Connecticut De	*						ection	
	uality Monit	oring an		1				
PWS ID PWS Name			1	Classificat	ion Po	pulation Ow	ner Type P	rimary Source
CT1370014 DENISON PEQUOTSEPOS	NATURE CENTER, I	NC.		NC		25	Р	GW
Local Address (where applicable)		Service	Resident	ial Comm	nercial	Industrial	Combined	Agricultural
109 PEQUOTSEPOS ROAD		Connections			1			
Towns Served: STONINGTON								
	Monito	oring Requ	uiremer	nts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ection Period		ance Status
Select from Inventory of Active Samp	oling Points		7/1/19 - 9					mplete
,		_	10/1/19 - :					mplete
			1/1/20 - 3					<u> </u>
			4/1/20 - 6					
			7/1/20 - 9					
Physical Parameters (PPS)						1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ection Period		ance Status
Select from Inventory of Active Samp	oling Points		7/1/19 - 9	9/30/19			Co	mplete
			10/1/19 - :	12/31/19			Co	mplete
			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 (1040)						1	routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Period	=	ance Status
ENTRY POINT (3)			1/1/19 - 1					mplete
			1/1/20 - 1					<u> </u>
			1/1/21 - 1					
Nitrite (1041)			_, _,			1	routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	a Period	Colle	- ection Period		ance Status
ENTRY POINT (3)			1/1/19 - 1					mplete
Ziviiii i Giivi (G)			1/1/20 - 1					piece
			1/1/21 - 1					
	Other C	ompliance						
Compliance Col. 1.1. A. 11.11	Other C	ompliance					D-4	
Compliance Schedule Activity				ue Date		Achieved		
RESPOND TO SANITARY SURVEY				27/2020		2/6/20	20	
CORRECTIVE ACTION/CORRECTIVE ACTION				27/2020				
CORRECTIVE ACTION/CORRECTIVE ACTION		<u> </u>		27/2020				
Wate	r System Facili	ity and Sai	mpling I	Point li	nvent	ory		
Water					Total			
System Water System Facility	Sampling Point		nt		Colifor			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00502 WELL #2	2	WELL #2		Α				
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM							
	UPSTREAM	WITHIN 5 SEF						
00700 ENTRY POINT	3	ENTRY POINT		Α				

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1370014	NC.			NC	25	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural
109 PEQUOTS	EPOS ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: STONINGTON

				Contact Info	ormation					
Name Organization							Job Title			
Ms. Davnet Schaffe	r	Denison Pequotsepos Nature Cen Executive Director								
Mailing Address Line One Mailing Address Line Two City State					Zip Code					
109 Pequotsepos Ro	oad					Stonington CT 0637			06378	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										
860-536-1216	100				860-514-2756	dschaffer@dpnc.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Depa	rtment of	Public	Healt	h D	rink	ing W	/ater	Se	ction	
	Wa	ter Qua	lity Monit	oring a	nd Co	mp	liand	e Sch	nedul	e		
PWS ID	PWS Name					_			1		ner Type P	rimary Sourc
CT1370024	ELMRIDGE GOLF	COURSE					NC		25		P	GW
Local Address	(where applicable)			Service	Reside	ential	Comm	nercial	Industria	al	Combined	Agricultura
229 ELM RIDO				Connectio	ns		1	L				
Towns Served	: STONINGTON											
			Monite	oring Re	auirem	ent	3					
Water Syste	m Facility: DISTR	IBUTION S			quirciii	CIIC						
Total Colifo	rm (3100)								1	rou	itine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)			Monito	ring i	Period	Collec	ction Per	riod	Compl	ance Status
Select fro	om Inventory of Act	ive Sampling	Points		7/1/19	9 - 9/3	30/19				Co	mplete
					10/1/19	9 - 12,	/31/19				Cc	mplete
					4/1/20) - 6/3	30/20					
					7/1/20) - 9/3	30/20					
Physical Par	rameters (PPS)								1	rou	tine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)			Monito	ring i	Period	Collec	ction Per	riod	Compl	ance Status
Select fro	om Inventory of Act	ive Sampling	Points		7/1/19	9 - 9/3	30/19				Co	mplete
					10/1/19	9 - 12,	/31/19				Co	mplete
					4/1/20) - 6/3	30/20					
					7/1/20) - 9/3	30/20					
Water Syste	m Facility: ENTR	Y POINT (V	VSF ID: 00700)									
Nitrate And	Nitrite (NOX)									1	routine (F	T) per year
Sampling	g Point (Sampling P	oint ID)			Monito	ring i	Period	Collec	ction Per	riod	Compl	ance Status
ENTRY P	OINT (3)				1/1/19	- 12/	31/19	4/	1-12/31		Cc	mplete
					1/1/20	- 12/	31/20	4/	1-12/31			
					1/1/21	- 12/	31/21	4/	1-12/31			
			Other C	omplian	ce Sche	dul	es					
Compliance S	chedule Activity					Due	Date		Achie	ved	Date	
CORRECTIVE A	ACTION/CORRECTIV	E ACTION PL	AN			3/7,	/2015					
CORRECTIVE A	ACTION/CORRECTIV	E ACTION PL	AN			3/7,	/2015					
		Water S	ystem Facili	ity and S	amplin	g Po	oint Ir	nvento	ory			
Water				•	•	<u> </u>		Total	Lead	and		
System We	ater System Facility		Sampling Point	Sampling F	Point			Coliforn	п Сорр	oer		Stage
Facility ID			ID	Description	n		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTE	M	Α	Υ				
			DOWNSTREAM	WITHIN 5 S	SERVICE CO	NC	Α					
			UPSTREAM	WITHIN 5 S	SERVICE CO	NC	Α					
00700 EN	TRY POINT		3	ENTRY POI	NT		Α					
22265 WI	ELL 1		2	WELL			Α					
			Con	tact Info	rmatio	n						
Name				rganization		•					Job Title	
Mr. Alan Rust	ici			nlridge Golf	Course						יייייייייייייייייייייייייייייייייייייי	
Mailing Addre			Mailing Address		204130				City		State	Zip Code
_	Road, Pawcatuck		Training / tour es.	2			Sto	onington			CT	06379
Business Ph		Fax	Mohi	le Phone	Emergen	cv Ph					Ci	00373
860-599-82		Tux	IVIODI	.c i none	2	~, ' ' '		ustici@c		net		
	s): Administrative	Contact Lac	ral Cantast O	nor.			un	ا سادادات				

