С				of Public						ection	
	Wa	ter Qual	ity Moi	nitoring a	and Com	iplia	nce S	che	dule		
PWS ID P\	NS Name					Classifi	cation	Popula	tion Ow	ner Type	Primary Source
CT1270014 AI	MERICAN PIE C	OMPANY				N	С	25		Р	GW
Local Address (whe	ere applicable)			Service	Resident	ial Co	mmercia	l Ind	ustrial	Combine	d Agricultural
29 ROUTE 37				Connectio	ns		1				
Towns Served: SHE	RMAN				1				'		'
			Moı	nitoring Re	quireme	nts					
Water System Fa	cility: DISTR	IBUTION SY	STEM (W	SF ID: 00600)							
Total Coliform (	3100)								1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period	Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9			C	omplete
					10/1/19 -	12/31/	19			C	omplete
					1/1/20 -	3/31/2	0			C	omplete
					4/1/20 -						
					7/1/20 -						
Physical Parame	eters (PPS)								1 ro	utine (RT)	per quarter
	nt (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period		liance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	_					omplete
		1 0			10/1/19 -						omplete
					1/1/20 -						omplete
					4/1/20 -						
					7/1/20 -						
Water System Fa	cility: FNTR	Y POINT (W	/SF ID: 007	00)	- 7 - 7 - 2	-,, -	-				
Nitrate And Nitr	•		0. 15. 007						1	routine (	RT) per year
	nt (Sampling P	oint ID)			Monitorii	na Dorid	nd Co	llectio	n Period	-	liance Status
ENTRY POINT		onic ibj			1/1/19 - 1			mectio	n r enou		omplete
LIVINI FOINT	(3)				1/1/20 - 1						ompiete
				•1••	1/1/21 - 1						
		Water Sy	stem Fa	cility and S	Sampling	Point	Inve	ntory	<u> </u>		
Water									ead and	1	
,	System Facility	S		oint Sampling			_		Copper		Stage
Facility ID			ID .	Descriptio		Sta	LUS		Kuie Tiel	r Asbestos	s WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4		ION SYSTEM	Α		Y			
		l		AM WITHIN 5							
			UPSTREAM		SERVICE CON	Ι Δ	١				
00700 ENTRY F	POINT		3	ENTRY PO	INT	Α	١				
22136 WELL			2	WELL		Α	١				
			C	Contact Info	ormation						
Name				Organization						Job Title	
Ms. Audrey Day				American Pie	Company			Presi	dent		
Mailing Address Lir	ne One		Mailing Add	ress Line Two	<u> </u>			City	1	State	Zip Code
29 Rte 37			P O Box 293				Sherma			СТ	06784
Business Phone	Extension	Fax		lobile Phone	Emergency	Phone					
860-350-0662		860-355-4			0 - 97				@att.ne	et	
Contact Role(s): A	dministrative			Owner	1		1				

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

						_ <u> </u>			
PW	/S ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT:	1270014	AMERICAN PIE COMPA	ANY			NC	25	Р	GW
Loc	cal Address (w	here applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
29	ROUTE 37			Connections		1			

Towns Served: SHERMAN

# Please note the following:

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

End of schedule

		_		a = 1.1.						_		
		ut Departme									ection	
	Wat	ter Quality N	<b>Ionit</b>	oring a	nd Co	mp	oliai	nce So	chec	dule		
PWS ID	PWS Name					Cl	assific	cation P	opulat	ion Ow	ner Type F	rimary Source
CT127007	4 HOLY TRINITY CH	HURCH					NO	С	25		Р	GW
Local Add	ress (where applicable)			Service	Resid	entia	I Cor	mmercial	Indu	ustrial	Combined	Agricultural
15-17 RO				Connectio	ns			1				
Towns Sei	rved: SHERMAN											
		r	/lonit	oring Re	quirem	nent	:S					
Water Sy	stem Facility: <b>DISTR</b>	IBUTION SYSTEM	(WSF I	D: 00600)								
<b>Total Co</b>	liform (3100)									1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Po	oint ID)			Monit	oring	Perio	od Col	lection	n Period	Compl	iance Status
Selec	ct from Inventory of Acti	ve Sampling Points			7/1/1							omplete
					10/1/1							omplete
					1/1/2						Co	omplete
					4/1/2							
	D (DDS)				7/1/2	0 - 9/	30/20	)			.: (>=\	_
-	Parameters (PPS) pling Point (Sampling Po	aint ID)			Monit		Dovice	ad Cal	lostion	1 ro Period		per quarter
	ct from Inventory of Acti				<i>Monit</i> 7/1/1				iection	i Period		iance Status omplete
36160	t from inventory of Acti	ve sampling Points			10/1/1							omplete
					1/1/2							omplete
					4/1/2							J.II.piete
					7/1/2	-						
Water Sy	stem Facility: ENTRY	POINT (WSF ID:	00700)			•						
	And Nitrite (NOX)	•								1	routine (	RT) per year
	pling Point (Sampling Po	oint ID)			Monit	oring	Perio	od Col	lection	n Period	=	iance Status
ENTF	RY POINT (3)				1/1/19	9 - 12,	/31/1	9			Co	omplete
					1/1/20	) - 12,	/31/2	.0				
					1/1/2	1 - 12,	/31/2	1				
		Ot	her C	omplian	ce Sch	edu	les					
Complian	ce Schedule Activity					Du	e Dat	е	Α	chieved	Date	
RESPOND	TO SANITARY SURVEY					3/2	8/201	L4				
RESPOND	TO SANITARY SURVEY					2/3	3/2019	9				
		Water System	Facil	ity and S	amplir	ng P	oint	Inven	tory			
Water		-						Tota	al L	ead and	1	
System	Water System Facility		_	Sampling I				Colifo		Copper		Stage
Facility ID			D	Description			Stat			Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		1	DISTRIBUT			Α					
				WITHIN 5			A					
00700	FAITDY DOINT		REAM	WITHIN 5		.ON	A					
00700	ENTRY POINT		3	ENTRY POI	IN I		A					
22142	WELL		2	WELL			A	<u> </u>				
				tact Info	ormatio	on						
Name				rganization							Job Title	
Mr. Richa				oly Trinity C	hurch		1		Pasto	r		
	ddress Line One			s Line Two				C.I.	City		State	Zip Code
15 CT-37	- Dhana Fut 1	PO Box		la Disere	F	D1		Sherman			СТ	06784
Busines	s Phone Extension	Fax	Mobi	le Phone	Emerger	ncy Ph	ione	Email Ad	aress			

