	Connecticut Departmen	nt of Public F	lealth i	Drinki	ng V	Water !	Secti	on	
	Water Quality Mo				_			011	
PWS ID	PWS Name	omtoring an		<u> </u>				vne Pi	rimary Source
CT1410014	QUADDICK COUNTRY STORE			NC	///	108	P	урсті	GW
	where applicable)	Service	Residenti		ercial	Industrial		bined	_
	K TOWN FARM ROAD	Connections		1					7.8
Towns Served:									
	M	onitoring Requ	uiremen	its					
Water System	Facility: DISTRIBUTION SYSTEM (V								
Total Coliforn	n (3100)					1	routin	e (RT)	per month
Sampling I	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri	od (Compli	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/19 - 1	.0/31/19				Со	mplete
			11/1/19 - 1	1/30/19				Co	mplete
			12/1/19 - 1	2/31/19				Со	mplete
			1/1/20 - 1	/31/20				Со	mplete
			2/1/20 - 2	2/29/20				Со	mplete
			3/1/20 - 3						
			4/1/20 - 4						
			5/1/20 - 5						
			6/1/20 - 6						
			7/1/20 - 7						
			8/1/20 - 8						
			9/1/20 - 9	9/30/20					_
-	meters (PPS)				- "				per month
	Point (Sampling Point ID)		Monitorin	_	Coll	ection Peri	od (ance Status
Select fron	n Inventory of Active Sampling Points		10/1/19 - 1						mplete
			11/1/19 - 1						mplete
			12/1/19 - 1						mplete
			1/1/20 - 1						mplete
			2/1/20 - 2					Co	mplete
			3/1/20 - 3 4/1/20 - 4						
			5/1/20 - 5	•					
			6/1/20 - 6	•					
			7/1/20 - 7						
			8/1/20 - 8						
			9/1/20 - 9		_				
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)	3, 2, 23	,, 55, 5					
Nitrate And N	Vitrite (NOX)						1 rout	ine (R	RT) per year
	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri		-	ance Status
ENTRY POI			1/1/19 - 1						mplete
			1/1/20 - 1	2/31/20					
			1/1/21 - 1	2/31/21					
	Oth	er Compliance	Schedu	ıles					
Compliance Sch	nedule Activity		D	ue Date		Achiev	ed Date		
L2 ASSESSMENT	T (MULTIPLE TC+, 2ND IN 12M)		8/	24/2019			-		
	Public	Notification R	Require	ments					
		Compliance	Notice	Public	. Noti	<u>ification</u>	F	N Cert	tification
Violation/Situa	Ition	Period	Tier						Received

CT1410014 QUADDICK COUNTRY STORE Local Address (where applicable) Local Address (where applicable) Service Connections Service Connections Connections 1 Industrial Combined Agricultural Local Address (where applicable) Towns Served: THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Service Connections 1 Industrial Combined Agricultural Local Address (where applicable) Revised THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Service Connections Revised THOMPSON Total Lead and Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBPR OCO600 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A OCO700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information		Co	onnectic	ut Depa	rtmen	nt o	f Public	Health	Dri	inking	g W	ater	Sect	ion	
CT1410014 QUADDICK COUNTRY STORE Local Address (where applicable) Local Address (where applicable) Local Address (where applicable) Service Connections Connections 1 Commercial Industrial Combined Agricultural Commons Served: THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Description Sampling Point Coliform Copper Stage Facility ID DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A CONTACT Information Contact Information Name Organization Mailing Address Line One Mailing Address Line One Mailing Address Line Two Commonship Commonship Commonship Agricultural Commercial Industrial Commercial Industrial Commonship Agricultural Agricultur			Wa	ter Qua	lity Mo	oni	toring a	nd Con	npli	ance S	Sch	edul	e		
Local Address (where applicable) 1105 QUADDICK TOWN FARM ROAD Towns Served: THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation Water System Facility and Sampling Point Inventory Water System Facility Sampling Point ID Description Description DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 1200 DISTRIBUTION SYSTEM O0700 ENTRY POINT 3 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A 1 DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT Contact Information Name Organization Mailing Address Line One Mailing Address Line One Mailing Address Line One Magricultural Combined Agricultural 1 1	PWS ID	PW	/S Name						Class	ification	Popu	lation	Owner '	Type P	rimary Source
TOWNS Served: THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation 8/25/19 - 2 11/17/2019 11/27/2019 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point ID Description 1D DESCRIPTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM DESCRIPTION 1D DESCRIPTIO	CT141001	4 QL	JADDICK COU	NTRY STORE						NC	1	08	Р		GW
Towns Served: THOMPSON REVISED TOTAL COLIFORM RULE (RTCR) TT Violation 8/25/19 - 2 11/17/2019 Water System Facility and Sampling Point Inventory Water System Water System Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	Local Addı	ress (whe	re applicable)				Service	Residen	tial C	Commerci	al Ir	ndustria	l Cor	nbined	Agricultural
Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Inventory Water System Water System Facility ID Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	1105 QUA	DDICK TO	WN FARM RC)AD			Connection	ns		1					
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point ID Description Status Rule Coliform Copper Stage Facility ID Description SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SER	Towns Ser	ved: THO	MPSON												
Water System Water System Facility Facility ID Description A DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A DO700 ENTRY POINT BENTRY POINT CONTact Information Name Organization Mailing Address Line One Mailing Address Line Two Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A O 7 Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A O 7 DO700 ENTRY POINT A ENTRY POINT A DO700 ENTRY POINT A SENTRY POINT A CONTact Information Job Title State Zip Code	REVISED T	OTAL COI	IFORM RULE	(RTCR) TT Vic	olation		8/25/19 -	2	11	/17/2019)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/2	7/2019	110001700
System Water System Facility Facility ID Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 122309 WELL 2 WELL A S9666 TREATMENT PLANT Contact Information Name Organization Mailing Address Line One Mailing Address Line Two Coliform Copper Rule Teach Stage Rule Rule Tier Asbestos WQP 2 DBPR Stage Rule Rule Tier Asbestos WQP 2 DBPR Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR Stage Rule Rule Tier Asbestos WQP 2 DBPR Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR Stage Rule Rule Tier Asbestos WQP 2 DBPR Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Rule Rule Rule Tier Asbestos WQP 2 DBPR Opper Stage Rule Rule Rule Rule Rule Rule Rule Rul				Water Sy	ystem F	acil	lity and S	ampling	Poir	nt Inve	nto	ry			
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT 4 DOWNSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 5 ENTRY POINT Contact Information Name Organization Organization Mailing Address Line One Mailing Address Line Two City State Zip Code	System	-	stem Facility			Point				Coli	iform	Сорр	er		_
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	Facility ID)			ID		Description	1	St	tatus R	lule	Rule	Tier As	bestos	WQP 2 DBPR
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	00600	DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTI	ION SYSTEM	1	Α	Υ				
00700 ENTRY POINT 3 ENTRY POINT A 22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code					DOWNST	REAM	1 WITHIN 5 S	SERVICE CO	V	Α					
22309 WELL 2 WELL A 59666 TREATMENT PLANT Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code					UPSTRE	AM	WITHIN 5 S	SERVICE CO	V	Α					
Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	00700	ENTRY P	OINT		3		ENTRY POII	NT		Α					
Contact Information Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	22309	WELL			2		WELL			Α					
Name Organization Job Title Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code	59666	TREATM	ENT PLANT												
Mr. Terry Chappell Mailing Address Line One Mailing Address Line Two City State Zip Code						Cor	ntact Info	rmation	1						
Mailing Address Line One Mailing Address Line Two City State Zip Code	Name					C)rganization						Jol	b Title	
	Mr. Terry	Chappell													
15 Bailey Hill Road Danielson CT 06239	Mailing Ad	ddress Lin	e One		Mailing A	ddre	ss Line Two				Ci	ity	S	tate	Zip Code
	15 Bailey I	Hill Road								Daniels	son			СТ	06239
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Business	s Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email A	Addre	!SS			

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

Please note the following:

860-230-1755

- 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

terry@erswalls.com

	Connecticut Departmen	nt of Public H	ealth	Dı	rinkin	gV	Vater	Se	ection	
	Water Quality Mo	onitoring and	d Con	npl	iance	Scl	nedul	le		
PWS ID	PWS Name			_	ssification			_	ner Type P	rimary Source
CT1410034	FOUR CORNERS PUB			0.0.	NC		29		Р	GW
	(where applicable)	Service	Residen	ntial	Commerc	cial	Industri	al	Combined	_
142 OLD TURN		Connections			1					- grounds
Towns Served:	THOMPSON									
	M	onitoring Requ	ireme	nts	,					
Water System	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Colifor	m (3100)							1 rc	outine (RT	per month
Sampling	Point (Sampling Point ID)	1	Monitori	ing P	Period	Colle	ction Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points	1	0/1/19 -	- 10/	31/19				Co	omplete
		1	1/1/19 -	- 11/	30/19					
		1	2/1/19 -	- 12/	31/19				Co	omplete
			1/1/20 -	- 1/3	1/20				Co	omplete
			2/1/20 -	- 2/2	9/20				Co	omplete
			3/1/20 -	- 3/3	1/20					
			4/1/20 -							
			5/1/20 -		-					
			6/1/20 -							
			7/1/20 - 7/31/20							
			8/1/20 -							
			9/1/20 -	- 9/3	0/20					
_	ameters (PPS)									per month
	Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		iance Status
Select fro	m Inventory of Active Sampling Points		0/1/19 -						Co	omplete
			1/1/19 -							
		1	2/1/19 -							omplete
			1/1/20 -							omplete
			2/1/20 -		-				Co	omplete
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 - 8/1/20 -							
			9/1/20 -							
Water System	n Facility: ENTRY POINT (WSF ID: 00	7700)	3/1/20-	- 9/ 3	0/20					
-	Nitrite (NOX)	37001						1	routine (RT) per year
	Point (Sampling Point ID)		Monitori	ina P	Period	Colle	ction Pe		-	iance Status
ENTRY PO			1/1/19 -			-				mplete
	. ,		1/1/20 -							1
			1/1/21 -							
	Oth	er Compliance								
Compliance Sc	hedule Activity	J. 2211.p.101100			Date		Achie	ved	Date	
_	ANITARY SURVEY				/2017		Acine	Cu	-410	

RESPOND TO SANITARY SURVEY

Public Notification Requirements

Compliance Notice Public Notification PN Certification

Violation/Situation

Period

Tier

Required

Performed

Due to DPH

Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source			
CT1410034	FOUR CORNERS PUB				NC	29	Р	GW				
Local Address	(where applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
142 OLD TURN	PIKE ROAD		Connections			1						
Towns Served:	THOMPSON								·			
E. Coli MCL Vic	lation	8/1/	17 - 8/31/17	1		8/24/2017	- Cryonnie	9/3/201	7			
REVISED TOTA	L COLIFORM RULE (RTCR)	8/20,	/17 - 8/21/17	3		3/27/2019		4/6/2019	9			
Total Coliform	M&R Violation	11/1/	19 - 11/30/19	3		1/22/2021		2/1/202:	1			
Physical Param	neters M&R Violation	11/1/	19 - 11/30/19	3		1/22/2021		2/1/202	1			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22311	WELL	2	WELL	Α	·	<u>'</u>						
		_										

				Contact Inf	ormation				
Name				Organization	l			Job Title	
Mr. John Mandeler	nakis			Four Corners	Pub		Property O	wner	
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code
24 Sunset Drive						Dudley		MA	01571
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-935-5771					508-671-0255				

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

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

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

End of schedule

Connecticut Department of Public	Health Drinking Water Section
Water Quality Monitoring a	and Compliance Schedule
PWS ID PWS Name	Classification Population Owner Type Primary Source
CT1410044 KOINONIA SCHOOL OF SPORTS	NC 40 P GW
Local Address (where applicable) Service	Residential Commercial Industrial Combined Agricultural
240 COUNTY HOME ROAD Connection	ons 22
Towns Served: THOMPSON	
Monitoring Re	equirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling 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
Other Complian	
Compliance Schedule Activity	Due Date Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2012
CROSS CONNECTION SURVEY REPORT	3/1/2013
CROSS CONNECTION SURVEY REPORT	3/1/2014
CROSS CONNECTION SURVEY REPORT	3/1/2015
CROSS CONNECTION SURVEY REPORT	3/1/2016
RESPOND TO SANITARY SURVEY	1/27/2017
CROSS CONNECTION SURVEY REPORT	3/1/2017
CROSS CONNECTION SURVEY REPORT	3/1/2018
CROSS CONNECTION SURVEY REPORT	3/1/2019
CROSS CONNECTION SURVEY REPORT	3/1/2020
Water System Facility and S	Sampling Point Inventory
Water	Total Lead and
System Water System Facility Sampling Point Sampling	
Facility ID ID Description	on <u>Status</u> Rule Rule Tier Asbestos WQP 2 DBPR
OGCOO DISTRIBUTION STATES	FLOAT CYCTER 4
	TION SYSTEM A Y
DOWNSTREAM WITHIN 5	

Connecticu	t Departr	nent of	f Public	Health	ı Dr	ink	king	g W	⁷ atei	· Se	ction	1
Wate	er Quality	Monit Monit	oring a	nd Con	npli	ian	ce S	Sch	edu	le		

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1410044	KOINONIA SCHOOL OF SPORTS				NC	40	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
240 COUNTY HO	OME ROAD	Connections			22			

Towns Served: THOMPSON

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
00700	ENTRY POINT	3	ENTRY POINT	Α								
22312	WELL #1	2	WELL	А								

			(Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Donald Brown				Thompson A	ssociates		Director		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
240 County Home F	Road		P.O. Box 32	21		Thompse	on	СТ	06277
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	ldress	,	
860-208-5574 860-928-0460					860-928-1606	koinonia	.school@sne	et.net	
Contact Dala(s).	-	Contact Los	al Cantast	0		•			

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.
- 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 Public H	lealth	Drinki	ng V	Vater	Se	ction	
	Water Q	uality Mon	itoring and	d Con	plianc	e Scł	nedul	e		
PWS ID	PWS Name	-			Classificati	on Pop	ulation	Owr	er Type Pr	imary Source
CT1410054	773 QUINEBAUG ROAD				NC		37		Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial Comm	ercial	Industria	al	Combined	Agricultural
773 QUINE	BAUG ROAD		Connections						3	
Towns Serv	ved: THOMPSON									
W	Lease Facility DISTRIBUTION		itoring Requ	iireme	nts					
•	stem Facility: DISTRIBUTION	N SYSTEIN (WS	F ID: 00600)				4		4: (DT) ::	
	iform (3100) ling Point (Sampling Point ID)			Monitori	ng Period	Colle	± ction Pei			per quarter ance Status
	t from Inventory of Active Samp	ling Points			9/30/19	Colle	ction Per	iou		mplete
Select	thom inventory of Active Samp	iiig i Oiits			12/31/19					mplete
			<u> </u>		3/31/20					mplete
				4/1/20 -						1-1
				7/1/20 -						
Physical	Parameters (PPS)						1	rou	tine (RT) p	er quarter
Samp	ling Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Pei	riod	Compli	ance Status
Select	from Inventory of Active Samp	ling Points		7/1/19 -	9/30/19				Coi	mplete
				10/1/19 -	12/31/19				Coi	mplete
					3/31/20				Coi	mplete
				4/1/20 -						
				7/1/20 -	9/30/20					
•	stem Facility: ENTRY POINT	(WSF ID: 0070	0)							
	and Nitrite (NOX)								=	T) per year
	ling Point (Sampling Point ID)				ng Period	Colle	ction Pei	riod		ance Status
ENIK	Y POINT (3)				12/31/19				Coi	mplete
					12/31/20					
		Darletta N			12/31/21					
		Public N	otification R	-						
Violetion /	Cituation		Compliance Period	Notice		<u>ic Notifi</u>			PN Cert	
Violation/	orm M&R Violation	10	/1/15 - 12/31/15	Tier 2	Requir 5/5/20		erforme		ue to DPH 5/5/2016	Received
	arameters M&R Violation		/1/15 - 12/31/15		4/5/20				4/5/2017	
Titysicalite							O K. /		+/ 3/ 2017	
144	vvate	System Fac	cility and Sar	npiing	Point in					
Water System	Water System Facility	Samplina Poi	nt Sampling Poi	nt		Total Coliforr				Stage
Facility ID	Tracer by Stern radinty	ID	Description		Status	Rule			Asbestos	WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Υ				
		4-1	Kitchen Hand	Sink	Α	Υ				
		4-2	Kitchen Sink		Α	Υ				
		4-3	Women s Res	troom Sir	n A	Υ				
		4-4	Men s Restro	om Sink	Α	Υ				
			M WITHIN 5 SER	VICE CON	I A					
		UPSTREAM								
00700	ENTRY POINT	3	ENTRY POINT		Α					

Α

WELL

2

22313 WELL

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name					Owner Type	Primary Source					
CT1410054	T1410054 773 QUINEBAUG ROAD					Р	GW					
Local Address (where applicable)		Service	Residen	itial Commerc	cial Industr	ial Combin	ed Agricultural					
773 QUINEBAUG ROAD		Connections				3						