Schedule Generation Date: 3/10/2020 Page 3

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

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1370024	ELMRIDGE GOLF COUR	SE			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	cial Industri	al Combine	ed Agricultural
229 ELM RIDGE	ROAD		Connections		1			

Please note the following:

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

End of schedule

Con	necticut Department of P	ublic Health Drinki	ng Water Se	ction
	Water Quality Monitor	ring and Compliance	e Schedule	
PWS ID PWS N	lame	Classification	on Population Own	er Type Primary Source
CT1370054 PEQUO	OT GOLF CLUB AND RESTAURANT	NC	35	P GW
Local Address (where a	pplicable) Se	ervice Residential Comme	ercial Industrial	Combined Agricultural
127 WHEELER ROAD	Cc	onnections 1		
Towns Served: STONING	GTON			
		ng Requirements		
Water System Facility	: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Total Coliform (310	0)			tine (RT) per quarter
Sampling Point (Se	ampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Invent	ory of Active Sampling Points	7/1/19 - 9/30/19		Complete
		10/1/19 - 12/31/19		Complete
		1/1/20 - 3/31/20		Complete
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
Physical Parameters	• •			tine (RT) per quarter
Sampling Point (Se		Monitoring Period	Collection Period	Compliance Status
Select from Invent	ory of Active Sampling Points	7/1/19 - 9/30/19		Complete
		10/1/19 - 12/31/19		Complete
		1/1/20 - 3/31/20		Complete
		4/1/20 - 6/30/20		
		7/1/20 - 9/30/20		
	: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite	•			outine (RT) per year
Sampling Point (So	ampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/19 - 12/31/19		Complete
		1/1/20 - 12/31/20		
		1/1/21 - 12/31/21		
	Ionthly Water System Facility	(WSF) Level Monitorii	ng Requiremer	nts
Water System Facility	: ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary			Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH		4
Start Date: 1/1/20	12	Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		10/1/2019 - 10/31/2019		
		11/1/2019 - 11/30/2019		
		12/1/2019 - 12/31/2019		
		1/1/2020 - 1/31/2020		
		2/1/2020 - 2/29/2020		
	Other Con	npliance Schedules		
		•		
Compliance Schedule A	ctivity	Due Date	Achieved L	Pate
CROSS CONNECTION SU	JRVEY REPORT	3/1/2014	Achieved L	Pate
CROSS CONNECTION SU	JRVEY REPORT JRVEY REPORT	3/1/2014 3/1/2015	Achieved L	Oate
CROSS CONNECTION SU CROSS CONNECTION SU CROSS CONNECTION SU	JRVEY REPORT JRVEY REPORT JRVEY REPORT	3/1/2014 3/1/2015 3/1/2016	Achieved L	Oate
CROSS CONNECTION SU CROSS CONNECTION SU CROSS CONNECTION SU CROSS CONNECTION SU	JRVEY REPORT JRVEY REPORT JRVEY REPORT JRVEY REPORT	3/1/2014 3/1/2015 3/1/2016 3/1/2017	Achieved L	Oate
CROSS CONNECTION SU CROSS CONNECTION SU CROSS CONNECTION SU	JRVEY REPORT JRVEY REPORT JRVEY REPORT JRVEY REPORT JRVEY REPORT	3/1/2014 3/1/2015 3/1/2016	Achieved L	Date

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1370054	PEQUOT GOLF CLUB AND RESTAURANT				NC	35	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultura
127 WHEELER F	ROAD	Connections			1			

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2020

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Distribution Color MCL Violation	4/1/04 - 6/30/04	2	12/22/2004		1/1/2005	
Distribution Turbidity MCL Violation	4/1/04 - 6/30/04	2	12/22/2004		1/1/2005	
Distribution Color MCL Violation	7/1/06 - 9/30/06	2	11/15/2006		11/25/2006	

