Connecticut	Department of	f Public Health D	rink	ing Wa	ater Se	ction	
Water	Ouality Monit	coring and Comp	liand	ce Sche	edule		
PWS ID PWS Name	Quality 110111					ner Type Prima	ry Source
CT1360142 STERLING MUNICIPA	L BUILDING		NC	2			6W
Local Address (where applicable)		Service Residential	Comn				ricultura
1183 PLAINFIELD PIKE		Connections 1					
Towns Served: STERLING							
	Monit	oring Requirement	ς				
Water System Facility: <b>DISTRIBU</b>							
Total Coliform (3100)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point	ID)	Monitoring	Period	Collecti	on Period	Compliance	•
Select from Inventory of Active S	ampling Points	7/1/19 - 9/3	30/19			Comple	ete
·		10/1/19 - 12	/31/19			Comple	ete
		1/1/20 - 3/3				Comple	
		4/1/20 - 6/3				•	
		7/1/20 - 9/3	-				
Physical Parameters (PPS)					1 rou	tine (RT) per	quarter
Sampling Point (Sampling Point	ID)	Monitoring	Period	Collecti	on Period	Compliance	•
Select from Inventory of Active S	ampling Points	7/1/19 - 9/3	30/19			Comple	ete
		10/1/19 - 12	/31/19			Comple	ete
		1/1/20 - 3/3	31/20			Comple	ete
		4/1/20 - 6/3	30/20				
		7/1/20 - 9/3	30/20				
Water System Facility: ENTRY PO	INT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) p	er vear
Sampling Point (Sampling Point	ID)	Monitoring	Period	Collecti	on Period	Compliance	-
ENTRY POINT (3)	•	1/1/19 - 12/				Comple	
,		1/1/20 - 12/				Comple	
		1/1/21 - 12/				-	
	Other C	ompliance Schedul	es				
Compliance Schedule Activity			. Date		Achieved I	Date	
CROSS CONNECTION EXEMPTION			/2012				
Wa	nter System Facil	ity and Sampling Po		nventor	ν		
Water	•	, ,		Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQ	P 2 DBPI
00600 DISTRIBUTION SYSTEM	325	UNISEX LAVORATORY	Α	Υ			
	326	HANDICAP LAVORATORY	Α	Υ			
	327	KITCHEN SINK	Α	Υ			
	328	GIRLS LAVORATORY	Α	Υ			
	329	SAMPLE TAP	Α	Υ			
	4	DISTRIBUTION SYSTEM	Α	Υ			
	4-5	SAMPLE #5	1	Υ			
	4-6	SAMPLE #6	1	Υ			
	4-7	SAMPLE #7	1	Υ			
	4-8	SAMPLE #8	1	Υ			
	4-9	SAMPLE #9	1	Υ			

WITHIN 5 SERVICE CON

Α

Α

DOWNSTREAM WITHIN 5 SERVICE CON

UPSTREAM

	Connecticut De	par unent of	I ublic I	learui	חווות	ing i	vater	SE	Ction	
	Water Q	uality Monit	oring an	d Com	plian	ce Sc	hedul	le		
PWS ID	PWS Name				Classifica	tion Po	pulation	Own	er Type F	Primary Source
CT1360142	STERLING MUNICIPAL BU	JILDING			NC		25		L	GW
Local Addr	ess (where applicable)		Service	Resident	tial Comr	nercial	Industri	al	Combined	d Agricultural
1183 PLAIN	NFIELD PIKE		Connections	1						
Towns Serv	ved: STERLING				·			·		
	Wate	r System Facil	ity and Sar	npling	Point I	nven	tory			
, , , , , , , , , , , , , , , , , , , ,	Water System Facility	Sampling Point		nt		Tota Colifo				Stage
Facility ID		ID	Description		Status	Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT		Α					
10611	WELL 1	2	WELL 1		Α					
50532	PRESSURE STORAGE									
		Con	tact Inforr	mation						
Name		0	rganization						Job Title	
Sterling										
Mailing Ad	dress Line One	Mailing Addres	s Line Two				City		State	Zip Code