Towns Served: THOMPSON

			C	ontact Info	ormation						
Name				Organization			Job Title				
Mrs. Jean Seraphin				773 Quineba	ug Rd.	Owner					
Mailing Address Line One Mailing Add			ress Line Two			City	State	Zip Code			
P.O. Box 970						Southbri	dge	MA	01550		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress				
			77	4-230-5281		jean@kerringraphics.com					

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

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- 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 Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	
PWS ID PWS Name Classification Population Owner Type	Primary Source
CT1410084 QUADDICK POND S.P./PARK WELL NC 83 S	GW
Local Address (where applicable) Service Residential Commercial Industrial Combiner	d Agricultural
QUADDICK TOWN FARM ROAD Connections 4	
Towns Served: THOMPSON	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100) 1 routine (RT)	per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp	liance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	omplete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Physical Parameters (PPS) 1 routine (RT)	per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp	liance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	omplete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routine (RT) per year
	liance Status
ENTRY POINT (3) 1/1/19 - 12/31/19 4/1-9/30 C	omplete
1/1/20 - 12/31/20 4/1-9/30	
1/1/21 - 12/31/21 4/1-9/30	
Other Compliance Schedules	
Compliance Schedule Activity Due Date Achieved Date	
SEASONAL START UP COMPLETION 4/1/2020	
Water System Facility and Sampling Point Inventory	
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 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
22315 WELL 2 WELL A	
Contact Information	
Name Organization Job Title	
Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer	
Mailing Address Line One Mailing Address Line Two City State	Zip Code
	06490
163 Great Hill Road Portland CT	06480
163 Great Hill RoadPortlandCTBusiness PhoneExtensionFaxMobile PhoneEmergency PhoneEmail Address	00480

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

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
CT1410084	QUADDICK POND S.P./PARK WELL	NC	83	S	GW							

Service

Connections

Residential

4

Commercial

Industrial

Combined

Towns Served: THOMPSON

Local Address (where applicable)

QUADDICK TOWN FARM ROAD

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

End of schedule

Agricultural

		it Department of							ection	
DIAIC ID		er Quality Monit	toring and							··
PWS ID CT141011	PWS Name QUINNATISSET CO	NINTRY CITIE		C	iassitio NO		opulatio 25	on Ow	P P	rimary Source GW
	ress (where applicable)	JUNIKI CLUB	Service	Residentia		nmercial		trial	Combined	Agricultural
	TRY HOME ROAD		Connections	Residentia	ai Coi	1	iiiuus	ciiai	Combined	Agricultural
	rved: THOMPSON									
1011113 301	Tea. IIIeiiii seit	Monit	oring Requ	iromon	tc					
Water Sy	stem Facility: DISTRI I	BUTION SYSTEM (WSF)		ii eiiieii	LS					
Total Co	liform (3100)							1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Po	int ID)		Monitoring	g Perio	d Col	lection	Period	Compli	ance Status
Selec	ct from Inventory of Activ	re Sampling Points		7/1/19 - 9						mplete
			1	10/1/19 - 1					Со	mplete
				1/1/20 - 3						
				4/1/20 - 6						
	. ()			7/1/20 - 9	/30/20)			(>=\	_
•	Parameters (PPS)	int (D)		Manitarin	. Dovic	d Cal	lastian			per quarter
	pling Point (Sampling Po ct from Inventory of Activ	•		Monitoring 7/1/19 - 9	-		lection	Perioa		mplete
Selec	Lt from filventory of Activ	e sampling Points	1	1/1/19 - 9 10/1/19 - 1						mplete
				1/1/20 - 3						Implete
				4/1/20 - 6						
				7/1/20 - 9	-					
Water Sv	stem Facility: ENTRY	POINT (WSF ID: 00700)		, ,	,,					
	And Nitrite (NOX)	,	<u> </u>					1	routine (R	T) per year
	pling Point (Sampling Po	int ID)	1	Monitoring	g Perio	d Col	lection		=	ance Status
ENTF	RY POINT (3)		:	1/1/19 - 12	2/31/1	9			Со	mplete
				1/1/20 - 12	2/31/2	0				
				1/1/21 - 12	2/31/2	1				
		Other C	ompliance	Schedu	les					
	ce Schedule Activity				ie Dat		Aci	hieved	Date	
CROSS CO	NNECTION SURVEY REPO				1/2020					
	١	Nater System Facil	ity and San	npling F	oint	Inven	tory			
Water						Tota	al Le	ad and	1	
System	Water System Facility	Sampling Point		nt		Colifo		opper	Achastas	Stage 2 DDDD
Facility ID		ID A	Description	LCVCTENA	Stat			iie i iei	ASDESIOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	DOWNSTREAM	DISTRIBUTION WITHIN 5 SER		A A					
		UPSTREAM	WITHIN 5 SER		A					
00700	ENTRY POINT	3	ENTRY POINT	VICE COIN	^ A					
22318	WELL	2	WELL		^					
55717	STORAGE TANK		***							
55719	WATER TREATMENT									
33, 13	THE STREET	Cor	ntact Inforn	nation						
Name			rganization						Job Title	
	ael Pizzetti		uinnatisset Cou	intry Club			Manag	er		
Mailing A	ddress Line One	Mailing Addres		<u> </u>			City		State	Zip Code
241 Coun	ty Home Road	P O Box 401				Thompso	n		СТ	06277
								•		

Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity M	onit	oring a	nd Con	npli	ance S	Sched	lule		
PWS ID	PWS Name						Class	ification	Populat	ion O	wner Type	Primary Source
CT1410114	QUINNATISSET (COUNTRY CL	.UB					NC	25		Р	GW
Local Address (w	here applicable)				Service	Residential		Commerci	al Indu	strial	Combine	ed Agricultural
221 COUNTRY HO	OME ROAD	Connection	ns		1							
Towns Served: Th	HOMPSON						<u> </u>		1			
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Phor	Phone Email Address				
860-928-7516		860-928-	0707			860-428	860-428-2207 QUINNNATISSETTPROSHOP@gmai				iail.com	
Contact Role(s):	Legal Contact											
Name				Or	ganization		Job Title					<u> </u>
Mr. Mark Brouill	ard			Qu	innatisset C	Country Clu	b		Board	Presid	lent	
Mailing Address I	ine One		Mailing A	Address	Line Two				City		State	Zip Code
205 Country Hom	ne Road							Thomp	son		СТ	06277
Business Phone	Business Phone Extension Fax Mob			Mobile	e Phone	Emergency	/ Phor	e Email A	Address			
860-928-7516		860-928-	0707									
Contact Role(s):	Administrative	Contact, Leg	gal Contac	t								

Please note the following:

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

End of schedule

	Connectic Wat	•	rtment o				_				ction	
PWS ID	PWS Name	ter Quar	ircy Moin	toring a	ina don						ner Tyne P	rimary Source
	THOMPSON ROL	O & GUN CLU	IR				NC	2		OWI	P	GW
Local Address (w		J W 0011 CEC		Service	Residen		ommerci		dustria	al	Combined	
93 BRANDY HILL				Connectio		ciai C	1	<u> </u>	<u>uusti ie</u>			7.81104104141
Towns Served: T												
			Moni	toring Re	auireme	nts						
Water System I	Facility: DISTR	IBUTION SY			quirenie	1103						
Total Coliform	•											per quarter
	oint (Sampling P				Monitori			ollecti	on Per	riod		ance Status
Select from	Inventory of Acti	ive Sampling	Points		7/1/19 -							mplete
					10/1/19 -							mplete
					1/1/20 -						Cc	mplete
					4/1/20 - 7/1/20 -							
Physical Paran	neters (PPS)								1	rou	tine (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monitori	ing Per	riod C	ollecti	ion Per	riod	Compl	ance Status
Select from	Inventory of Acti	ive Sampling	Points		7/1/19 -	9/30/	19				Co	mplete
					10/1/19 -	12/31	/19				Co	mplete
					1/1/20 -	3/31/	20				Cc	mplete
					4/1/20 -	6/30/	20					
					7/1/20 -	9/30/	20					
Water System I	Facility: ENTR	POINT (W	/SF ID: 00700))								
Nitrate And Ni	itrite (NOX)									1 ו	routine (F	T) per year
Sampling P	oint (Sampling P	oint ID)			Monitori	ing Per	riod C	ollecti	ion Per	riod	Compl	ance Status
ENTRY POIN	NT (3)				1/1/19 -	12/31/	/19				Co	mplete
					1/1/20 -	12/31/	/20					
					1/1/21 -	12/31/	/21					
		Water Sy	/stem Faci	lity and S	ampling	Poir						
Water System Water	r System Facility		Sampling Poin	t Samplina l	Point			otal iform	Lead			Ctago
System Water Facility ID	i system rucinty	•	Sumping Poin ID	Description Description		C.		yorm Pule	Copp Rule		Ashestos	Stage WQP 2 DBPR
	IBUTION SYSTEM		4	•	ION SYSTEM		utus	Υ	71070		7.55005	
00000 013110	10011014 3131214		DOWNSTREAM				A	•				
			UPSTREAM		SERVICE CON		A					
00700 ENTR	Y POINT		3	ENTRY POI			A					
22319 WELL			2	WELL			A					
ZZJIJ WILL				ntact Info	rmation							
Name				Organization) illation						Job Title	
Mr. John S. Elliot	tt			Thompson Ro	d & Gun Clu	ıb		Sec	retary			
Mailing Address			Mailing Addre	•				Ci			State	Zip Code
93 Brandy Hill Ro							Thomp		•		СТ	06277
Business Phone		Fax	Mol	oile Phone	Emergency	Phone			SS		1	
860-923-9287					508-980-							
Contact Role(s):		Contact			I							