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	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				
22268	WELL	2	WELL	Α				
57977	TDEATMENT DI ANT						 	

				Contact Inf	ormation					
Name				Organization	า		Job Title			
Mr. Robert D. Tobi	n			Pequot Golf	Pequot Golf Course/Restaurant General Partner					
Mailing Address Line One Mailing Add			ddress Line Two	Iress Line Two			State	Zip Code		
43 Broad Street						New Lor	ndon	СТ	06320	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
860-447-0335		860-442-3	3469			rdtobin(@tcors.com			

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

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	UPSTREA	M WITHIN 5 SER	VICE CON	Α				
55555 SIGNADO HON STOTEM		EAM WITHIN 5 SER		A	•			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Status A	Y	7.0.0 770		
System Water System Facility Facility ID	Sampling P ID	oint Sampling Poir Description	IL		Coliform Rule	Copper Rule Tie	r Asbestos	Stage WQP 2 DBPR
Water System Easility	Campline D	laint Campling Pair	.+		Total	Lead and	1	C4 m m =
	r System Fa	acility and San	npling P	oint In				
Physical Parameters M&R Violation	0	7/1/12 - 9/30/12	3	12/31/20			1/10/2014	
Violation/Situation		Period 7/4/42 0/20/42	Tier	Require		formed	Due to DPH	Received
		Compliance	Notice	Publi	c Notifica	ition	PN Cer	<u>tification</u>
	Public	Notification R	equirem	ents				
CORRECTIVE ACTION/CORRECTIVE ACTION	N PLAN		6/2	0/2020				
CORRECTIVE ACTION/CORRECTIVE ACTION				0/2020				
CORRECTIVE ACTION/CORRECTIVE ACTION	N PLAN		6/20	0/2020				
CORRECTIVE ACTION/CORRECTIVE ACTION	N PLAN		6/20	0/2020				
CORRECTIVE ACTION/CORRECTIVE ACTION	N PLAN			0/2020				
RESPOND TO SANITARY SURVEY				2/2020			· -	
Compliance Schedule Activity				e Date		Achieved	l Date	
	Othe	r Compliance	Schedu	les				
			1/1/21 - 12,					
.,			1/1/20 - 12,					•
ENTRY POINT (3)			1/1/19 - 12,					mplete
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Period	-	iance Status
Nitrate And Nitrite (NOX)		•				1	routine (F	RT) per year
Water System Facility: ENTRY POINT	(WSF ID: 00	700)	, ,,	-, -				
			7/1/20 - 9/					
			4/1/20 - 6/					
			1/1/20 - 3/				CC	inhiere
Select from inventory of Active Samp	ning Points		7/1/19 - 9/ .0/1/19 - 12	<u> </u>				omplete omplete
Sampling Point (Sampling Point ID) Select from Inventory of Active Samp	ling Points		Monitoring 7/1/19 - 9/		Collecti	ion Period		iance Status
Physical Parameters (PPS)			Manitanin	Dorlad	Call			per quarter
			7/1/20 - 9/	30/20				
			4/1/20 - 6/					
			1/1/20 - 3/					
		1	.0/1/19 - 12				Co	mplete
Select from Inventory of Active Samp	oling Points		7/1/19 - 9/	30/19			Co	mplete
Sampling Point (Sampling Point ID)		1	Monitoring	Period	Collecti	ion Period		iance Status
Total Coliform (3100)	14 31312101 (44	131 12. 00000				1 ro	utine (RT)	per quarter
Water System Facility: DISTRIBUTIO								
	Mo	nitoring Requ	irement	·s				
Towns Served: STONINGTON								
812 STONINGTON ROAD		Connections	Residentia	6	erciai III	uustriai	Combined	Agricultural
CT1370064 AMERICA'S BEST VALUE Local Address (where applicable)	INN	Service	Residentia	NC I Comme	2	dustrial	P Combined	GW Agricultural
PWS ID PWS Name			Cl					rimary Source
	uanty Mo	nitoring and						
	•						ection	
Connecticut De	nartment	t of Public H	ealth [)rinki	nσ W:	ater S	ection	

	Water Quality Monit	oring an	d Con	npl	liance S	schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1370064	AMERICA'S BEST VALUE INN				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
812 STONINGTO	ON ROAD	Connections			6			

Connecticut Department of Public Health Drinking Water Section

Towns Served: STONINGTON

	Wa	ter System Facili	ity and Samplin	ng Point II	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	А				
22269	WELL	2	WELL	А				
61774	WELL 2	2	WELL 2	А				
61793	STORAGE							

			C	ontact Inf	ormation					
Name				Organization	l			Job Title		
Mr. Mukesh A. Pat	el			America's Be	st Value Inn		Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
/K/A Sea Breeze M	1otel		812 Stonings	ton Road		Stoningt	on	СТ	06378	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress	dress		
860-710-6349		860-535-8	8314		860-535-3649	mpatel678@yahoo.com				
Contact Role(s): A	dministrative	Contact, Leg	gal Contact, C	Owner						
lame				Organization	1			Job Title	!	
Ms. Meena Patel				Sea Breeze N	/lotel		Co-Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
312 Stonington Roa	ad					Stoningt	on	СТ	06378	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress			