Contact Role(s): Owner

**Business Phone** 

Contact Role(s): <b>O</b>	wner								
Name				Organization	n			Job Title	e
Mr. Russell M. Gra	у		Town of Ste	rling		First Selectman			
Mailing Address Lin	ie One	Mailing Ad	ldress Line Two			City	State	Zip Code	
1114 Plainfield Park	kway		P.O. Box 1	57		Oneco		СТ	06373-0157
Business Phone	Extension		Mobile Phone	Emergency Phone	Email Ad				
860-564-2904		1660			selectma	n@sterlingct.us			

Emergency Phone Email Address

Mobile Phone

Contact Role(s): Administrative Contact, Legal Contact

Extension

## 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.

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

	Connecticut Dej Water Ou	partment of lality Monit					_			ectio	on		
PWS ID	PWS Name		011118 0111		_	sification				vner Tv	pe Pr	imary S	ource
CT1360024	RIVER BEND CAMPGROUI	ND				NC		100		P		GW	
Local Address	(where applicable)		Service	Resident	tial	Commer	cial	Indust	rial	Comb	oined	Agricu	ıltural
41 POND STRE	ET		Connections			1							
Towns Served:	STERLING									1		1	
		Monito	oring Requ	uiremei	nts								
Water Systen	n Facility: <b>DISTRIBUTION</b>												
Total Colifor	,	•	•						1 ro	utine	(RT) p	er qua	arter
	Point (Sampling Point ID)			Monitorin	ng Pe	eriod	Colle	ction P			· · ·	ince St	
	m Inventory of Active Sampl	ing Points		7/1/19 -								nplete	
			-	4/1/20 -	6/30	)/20							
				7/1/20 -	9/30	)/20							
Physical Para	ameters (PPS)								1 ro	utine	(RT) p	er qua	arter
Sampling	Point (Sampling Point ID)			Monitorin	ng Pe	eriod	Colle	ction P	eriod	d Co	omplic	ance St	atus
Select fro	m Inventory of Active Sampl	ing Points		7/1/19 -	9/30	/19					Cor	nplete	
				4/1/20 -	6/30	/20							
				7/1/20 -	9/30	)/20							
Water Systen	m Facility: ENTRY POINT	- PAVILION (WSF	ID: 00700)										
Nitrate (104	10)								1 ro	utine	(RT) p	er qua	arter
Sampling	Point (Sampling Point ID)			Monitorir	ng Pe	eriod	Colle	ction P	eriod	d Co	omplic	ance St	atus
ENTRY PC	DINT - PAVILION (3)			7/1/19 -							Cor	nplete	
				4/1/20 -	6/30	)/20							
				7/1/20 -	9/30	)/20							
Nitrite (104)	1) Point (Sampling Point ID)			Monitorir	ng Pe	eriod	Colle	ction P			-	T) per <i>ince Sti</i>	-
ENTRY PC	DINT - PAVILION (3)			1/1/19 - 1	12/3:	1/19					Cor	nplete	
				1/1/20 - 1	12/3:	1/20							
				1/1/21 - 1	12/3:	1/21							
Water Systen	n Facility: ENTRY POINT	- OFFICE (WSF ID	: 00701)										
Nitrate (104	10)								1 ro	utine	(RT) p	er qua	arter
Sampling	Point (Sampling Point ID)			Monitorin	ng Pe	eriod	Colle	ction P	eriod	d Co	omplic	ance St	atus
ENTRY PC	DINT - OFFICE (3)			7/1/19 -	9/30	/19					Cor	nplete	
				4/1/20 -	6/30	/20							
				7/1/20 -	9/30	/20							
Nitrite (104	1)								1	l routi	ne (R	T) per	year
	Point (Sampling Point ID)			Monitorin			Colle	ction P	eriod	d Co		ince St	atus
ENTRY PC	DINT - OFFICE (3)			1/1/19 - 1		•					Cor	mplete	
				1/1/20 - 1									
				1/1/21 - 1	12/3:	1/21							
		Other Co	ompliance	Sched	ule	S							
Compliance Sc	chedule Activity			E	Due D	Date		Ach	ievea	l Date			
RESPOND TO S	SANITARY SURVEY			2	2/5/2	2017							
SEASONAL STA	ART UP COMPLETION			4,	/15/2	2020							
	Water	System Facili	ty and Sai	mpling	Poi	int Inv	ento	ory					
Water		,		18			Total		d and	1			
	ter System Facility	Sampling Point ID	Sampling Poil Description	int		Co	oliforr Rule	n Co	pper		estos	S WQP 2	Stage DBPR
	nation has been provided to help ov	vners and operators of		ems maintai									