	Connectic	ut Depa	i unent or	rublic	Health	וווע	ikilig	vvalei	360	Luon	
	Wat	ter Qua	lity Monito	oring ar	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	Primary Source
CT1410124	THOMPSON ROD	& GUN CLU	JB			N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residen	Residential Comm		al Industri	al Combin		ed Agricultural
93 BRANDY HILL	BRANDY HILL ROAD			Connections			1				
Towns Served: TI	HOMPSON							·	·		
Name			Org	ganization						Job Title	j
Mr. Wilber Cotn	oir		The	Thompson Rod & Gun				President			
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
110 Griffin St							Pascoa	g		RI	02859
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	Phone	Email A	ddress			
Contact Dolo(s)	Local Contact C	hunor									

Contact Role(s): Legal Contact, Owner

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End of schedule

	Conne	cticut Departmer	nt of Public H	lealth	Dr	inking	Water	Sect	tion	
		Water Quality Mo	onitoring an	d Con	npl	iance S	chedul	e		
PWS ID	PWS Nam								Type P	rimary Source
CT1410194	THOMPSO	ON HOUSE OF PIZZA				NC	25	Р	1	GW
Local Address (w	vhere appli	cable)	Service	Residen	tial	Commercia	l Industria	al Co	mbined	l Agricultural
1139 RIVERSIDE	DRIVE (RO	UTE 12)	Connections			1				
Towns Served: T	HOMPSON									
		M	onitoring Requ	iireme	nts					
Water System	Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform	n (3100)						1	routir	ne (RT)	per quarter
Sampling P	Point (Samp	oling Point ID)		Monitori	ing P	eriod Co	llection Per			iance Status
Select from	Inventory	of Active Sampling Points		7/1/19 -	9/30	0/19			Co	omplete
			_	10/1/19 -	12/3	31/19			Co	omplete
				1/1/20 -	3/31	L/20			Co	omplete
				4/1/20 -	6/30	0/20				
				7/1/20 -	9/30	0/20				
Physical Parar	meters (P	PS)					1	routir	ne (RT)	per quarter
Sampling P	Point (Samp	oling Point ID)		Monitori	ing P	eriod Co	llection Per	iod	Compl	iance Status
Select from	n Inventory	of Active Sampling Points		7/1/19 -	9/30)/19			Co	omplete
				10/1/19 -	12/3	31/19			Co	omplete
				1/1/20 -	3/31	L/20			Co	omplete
				4/1/20 -	6/30	0/20				
				7/1/20 -	9/30	0/20				
Water System	Facility:	ENTRY POINT (WSF ID: 00	0700)							
Nitrate And N	itrite (NC	OX)					1	routir	ne (RT)	per quarter
Sampling P	Point (Samp	oling Point ID)		Monitori			llection Per	iod	Compl	iance Status
ENTRY POI	NT (3)			7/1/19 -	9/30)/19			Co	omplete
				10/1/19 -	12/3	31/19			Co	omplete
				1/1/20 -	3/31	L/20			Co	omplete
				4/1/20 -	6/30)/20				
				7/1/20 -	9/30	0/20				
	Mor	nthly Water System	Facility (WSF) I	_evel N	Иoп	itoring F	Requirer	nent	S	
Water System	Facility:	ENTRY POINT (WSFID: 00	700)							
Analyte		Monitoring Requirement (S	Summary Type)	Ope	ratin	g Limit		Sa	mples R	Req/Month
рН		Entry Point pH Monitoring	(PHRD)	Mini	imun	n: 7.0 PH				4
Start Date:	4/1/2008		Complia	nce Histo	ory:	Ope	erating Limi	t	Monito	ring
			Monitor	ing Perio	d		npliance Sta			ance Status:
			10/1/20	19 - 10/3	1/20	19				
			11/1/20	19 - 11/3	0/20	19				
			12/1/20	19 - 12/3	1/20	19				
			1/1/202	0 - 1/31/2	2020					
			2/1/202	0 - 2/29/2	2020					
		Oth	er Compliance	Sched	lule	es =				
Compliance Sch	edule Activ				Due l		Achie	ved Da	te	
RESPOND TO SA					8/4/2	2016				
		Public	Notification R	equire	eme	ents				
			Compliance	Notice		Public No	tification		PN Cer	<u>tification</u>
Violation/Situat	tion		Period	Tier		Required	Performed	Due	to DPH	Received

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Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source			
CT1410194	THOMPSON HOUSE OF PIZZA		NC	25	Р	GW					
Local Address	(where applicable)	Service	Residentia		Commerci	al Industri	al Combin	ed Agricultural			
1139 RIVERSI	DE DRIVE (ROUTE 12)	Connections			1						
Towns Served	: THOMPSON	1				'	1				

Public Notification Requirements											
	Compliance	Notice	<u>Public No</u>	<u>fication</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Nitrate MCL Violation	1/1/06 - 3/31/06	1	3/10/2006		3/20/2006						
Nitrate MCL Violation	10/1/05 - 12/31/05	1	3/10/2006		3/20/2006						

	Water System Facility and Sampling Point Inventory												
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and			Stage				
,					•	Copper							
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	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									
22326	WELL	2	WELL	Α									
54609	TREATMENT PLANT												
54611	PRESSURE TANKS												

Name				Organization	1		Job Title					
Mr. Steve Gardner				Thompson H	ouse of Pizza	Owner						
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code				
1139 Riverside Driv	e					Thompson	СТ	06277				
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Emergency Phone Email Address						
860-923-3018												
Contact Role(s): A	dministrative C	ontact, Leg	gal Contact, C	Owner								
				Organization	1		Job Title					
Name				0.80=0.0.	•		300 1166					
Name Argyrioc Ddmopou	losliving Trust			0.80200.01	•		300 11110					
Argyrioc Ddmopou			Mailing Add	ress Line Two		City	State	Zip Code				
	e One		Mailing Add			City		Zip Code 06277				

Contact Role(s): Owner

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End of schedule

	Co	onnectic											ection				
		Wa	ter Qua	lity M	lonit	oring a	nd Cor	np	liance	e Sch	nedu	le					
PWS ID	PW	/S Name						Cla	ssificatio	n Pop	oulation	Ow	ner Type P	rimary	Source		
CT141020	4 TH	OMPSON SPE	EDWAY RES	TAURAN	T				NC		25		Р	GV	V		
Local Addı	ress (whe	re applicable)				Service	Resider	ntial	Comme	rcial	Industr	ial	Combined	Agric	cultural		
205 EAST	THOMPSO	ON ROAD				Connection	ns		1								
Towns Ser	ved: THO	MPSON															
				N	/lonite	oring Red	quireme	ents	S								
		cility: DISTR	IBUTION S														
Total Co	-	-											ıtine (RT)				
		t (Sampling P					Monitor			Colle	ction Pe	riod	Compli				
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19							mplete	_		
							10/1/19		•					mplete			
							1/1/20						Со	mplete	5		
							4/1/20 7/1/20										
Physical	Paramet	ters (PPS)									1 routine (RT) per quarto						
_		t (Sampling P					Monitor			Colle	Compliance Statu Complete						
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19		0/30/19 Complete								
							<u> </u>										
							1/1/20						Со	mplete	5		
						4/1/20 - 6/30/20 7/1/20 - 9/30/20											
						7/1/20 - 9/30/20											
Water Sy	stem Fac	cility: ENTR	Y POINT (V	VSF ID:	00700)												
		te (NOX)								1 routine (RT) per yea							
		t (Sampling P	oint ID)				Monitor			Collection Period Compliance Status							
ENTR	RY POINT (3)					1/1/19 - 12/31/19 Complet							mplete	5		
							1/1/20 -		-								
							1/1/21 -	12/3	31/21								
				Ot	her C	omplian							_				
Compliand									Date		Achie	eved	Date				
RESPOND	TO SANIT	ARY SURVEY							/2019								
			Water S	ystem	Facili	ity and S	ampling	g Po	oint Inv	vent	ory						
Water				c !:		· · ·				Total							
System Facility ID	-	stem Facility		Samplin IL		Sampling F Description				Coliforn	-	•	Asbestos		Stage		
		ITIONI CVCTEN	1	4		DISTRIBUTI		1	Status	Rule	Kule	riei	Aspestos	VVQP	2 DBPK		
00600	DISTRIBL	JTION SYSTEM	I						A	Υ							
						WITHIN 5 S		IN	A	V							
				MW UPSTF		KITCHEN SI WITHIN 5 S		NI.	A	Υ							
00700	ENTRY P	OINT		3		ENTRY POI		IN	Α								
		OINT					IN I		Α								
22327	WELL			2		WELL			A								
						tact Info	rmation	1									
Name					Oı	rganization							Job Title				
Mr. Donal				1					П	0	wner						
Mailing Ad		e One		Mailing	Address	s Line Two					City		State	Zip C			
PO Box 27										mpson			СТ	062	77		
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergenc	y Pho	one Ema	il Addı	ress						