Contact Role(s): Owner

Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

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Connecticut Departmer	nt of Public H	ealth I) rinkin	g Water S	Section	
Water Quality M	onitoring and	d Comp	oliance	Schedule		
PWS ID PWS Name		С	lassification	Population O	wner Type Pr	mary Source
CT1370104 ROAD CHURCH			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Commerc	cial Industrial	Combined	Agricultural
903 PEQUOT TRAIL	Connections		1			
Towns Served: STONINGTON						
M	onitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period (Collection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Cor	nplete
	1	.0/1/19 - 12	2/31/19			
		1/1/20 - 3/	/31/20			
		4/1/20 - 6/				
		7/1/20 - 9/	/30/20			
Physical Parameters (PPS)				1 r	outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ince Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	-		Cor	nplete
		.0/1/19 - 12				
		1/1/20 - 3/				
		4/1/20 - 6/	-			
		7/1/20 - 9/	/30/20			
Water System Facility: ENTRY POINT (WSF ID: 00	0700)					
Nitrate (1040)					outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ince Status
ENTRY POINT (3)		7/1/19 - 9/			Cor	nplete
		.0/1/19 - 12				
		1/1/20 - 3/				
		4/1/20 - 6/				
		7/1/20 - 9/	/30/20			
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ince Status
ENTRY POINT (3)		1/1/19 - 12			Cor	nplete
		1/1/20 - 12				
		1/1/21 - 12	/31/21			
Water System Facility: WELL (WSF ID: 22273)						
E. Coli (3014)					outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ince Status
WELL (2)		7/1/19 - 9/	-		Cor	nplete
		.0/1/19 - 12				
		1/1/20 - 3/				
		4/1/20 - 6/				
		7/1/20 - 9/ •				
Public	Notification R	•	I			
w. I. v. feir v.	Compliance	Notice 		<u>Notification</u>	<u>PN Certi</u>	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate M&R Violation	4/1/18 - 6/30/18	3	8/27/2019		9/6/2019	

	Co	onnectic	ut Depa	rtment o	f Public	Health	Drir	nking	g W	ater	Se	ction	
		Wa	ter Qual	lity Moni	toring a	nd Con	nplia	nce s	Sch	edul	e		
PWS ID	PV	VS Name					Classifi	cation	Popu	ılation	Owr	ner Type P	rimary Source
CT1370104	I RC	AD CHURCH					N	С	2	25		Р	GW
Local Addre	ess (whe	re applicable)			Service	Resider	ntial Co	mmerc	ial Ir	ndustri	al	Combined	Agricultural
903 PEQUO	OT TRAIL				Connection	ns		1					
Towns Serv	/ed: STO	NINGTON											
			Water Sy	stem Faci	lity and S	ampling	Poin	t Inve	ento	ry			
Water System Facility ID	Water S	ystem Facility		Sampling Point	t Sampling F Description		C.L.	Col	otal liform Rule		oer	Ashestos	Stage WQP 2 DBPR
	DISTRIBL	JTION SYSTEM	<u> </u>	4		ION SYSTEM	<u>Sta</u>	tus	Y			7.000000	
00000	0.011.100	J.1.011 0101211		DOWNSTREAM				-	•				
				UPSTREAM		SERVICE CO							
00700	ENTRY P	OINT		3	ENTRY POI	NT	ļ	١					
22273	WELL			2	WELL			4					
56653	TREATM	ENT PLANT											
				Coi	ntact Info	rmatior	1						
Name				C	Organization							Job Title	
First Congr	egationa	al ECC Society											
Mailing Add	dress Lin	e One		Mailing Addre	ss Line Two				С	ity		State	Zip Code
903 Pequot	t Trail							Stonin	gton			СТ	06378
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email	Addre	!SS			
Contact Ro	le(s): O	wner											
Name	'			C	Organization							Job Title	
Mr. Craig B	3. Haines	, Jr.		F	Road Church				Pre	esident			
Mailing Add	dress Lin	e One		Mailing Addre	ss Line Two				С	ity		State	Zip Code
903 Pequot	t Trail							Stonin	gton			СТ	06355
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email .	Addre	!SS			
860-536	-7424							chaine	sjr@a	ol.com	1		
Contact Ro	le(s): Le	gal Contact											
Name				C	Organization							Job Title	
Mr. Nichola	as Stahl			F	irst Congrega	ational Ecc.	Soc.						