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Own	ner Type	Primary Source
CT1270074	HOLY TRINITY CHURCH				NC	25		Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al (	Combine	d Agricultural
15-17 ROUTE 3	7	Connections			1				
Towns Served:									
860-354-141	.4				PARISH	IOFFICE@H	IRCCS	SHERIMA	N.ORG
Contact Role(s)	: Administrative Contact, Legal Contact, Owi	ner							

Connecticut Department of Public Health Drinking Water Section

# Please note the following:

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

End of schedule

Connectic	ut Department of	f Public H	lealth	Dri	nkin	g W	ater	Sec	ction	
Wa	ter Quality Monit	oring an	d Con	nplia	ance	Sch	edul	e		
PWS ID PWS Name	<u> </u>	0		-					er Type Pr	imary Source
CT1270094 MALLORY TOWI	N HALL				NC		.12		L	GW
Local Address (where applicable)		Service	Residen	ntial C	ommero	cial Ir	ndustria	ıl (	Combined	Agricultural
9 ROUTE 39 SOUTH		Connections			1					
Towns Served: SHERMAN				1		1				
	Monit	oring Requ	ireme	nts						
Water System Facility: <b>DISTR</b>	RIBUTION SYSTEM (WSF I	D: 00600)								
Total Coliform (3100)							1	l rou		per month
Sampling Point (Sampling P			Monitori			Collect	tion Peri	iod		ance Status
Select from Inventory of Act	ive Sampling Points		10/1/19 -					_		mplete
<u> </u>			11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -						Со	mplete
			2/1/20 -							
			3/1/20 -							
			4/1/20 -							
			5/1/20 - 6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Physical Parameters (PPS)			3/1/20	3/30/	20		1	rou	ıtine (RT)	per month
Sampling Point (Sampling P	oint ID)		Monitori	ina Peı	riod (	Collect	tion Peri			ance Status
Select from Inventory of Act			10/1/19 -							mplete
			11/1/19 -		•					mplete
			12/1/19 -							mplete
			1/1/20 -	- 1/31/	20				Со	mplete
			2/1/20 -	- 2/29/	20					
			3/1/20 -	- 3/31/	20					
			4/1/20 -	- 4/30/	20					
			5/1/20 -	- 5/31/	20					
			6/1/20 -							
			7/1/20 -	- 7/31/	20					
		_	8/1/20 -							
			9/1/20 -	- 9/30/	20					
Water System Facility: ENTR	Y POINT (WSF ID: 00700)									
Nitrate (1040)						- "				per quarter
Sampling Point (Sampling P	oint ID)		Monitori			Collect	tion Peri	iod		ance Status
ENTRY POINT (3)			7/1/19 -							mplete
			10/1/19 -							mplete
			1/1/20 -						Co	mplete
			4/1/20 - 7/1/20 -							
			// I/ 20 -	- 9/30/	<b>Z</b> U					

**Monitoring Period** 

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Schedule Generation Date: 3/10/2020

Sampling Point (Sampling Point ID)

Nitrite (1041)