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	Connectic	ut Depa	rtment	of Public	Health	Drir	ıking	, Water	Section	n	
	Wat	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classifi	cation	Population	Owner Ty	ре Р	rimary Source
CT1410204	THOMPSON SPE	EDWAY RES	TAURANT			N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Comb	ined	Agricultural
205 EAST THOM	PSON ROAD			Connection	ns		1				
Towns Served: T					·				·		
860-923-9591		860-923-9	9821		860-234-	-7340					
Contact Role(s):	Administrative (Contact, Leg	al Contact, O	wner							
Name				Organization					Job 1	itle	
Raceway Golf Cl	ub & Restaurant	LLC									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code
205 East Thomps	son Rd						Thomp	son	СТ	-	06277
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner										
						_	_		_		

Please note the following:

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

End of schedule

	Connecticut De	partment of	Public Health	Drink	ing Wa	ater Se	ction	
		•	oring and Com					
PWS ID	PWS Name	adirey 1.10111e		Classificat			er Type Prim	nary Source
	VALLEY SPRINGS SPORTS	MAN CILIR		NC	2		P	GW
	here applicable)	IVIAIT CLOB	Service Resident				•	Agricultural
65 VALLEY ROAD			Connections		L	aastriai	combined 7	Bricalcarai
Towns Served: T				-	_			
		Monit	oring Requiremen	nts				
Water System	Facility: DISTRIBUTION			163				
Total Coliform	(3100)					1 rou	tine (RT) pe	r quarter
Sampling P	Point (Sampling Point ID)		Monitorin	ng Period	Collecti	on Period	Complian	•
Select from	Inventory of Active Samp	ling Points	7/1/19 -	9/30/19			Com	plete
			10/1/19 -	12/31/19			Com	plete
			1/1/20 -				Com	
			4/1/20 -				•	:
			7/1/20 -	• •				
Physical Paran	neters (PPS)					1 rou	tine (RT) pe	r quarter
-	oint (Sampling Point ID)		Monitorin	ng Period	Collecti	on Period	Complian	-
	Inventory of Active Samp	ling Points	7/1/19 -				Com	
	, ,		10/1/19 -				Com	
			1/1/20 -				Com	•
			4/1/20 -					
			7/1/20 -					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)	.,,_,_	2, 23, 23				
Nitrate And N	itrite (NOX)					1 :	routine (RT)	per year
Sampling P	oint (Sampling Point ID)		Monitorin	ng Period	Collecti	on Period	Complian	
ENTRY POIN	NT (3)		1/1/19 - 1	2/31/19			Com	plete
			1/1/20 - 1	.2/31/20			Com	plete
			1/1/21 - 1				•	
		Other Co	ompliance Sched					
Compliance Sch	adula Activity	Other C		ue Date		Achieved L	Data	
Compliance School						Acmeveu L	Jule	
RESPOND TO SA				/28/2017				
	Watei	System Facili	ity and Sampling	Point II		•		
Water	C	c !: p : .	6 ! 6 ! .		Total	Lead and		
•	er System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper	Ashastas IA	Stage
Facility ID	NIDUITION CYCTERA			Status		Kule Hei	Asbestos W	QP 2 DDPK
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			WITHIN 5 SERVICE CON		V			
		MW001	BAR SINK	Α	Y			
		MW002	BAR MENS ROOM	A	Y			
		MW003	BAR WOMENS ROOM	A	Y			
		MW004	HALL MENS ROOM	A	Y			
		MW005	HALL WOMENS ROOM	A	Y			
00=00	V 50.0.	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTR	Y POINT	3	ENTRY POINT	Α				

WELL

2

22330 WELL

Schedule Generation Date: 3/10/2020 Page 19

Α

Co	onnectic	ut Depa	rtment	of Public	Health	Drii	nking \	Water S	ection	
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	nce So	chedule		
PWS ID PV	VS Name					Classif	ication Po	opulation Ov	vner Type	Primary Source
CT1410234 VA	LLEY SPRINGS	SPORTSMA	N CLUB			Ν	IC	25	Р	GW
Local Address (whe	re applicable)			Service	Resider	itial Co	mmercial	Industrial	Combin	ed Agricultural
65 VALLEY ROAD				Connectio	ons		1			
Towns Served: THO	MPSON					'				
			Co	ontact Info	ormation	1				
Name				Organization					Job Titl	e
Mr. Jean P. Grenie	•			Valley Spring	s Sportsman	s Club		Administrato	r	
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City	State	Zip Code
65 Valley Road							North Grosvenordale CT 06255-1822			
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Ad	dress	·	
860-923-9555										
Contact Role(s): A	dministrative	Contact								
Name				Organization					Job Titl	e
Valley Springs Spot	sman Club									
Mailing Address Lin	e One		Mailing Addr	ess Line Two				City	State	Zip Code
65 Valley Rd							Thompso	n	СТ	06277
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Ad	dress		

Contact Role(s): 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

Co		•	rtment of								ction			
PWS ID PV	VS Name										ner Type P	rimary Source		
CT1410264 W	EST THOMPSO	N LAKE CAN	IPGROUND				NC		25		Р	GW		
Local Address (whe	re applicable)			Service	Residen	tial	Comme	ercial	Industri	ial	Combined	Agricultural		
REARDON ROAD				Connection	ns		1							
Towns Served: THC	MPSON				1	·		,						
			Monit	oring Red	quireme	nts								
Water System Fac	cility: DISTR	IBUTION SY			•									
Total Coliform (•								1	l rou	itine (RT)	per quarter		
Sampling Poin		-			Monitori			Colle	ction Pe	riod		iance Status		
Select from In	ventory of Acti	ive Sampling	Points		7/1/19 -			_			Cc	mplete		
					4/1/20 -		-							
					7/1/20 -	9/30	0/20							
Physical Parame	• •											•		
Sampling Poin		-			Monitori			Colle	1 routine (RT) per quart Complete Complete Complete 1 routine (RT) per years					
Select from In	ventory of Acti	ive Sampling	Points		7/1/19 -				Complete					
					4/1/20 -		-							
					7/1/20 -	9/30	0/20							
Water System Fac	•	POINT (W	/SF ID: 00700)											
Nitrate And Nitri											=			
Sampling Poin		oint ID)			Monitori			Colle	1 routine (RT) per year Collection Period Compliance Status Complete					
ENTRY POINT	(3)				1/1/19 -				•					
					1/1/20 -				Complete					
					1/1/21 -									
			Other C	omplian	ce Sched	lule	es							
Compliance Schedu	ıle Activity				ı	Due	Date		Achie	eved	Date			
RESPOND TO SANIT	ARY SURVEY				1	./16/	/2012							
SEASONAL START U	IP COMPLETIO	N			5	/15/	/2020							
		Water Sy	stem Facil	ity and S	ampling	Ро	int In	vent	ory					
Water								Total	Lead	and				
•	ystem Facility	9	Sampling Point				(Colifor		•		Stage		
Facility ID			ID	Description	1		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR		
00600 DISTRIBU	JTION SYSTEM	l	4	CAMPSITE			Α	Υ						
			4HOST	HOST SITE			Α	Υ						
			4SHELT	EAST SIDE S			Α	Υ						
			4SITE11	CAMPSITE			Α	Υ						
			4WS		ROOM SINK		Α	Y						
			DOWNSTREAM				Α							
			UPSTREAM		SERVICE CON	N	Α							
00700 ENTRY P	UINT		3	ENTRY POI	NT		A							
22333 WELL			2	WELL			Α							
			Con	tact Info	rmation									
Name				rganization							Job Title			
Mr. Ed Greenough				.S. Army Cor	ps of Engine	eers			roject M	lanag				
Mailing Address Lin			Mailing Addres						City		State	Zip Code		
West Thompson La	ke		449 Reardon Ro					СТ	06255					
Business Phone	Extension	Fax	Fax Mobile Phone Emergency Phone E				ne Ema	ail Add	ress					

	dominoculous populi umoni or	1 010110 1				5	00001011	
	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1410264	WEST THOMPSON LAKE CAMPGROUND				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural
REARDON ROAD)	Connections			1			
Towns Served: 1								
860-923-298	2				edwar	d.p.greenou	gn@usace.ar	my.mii
Contact Role(s):	Administrative Contact, Legal Contact							