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

Business Phone

401-348-3480

The Road Meeting House First

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

903 Pequot Trail

Mailing Address Line Two

Mobile Phone

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

Fax

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

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

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

End of schedule

Zip Code

06378

State

CT

City

nstahl2@verizon.net

Stonington

Emergency Phone Email Address

C	onnectic	•							_		ection	
	Wa	ter Qual	lity Mo	nito	ring a	nd Con	ıplia	ince	Sche	edule		
PWS ID PV	VS Name						Classif	ficatio	n Popu	lation Ov	vner Type P	rimary Source
CT1370144 CC	OVE LEDGE IN	N						١C	2		Р	GW
Local Address (whe	re applicable)			Se	ervice	Residen	tial Co	ommei	rcial In	dustrial	Combined	Agricultural
1 WHEWELL CIRCLE					onnection			8				8
Towns Served: STO												
			Mo	nitori	ing Red	quireme	nts					
Water System Fa	cility: DISTR	RIBUTION SY				quii ciiic	1165					
Total Coliform (3100)									1 ro	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)				Monitori	ng Peri	iod	Collecti	on Period	d Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	19			Co	mplete
						10/1/19 -	12/31/	/19			Co	mplete
						1/1/20 -	3/31/2	20				·
						4/1/20 -						
						7/1/20 -						
Physical Parame	ters (PPS)					-,-,	-,,-			1 ro	utine (RT)	per quarter
Sampling Poir	'=' '=' '='	oint ID)				Monitori	na Peri	iod	Collecti	on Period		iance Status
Select from In			Points			7/1/19 -			Concett	on remot		mplete
Select Holli III	ventory or rec	ive sampling	1 011163			10/1/19 -						mplete
						1/1/20 -						приссе
						4/1/20 -						
W		V DOINT /M	/CE ID 005	700\		7/1/20 -	9/30/2	20				
Water System Fa	•	Y POINT (W	/SF ID: 00/	/00)								
Nitrate And Nitr											=	RT) per year
Sampling Poir		oint ID)				Monitori			Collecti	on Period		iance Status
ENTRY POINT	(3)					1/1/19 -					Cc	mplete
						1/1/20 -						
						1/1/21 -	12/31/2	21				
		Water Sy	stem Fa	acility	and S	ampling	Poin	t Inv	entor/	у		
Water									Total	Lead and	d	
*	ystem Facility		Sampling P					C	oliform	Copper		Stage
Facility ID			ID	Do	escription	1	Sta	atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DI	ISTRIBUTI	ON SYSTEM	l /	Α	Υ			
			DOWNSTRE	EAM W	/ITHIN 5 S	SERVICE CON	N /	Α				
			UNIT 12	2 DI	ISTRIBUTI	ON	,	Α	Υ			
			UNIT12	. DI	ISTRIBUTI	ON	,	Α	Υ			
			UPSTREA	M W	/ITHIN 5 S	ERVICE CON	N /	Α				
00700 ENTRY P	OINT		3	ΕN	NTRY POI	NT	,	Α				
22276 WELL			2	W	/ELL		1	Α				
			(Conta	ct Info	rmation	1					
Name				Orga	nization						Job Title	
Mr. Randall Klimas									Ow	ner		
Mailing Address Lir			Mailing Ad	dress Li	ine Two				Ci	ty	State	Zip Code
1 Whewell Circle, R			3 5					Paw	catuck		СТ	06379
Business Phone	Extension	Fax	N	Mobile I	Phone	Emergency	Phone	_		SS		
860-599-4130		860-599-4				6001				dgeinn.co	om	
200 200 1200		200000	• • • •						_ 55 . 5.0			

Schedule Generation Date: 3/10/2020 Page 11

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

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

	Trator Quarrey 11011	10011118 cm	0. 0011	pridire .	0 011 0 01 01		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1370144	COVE LEDGE INN			NC	25	Р	GW
Local Address (where applicable) Service			Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1 WHEWELL CIR	CLE, ROUTE 1	Connections		8			
Towns Served: S	TONINGTON					·	

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut De	partment of uality Monit				,	O			ction	
PWS ID	PWS Name	dancy Monic	or mg and							ner Type Pi	imary Sour
CT1378054		CLUBING		'		NC	2		OWI	P P	GW
	ess (where applicable)	CLOB INC.	Service	Resident		ommero		dustria	al .	Combined	Agricultu
	WONK ROAD		Connections	Resident	iai CC	1	Jai III	iuustiia	וג	Combined	Agricultu
	ved: STONINGTON										
TOWNS SET		Monite	oring Requi	iromor	ntc.						
Water Sys	stem Facility: DISTRIBUTIO			il Cilici	113						
Total Col	iform (3100)							1	rou	tine (RT)	er quarte
Samp	ling Point (Sampling Point ID)			/lonitorin			Collecti	ion Per	riod	Compli	ance Status
Select	t from Inventory of Active Samp	ling Points		7/1/19 - 9	9/30/1	19				Co	mplete
			1	0/1/19 - 1	12/31/	/19				Со	mplete
				1/1/20 - 3						Со	mplete
				4/1/20 - 6							
				7/1/20 - 9	9/30/2	20					
-	Parameters (PPS)		_							tine (RT)	-
-	ling Point (Sampling Point ID)			/lonitorin	_		Collecti	ion Per	riod		ance Status
Select	t from Inventory of Active Samp	oling Points		7/1/19 - 9							mplete
				0/1/19 - 1							mplete
				1/1/20 - 3						Co	mplete
				4/1/20 - 6 7/1/20 - 9							
Mator Sve	stem Facility: ENTRY POINT	. (MSE ID: 00700)		7/1/20-3	3/3U/2	20					
Nitrate (•	(4431 10.00700)							1	routine (R	T) por vos
_	ling Point (Sampling Point ID)		^	/lonitorin	n Peri	ind (Collecti	ion Per		=	ance Status
	Y POINT (3)			/1/19 - 1			Concen	on rer	iou		mplete
2.77.1				L/1/20 - 1							mplete
				L/1/21 - 1							piete
Nitrite (2	1041)		-	-, -,	_,,			1	rou	tine (RT)	er quarte
-	ling Point (Sampling Point ID)		^	/lonitorin	g Peri	iod (Collecti				ance Status
ENTR	Y POINT (3)			7/1/19 - 9	9/30/1	19					mplete
				0/1/19 - 1						Со	mplete
				1/1/20 - 3	3/31/2	20				Co	mplete
				4/1/20 - 6	5/30/2	20					
				7/1/20 - 9	9/30/2	20					
		Other Co	ompliance								
	e Schedule Activity				ue Da			Achie			
RESPOND	TO SANITARY SURVEY			3,	/1/202	20		2/26	5/20	20	
144	Water	r System Facili	ty and San	pling	Poin						
Water System	Water System Facility	Sampling Point	Samplina Poin	t			Total liform	Lead (Stag
Facility ID		ID	Description	-	C+a		Rule			Asbestos	_
_	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Υ				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER\			A					
00700	ENTRY POINT	3	ENTRY POINT			A					
	WELL 1	2	WELL 1			A					