**ENTRY POINT (3)** 

1 routine (RT) per year

**Compliance Status** 

Complete

Complete

**Collection Period** 

			. 5			CD 11		1.1 =		1.	_	A.V	-		
	C	onnectic	•							•	_			ection	
		Wa	ter Qua	lity M	oni	toring a	nd (				_				
PWS ID	P۱	VS Name						C	lassifi	cation	Ро	pulation	Ov	vner Type Pri	mary Source
CT127009		ALLORY TOWI	N HALL						N	С		112		L	GW
		ere applicable)				Service		esidentia	I Coi	mmerc	ial	Industri	al	Combined	Agricultural
9 ROUTE 3		-				Connection	าร			1					
Towns Ser	ved: SHE	RMAN													
						toring Red	quir	ement	ts						
		cility: <b>ENTR</b>	Y POINT (V	VSF ID: 0	0700	))									
Nitrite (	-		4 1											L routine (R	
Samp	oling Poir	nt (Sampling P	oint ID)					nitoring			Colle	ection Pe	rioc	d Complia	ınce Status
		0.0 41-1-	\\/-+C		<b>-</b>	:I:/\A/CE		L/21 - 12			_				
M/s1 s . 6				•		ility (WSF	) Lev	vei ivid	onito	oring	K	equire	me	ents	
•		cility: ENTRY	<u> </u>					0						Committee Committee	/B.0 1
Analyt	e		toring Requ					Operat Minim	_					Samples Re	q/Month
pH	) oto 1 /:	•	Point pH M	onitoring	(PHF	•	diance	iviinim e History						4	
Start L	<b>Date: 1/</b> 2	1/2015				-		Period	<b>/·</b>	-		ating Lim diance St		Monitori	ng nce Status:
								- 10/31/2	2019	CC	JIIIP	mance St	atu	5. Compilar	ice Status.
								- 11/30/2							
								- 12/31/2							
								1/31/202							
								2/29/202							
				Public	: No	tification	Rec	uiren	nent	ts					
						Compliance			T		lotij	fication		PN Certi	fication
Violation/	Situatioi	1				Period		Tier		quired		 Performe	d	Due to DPH	Received
Total Colif	orm MCl	Violation			10/	1/05 - 12/31/	05	2	12/3	8/2005	,			12/18/2005	
			Water S	ystem	Faci	lity and S	amp	ling P	oint	Inve	ent	ory			
Water										Т	ota	l Lead	and	d	
System		ystem Facility			Poin	t Sampling F					lifor				Stage
Facility ID				ID		Description			Sta	LUS	Rule	Rule	Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM	1	4		DISTRIBUTI			Д		Υ				
						/ WITHIN 5 S			Δ						
00700	FAITDY F	OINT		UPSTRE	AIVI	WITHIN 5 S		LE CON	Α						
00700	ENTRY P	OINT		3		ENTRY POI	N I		Δ						
22144	WELL	IENIT DI ANT		2		WELL			Α	`					
59153	IKEAIN	IENT PLANT			_										
						ntact Info	rma	ition							
Name						Organization								Job Title	
Mr. Don L				NA=:II:		Town of Sherr	nan				F	First Selec	ctm		7:n Co -1-
Mailing Ad		ie One		iviailing A	Addre	ess Line Two				Chama		City		State	Zip Code
9 Route 39 Business		Extension	Fax		Ma	oile Phone	Emor	gency Pl	hone	Sherm		Iracc		СТ	06784
860-35!		EXTERISION	гdХ		IVIO	JIIE FIIONE		gency Pi 0-778-33				ownofshe	rm	anct org	
300-33	J-1133	1					300	J-110 <b>-</b> 33	· J +	alowe	سارا	VANIOIZIIE	.1111	unct.org	

Contact Role(s): Administrative Contact, Legal Contact

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

					_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1270094	MALLORY TOWN HAL	L			NC	112	L	GW
Local Address (w	here applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
9 ROUTE 39 SOU	ITН		Connections		1			

Towns Served: SHERMAN

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

End of schedule

Page 7

	Connecticut Dep Water Ou	oartment of ality Monit					U			ection		
PWS ID	PWS Name		<u>0</u>							ner Type Pr	imary	Source
CT1270124	SHERMAN GREEN MARKE	TPLACE - WELL #1				NC		25		Р	G۷	
Local Address (	where applicable)		Service	Resident	tial	Comm	ercial	Industr	ial	Combined	Agric	cultural
3 ROUTE 39 NO	DRTH		Connections			2	2					
Towns Served:	SHERMAN											
		Monito	oring Requ	ireme	nts							
•	Facility: DISTRIBUTION											
Total Coliforn	• •				_					ıtine (RT) إ	-	
	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Compli		
Select fror	n Inventory of Active Sampli	ng Points		7/1/19 -			<u> </u>				mplete	_
			-	.0/1/19 -							mplete	
				1/1/20 - 4/1/20 -						CO	mplete	е
				7/1/20 -		•						
Physical Para	meters (PPS)			7/1/20	<i>3</i> /30	0,20			1 rou	ıtine (RT) <sub>ا</sub>	or ai	ıarter
-	Point (Sampling Point ID)			Monitori	na P	eriod	Colle	ction Pe		Compli	-	
	n Inventory of Active Sampli	ng Points		7/1/19 -							mplete	
				.0/1/19 -							mplete	
				1/1/20 -							mplete	
				4/1/20 -							<u> </u>	
				7/1/20 -								
Water System	Facility: ENTRY POINT	(WSF ID: 00700)				-						
Nitrate (104								:	1 rou	ıtine (RT) ı	er qu	uarter
Sampling	Point (Sampling Point ID)		ı	Monitori	ng P	eriod	Colle	ction Pe		Compli	-	
ENTRY PO	INT (3)			7/1/19 -	9/30	0/19				Со	mplete	е
				.0/1/19 -	12/3	31/19				Со	mplete	е
				1/1/20 -	3/3	1/20				Со	mplete	е
				4/1/20 -	6/30	0/20						
				7/1/20 -	9/30	0/20						
Nitrite (1041	1)								1	routine (R	T) pei	r year
Sampling	Point (Sampling Point ID)		ı	Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance S	tatus
ENTRY PO	INT (3)			1/1/19 - :		-					mplete	
				1/1/20 - :						Со	mplete	е
				1/1/21 - :	12/3	31/21						
		Other Co	ompliance							<u> </u>		
Compliance Sch						Date		Achie	eved	Date		
	ANITARY SURVEY					/2019						
CROSS CONNEC	CTION EXEMPTION					2022						
	Water	System Facili	ty and Sar	npling	Ро	int Ir	ivent	ory				
Water	C	<i>c " " " "</i>	c " c "				Total					
System Wat Facility ID	er System Facility	Sampling Point ID	Sampling Poil Description	it		_	Colifori Rule		-	Asbestos		Stage
	DIDITION SYSTEM		-	CVCTFN4		<u>Status</u> ^	Y	Ruie	rier	ASDESIOS	WQP	Z DDPK
DIST	RIBUTION SYSTEM	4	DISTRIBUTION			A	Y					
		DOWNSTREAM UPSTREAM	WITHIN 5 SER			A A						
00700 ENT	RY POINT	3	ENTRY POINT	VICE CON	٧	A						
JUTOU LINI	III I OIIII	<u> </u>	LIVINI I OIIVI									