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

Connecticut Departm							ction	
Water Quality	Monitoring a	nd Con	npliand	ce Sch	edul	e		
PWS ID PWS Name			Classificat	ion Popi	ulation	Own	er Type Pi	rimary Source
CT1410284 WHITE HORSE AT VERNON STILES I	NN		NC		25		Р	GW
Local Address (where applicable)	Service	Residen	itial Comm	nercial I	ndustria	al C	Combined	Agricultural
351 THOMPSON HILL ROAD (ROUTE 193)	Connection	IS	1	L				
Towns Served: THOMPSON								
	Monitoring Red	uireme	nts					
Water System Facility: DISTRIBUTION SYSTEM		•						
Total Coliform (3100)					1	rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing Period	Collec	tion Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Points	3		12/31/19				Со	mplete
		1/1/20 -	3/31/20				Co	mplete
		4/1/20 -	6/30/20					
		7/1/20 -	9/30/20					
Physical Parameters (PPS)					1	rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing Period	Collec	tion Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Points	3	10/1/19 -	12/31/19				Co	mplete
		1/1/20 -	3/31/20				Co	mplete
		4/1/20 -	6/30/20					
		7/1/20 -	9/30/20					
Water System Facility: ENTRY POINT (WSF ID	: 00700)							
Nitrate (1040)	,				1	rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing Period	Collec	tion Per			ance Status
ENTRY POINT (3)			9/30/19					mplete
LIVINI I GIVI (5)			12/31/19					mplete
			3/31/20					mplete
			6/30/20				CO	inpiete
			9/30/20					
Niturity (1041)		//1/20-	9/30/20			1		T)
Nitrite (1041)		0.4 a militari	ina Daviad	Callag	dian Dan			T) per year
Sampling Point (Sampling Point ID)			ing Period	Collec	tion Per	10a		ance Status
ENTRY POINT (3)			12/31/19				Co	mplete
			12/31/20					
		1/1/21 -	12/31/21					
Water Syster	n Facility and Sa	ampling	Point In	nvento	ry			
Water				Total	Lead o	and		
	ing Point Sampling P			Coliform				Stage
Facility ID	ID Description	1	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION	ON SYSTEM	1 A	Υ				
DOWN	ISTREAM WITHIN 5 S	ERVICE CO	N A					
UPS'	TREAM WITHIN 5 S	ERVICE CO	N A					
00700 ENTRY POINT	3 ENTRY POIN	NT	Α					
22334 WELL	2 WELL		Α					
	Contact Info	rmation) <u> </u>					
Name	Organization						Job Title	
Mr. Andrew Silverston	White Horse A	t Vernon St	tiles	Pro	esident			
Mailing Address Line One Mailin	g Address Line Two			C	City		State	Zip Code
351 Thompson Road PO Bo			Th	ompson			СТ	06277
Business Phone Extension Fax	Mobile Phone	Emergency	Phone Em		ess		1	

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	rtm	ent o	f Public	Health	ı Drii	nking	g Water	· Se	ection	
	Wa	ter Qua	lity l	Monit	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owi	ner Type	Primary Source
CT1410284 V	WHITE HORSE A	T VERNON S	TILES IN	NN			N	IC	25		Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al	Combine	d Agricultural
351 THOMPSON F	HILL ROAD (ROU	TE 193)			Connectio	ns		1				
Towns Served: TH	IOMPSON					,			'	'		
860-923-9571		860-923-9	9310				,	mail@l	ordthomps	onma	anor.com	
Contact Role(s):	Administrative	Contact, Ow	ner					·				
Name				О	rganization						Job Title	
Mr. Andrew Silve	rston			Lo	ord Thompso	on Manor, I	nc		President			
Mailing Address L	ine One		Mailin	g Addres	s Line Two				City		State	Zip Code
236 Thompson Hi	ll Road		PO Box	k 428				Thomp	son		СТ	06277
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	y Phone	Email A	Address			
860-923-3886		860-923-9	9310					mail@l	ordthomps	onma	anor.com	
Contact Role(s):	Legal Contact											

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End of schedule

	COI		•		toring ar				_		ection	
PWS ID	P\n/S	Name	cor qua	110111	toring ar	14 4011					mer Tyne F	Primary Source
CT141030								NC		52	P P	GW
	ress (where				Service	Residen		omme		ndustrial	Combined	
	SIDE DRIVE	аррпсавіс)			Connection		tiai C	2	r ciai II	Taustriai	Combined	Agriculturu
	ved: THOM	PSON										
TOWNS SEE	vear mon	10011		Moni	toring Req	uiromo	ntc					
Water Sy	stem Facili	ity: DISTR	IBUTION SY	STEM (WSF		uneme	1113					
Total Co	liform (31	00)								1 ro	utine (RT)	per quarter
	-	Sampling Po	oint ID)			Monitori	ing Per	riod	Collect	tion Period		iance Status
Selec	t from Inve	ntory of Acti	ve Sampling	Points		4/1/20 -	6/30/	20			<u> </u>	
		•				7/1/20 -						-
Physical	Paramete	rs (PPS)								1 ro	utine (RT)	per quarter
-		Sampling Po	oint ID)			Monitori	ing Per	riod	Collect	tion Period		iance Status
Selec	t from Inve	ntory of Acti	ve Sampling	Points		4/1/20 -	6/30/	20				
						7/1/20 -	9/30/	20				
Water Sy	stem Facili	ty: ENTRY	POINT (W	/SF ID: 00700))							
Nitrate A	And Nitrite	(NOX)								1	routine (RT) per year
Samp	oling Point (Sampling Po	oint ID)			Monitori	ing Per	riod	Collect	tion Period	l Compl	iance Status
ENTR	RY POINT (3)	l				1/1/19 -	12/31/	/19			Co	omplete
						1/1/20 -	12/31/	/20				
						1/1/21 -	12/31/	/21				
				Other (Complianc	e Sched	lules					
Complian	ce Schedule	Activity					Due Do	ate		Achieved	Date	
SEASONAL	L START UP	COMPLETIO	N			5	5/15/20	020				
			Water Sy	stem Faci	lity and Sa	mpling	Poir	nt Inv	vento	ry		
Water									Total	Lead and	1	
System	=	tem Facility	9		t Sampling Po	oint		C	oliform			Stage
Facility ID				ID	Description			atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPI
00600		ION SYSTEM		4	DISTRIBUTIO		1	Α	Υ			
00700	ENTRY POI	NT		3	ENTRY POIN	Т		Α				
22696	WELL			2	WELL			Α				
				Co	ntact Infor	rmation	1					
Name					Organization						Job Title	
	S. Youssef											
Mailing Ad	ddress Line (One		Mailing Addre	ess Line Two				C	ity	State	Zip Code
64 Messie	r Road							Nort	:h Grosv	enor Dale	СТ	06255
Business	s Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone	e Ema	il Addre	ess		
860-923	3-3500			401	-378-2558			theh	on21@	yahoo.con	n	
Contact Ro	ole(s): Adn	ninistrative (Contact, Leg	al Contact, Ov	vner							
Please no	te the follow	wing:										
The second			and a few particles of the	and the second second second	la a la alaba de la alabada de la compansión de la compan	and the state of the	and a second	ALCOHOL: A	11:0	and the second		

