@	mcca	online.d	com		

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	Connectic	ut Depa	rtment	of Public	Health	Dri	inking	Water	Sec	tion		
				itoring a			U					
PWS ID	PWS Name					Class	ification P	opulation	Owne	r Type P	rimary Source	
CT1250104	TRINITY GLEN-M	ICCA					NC	50	F)	GW	
Local Address (w	here applicable)			Service	Resider	Residential Commer		ercial Industrial		ombined	Agricultural	
149 WEST CORN	WALL ROAD			Connectio	ins		1					
Towns Served: SI	HARON			·	·							
Contact Role(s):	Legal Contact											
Name			Job Title									
Mr. Fr. John J. Kr	eta			Trinity Glen-McCa Facility Dire					ector	tor		
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code	
149 West Cornw	all Road				Sharon					CT	06069	
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phon	e Email Ad	dress				
860-672-6689		860-672-3	021		860-672	-6680	JKRETA@	MCCAONL	INE.C	ОМ		
Contact Role(s):	Administrative	Contact	·				·					
Name				Organization					Jo	ob Title		
Mid-Western CT	Council On Alco	holism										
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code	
149 Cornwall Rd					Sharon			CT	06069			
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phon	e Email Ad	dress				
Contact Role(s):	Owner											

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End of schedule

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	Connecticut Dep	artment of	Public F	lealth	Drink	king	Wate	r Se	ction	
	Water Qu	ality Monit	oring an	d Con	nplian	ce S	chedu	ıle		
PWS ID	PWS Name				Classifica	tion P	opulatio	n Owr	ner Type F	Primary Source
CT1250124	NATIONAL AUDUBON SOC	IETY			NC		25		Р	GW
Local Address (w	vhere applicable)		Service	Resider	ntial Comr	mercial	Indust	rial	Combined	l Agricultural
325 CORNWALL			Connections						1	
Towns Served: S	HARON									
			oring Requ	uireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Coliform	•							1 rou		per quarter
	Point (Sampling Point ID)				ing Period	Col	llection F	Period		iance Status
Select from	Inventory of Active Samplir	ng Points			- 7/31/19					omplete
					- 12/31/19					omplete
					- 3/31/20				Co	omplete
					- 6/30/20					
	(===)			7/1/20	- 9/30/20			_	()	-
Physical Parar				0.00001400	ina Dovind	Cal				per quarter
	Point (Sampling Point ID)	a Daints			ing Period	Col	llection F	rerioa		iance Status
Select from	Inventory of Active Samplin	ig Points			9/30/19					omplete
					- 12/31/19 - 3/31/20					omplete omplete
					- 6/30/20				Ci	ompiete
					- 9/30/20					
Water System	Facility: ENTRY POINT (WSF ID: 00700)		7/1/20	- 3/30/20					
Nitrate And N	,	1131 121 007 007						1	routine (RT) per year
	Point (Sampling Point ID)			Monitor	ing Period	Col	llection F		-	iance Status
ENTRY POIN					12/31/19			000		omplete
	(-)				12/31/20					
					12/31/21					
Water System	Facility: WELL #1	(W:	SF ID: 47797)		<u>, , , </u>					
E. Coli (3014)	•	•	•					1 rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitor	ing Period	Col	llection F			iance Status
WELL (2)					- 9/30/19					omplete
				10/1/19	- 12/31/19				Co	omplete
				1/1/20	- 3/31/20				Co	omplete
				4/1/20	- 6/30/20					
			_	7/1/20	- 9/30/20					
		Other Co	ompliance	Sched	dules					
Compliance Sch	edule Activity				Due Date		Ach	ieved	Date	
CROSS CONNECT	TION SURVEY REPORT				3/1/2015					
CROSS CONNECT	TION SURVEY REPORT				3/1/2019					
CROSS CONNECT	TION SURVEY REPORT				3/1/2020					
	Water :	System Facili	ty and Sai	mpling	Point I	nven	tory			
Water						Tot	al Lea	d and		
*	er System Facility	Sampling Point		int		Colife		pper		Stage
Facility ID		ID	Description		Status	s Ru	le Ru	le Tier	Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTIO			Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CO	N A					

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT1250124 NATIONAL AUDUBON SOCIETY					NC	25	Р	GW		
Local Address (v	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
325 CORNWALL	Connections					1				

Connecticut Department of Public Health Drinking Water Section

T	owns	Served	:	SHARON

	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	A								
00700	ENTRY POINT	3	ENTRY POINT	Α								
47797	WELL #1	2	WELL	Α								
	Contact Information											