	Water Quality Monit	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1270124	CT1270124 SHERMAN GREEN MARKETPLACE - WELL #1				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	d Agricultural
3 ROUTE 39 N	ORTH	Connections			2			

Connecticut Department of Public Health Drinking Water Section

Towns Served: SHERMAN

	V	Nater System Facil	ity and Samplin	ng Point II	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
22146	WELL #1	2	WELL #1	А					
56585	BLADDER TANKS								

			Co	ontact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Philip Korsant				Sherman To	wn Center, LLC				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
410 Park Ave, Floor	22					New Yor	k	NY	10022
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
212-897-5660									

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

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End of schedule

Connecticut Departm				_		ection	
Water Quality	Monitoring an		1				
PWS ID PWS Name		(					rimary Source
CT1270134 SHERMAN VOLUNTEER FIRE DEPAR			NC	2	5	L	GW
Local Address (where applicable)	Service	Residenti	al Comm	ercial In	dustrial	Combined	Agricultural
ROUTE 39	Connections	5	1				
Towns Served: SHERMAN							
	<b>Monitoring Req</b>	uiremen	its				
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)						
Total Coliform (3100)					1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compl	iance Status
Select from Inventory of Active Sampling Points	5	7/1/19 - 9	9/30/19			Co	omplete
		10/1/19 - 1	12/31/19			Co	omplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Physical Parameters (PPS)					1 rou		per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Compl	iance Status
Select from Inventory of Active Sampling Points	S	7/1/19 - 9	9/30/19			Co	omplete
		10/1/19 - 1	12/31/19			Co	omplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Water System Facility: ENTRY POINT (WSF ID	: 00700)						
Nitrate And Nitrite (NOX)					1	routine (	RT) per year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	1 ion Period	=	RT) per year iance Status
·		<b>Monitorin</b> 1/1/19 - 1		Collecti		Compl	
Sampling Point (Sampling Point ID)			2/31/19	Collecti		Compl	iance Status
Sampling Point (Sampling Point ID)		1/1/19 - 1	2/31/19 2/31/20	Collecti		Compl	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/19 2/31/20 2/31/21	Collecti		Compl	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu	2/31/19 2/31/20 2/31/21	Collect		Compl Co	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu	2/31/19 2/31/20 2/31/21 ules	Collecti	ion Period	Compl Co	iance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)  Compliance Schedule Activity	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/	2/31/19 2/31/20 2/31/21 <b>Iles</b> <i>ue Date</i>	Collecti	ion Period	Compl Co	iance Status
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 <b>e Schedu</b> 0/8/	2/31/19 2/31/20 2/31/21 2/31/21 Lies ue Date 28/2008	Collect	ion Period	Compl Co	iance Status
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY	Other Compliance	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 <b>e Schedu</b> 8/	2/31/19 2/31/20 2/31/21 <b>Lles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019		Achieved	Compl Co	iance Status
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY	·	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 <b>e Schedu</b> 8/	2/31/19 2/31/20 2/31/21 <b>Lles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019		Achieved	Compl Co	iance Status
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System	n Facility and Sa	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/ 1/ mpling I	2/31/19 2/31/20 2/31/21 <b>Lles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019	iventoi	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water Syster	n Facility and Sa	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/ 1/ mpling I	2/31/19 2/31/20 2/31/21 <b>Lles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019	ventoi Total	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Water System Facility  Sample	n Facility and Sa	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/ 1/ 8/ mpling I	2/31/19 2/31/20 2/31/21 <b>Jles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b>	ventoi Total Coliform	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Water System Facility  Facility ID  O0600 DISTRIBUTION SYSTEM	n Facility and Sa ing Point Sampling Po ID Description	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/ 1/ 8/ mpling I	2/31/19 2/31/20 2/31/21 <b>ules</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b>	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Facility  Facility ID  O0600 DISTRIBUTION SYSTEM	m Facility and Sa  ing Point Sampling Po ID Description  4 DISTRIBUTIO	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 e Schedu 8/ 1/ 8/ mpling I	2/31/19 2/31/20 2/31/21 <b>ules</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b>	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Facility  Facility ID  O0600 DISTRIBUTION SYSTEM	m Facility and Sa  ing Point Sampling Po ID Description 4 DISTRIBUTIO  NSTREAM WITHIN 5 SE	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  e Schedu  8/ 1/ 8/ mpling I  ON SYSTEM RVICE CON	2/31/19 2/31/20 2/31/21 <b>Jles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b> Status A	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System  Water System Facility  Facility ID  O0600 DISTRIBUTION SYSTEM  DOWN  UPS	ing Point Sampling Point Description  4 DISTRIBUTION  NSTREAM WITHIN 5 SE	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  e Schedu  8/ 1/ 8/ mpling I  ON SYSTEM RVICE CON	2/31/19 2/31/20 2/31/21 <b>Jles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b> Status A A	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Facility  Facility ID  00600 DISTRIBUTION SYSTEM  DOWN  UPS  00700 ENTRY POINT	m Facility and Sa  ing Point Sampling Po Description  4 DISTRIBUTION NSTREAM WITHIN 5 SE TREAM WITHIN 5 SE 3 ENTRY POINT	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  e Schedu  8/ 1/ 8/ mpling I  ON SYSTEM RVICE CON	2/31/19 2/31/20 2/31/21 <b>Jles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b> Status A A A	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  RESPOND TO SANITARY SURVEY  Water System  Water System Facility  Facility ID  00600 DISTRIBUTION SYSTEM  DOWN  UPS  00700 ENTRY POINT  58376 WELL #2	m Facility and Sa  ing Point Sampling Po Description  4 DISTRIBUTION NSTREAM WITHIN 5 SE TREAM WITHIN 5 SE 3 ENTRY POINT	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  e Schedu  8/ 1/ 8/ mpling I  ON SYSTEM RVICE CON	2/31/19 2/31/20 2/31/21 <b>Jles</b> <b>ue Date</b> 28/2008 /7/2015 21/2019 <b>Point Ir</b> Status A A A	ventor Total Coliform Rule	Achieved  Y  Lead and Copper	Compl Co	iance Status omplete  Stage