	Connectic	ut Dena	rtme	ent of	f Public	Health	Drin	nkino	Water	Sec	rtion	
`		ter Qua						_			LIOII	
PWS ID	PWS Name	ici Qua	iicy iv	101110	or mg a	iiia coi	_				er Tyne	Primary Source
	RIVER BEND CAN	MPGROUND					N		100		P	GW
Local Address (w	here applicable)				Service	Resider		mmerci	al Industri	al C	Combine	d Agricultura
41 POND STREET	,				Connectio	ns		1				0
Towns Served: S1	ERLING											
00600 DISTR	BUTION SYSTEM	]		1	DISTRIBUT	ION SYSTEM	1 /		Υ			
			DOWNS	TREAM	WITHIN 5	SERVICE CO	N A	A				
			UPSTI	REAM	WITHIN 5	SERVICE CO	N A	A				
00700 ENTRY	POINT - PAVILIC	ON	3	3	ENTRY POI	NT - PAVILI	A	4				
00701 ENTRY	POINT - OFFICE		3	3	ENTRY POI	NT - OFFICE	. A	4				
22257 PAVIL	ON WELL #1		2	2	PAVILION	WELL #1	A	4				
22258 OFFIC	E WELL #2		2	2	OFFICE WE	LL #2	A	4				
				Con	tact Info	ormation	1					
Name				Oı	rganization						Job Title	
Mr. Tony Sinko				Ri	verbend Ca	mpground			Owner			
Mailing Address I	ine One		Mailing	Addres	s Line Two				City		State	Zip Code
41 Pond St			Р О Вох	¢ 23				Oneco			СТ	06373
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency	y Phone	Email A	Address			
860-564-3440		860-564-0	0788			860-564	-7747	riverbe	ndfun@aol.	com		
Contact Role(s):	Administrative	Contact, Leg	al Conta	act, Owr	ner							
Name				Oı	rganization						Job Title	
Ms. Deloris Sinko	)			Ri	verbend Ca	mpground			Owner			
Mailing Address I	ine One		Mailing	Addres	s Line Two				City		State	Zip Code
41 Pond St			Р О Вох	¢ 23				Oneco			CT	06373
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency	y Phone	Email A	Address			
860-564-3440		860-564-0	0788			860-564	-7747	www.r	iverbendfun	.com		
Contact Role(s):	Legal Contact, C	Owner										

#### Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

Connecticut Departmen						ection	
Water Quality M	onitoring and	d Comp	olianc	e Scho	edule		
PWS ID PWS Name		Cl	assificatio	on Popu	lation O	wner Type Pr	imary Source
CT1360094 SUN RIDGE RESORT CAMPGROUND			NC	5	50	Р	GW
Local Address (where applicable)	Service	Residentia	Comme	ercial In	dustrial	Combined	Agricultural
131 CALVIN FRENCH ROAD	Connections		1				
Towns Served: STERLING							
M	onitoring Requ	irement	:s				
Water System Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
Total Coliform (3100)					1 ו	outine (RT)	per month
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		5/1/20 - 5/	31/20	_			
		6/1/20 - 6/	30/20				
		7/1/20 - 7/	31/20				
		8/1/20 - 8/	31/20				
		9/1/20 - 9/	30/20				
Physical Parameters (PPS)				- " .		routine (RT)	-
Sampling Point (Sampling Point ID)		Monitoring		Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		5/1/20 - 5/					
		6/1/20 - 6/ 7/1/20 - 7/					
		8/1/20 - 7/ 8/1/20 - 8/					
		9/1/20 - 8/					
Water System Facility: ENTRY POINT (WSF ID: 0	0700\	9/1/20-9/	30/20				
·	0700)					1tina /D	T)
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)	1	Monitorina	Pariod	Collect	ion Perio	1 routine (R	ance Status
ENTRY POINT (3)		<b>Monitoring</b> 1/1/19 - 12,		Conecti	ion Peno	-	mplete
LIVINI FOINT (3)		1/1/19 - 12/ 1/1/20 - 12/				CO	Tiplete
		1/1/20 - 12/ 1/1/21 - 12/					
Oth	ner Compliance						
	ier compnance				0 -6:	4.0-4-	
Compliance Schedule Activity			e Date		Achieve	a Date	
CROSS CONNECTION SURVEY REPORT			/2015				
CROSS CONNECTION SURVEY REPORT			/2016				
CROSS CONNECTION SURVEY REPORT			/2017				
CROSS CONNECTION SURVEY REPORT			/2018				
CROSS CONNECTION SURVEY REPORT			1/2019				
RESPOND TO SANITARY SURVEY			9/2019				
CROSS CONNECTION SURVEY REPORT			./2020 ./2020				
SEASONAL START UP COMPLETION	Natification D						
Public	Notification R	•					
Violation/Situation	Compliance Period	Notice Tier	<u>Publi</u> Require	c Notifica	ition formed	PN Cert Due to DPH	i <u>fication</u> Received
Repeat Total Coliform M&R Violation	9/1/11 - 9/30/11	2	1/18/20		joineu	1/28/2012	Neceiveu
	Facility and San				rv	,,,	
Water	. demicy and san	ין פייייקיי		Total	Lead an	nd	
	Point Sampling Poir	nt		Coliform	Coppe		Stage
Facility ID ID	Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM	A	Υ			

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source							
CT1360094	SUN RIDGE RESORT CAMPGROUND		NC	50	Р	GW							
Local Address (w	here applicable)	Residen	tial Commerci	al Industri	al Combine	ed Agricultural							
131 CALVIN FREI	NCH ROAD		1										

Towns Served: STERLING

	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					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
52264	DRILLED WELL #2	2	DRILLED WELL #2	Α										
56663	HYDROPNEUMATIC STORAGE TANK													
59756	DRILLED WELL #1	2	DRILLED WELL #1	Α										

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. David Bishop				Sun Ridge Re	sort Campground		Officer		
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
Owner of Sun Ridg	e Resort Camp	oground	131 Ca	lvin French Road		Sterling		СТ	06377
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ac	ldress		
860-779-1512				401-447-0284		sunridge	1@hotmail.	com	
		_		_	<u>'</u>				