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1378054					NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
396 TAUGWON	IK ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: STONINGTON

				Contact Info	ormation				
Name	Variation Organization								
Ms. Linda M. Drake Stonington Country Club Manager									
Mailing Address Line One				Mailing Address Line Two			City	State	Zip Code
396 Taugwonk Road	d					Stoningt	on	СТ	06378
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Address			
860-535-4035	0	860-535-9	9022			stonington@sbcglobal.net			

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Depa	rtme	ent of	Public	Health	Dri	nkin	g Wa	ater	Se	ction	
		ter Qual							_				
PWS ID	PWS Name	Contract of the contract of th					_		_			ner Type F	Primary Source
CT1378044	PAWCATUCK LIT	TLE LEAGUE	BALLFIE	LDS				NC	+ -	25		P	GW
Local Address (w	vhere applicable)				Service	Residen	tial C	ommerc	ial In	ndustri	al	Combined	l Agricultural
43 NORTH ANGL					Connection	ns		1					
Towns Served: S	TONINGTON												1
			N	/lonite	oring Red	uireme	nts						
Water System	Facility: DISTR	IBUTION SY											
Total Coliform	n (3100)									1	. rou	itine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)				Monitori	ng Pe	riod (Collect	ion Pe	riod	Comp	iance Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/	19				C	omplete
						10/1/19 -	12/31	/19				C	omplete
						4/1/20 -	6/30/	20					
						7/1/20 -	9/30/	20					
Physical Parar	meters (PPS)									1	rou	itine (RT)	per quarter
Sampling P	Point (Sampling P	oint ID)				Monitori	ng Pe	riod (Collect	ion Pe	riod	Comp	iance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/	19				С	omplete
						10/1/19 -	12/31	/19				C	omplete
						4/1/20 -	6/30/	'20					
						7/1/20 -	9/30/	'20					
Water System	Facility: ENTR'	Y POINT (W	/SF ID:	00700)									
Nitrate And N	litrite (NOX)										1	routine (RT) per year
Sampling F	Point (Sampling P	oint ID)				Monitori	ng Pei	riod (Collect	ion Pe		-	iance Status
ENTRY POII	NT (3)					1/1/19 -	12/31	/19				C	omplete
						1/1/20 -	12/31	/20					
						1/1/21 -	12/31	/21					
			Ot	her C	omplian	ce Sched	lules						
Compliance Sch	edule Activity						Due D	ate		Achie	ved	Date	
SEASONAL STAR	T UP COMPLETIO	N				4	4/6/20)20					
		Water Sy	/stem	Facili	ty and S	ampling	Poir	nt Inve	ento	ry			
Water									otal	Lead			_
,	er System Facility		Samplin II	_	Sampling P				liform			0-66	Stage
Facility ID	NOUTE ON SYSTEM				Description		St	utus	Rule	Kule	Her	Aspestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	1	1		SINK IN SHE			A	Y				
			2004/200			ON SYSTEM		A	Υ				
					WITHIN 5 S			A					
00700 7::=	W POINT		UPSTI		WITHIN 5 S		N	A					
	RY POINT		3		ENTRY POI	N I		A					
48773 WELL	_ 1		2		WELL 1			Α					
				Con	tact Info	rmation							
Name				Or	ganization							Job Title	
Mr. Mark S. Bes	ssette			Pa	wcatuck Litt	tle Leauge			Dir.	. Field	Main	iten.	
Mailing Address	Line One		Mailing	Address	Line Two				Ci	ity		State	Zip Code
215 North Angu	illa Road							Pawca	atuck			СТ	06379
Business Phon	ne Extension	Fax		Mobi	le Phone	Emergency	Phon	e Email	Addre	SS			
860-599-1100	131	860-599-8	8023					m.bes	sette@	sbcglo	obal.	net	
Contact Role(s):	Administrative	Contact, Leg	al Conta	act									