C	onnectic	ut Depa	rtment	of Public	: Health	n Drin	nking	Water	Section	1
	Wat	ter Qual	lity Mo	nitoring a	and Cor	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1270134 S	HERMAN VOLU	NTEER FIRE	DEPARTME	NT		N	С	25	L	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combin	ed Agricultura
ROUTE 39				Connection	ons		1			
Towns Served: SHI	RMAN									
			C	Contact Info	ormation	า				
Name				Organization					Job Tit	le
Sherman										
Mailing Address Li	ne One		Mailing Add	dress Line Two				City	State	Zip Code
Business Phone	Extension	Fax	N	Mobile Phone	Emergence	y Phone	Email A	ddress		
Contact Role(s): (	Owner									
Name				Organization					Job Tit	le
Mr. Clay Cope				Town of Sher	rman			First Selec	ctman	
Mailing Address Li	ne One		Mailing Add	dress Line Two				City	State	Zip Code
9 Route 39 North			P. O. Box 39	9			Sherma	n	СТ	06784-0039
Business Phone	Extension	Fax	N	Mobile Phone	Emergenc	y Phone	Email A	ddress		
860-355-1139		860-355-6	5943				ccope@	townofshe	rmanct.org	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Please note the fo	llowing:									

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

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.

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.

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

End of schedule

	Сс	nnectic	•			Fublic oring a					_			ection		
PWS ID	P\Λ	/S Name	ter qua	incy 1410	1110	or mg a	na de		_	sificatio				ner Type P	rimarv	Source
CT1270204		JB RIVER OAK	(S						Cias	NC		25		P	G۱	
		e applicable)				Service	Resid	lent	tial	Comme	rcial	Indust	rial	Combined		cultural
2 EVANS H						Connection		, , , , ,	.iai	2	· ciai	maast	i iui	Combined	7.611	carcarar
Towns Serv																
				Mo	nita	oring Red	nuiron	201	ntc							
Water Sys	stem Fac	ility: DISTR	IBUTION S				quii en	iici	1113							
<b>Total Coli</b>	iform (3	3100)											1 ro	utine (RT)	per qı	uarter
		t (Sampling P					Monit				Colle	ction P	eriod			
Select	from Inv	entory of Acti	ive Sampling	Points			7/1/2								mplet	
							10/1/2								mplet	
							1/1/2							Co	mplet	e
							4/1/2 7/1/2									
Physical I	Paramet	ers (PPS)											1 ro	utine (RT)	per q	uarter
Samp	ling Poin	t (Sampling P	oint ID)				Monit	torii	ng P	eriod	Colle	ction P	eriod	Compl	ance S	Status
Select	from Inv	entory of Act	ive Sampling	g Points			7/1/2	19 -	9/30	0/19				Co	mplet	e
							10/1/2	19 -	12/3	31/19				Сс	mplet	e
							1/1/2	20 -	3/31	1/20				Co	mplet	e
							4/1/2	20 -	6/30	0/20						
							7/1/2	20 -	9/30	0/20						
Water Sys	stem Fac	ility: ENTR	Y POINT (V	WSF ID: 00	700)											
Nitrate A		•											1	routine (F		-
		t (Sampling P	oint ID)				Monit				Colle	ction P	eriod			
ENTR	Y POINT (	3)					1/1/1							Cc	mplet	e
							1/1/2			-						
							1/1/2									
				Othe	er C	omplian	ce Sch	ed	ule	es						
Compliance	e Schedu	le Activity						E	Due l	Date		Achi	ieved	Date		
CROSS CON	NECTION	N SURVEY REP	ORT					3	3/1/2	2020						
			Water S	ystem Fa	acili	ity and S	ampli	ng	Po	int Inv	<i>r</i> ent	ory				
Water											Total	Lea	d and	ı		
	Water Sy	stem Facility		Sampling P	oint	Sampling F				C	olifor		oper			Stage
Facility ID				ID		Description	1			Status	Rule	Rul	e Tie	Asbestos	WQP	2 DBPR
00600	DISTRIBU	ITION SYSTEM	1	4		DISTRIBUTI	ON			Α	Υ					
				DOWNSTRI	EAM	WITHIN 5 S	ERVICE (	CON	I	Α						
				UPSTREA	M	WITHIN 5 S	ERVICE (	CON	l	Α						
00700	ENTRY PO	TNIC		3		ENTRY POI	NT			Α						
48699	WELL 2			2		WELL 2				Α						
56521	TREATME	ENT PLANT														
				(	Con	tact Info	rmati	on								
Name					Oı	rganization								Job Title		
Mr. Malcol	lm McClu	ıskey			Ri	ver Oaks Go	lf Club, L	LC			C	)wner, l	Mana	iging Memb		
Mailing Ad	dress Line	e One		Mailing Ad	dres	s Line Two						City		State	Zip C	Code
2 Evans Hil	l Rd									Sher	man			СТ	067	784
Business	Phone	Extension	Fax	ſ	Mobi	le Phone	Emerge	ncy	Pho	ne Ema	il Add	ress				