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

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020

Page 6

	Connecticut Depa										ction		
	Water Qua	lity Mo	onit	ori	ing and	d Com	plianc	e Scl	hedule	<b>.</b>			
PWS ID	PWS Name					(	Classificati	ion Po	oulation (	Owne	er Type Pr	imary	Source
CT1360134	WEIDELES PIZZA & PUB (ON	ECO COM	MONS)	)			NC		37		Р	GW	J
Local Address (	where applicable)			Ser	vice	Residenti	al Comm	ercial	Industrial	С	ombined	Agric	ultural
901 STERLING	ROAD			Cor	nnections		1	_					
Towns Served:	STERLING												
					ng Requ	iremen	ts						
-	n Facility: DISTRIBUTION S	YSTEM (\	NSF II	D: 0	0600)								_
Total Colifor	•										ine (RT) p	-	
	Point (Sampling Point ID)					Monitoring		Colle	ction Peri	od	Compli		
Select from	m Inventory of Active Sampling	g Points				7/1/19 - 9	<del> </del>			_	_	nplete	_
						10/1/19 - 1					Coi	nplete	<u>:</u>
						1/1/20 - 3							
						4/1/20 - 6							
						7/1/20 - 9	/30/20						
-	ameters (PPS)								1 :	routi	ine (RT) բ	•	
Sampling	Point (Sampling Point ID)				ı	Monitorin		Colle	ction Peri	od	Compli	ince St	tatus
Select from	m Inventory of Active Sampling	g Points				7/1/19 - 9	/30/19				Coi	nplete	<u>;</u>
						10/1/19 - 1	2/31/19				Coi	nplete	ì
						1/1/20 - 3	/31/20						
						4/1/20 - 6	/30/20						
						7/1/20 - 9	/30/20						
Water System	Facility: ENTRY POINT (	NSF ID: 00	700)										
Nitrate And I	Nitrite (NOX)									1 rc	outine (R	T) per	vear
	Point (Sampling Point ID)					Monitorin	g Period	Colle	ction Peri		Compli		-
ENTRY PO						1/1/19 - 1						nplete	
						1/1/21 - 1							
		Dublic	Not	ific	ation R	· ·	· ·						
		Public											
Mi-lastina (Citara			Co	-	liance	Notice		ic Notif			PN Cert	-	
Violation/Situa			4 /4 /		riod	Tier	Requir		erformed		e to DPH	Rec	eived
Total Coliform					3/31/10	2	6/17/2				27/2010		
	R RULE TT Violation				- 6/23/10	2	10/30/2				./9/2010		
Total Coliform					12/31/10	2	1/29/2				/8/2011		
Total Coliform					1/31/11	2	3/24/2				/3/2011		
Physical Param	eters M&R Violation				3/31/10	3	5/18/2			5/	28/2011		
	Water S	ystem F	acili	ty a	and Sar	npling F	Point Ir	rvent	ory				
Water System Wat Facility ID	ter System Facility	Sampling ID	Point		mpling Poil	nt	Status	Total Colifor Rule	т Сорр	er	Asbestos		Stage 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4		DIS	TRIBUTION	SYSTEM	Α	Υ					
		DOWNSTR	REAM	WIT	ΓΗΙΝ 5 SER	VICE CON	Α						
		UPSTRE	AM	WIT	ΓHIN 5 SER	VICE CON	Α						
00700 ENT	RY POINT	3		ENT	TRY POINT		Α						

Α

WELL

2

22705 WELL

	Connectic Wat	•	rtment o				_			tion	
PWS ID	PWS Name					Classifi	cation F	opulation	Owne	er Type P	rimary Source
CT1360134	WEIDELES PIZZA	& PUB (ON	ECO COMMON	NS)		N	С	37		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	l Industria	al C	ombined	Agricultural
901 STERLING RC	AD			Connection	ns		1				
Towns Served: S	TERLING					'					
			Co	ntact Info	rmation	1					
Name				Organization					J	lob Title	
Mr. Albert R. Ge	rvasio			Oneco Commo	ons, Inc.	nc. Landlord					
Mailing Address	Line One		Mailing Addre	dress Line Two				City		State	Zip Code
15 Jencks Road						Foster			RI	02825	
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Address				
401-544-4454					401-397	-3001					
Contact Role(s):	Legal Contact		1				1				
Name	1			Organization					J	lob Title	
Ms. Linda A. Hav	Ms. Linda A. Hawkins Oneco Commons Owner										
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
901 Sterling Road	d						Sterling			СТ	06377

Contact Role(s): Administrative Contact, Owner

Extension

#### Please note the following:

**Business Phone** 

860-564-0033

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.