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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		ut Department					_		ection	
	Wa	ter Quality Mor	nitoring a	and Con	npli	iance	e Sch	edule		
PWS ID	PWS Name				Class	sificatio	n Popi	ulation Ow	ner Type F	rimary Source
CT1410334	LORD THOMPSO	ON MANOR				NC		25	Р	GW
	s (where applicable)		Service	Residen	tial	Comme	ercial I	ndustrial	Combined	l Agricultura
	SON HILL ROAD		Connection	ons		1				
Towns Serve	d: THOMPSON									
		Mor	itoring Re	equireme	nts					
Water Syste	em Facility: DISTR	IBUTION SYSTEM (WS	F ID: 00600)							
Total Colife	orm (3100)							1 ro	utine (RT)	per quarter
Samplin	ng Point (Sampling P	oint ID)		Monitori	ng Pe	eriod	Collec	tion Period	Compl	iance Status
Select fr	rom Inventory of Act	ive Sampling Points		10/1/19 -	12/3	1/19	_		Co	omplete
				1/1/20 -	3/31	./20			Co	omplete
				4/1/20 -	6/30	/20				
				7/1/20 -	9/30	/20				
-	arameters (PPS)							1 ro		per quarter
	ng Point (Sampling P	•		Monitori			Collec	tion Period		iance Status
Select fr	rom Inventory of Act	ive Sampling Points		10/1/19 -						omplete
				1/1/20 -		-			Co	omplete
				4/1/20 -						
				7/1/20 -	9/30	/20				
•	•	Y POINT (WSF ID: 007)	00)							
	d Nitrite (NOX)				_		- "		_	RT) per year
	ng Point (Sampling P	oint ID)		Monitori			Collec	tion Period		iance Status
ENTRY F	POINT (3)			1/1/19 -						omplete
				1/1/20 -					Ci	omplete
				1/1/21 -	•	-				
		Water System Fa	cility and s	Sampling	Poi	nt In	vento	ry		
Water		6 " 5		5.1.1			Total	Lead and	1	
System W Facility ID	/ater System Facility	Sampling Po ID	int Sampling Description				Coliform Rule		. Ashastas	Stage WQP 2 DBPI
	ICTDIDI ITIONI CVCTEN		•			tatus ^	Y	Kule Hei	ASDESIUS	WQF 2 DBF
00000 DI	ISTRIBUTION SYSTEM		DISTRIBU M WITHIN 5	TION SYSTEM		A	ĭ			
		UPSTREAN		SERVICE CON		A A				
00700 EN	NTRY POINT	3	ENTRY PO		•	A				
	/ELL #1	2	WELL	/IIN I						
	TMOSPHERIC STORA		VVELL			Α				
59555 A	TIVIOSPHERIC STORAL									
		C	ontact Inf							
Name			Organization						Job Title	
Mr. Andrew				At Vernon St	iles			esident		
	ress Line One		ress Line Two					City	State	Zip Code
351 Thompso		PO Box 402	Lui el		D.I.		mpson		CT	06277
Business Pl			obile Phone	Emergency	Phor					
860-923-9		860-923-9310				mai	ı@lordt	hompsonm	anor.com	
Contact Role	(S): Administrative	Contact, Legal Contact								

C	onnectic	ut Depa	rtme	ent of	Public	Health	ı D	rinking	g Water	Section	n	
	Wa	ter Qua	lity N	Ionito	oring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owner Ty	pe P	rimary Source
CT1410334 L	ORD THOMPSO	N MANOR						NC	25	Р		GW
Local Address (wh	ere applicable)				Service	Residen	itial	Commerci	al Industri	al Coml	oined	Agricultural
286 THOMPSON H	ILL ROAD			ns		1						
Towns Served: TH	OMPSON											'
Name				Or	ganization					Job	Title	
Mr. Andrew Silver	ston			Loi	rd Thompso	n Manor, I	nc		President			
Mailing Address Li	ne One		Mailing	Address	Line Two				City	Sta	te	Zip Code
236 Thompson Hil	Road		РО Вох	428				Thomp	son	С	Т	06277
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address											
860-923-3886		860-923-9	9310					mail@	ordthomps	onmanor.c	om	
Contact Role(s):	Owner				,							

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

End of schedule

	Connectic				f Public toring a			U			ection		
DIAKS ID		ter Qua	mty MC)111(toring a	na Con	_						
PWS ID	PWS Name										vner Type P		
CT1410344	ROLLIES VARIET	Y			6 :	5 1		IC .	2.		Р	G۱	
	where applicable)				Service Connection	Residen	tiai Co	mmercia	I In	dustrial	Combined	Agri	cultural
1213 THOMPSO					Connection	13		1					
Towns Served:	THOMPSON			• -		•							
Water System	Facility: DISTR	RIBUTION S			oring Red ID: 00600)	quireme	nts						
Total Colifor	m (3100)									1 ro	utine (RT)	per qu	uarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Peri	od Co	llecti	on Period	d Compl	iance S	Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	mplet	e
						10/1/19 -	12/31/	' 19			Co	mplet	e
						1/1/20 -	3/31/2	.0			Co	mplet	e
						4/1/20 -	6/30/2	.0					
						7/1/20 -	9/30/2	.0					
_	meters (PPS)									1 ro	utine (RT)	per qu	uarter
Sampling	Point (Sampling P	oint ID)				Monitori	ng Peri	od Co	llecti	on Period	d Compl	iance S	Status
Select from	n Inventory of Act	ive Sampling	Points			7/1/19 -						mplet	
						10/1/19 -						mplet	
						1/1/20 -					Co	omplet	e
						4/1/20 -							
						7/1/20 -	9/30/2	:0					
-	Facility: ENTR	Y POINT (V	VSF ID: 00	700)									
	Nitrite (NOX)							_			l routine (I		-
	Point (Sampling P	oint ID)				Monitori			llecti	on Period	•		
ENTRY PO	INT (3)					1/1/19 -						mplet	
						1/1/20 -					Co	mplet	e
				_		1/1/21 -		21					
			Oth	er C	compliance	ce Sched	ules						
Compliance Sci	hedule Activity					<u> </u>	Due Da	te		Achieved	l Date		
RESPOND TO S	ANITARY SURVEY					1	2/1/20	19		11/29/2	2019		
		Water S	ystem F	acil	ity and S	ampling	Poin			•			
Water System Wat	er System Facility		Samplina	Doint	Sampling P	oint		To: Colif		Lead and Copper	-		Stage
Facility ID	er system ruemty	,	Jumping i ID	Oiiit	Description		Cto	ıtus Ru			r Asbestos	WQP	_
	RIBUTION SYSTEM	1	4		•	ON SYSTEM		itus	1				
				REAM	WITHIN 5 S			4					
			UPSTREA		WITHIN 5 S			4					
00700 ENT	RY POINT		3		ENTRY POI			4					
22939 WEI	 L #1		2		WELL			4					
				Cor	ntact Info	rmation							
Name				0	rganization						Job Title		
Mr. Jigar Patel				R	ollies Variety	,			Lega	al Owner			
Mailing Addres			Mailing A	ddres	ss Line Two				Cit	ty	State	Zip C	Code
312 Rebecca Ro	d							Witinsv	ille		MA	015	88
Business Pho	ne Extension	Fax		Mob	ile Phone	Emergency	Phone	Email A	ddres	s			
860-935-904	3					774-368-	3432	sejaljacl	⟨@ya	hoo.com			

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance :	Schedul	le	
DWS Name	Classification	Population	Owner Type	Drir

PWS ID	PWS Name				Classificatio	Population	Owner Type	Primary Source
CT1410344	ROLLIES VARIETY				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Comme	cial Industr	ial Combine	ed Agricultural
1213 THOMPSO	ON ROAD		Connections		1			

Towns Served: THOMPSON

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

Please note the following:

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End of schedule

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	Connecticut Dep						_			
	Water Qu	iality Monit	coring an	d Com	ıplia	ance	e Sch	edule	•	
PWS ID	PWS Name				Classi	ficatio	n Popu	lation C	wner Type F	rimary Source
CT1419074	292 RIVERSIDE DRIVE - TH	OMPSON			1	NC		25	Р	GW
Local Addre	ss (where applicable)		Service	Resident	tial Co	omme	rcial II	ndustrial	Combined	Agricultural
			Connections			1				
Towns Serve	ed: THOMPSON									
		Monit	oring Requ	iiremei	nts					
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colif	form (3100)							1 r	outine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	tion Perio	od Comp	iance Status
Select	from Inventory of Active Sampli	ing Points		4/1/20 -	6/30/	20				
				7/1/20 -	9/30/	20				
Total Colif	form (3100)							1	routine (RT) per month
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	tion Perio	od Comp	iance Status
Select	from Inventory of Active Sampli	ing Points		10/1/19 -	10/31	/19			C	omplete
				11/1/19 -	11/30)/19			C	omplete
				12/1/19 -	12/31	/19			C	omplete
				1/1/20 -	1/31/	20			C	omplete
Physical P	arameters (PPS)							1 r		per quarter
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Perio	od Comp	iance Status
Select	from Inventory of Active Sampli	ing Points		4/1/20 -	6/30/	20				
				7/1/20 -	9/30/	20				
Physical P	arameters (PPS)							1	_) per month
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	tion Perio	od Comp	iance Status
Select	from Inventory of Active Sampli	ing Points		10/1/19 -	10/31	/19			C	omplete
				11/1/19 -	11/30)/19			C	omplete
				12/1/19 -	12/31	/19			C	omplete
				1/1/20 -	1/31/	20			C	omplete
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate An	nd Nitrite (NOX)								1 routine (RT) per year
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Perio	od Comp	iance Status
ENTRY	POINT (3)			1/1/19 - 1					C	omplete
				1/1/20 - 2						
				1/1/21 - 1	12/31/	/21				
		Other C	ompliance	Sched	ules					
Compliance	Schedule Activity				Due Do	ate		Achieve	ed Date	
RESPOND TO	O SANITARY SURVEY			2	2/5/20)20				
	Water	System Facil	ity and Sar	npling	Poin	nt Inv	vento	ry		
Water		-	-				Total	Lead a	nd	
System V	Nater System Facility	Sampling Point		nt		C	Coliform	Сорре	er	Stage
Facility ID		ID	Description		St	atus	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	I	Α				
00700 E	NTRY POINT	3	ENTRY POINT			Α				
1										