Name	Name						Job Title		
Mr. Mike Dudek				National Aud	lubon Society	Land Manager			
				ress Line Two			City	State	Zip Code
325 Cornwall Bridge Road						Sharon		CT	06069
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
860-364-0520		860-364-2	1921		860-364-0520	mdudek@audubon.org			
Contact Role(s): Ac	dministrative	Contact							
Name				Organization	1			Job Title	
Ms. Mary Beth Henson				Nat'l Audubon Soc Sharon, Inc.			President		

Mailing Address Line	e One		Mailing	g Address Line Two		City	State	Zip Code
225 Varick Street			7Th Flo	or		New York	NY	10014
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): Legal Contact

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End of schedule

С	onnectic	•					_	_		ection	
DIA/C IS		ter Qua	IILY MOI	itoring a							
	WS Name										rimary Source
	7 CORNWALL		AD .			N		3		Р	GW
Local Address (whe	ere applicable)			Service	Resident	ial Co	mmerci	ial In	dustrial	Combined	Agricultural
				Connectio	ons		1				
Towns Served: SHA	ARON										
			Mon	itoring Re	quireme	nts					
Water System Fa	cility: DISTR	IBUTION S	YSTEM (WS	F ID: 00600)							
Total Coliform (3100)								1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monitorin	ng Perio	od C	ollecti	on Period	l Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9			Co	mplete
					10/1/19 -	12/31/	19			Co	mplete
					1/1/20 -	3/31/2	0			Co	mplete
					4/1/20 -						•
					7/1/20 -						
Physical Parame	ters (PPS)					<u>, , , , , , , , , , , , , , , , , , , </u>			1 ro	utine (RT)	per quarter
-	nt (Sampling P	oint ID)			Monitorin	ng Perio	od C	ollecti	on Period		iance Status
	ventory of Act		Points		7/1/19 -						mplete
	, , , , , , ,	1- 0			10/1/19 -						mplete
					1/1/20 -						mplete
					4/1/20 -						
					7/1/20 -						
Water System Fa	cility: ENTD	V DOINT (M	VSE ID: 0070	no)	7/1/20	<i>J</i> / <i>J</i> 0/ 2	0				
•	•	T FORT (V	V31 1D. 0070	,0,						Lucutino /I	T) man
Nitrate And Nitr	nt (Sampling P	oint ID)			Monitorin	na Baris	od C	Collecti	on Period	=	RT) per year iance Status
		לטוונוטן				_		onecu	on Period		
ENTRY POINT	(5)				1/1/19 - 1						mplete
					1/1/20 - 1					CC	mplete
					1/1/21 - 1						
		Water Sy	ystem Fac	cility and S	Sampling	Point	t Inve	entor	У		
Water								otal	Lead and		
	System Facility	'	Sampling Pol ID	int Sampling Descriptio				iform	Copper		Stage
Facility ID		•				Sta	tus	Rule	Kule He	r Aspestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4	DISTRIBUT			Α				
				M WITHIN 5							
			UPSTREAM		SERVICE CON	l A	4				
00700 ENTRY F	POINT		3	ENTRY PO	INT	μ	4				
52006 WELL 1			2	WELL 1		P	4				
57108 TREATM	IENT PLANT										
57109 ATMOS	PHERIC TANK										
			C	ontact Info	ormation						
Name				Organization						Job Title	
Mr. David Dolinsky	/			The Dolinsky	Realty Corpo	ratio		Pres	sident		
Mailing Address Lir			Mailing Add	ress Line Two	,,			Cit		State	Zip Code
73 Scoville Road							West 0		•	CT	06796
Business Phone	Extension	Fax	M	obile Phone	Emergency	Phone					
					1						

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

Conn	ticut Department of Public Health Drinking Water Sec	ction
	Vater Quality Monitoring and Compliance Schedule	

PWS ID	PWS Name			Classificatio	n Population	Owner Type	Primary Source
CT1259134	607 CORNWALL BRIDGE ROAD			NC	35	Р	GW
Local Address (w	Service	Residen	ntial Comme	cial Industr	ial Combine	ed Agricultural	
		Connections		1			