Emergency Phone Email Address

LIZZYBSOMECOW@GMAIL.COM

401-255-9712

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

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

End of schedule

	Co	nnectic	•						_					
		Wa	ter Qua	lity M	lonit	oring a	nd Con	nplia	nce S	Sch	edule	•		
PWS ID	PW	S Name						Classif	ication	Popu	ulation C	wner Type	Primar	y Source
CT1360144	FAL	LS CREEK FAI	RM, INC.					N	IC	- 2	25	Р	(	iW
Local Addre	ss (wher	e applicable)				Service	Residen	tial Co	mmerci	al II	ndustrial	Combin	ed Agi	icultural
368 BAILEY	ROAD					Connection	ns		1					
Towns Serve	ed: STER	LING												
				N	lonit	oring Red	quireme	nts						
-		ility: DISTR	IBUTION S	YSTEM	(WSF II	D: 00600)	-							
Total Colif	-	-										outine (R		-
		(Sampling P					Monitori			ollect	tion Perio	od Com	pliance	
Select	from Inv	entory of Act	ive Sampling	g Points			7/1/19 -						Comple	te
							10/1/19 -							
							1/1/20 -							
							4/1/20 - 7/1/20 -							
Physical P	aramet	ers (PPS)									1 r	outine (R	Γ) per o	uarter
Sampli	ing Point	: (Sampling P	oint ID)				Monitori	ing Peri	od C	ollect	tion Perio	od Com	pliance	Status
Select	from Inv	entory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9				Comple	te
							10/1/19 -	12/31/	19					
							1/1/20 -	3/31/2	20					
							4/1/20 -	6/30/2	20					
							7/1/20 -	9/30/2	20					
Water Syst	tem Faci	ility: ENTR	Y POINT (V	WSF ID: (	00700)									
Nitrate An	nd Nitrit	e (NOX)										1 routine	(RT) p	er year
		(Sampling P	oint ID)				Monitori			ollect	tion Perio	od Com	pliance	Status
ENTRY	POINT (3	3)					1/1/19 -						Comple	te
							1/1/20 -							
							1/1/21 -	12/31/2	21					
				Ot	her C	omplian								
Compliance								Due Da			Achieve	ed Date		
CROSS CON	NECTION	I SURVEY REP						3/1/202						
Markey			Water S	ystem	Facili	ity and S	ampling	Poin			ry Lead a	d		
Water System V	Nater Sv	stem Facility		Samplin	a Point	Sampling P	Point			otal iform				Stage
Facility ID		,		IE		Description		Sto		ule		ier Asbest	os WQI	_
	DISTRIBU	TION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM		A	Υ				
	NTRY PC			3		ENTRY POI			Ą					
	WELL			2		WELL			Ą					
		HERIC STORA	GE 10K					•						
		O 5K POLY												
						tact Info	rmation							
Name					Or	rganization						Job Tit	e	
Ms. Taylor I						–					vner			
Mailing Add		One		Mailing	Address	s Line Two					ity	State		Code
368 Bailey R				1					Sterling			СТ	06	354
Business F		Extension	Fax		Mobi	le Phone	Emergency	Phone	Email A	Addre	ess			
917-510-	3490													

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Schedule Generation Date: 3/10/2020

Connecticat Department of Labite Health Dilliking Water Section											
	Water Quality Mor	nitoring an	d Con	npl	liance S	chedul	le				
PWS ID	Classification		Population	Owner Type	Primary Source						
CT1360144	FALLS CREEK FARM, INC.	FALLS CREEK FARM, INC.						GW			
Local Address	(where applicable)	Service	Residen	itial	Commercia	nercial Industrial Combined		d Agricultural			
368 BAILEY RO	DAD	Connections			1						

Towns Served: STERLING

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

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- 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.

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

End of schedule

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Schedule Generation Date: 3/10/2020