Page 12

	Connectic	ut Depa	rtment	of Pul	olic H	lealth	Drii	nking	, Water	Sec	ction		
	Wat	ter Qua	lity Mor	nitorin	ig and	d Con	iplia	nce S	Schedul	le			
PWS ID	PWS Name						Classif	ication	Population	Owne	er Type	Primary Sou	ırce
CT1270204	CLUB RIVER OAK	(S					N	IC	25		Р	GW	
Local Address (w	here applicable)			Servi	ce	Residen	tial Co	mmercia	al Industri	al C	Combine	d Agricult	ural
2 EVANS HILL RC	)AD			Conn	ections			2					
Towns Served: S							,			·			
203-791-4451	-	203-792-9	9260			917-362-	8130	mal@c	lubriveroak	s.com			
Contact Role(s):	Administrative	Contact, Leg	al Contact										
Name				Organiza	ation						Job Title		
River Oaks of Sh	erman Golf Club	LLC											
Mailing Address	Line One		Mailing Add	ress Line 1	Γwo				City		State	Zip Code	<u>ۃ</u>
2 Evans Hill Rd								Sherma	an		СТ	06784	
Business Phon	e Extension	Fax	М	obile Pho	ne Er	nergency	Phone	Email A	Address				
Contact Role(s):	Legal Contact, C	Owner							·				

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

End of schedule

C	onnectic	ut Depa	rtment of	Public	Health	Dr	inkin	g W	ater	Se	ction		
	Wa	ter Oua	lity Monit	oring a	nd Com	nnli	ance	Sch	edul	e			
PWS ID PV	NS Name	tor qua	irey 1-10111e	orms a							ner Type P	rimary So	ource
	HERMAN PARK	& BFACH PA	AVILION				NC		25	OWI	I	GW	Juice
Local Address (whe		C DEACHT	VILIOIT	Service	Resident		Commer		ndustri	al	Combined		ltural
15-21 SAWMILL RO				Connection		ilai C		0101	1445611		1	7.81.00	rearar
Towns Served: SHE													
			Monit	oring Po	quireme	ntc							
					quireillei	1113							
Water System Fa	•	IBUTION S	rstem (WSFT	D: 00600)						_			_
Total Coliform (	<del>-</del>					_		- "			utine (RT)	-	
	nt (Sampling P				Monitorii			Collect	tion Pe	riod	Compl	ance Sta	itus
Select from In	ventory of Act	ive Sampling	Points		5/1/20 -								
					6/1/20 -								
					7/1/20 -								
					8/1/20 -								
n	. (556)				9/1/20 -	9/30/	/20			_	/>=		
Physical Parame	• •	aint (D)			0.4 a mila min	D	ut a al	Callag	tion Pe		utine (RT)	-	
	nt (Sampling Post ventory of Act		Doints		<i>Monitorii</i> 5/1/20 -			Coneci	ion Pe	rioa	Compi	ance Sta	itus
Select Holli III	ventory or Act	ive Sampling	POIITES		6/1/20 -								
					7/1/20 -								
					8/1/20 -								
					9/1/20 -								
Water System Fa	cility: FNTR	V DOINT (M	/SE ID: 00700\		3/1/20	<i>J</i> / <i>J</i> 0/	720						
Nitrate And Nitr	•	i i Onti (t	(3) 1D. 00700 <sub>1</sub>							1	routine (F	T) por v	/OOr
	nt (Sampling P	oint ID)			Monitorii	na Pe	riod	Collect	tion Pe		-	ance Sta	
ENTRY POINT		ome 12)			1/1/19 - 1			Conco		100		mplete	icas
ZIVIIVI I OIIVI	(3)				1/1/20 - 1	-	-					mpiete	
					1/1/21 - 1								
			Other C	omplian									
			Other C	Ullipliali	ce Sched								
Compliance Sched						Due D			Achie	ved l	Date		
SEASONAL START U	JP COMPLETIO					5/1/20							
		Water Sy	ystem Facili	ity and S	ampling	Poi	nt Inv	ento	ry				
Water								Total	Lead				
*	System Facility	•	Sampling Point					oliform			A-bt		tage
Facility ID	LITIONI CVCTEN	<u> </u>	ID	Description			tutus	Rule	Kuie	Her	Asbestos	WQP 2	DBPK
00600 DISTRIB	UTION SYSTEM		4 DOM/NICTREANA		ION SYSTEM		A						
			DOWNSTREAM				A						
00700 FNTDV	OINT		UPSTREAM		SERVICE CON		Α						
00700 ENTRY F			3	ENTRY POI			Α						
57534 PAVILIO	IN WELL		2	PAVILION \			Α						
			Con	tact Info	rmation								
Name			0	rganization							Job Title		
Mr. Don Lowe				own of Sherr	man			Fir	st Selec	tmar	1		
Mailing Address Lin	ne One		Mailing Address	s Line Two				C	ity		State	Zip Coo	
9 Route 39 North							Sherr				СТ	06784	1
Business Phone	Extension	Fax	Mobi	le Phone	Emergency								
860-355-1139					860-778-3	3394	dlowe	e@tow	nofshe	rmar	nct.org		