Connecticut Department of Public Health Water Quality Monitoring and Con			•	_			tion	
water quality monitoring and con	upi	Iai	ICC		icuu	IC		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1378044	PAWCATUCK LITTLE LEAGUE BALLFIELDS			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
43 NORTH ANGUILLA RD		Connections		1			
				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·

Please note the following:

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

End of schedule

	Connecticut Departmen	nt of Public H	ealth	Dr	inking	g W	Vatei	r Se	ectio	n	
	Water Quality Mo	onitoring and	d Con	npli	ance S	Scł	nedu	le			
PWS ID	PWS Name				sification	1			ner Typ	e Pr	imary Sour
CT1378063	OPEN DOOR BAPTIST CHURCH				NC		35		Р		GW
Local Address (where applicable)	Service	Resident	tial (Commerci	ial	Industr	ial	Combi	ned	Agricultui
475 PEQUOT TF	RAIL	Connections			1						
Towns Served:	STONINGTON										
	Me	onitoring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION SYSTEM (\)										
Total Coliforn	n (3100)							1 rc	outine	(RT)	per mont
Sampling	Point (Sampling Point ID)		Monitori	ng Pe	eriod C	Colle	ction Pe				ance Status
Select fror	n Inventory of Active Sampling Points	:	10/1/19 -	10/3	1/19					Coi	mplete
		:	11/1/19 -	11/3	0/19					Coi	mplete
			12/1/19 -	12/3	1/19					Coi	mplete
			1/1/20 -	1/31	/20					Coi	mplete
			2/1/20 -	2/29	/20					Coi	mplete
			3/1/20 -	3/31	/20						
			4/1/20 -	4/30	/20						
			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 Para	meters (PPS)							1 rc	outine	(RT)	per mont
Sampling	Point (Sampling Point ID)		Monitori	ng Pe	eriod C	Colle	ction Pe	eriod	Co	mplio	ance Status
Select fror	n Inventory of Active Sampling Points		10/1/19 -	10/3	1/19					Coi	mplete
			11/1/19 -	11/3	0/19					Coi	mplete
			12/1/19 -	12/3	1/19					Coi	mplete
			1/1/20 -	1/31	/20					Coi	mplete
			2/1/20 -	2/29	/20					Coi	mplete
			3/1/20 -		•						
			4/1/20 -								
			5/1/20 -								
			6/1/20 -								
			7/1/20 -								
			8/1/20 -								
			9/1/20 -	9/30	/20						
•	Facility: ENTRY POINT (WSF ID: 00)700)									
Nitrate And N	•									-	T) per yea
	Point (Sampling Point ID)		Monitori			olle	ction Pe	eriod	Co		ance Status
ENTRY PO	INT (3)		1/1/19 - :		-						mplete
			1/1/20 - :	-	-					Coi	mplete
	Out		1/1/21 - :								
0 "		er Compliance									
Compliance Sch				Due D			Achi	eved	Date		
	CTION SURVEY REPORT			3/1/2							
	THAN CHOVE DEDADT										
CROSS CONNEC	CTION SURVEY REPORT			3/1/2 3/1/2							

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1378063	OPEN DOOR BAPTIST CHURCH				NC	35	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
475 PEQUOT T	RAIL	Connections			1			

Other Compliance Schedules

Compliance Schedule Activity

Due Date

Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2020

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		OD1	BATHROOM SINK 1	Α	Υ	1			
		OD2	BATHROOM SINK 2	Α	Υ	1			
		OD3	1ST FLOOR MENS ROOM	Α	Υ	1			
		OD4	DRINKING FOUNTAIN	Α	Υ	1			
		OD5	KITCHEN SINK	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

ENTRY POINT

WELL

Α

Α

49240 PRESSURE STORAGE TANK

ENTRY POINT

WELL

00700

48937

	Contact Information									
Name				Organization	1		Job Title			
Pastor Frank Spaulding				The Open Do	oor Baptist Church		Pastor			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
475 Pequot Trail						Stoningt	on	СТ	06378	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
860-287-1612						Fsputnik61@yahoo.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

3

2

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut Department	of Public F	[palth	D	rinking	Mater	- C	ection	
	* · · · · · · · · · · · · · · · · · · ·				_			cction	
	Water Quality Mon	itoring an	d Con	_			_		
PWS ID	PWS Name			Cla		•	Ow		rimary Source
CT1378074	SALTWATER FARM VINEYARD				NC	25		Р	GW
	(where applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combined	Agricultural
349 ELM STREE		Connections						1	
Towns Served:	STONINGTON			_			_		
	Mon	itoring Requ	ıireme	nts	•				
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSI	F ID: 00600)							
Total Colifor	m (3100)					:	1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	rioa	l Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	- 7/3	1/19			Co	mplete
Total Colifor	m (3100)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	rioa	l Compl	iance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	- 10/	31/19			Co	mplete
			11/1/19 -	- 11/	30/19			Co	mplete
			12/1/19 -	- 12/	31/19			Co	mplete
			4/1/20 -	- 4/3	0/20				
			5/1/20 -	- 5/3	1/20				
			6/1/20 -	- 6/3	0/20				
			7/1/20 -	- 7/3	1/20				
			8/1/20 -	- 8/3	1/20				
			9/1/20 -	- 9/3	0/20				
Physical Para	ameters (PPS)					:	1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	rioa	l Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	- 9/3	0/19			Co	omplete
_	ameters (PPS)						1 r		per month
	Point (Sampling Point ID)		Monitori			ollection Pe	erioa		iance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -						mplete
			11/1/19 -		<u> </u>				mplete
			12/1/19 -					Co	omplete
			4/1/20 -						
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
		_	8/1/20 -						
			9/1/20 -	- 9/3	0/20				
-	n Facility: ENTRY POINT (WSF ID: 0070	0)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)		Monitori			ollection Pe	rioa		iance Status
ENTRY PO	DINT (3)		1/1/19 -					Co	mplete
			1/1/20 -						
			1/1/21 -						
	Other	Compliance	Scheo	dule	es				
Compliance Sc	hedule Activity			Due	Date	Achie	evea	l Date	
CROSS CONNE	CTION SURVEY REPORT			3/1/	2020				
I						-			· · · · · · · · · · · · · · · · · · ·