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End of schedule

	Connecticut D	anartment of	Dublic H	laalth l	Drink	ing M	lator	So	ction	
		Quality Monit							Ction	
PWS ID	PWS Name	Zuanty Monit	oring and		•				or Type D	rimary Sour
CT1259143	SHARON COUNTRY CLU	IR			NC		120	OWI	P P	GW
	(where applicable)	76	Service	Residentia			120 Industria	al	Combined	
2 GOLF DRIVE	* * * * * * * * * * * * * * * * * * * *		Connections	Residentia	ai Comm	lerciai	iiiuustiii	ai	2	Agricultu
Towns Served										
TOWIIS SELVED	. JIIANON	Manite	orina Doau	iromon	to.					
Water Syste	m Facility: DISTRIBUTION		oring Requ D: 00600)	iiremen	LS					
Total Colifo	rm (3100)						1	rou	tine (RT)	per quarte
	g Point (Sampling Point ID)		Monitoring	g Period	Collec	tion Per			ance Status
	om Inventory of Active Sam	-		7/1/19 - 9					Co	mplete
	•	. •		10/1/19 - 1						mplete
				1/1/20 - 3					Сс	mplete
				4/1/20 - 6						-
				7/1/20 - 9						
Physical Par	rameters (PPS)				<u> </u>		1	rou	tine (RT)	per quarte
	g Point (Sampling Point ID)		Monitoring	g Period	Collec	tion Per			ance Status
Select fro	om Inventory of Active San	npling Points		7/1/19 - 9	/30/19				Co	mplete
				10/1/19 - 1	2/31/19				Cc	mplete
				1/1/20 - 3	/31/20				Co	mplete
				4/1/20 - 6	/30/20					
				7/1/20 - 9	/30/20					
Water Syste	m Facility: ENTRY POIN	NT (WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1	routine (F	T) per yea
	g Point (Sampling Point ID)		Monitoring	g Period	Collec	tion Per		=	ance Status
ENTRY P	OINT (00700)			1/1/19 - 12	2/31/19					
				1/1/20 - 12	2/31/20					
				1/1/21 - 12	2/31/21					
		Other C	ompliance	Schedu	ıles					
Compliance S	chedule Activity			Du	ie Date		Achie	ved l	Date	
CROSS CONNI	ECTION SURVEY REPORT			3/	1/2020					
	Wate	er System Facili	ity and Sar	mpling F	Point II	nvento	ory			
Water						Total	Lead			
	ater System Facility	Sampling Point		nt		Coliforn			A-bt	Stag
Facility ID	TDIBUTION (WOTER 4	ID .	Description	. 6.46777.4	Status		Kule	Her	Aspestos	WQP 2 DB
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ				
		DOWNSTREAM			A					
		SCC001	KITCHEN HAN		A	Y				
		SCC002	DISHWASHER		A	Y				
		SCC004	DISHWASHER	SINK Z	Α	Y				
		SCC004	CHEF SINK	I CINIV	A	Y Y				
		SCC005 SCC006	MEN'S ROOM WOMEN'S RO		A	Y Y				
		SCC006 SCC007	BAR SINK	AMIC IVIO	Α	Υ Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	A A	ř				
00700 5	TDV DOINT									
	TRY POINT	00700	ENTRY POINT		Α					
61120 WI	ELL 1	2	WELL 1		Α					

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT1259143	SHARON COUNTRY CLUB			NC	120	Р	GW			
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural			
2 GOLF DRIVE	Connections					2				
Tarring Comical	CLIADON									

Connecticut Department of Public Health Drinking Water Section

Towns Served: SHARON

Water System Facility and Sampling Point Inventory Total Lead and Water Water System Facility Sampling Point Sampling Point System Coliform Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 61179 TREATMENT PLANT

			С	ontact Inf	ormation						
Name				Organization]			Job Title			
Ms. Dawn Shepard		Sharon Coun	try Club		Office Manager						
Mailing Address Line One Mailing Add				ress Line Two	ess Line Two			State	Zip Code		
2 Golf Drive						Sharon		СТ	06069		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	ncy Phone Email Address					
860-364-0298						officemanager@sharonclub.com					
Contact Role(s): A	dministrative C	Contact									
Name				Organization	1	Job Title					
Ms. Jennifer Dillon				Sharon Country Club			Owner				
Mailing Address Lin	e One		Mailing Add	ress Line Two	ess Line Two			State	Zip Code		
2 Golf Drive						Sharon		СТ	06069		
Business Phone Extension Fax M			obile Phone	Emergency Phone	one Email Address						
Contact Role(s): Le	gal Contact, O	wner	1		<u> </u>	1					

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