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	Water Quality Mo	onitoring an	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	mary Source
CT1270224	SHERMAN PARK & BEACH PAVILION				NC	25	L		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combir	ied	Agricultural
15-21 SAWMIL	L ROAD	Connections					1		

Connecticut Department of Public Health Drinking Water Section

Towns Served: SHERMAN

Contact Role(s): Administrative Contact, Legal Contact

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

End of schedule

	Co		•	rtment o							ection	
		Wat	ter Qual	lity Moni	toring a	ind Com	plia	nce S	che	dule		
PWS ID	PW	'S Name				(	Classifi	cation P	opula	tion Ow	ner Type I	Primary Source
CT1270244		ERMAN LIBRA	<b>NRY</b>				N	С	25		L	GW
		e applicable)			Service	Residentia	al Coi	mmercial	Ind	ustrial	Combine	d Agricultural
1 SHERMA					Connectio	ns					1	
Towns Serv	ved: SHEF	RMAN										
						quiremen	ts					
•		-	IBUTION SY	STEM (WSF	ID: 00600)							
Total Col	•	•										per quarter
_		t (Sampling P				Monitoring			llectio	n Period		liance Status
Select	t from Inv	entory of Acti	ive Sampling	Points		7/1/19 - 9						omplete
						10/1/19 - 1						omplete
						1/1/20 - 3					С	omplete
						4/1/20 - 6	-					
						7/1/20 - 9	/30/20	0				
_		ers (PPS)	-t-LD					- 4				per quarter
		t (Sampling P		<b>-</b>		Monitoring			llectio	n Period		liance Status
Select	t from Inv	entory of Acti	ive Sampling	Points		7/1/19 - 9						omplete
						10/1/19 - 1						omplete
						1/1/20 - 3					C	omplete
						4/1/20 - 6						
Motor Cu	stom Foo	:l:+ FNTD	/ DOINT /\A	<i>I</i> SE ID: 00700	\	7/1/20 - 9	/30/20	U				
•		•	r POINT (W	/SF ID: 00700						4		DT\
Nitrate A		te (NOX) t (Sampling P	oint ID)			Monitorin	a Boris	ad Cal	llostio	n Period	=	RT) per year liance Status
_	Y POINT (		טווונ וטן			<i>Monitoring</i> 1/1/19 - 12			песно	n Penou		omplete
EINIK	T POINT (	5)				1/1/19 - 12						ompiete
						1/1/20 - 12						
			Matau C.		: a.a.d. C							
			water sy	stem Facil	ity and S	ampling i	oini					
Water	Markon Cu	istom Fasilitu		Campalina Baint	Campalina	Doint		Tot		Lead and	1	Charac
System Facility ID	-	stem Facility	•	Sampling Point ID	Description Description		-	Colife Luc Ru		Copper	Achestos	Stage WQP 2 DBPR
		TION SYSTEM	<u> </u>	4	•	ION SYSTEM	Sta:	tus	70	naic rici	ASSESTED	WQI Z DDI II
00000	DISTRIBO	TION SISILIV		DOWNSTREAM			Α					
				UPSTREAM		SERVICE CON	Α					
00700	ENTRY PO	TINIT		3	ENTRY POI		Α					
	WELL 1	JINI		2	WELL 1	IIVI	Α					
33633	VVLLLI					<b>4.9</b>	-	<b>1</b>				
						ormation						
Name					rganization				_	5:	Job Title	
Ms. Millie		- On c			herman Libr	ary				utive Dire		7in Carla
Mailing Ad	uress Line	e One		Mailing Addres	s Line TWO			Chares	City	<u> </u>	State	Zip Code
PO Box 40	Dhone	Evtonoise	Face	N 4 c l-	ilo Dhana	Emergera	hor-	Shermar			СТ	06784
Business		Extension	Fax	IVIOD	ile Phone	Emergency P		mloeb@				
860-354		Iministrative	Contact			203-312-30	J5/	iiiioeb@	סוומומי	.ug		
CONTACT RC	ne(s). AC	su ative	Contact									