	Connecticut De	partmei	nt of	Public H	lealth	D	rinkii	ng V	Water	Se	ection				
	Water Qเ	iality M	onit	oring and	d Con	np	liance	e Sc	chedul	e					
PWS ID	PWS Name			<u> </u>		_					vner Type Primary Source				
CT1361033	1126 PLAINFIELD PIKE						NC		25		P	GW			
Local Addres	s (where applicable)			Service	Residen	itial	Comme	rcial	Industria	al	Combined	Agricultural			
1126 PLAINF				Connections			1								
Towns Serve	d: STERLING														
		М	onito	oring Requ	ireme	nts	s								
Water Syste	em Facility: <b>DISTRIBUTION</b>														
<b>Total Colif</b>	orm (3100)								1	rou	ıtine (RT) բ	er quarter			
Samplin	ng Point (Sampling Point ID)				Monitor	ing l	Period	Coll	ection Pe	riod	Compli	ance Status			
Select fr	om Inventory of Active Sampl	ing Points		:	10/1/19 -	- 12,	/31/19				Co	mplete			
					1/1/20 -	- 3/3	31/20				Co	mplete			
					4/1/20 -	- 6/3	30/20								
					7/1/20 -	- 9/3	30/20								
Physical Pa	rameters (PPS)								1	rou	ıtine (RT) բ	er quarter			
Samplin	ng Point (Sampling Point ID)				Monitori	ing l	Period	Coll	ection Pe	riod	Compli	ance Status			
Select fr	om Inventory of Active Sampl	ing Points			7/1/19 -	- 9/3	30/19				Co	mplete			
				:	10/1/19 -	- 12,	/31/19				Co	mplete			
					1/1/20 -	- 3/3	31/20				Complete				
				4/1/20 - 6/30/20											
					7/1/20 -	- 9/3	30/20								
Water Syste	em Facility: ENTRY POINT	(WSF ID: 0	0700)												
Nitrate And	d Nitrite (NOX)								1	rou	ıtine (RT) բ	er quarter			
Samplin	ng Point (Sampling Point ID)				Monitor	ing l	Period	Coll	ection Per	riod	Compli	ance Status			
ENTRY F	POINT (3)				30/19				Co	Complete					
				10/1/19 - 12/31/19						Complete					
				1/1/20 - 3/31/20							Complete				
				4/1/20 - 6/30/20											
					7/1/20 -	- 9/3	30/20								
		Public		ification R	equire	em									
			Co	ompliance	Notice	?			<u>ification</u>			i <u>fication</u>			
Violation/Sit	ruation		40/4/	Period 12 / 14 6	Tier		Require		Performe		Due to DPH	Received			
E. Coli	e 1			16 - 12/31/16	3		4/10/20:				4/20/2018				
E. Coli M&R \		-		5/26/19 -	3		9/10/202				9/20/2020				
	Water	System	Facili	ty and Sar	npling	Po	oint Inv	vent	tory						
Water								Tota		and					
	ater System Facility		Point	Sampling Poi	nt		C	Colifo				Stage			
Facility ID		ID .		Description			Status	Rule	e Kule	Her	Aspestos	WQP 2 DBPR			
00600 DI	STRIBUTION SYSTEM	4		DISTRIBUTION			Α	Υ							
		DOWNST		A											
00-05	ITDV BOINT	UPSTRE	AIVI	WITHIN 5 SER	VICE COI	N	A								
	NTRY POINT	3		ENTRY POINT			Α								
22828 W	'ELL 1	2		WELL A			Α								
			Con	tact Inforr	nation	1									
Name			Or	ganization							Job Title				
Mr. Robert F	. Fryer								Homeowr	er					
Mailing Addr	ess Line One	Mailing A	Address	Line Two					City		State	Zip Code			

Connecticut Department of Fubility Treatment Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name							Population	Owne	ner Type Primary Source		
CT1361033	1126 PLAINFIELD	ELD PIKE NC 25 P						GW				
Local Address (w	Service Reside		tial Commerci		al Industri	al Combined		Agricultural				
1126 PLAINFIELD	) PIKE			Connection	nections 1							
Towns Served: S	_								,			
1120 Plailillelu P	TKE	۲	. U. BUX ZZ			Offeco					00373	
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	ncy Phone Email Address						
860-564-8235	5				401-212	-6229						
Contact Role(s):	Administrative	Contact, Lega	l Contact, Own	er								