4/1/2020

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Schedule Generation Date: 3/10/2020

SEASONAL START UP COMPLETION

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source		
CT1378074 SALTWATER FARM VINEYARD					NC	25	Р	GW		
Local Address (v	Service	Residen	ntial	Commercia	Commercial Industria		ed Agricultural			
349 ELM STREET	Г	Connections					1			

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00501	WELL 1	2	WELL 1	Α						
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						

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

Contact Information										
Name		Organization	1	Job Title						
Mr. Michael M. Co	nnery	Stonington S	Seahawk LLC	Principal - Owner						
Mailing Address Line One Mailing Addr				ddress Line Two		City		State	Zip Code	
349 Elm Street						on	СТ	06378		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
347-782-1258 860-415-9072				347-675-3566	mconnery@saltwaterfarmvineyard.com			rd.com		

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

Please note the following:

Towns Served: STONINGTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

	Connectic	ut Depa	rtment of	f Public	Health	Dr	inkii	ng V	Vater	Se	ction		
	Wa	ter Oual	lity Monit	oring a	nd Con	npli	iance	e Sch	nedul	e			
PWS ID	PWS Name		- J	0 :		_					ner Type P	rimary Soi	urce
CT1378104	CLYDE'S CIDER N	ЛILL					NC	- 1	29		Р	GW	
Local Address (where applicable)			Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricult	tural
-	H STONINGTON RO	DAD		Connectio	ns 1		3						
Towns Served:	STONINGTON												
			Monit	oring Re	auireme	nts							
Water System	Facility: DISTR	IBUTION SY			4 00								
Total Coliforn	• •										utine (RT)	•	
	Point (Sampling P				Monitori			Colle	ction Pe	riod		ance Stat	tus
Select fror	n Inventory of Act	ive Sampling	Points		10/1/19 -			_					
					11/1/19 -		-					mplete	
					12/1/19 -		-				Co	mplete	
					9/1/20 -	9/30	0/20						
-	meters (PPS)										utine (RT)	•	
	Point (Sampling P				Monitori			Colle	ction Pe	riod		ance Stat	tus
Select from	m Inventory of Act	ive Sampling	Points		10/1/19 -							mplete	
					11/1/19 -							mplete	
					12/1/19 -						Co	mplete	
	E 1111 E11E1	·			9/1/20 -	9/30)/20						
-	Facility: ENTR	Y POINT (W	/SF ID: 00700)										
	Nitrite (NOX)							- "			routine (F		
	Point (Sampling P	oint ID)			Monitori			Colle	ction Pe	riod		ance Stat	tus
ENTRY PO	INT (3)	1/1/19 - 12/31/19 1/1/20 - 12/31/20								Cc	mplete		
				1.	1/1/21 -					-			
			Other C	omplian	ce Scned	iuie	!S						
Compliance Sci						Due L			Achie	ved	Date		
SEASONAL STA	RT UP COMPLETIO	N				9/1/2	2020						
		Water Sy	ystem Facil	ity and S	ampling	Poi	int Inv	vent	ory				
Water								Total		and			
*	er System Facility		Sampling Point				(Colifori					age
Facility ID			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 D)BPR
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEM		A	Y					
			DOWNSTREAM				A	Y					
			UPSTREAM		SERVICE COI	N	Α	Υ					
	RY POINT		3	ENTRY POI	NT		Α						
60922 WEL	L		2	WELL			Α						
			Con	tact Info	ormation								
Name			0	rganization							Job Title		
Mr. Harold Mir	ner		Cl	yde's Cider	Mill								
Mailing Addres	s Line One		Mailing Addres	s Line Two					City		State	Zip Code	e
129-131 N. Sto	nington Road						Mys	tic			СТ	06355	
Business Pho	ne Extension	Mobi	Mobile Phone Emergency Phone En				mail Address						
860-536-335	54		860-984-0518			clyd	clydescider@att.net						

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

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

		_				_ I			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1378104	CLYDE'S CIDER MILL					NC	29	Р	GW
Local Address (where applicable)			Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
129-131 NORTH STONINGTON ROAD				Connections	1	3			

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End of schedule