	Connectic	ut Depa	irtment (	of Public	Health	ı pri	nking	vvater	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT1270244	SHERMAN LIBRA	ARY					NC	25	L	GW
Local Address (w	here applicable)			Service	Residen	ntial C	ommerci	al Industri	al Combine	ed Agricultural
1 SHERMAN CTR				Connection	ns				1	
Towns Served: S	HERMAN			·	·			·		
Name				Organization					Job Title	9
Ms. Joan Laucius	S			Sherman Libra	ıry			Pres. Boa	rd of Trust	
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
P.O. Box 40							Sherma	an	СТ	06784
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	y Phon	e Email A	ddress		
860-354-2455	;						sl@bib	lio.org		
Contact Role(s):	Legal Contact, (	Owner					•			

Connecticut Department of Dublic Health Drinking Water Costion

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

End of schedule

	C	onnectic	ut Dena	rtment	of Publi	c F	Jaalth	Dri	nkin	σ Μ	Zatai	r So	ction	
	C		*							_			Ction	
			ter Qua	lity Mor	nitoring	an	ia Con							
PWS ID		VS Name								Pop		Owr		rimary Source
CT127025		UB RIVER OAI		HOUSE					NC		25		Р	GW
		re applicable)			Service		Residen	tial C	ommer	cial	Industr	ial	Combined	Agricultural
2 EVANS F	HILL ROAD	)			Connect	ions							1	
Towns Ser	ved: SHE	RMAN												
				Mon	itoring R	equ	uireme	nts						
Water Sy	stem Fa	cility: DISTI	BUTION SYS	STEM (WSF	ID: 00600)									
<b>Total Co</b>	liform (	3100)										1 rou	tine (RT)	per quarter
Sam	oling Poir	nt (Sampling P	oint ID)				Monitori	ng Pei	riod	Colle	ction Pe	eriod	Compl	iance Status
Selec	t from In	ventory of Act	ive Sampling	Points			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 quarter
Samp	oling Poir	nt (Sampling P	Point ID)				Monitori	ng Pei	riod	Colle	ction Pe	eriod	Compl	iance Status
Selec	t from In	ventory of Act	ive Sampling	Points			1/1/20 -							
							4/1/20 -	6/30/	20					
							7/1/20 -	9/30/	20					
Water Sy	stem Fa	cility: ENTR	Y POINT (V	VSF ID: 0070	00)									
Nitrate A	And Nitri	ite (NOX)										1	routine (I	RT) per year
Samp	oling Poir	nt (Sampling P	Point ID)				Monitori	ng Pei	riod	Colle	ction Pe	eriod	Compl	iance Status
ENTR	RY POINT	(3)					1/1/20 -	12/31,	/20					
							1/1/21 -	12/31,	/21					
			Water S	ystem Fa	cility and	Sa	mpling	Poir	nt Inv	ento	ory			
Water										Total	Lead	d and		
System	Water S	ystem Facility	•	Sampling Po	int Sampling	g Po	int		Co	liforr	n Cop	per		Stage
Facility ID	)			ID	Descripti	ion		St	atus	Rule	Rule	e Tier	Asbestos	WQP 2 DBPR
00600	DISTIBU	TION SYSTEM		4	DISTIBUT	ION	SYSTEM		Α	Υ				
				DOWNSTREA	AM WITHIN 5				Α					
				UPSTREAM	1 WITHIN 5	5 SEF	RVICE CON	J	Α					
00700	ENTRY P	OINT		3	ENTRY PO	TNIC	Γ		Α					
61674	WELL 1			2	WELL 1				Α					
				C	ontact Inf	for	mation							
Name					Organization	n							Job Title	
Mr. Malco	olm McCl	uskey			River Oaks 0		Club, LLC			О	wner, N	Manag	ging Memb	)
Mailing Ad	ddress Lin	e One		Mailing Add	ress Line Two	)					City		State	Zip Code
2 Evans Hi	ill Rd								Shern	nan			СТ	06784
Business	s Phone	Extension	Fax	М	obile Phone	Е	mergency	Phone	e Email	Addr	ess			
203-79	1-4451		203-792-	9260			917-362-	8130	mal@	clubr	iveroal	s.con	1	
Contact R	ole(s): A	dministrative	Contact, Leg	gal Contact										
Name	1				Organizatio	n							Job Title	
River Oak	s of Sheri	man Golf Club	LLC											
Mailing Ad	ddress Lin	e One		Mailing Add	ress Line Two	)					City		State	Zip Code
2 Evans Hi									Shern		-		СТ	06784
Business	s Phone	Extension	Fax	M	obile Phone	Е	mergency	Phone	e Email	Addr	ess			
1														

Schedule Generation Date: 3/10/2020

Contact Role(s): Legal Contact, Owner

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DM/C Nome	Classification	Donulation	Oumar Tuna	Dr

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1270254	CLUB RIVER OAKS HALFWAY HOUSE			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
2 EVANS HILL RO	DAD	Connections				1	

Towns Served: SHERMAN

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