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End of schedule

	Co	onnecticu	ut Depart er Qualit					`				ction			
DIA/C ID	D) 4		ei Quain	y MOIII	toring a	nu Con			_		_	-	D : 6		
PWS ID		VS Name JECO MARKET						ication			Owr		Primary So	urce	
CT1360154					Service	Residen	N tial Co			25 Salvetri	al	P	GW d Agricult		
1107 PLAIN		re applicable)			Connection		tiai Co	mmerc	ıldı II	ndustri	dl	Combine	d Agricult	.ur di	
Towns Serve					connection	113		1							
TOWIIS SELV	eu. STE	LING		D.A:	tavina Da										
Water Syst	tem Fac	cility: DISTRI	BUTION SYS		toring Red	quireme	nts								
Total Coli		•		(1101						1	l rou	tine (RT	per quar	ter	
		t (Sampling Po	oint ID)			Monitori	ing Peri	od (	Collect	ion Pe		Compliance Status			
		entory of Activ		oints		7/1/19 -							omplete		
		· ·				10/1/19 -							omplete		
						1/1/20 -							omplete		
						4/1/20 -									
						7/1/20 -									
Physical P	arame	ters (PPS)								1	l rou	tine (RT	per quar	ter	
Sampl	ing Poin	t (Sampling Po	oint ID)			Monitori	ing Peri	od (	Collect	ion Pe	riod	Compliance Status			
Select	from Inv	entory of Activ	ve Sampling Po	ints		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 -	6/30/2	.0							
						7/1/20 -	9/30/2	.0							
Water Syst	tem Fac	cility: ENTRY	POINT (WS	F ID: 00700	))										
Nitrate Ar	nd Nitri	te (NOX)									1	routine	RT) per y	ear	
Sampl	ing Poin	t (Sampling Po	oint ID)			Monitori	od (	Collect	ion Pe	riod	Comp	liance Stat	tus		
ENTRY	POINT (	(3)				1/1/19 - 12/31/19						Complete			
						1/1/20 - 12/31/20						C	omplete		
						1/1/21 -	12/31/2	21							
		'	Water Sys	tem Faci	lity and S	ampling	Poin	t Inve	ento	ry					
Water									otal	Lead					
	water S	stem Facility	Sai	mpling Poin ID	t Sampling F Description				liform Rule			Ashasta	St s WQP 2 L	age	
Facility ID	DICTRIRI	ITIONI CVCTERA			-		Sta	itus		Kule	Her	ASDESIO	SVVQPZL	יספי	
00600 [	אואוכוע	JTION SYSTEM	DC	4	DISTRIBUTI N WITHIN 5 S	ION SYSTEM		<u>م</u>	Υ						
				JPSTREAM				<u>م</u>							
00700 E	ENTRY P	OINT	'	3	ENTRY POI	SERVICE CON		<u>م</u>							
	WELL #1			2	DUG WELL			4 4							
22936	VVELL#1							4							
Name					ntact Info	rmation						Job Title			
Ms. Manish	na S. Pat	 			Oneco Market	<del></del>			Me	mber	/ Ow				
Mailing Add			M		ess Line Two	•				ity	, 500	State	Zip Cod		
1107 Plainfi				O. Box 269				Oneco		*1		CT	06373		
Business I		Extension	Fax		bile Phone	Emergency	/ Phone			SS		· · ·	55575		
860-564-			860-564-784			860-639-		mspat			00.0	om			
		dministrative (			vner			- 10 - 0.0		C /					
	,,		, 5	•											

Connecticut Department of Public Health Drinking Water Section												
	Wa	iter Qua	lity Moni	toring a	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Prir	mary Source
CT1360154	ONECO MARKE	Т			ı	NC	25	Р			GW	
Local Address (w	here applicable	)		Service	Residen	ntial C	ommerci	al Industri	Agricultural			
1107 PLAINFIELD	PIKE			Connection	ns		1					
Towns Served: S	TERLING					,		'			,	
Name			C	Organization					J	Job Title		
lay Shri Krishne	LLC											
Mailing Address	Line One		Mailing Addre	ss Line Two			City			State		Zip Code
15 Holly Drive							Griswo	old		СТ		06351
Business Phone	e Extension	Fax	Mob	oile Phone	Emergency	/ Phone	e Email A	Address				
Contact Role(s):	Owner						·					

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