Α

WELL 1

2

57512 WELL 1

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT1419074	292 RIVERSIDE DRIVE - THOMPSON	NC	25	Р	GW							
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combin	ed Agricultural					
		Connections		1								

Towns Served: THOMPSON

	Contact Information											
Name			Organization				Job Title					
Mr. Hany S. Yousse	f											
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
64 Messier Road						North Gr	osvenor Dale	СТ	06255			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress					
860-923-3500 40				1-378-2558		thehon2:	1@yahoo.com					

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.
- 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

(Connecticut Dep						U		ection	
	Water Qu	ality Monit	oring an	d Com	ıpli	ianc	e Sch	edule		
PWS ID F	PWS Name				Class	sificati	on Popu	ulation Ov	vner Type F	rimary Source
	THOMPSON SPEEDWAY-C	ONCESSION				NC		25	Р	GW
Local Address (wh	* * * * * * * * * * * * * * * * * * * *		Service	Resident	ial (Comm	ercial I	ndustrial	Combined	l Agricultural
205 EAST THOMP			Connections						1	
Towns Served: Th	HOMPSON									
		Monito	oring Requ	uiremer	nts					
Water System F	acility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Coliform	(3100)							1 ro	utine (RT)	per quarter
Sampling Po	oint (Sampling Point ID)			Monitorin	ng Pe	eriod	Collect	tion Period	l Comp	iance Status
Select from I	nventory of Active Sampli	ng Points		4/1/20 -						
				7/1/20 -	9/30)/20				
Total Coliform	= -									per quarter
	oint (Sampling Point ID)			Monitorin	_		Collect	tion Period		iance Status
Select from I	nventory of Active Sampli	ng Points		7/1/19 -		-				omplete
	4			10/1/19 -	12/3	31/19				omplete
Physical Param							6 11			per quarter
	oint (Sampling Point ID)	D-it-		Monitorin			Collect	tion Period		iance Status
Select from I	nventory of Active Sampli	ng Points		7/1/19 -						omplete
Dhysical Dayana	otore (DDC)			10/1/19 -	12/3	51/19		1 40		omplete
Physical Param	oint (Sampling Point ID)			Monitorir	na Da	ariod	Collect	tion Period		per quarter
	Inventory of Active Sampli	ng Points		4/1/20 -			Conec	tion Feriot	Comp	idiice Status
Select Holli I	inventory of Active Sampli	ing Follits		7/1/20 -						
Water System F	acility: ENTRY POINT-	CONCESSION STA	AND (WSF ID		<i>3</i> ,30	,, 20				
Nitrate (1040)	demey. Entitle one	001102001011 017						1 ro	utine (RT)	per quarter
• •	oint (Sampling Point ID)			Monitorin	na Pe	eriod	Collect	tion Period		iance Status
EP-CONCESS				7/1/19 -					-	omplete
				10/1/19 -						omplete
				4/1/20 -						
				7/1/20 -						
Nitrite (1041)					•	<u>, </u>		1	routine (RT) per year
` '	oint (Sampling Point ID)			Monitorin	ng Pe	eriod	Collect	tion Period	•	iance Status
EP-CONCESS	SION (3)			1/1/19 - 1	12/3:	1/19			C	omplete
				1/1/20 - 1	12/3:	1/20			C	omplete
				1/1/21 - 1	12/32	1/21				
		Other Co	ompliance	Sched	ule	S				
Compliance Sche	dule Activity		•	D	Due D	Date		Achieved	l Date	
RESPOND TO SAN				7,	/25/2	2019				
SEASONAL START	UP COMPLETION			4	1/1/2	2020				
	Water	System Facili	ty and Sai	mpling	Poi	int In	vento	ry		
Water							Total	Lead and	1	
System Water	System Facility	Sampling Point		int			Coliform			Stage
Facility ID		ID	Description		S	Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON		Α				
		MW001	GARAGE			I	Υ			

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classif	ication	Population	Owner Type	Primary Source				
CT1419084	THOMPSON SPEEDWAY-CONCESSION			N	IC	25	Р	GW				
Local Address (where applicable)	Service	Residen	ntial Co	mmercia	al Industri	al Combine	ed Agricultural				
205 FAST THON	APSON ROAD	Connections					1					

Towns Served: THOMPSON

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT-CONCESSION STAND	3	EP-CONCESSSION	Α								
58807	CONCESSION WELL 1	2	WELL 1	Α								

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Donald Hoenig							Owner		
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
PO Box 278						Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-923-9591 860-923-9821 860-234-7340									

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

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	Connecticut Depa				•			
	Water Qua	ality M	onitoring and	d Com	pliance S	Schedule		
PWS ID	PWS Name			(Classification	Population C	wner Type Pr	imary Source
CT1419093	TRI-STATE BAPTIST CHURCH	1			NC	157	Р	GW
Local Address (v	where applicable)		Service	Residenti	al Commerci	al Industrial	Combined	Agricultural
386 QUINEBAU	G RD		Connections		2			
Towns Served:	THOMPSON							
		M	onitoring Requ	iremen	its			
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF ID: 00600)					
Total Coliforn	n (3100)					1 r	outine (RT) բ	er quarter
Sampling I	Point (Sampling Point ID)			Monitorin	g Period C	ollection Perio	od Compli	ance Status
Select from	n Inventory of Active Samplin	g Points		7/1/19 - 9	9/30/19		Co	mplete
				10/1/19 - 1	12/31/19		Co	mplete
				1/1/20 - 3	3/31/20		Co	mplete
				4/1/20 - 6	5/30/20			
				7/1/20 - 9	9/30/20			
Physical Para	meters (PPS)					1 r	outine (RT) բ	er quarter
	Point (Sampling Point ID)			Monitorin		ollection Perio	od Compli	ance Status
Select from	n Inventory of Active Samplin	g Points		7/1/19 - 9				mplete
				10/1/19 - 1				mplete
				1/1/20 - 3			Co	mplete
				4/1/20 - 6				
				7/1/20 - 9	9/30/20			
-	Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And N							1 routine (R	
	Point (Sampling Point ID)			Monitorin		ollection Perio		ance Status
ENTRY POI	NT (3)			1/1/19 - 1				mplete
				1/1/20 - 1			Co	mplete
				1/1/21 - 1				
		Public	Notification R	equirer	ments			
			Compliance	Notice	<u>Public N</u>	<u>otification</u>	PN Cert	<u>ification</u>
Violation/Situa	tion		Period	Tier	Required	Performed	Due to DPH	Received
	rite M&R Violation		1/1/15 - 12/31/15	2	6/10/2016		6/20/2016	
Total Coliform N			10/1/15 - 12/31/15	2	6/10/2016		6/20/2016	
Physical Parame	eters M&R Violation		10/1/15 - 12/31/15	3	5/11/2017		5/21/2017	
	Water S	System I	Facility and Sar	npling I	Point Inve	ntory		
Water						otal Lead a		
•	er System Facility		Point Sampling Point	nt		iform Coppe		Stage
Facility ID	BUBLITION COST	ID	Description		Status	Rule Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A			
			REAM WITHIN 5 SER		A			
00700 51:75	DV DOINT	UPSTRE		VICE CON	Α			
00700 ENTF	RY POINT	3	ENTRY POINT		Α			

WELL #1

Α

2

59648 WELL #1

59652 BLADDER TANK

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source			
CT1419093	TRI-STATE BAPTIST CHURCH			1	NC	157	Р	GW			
Local Address	(where applicable)	Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultural			
386 OLIINEBAI	IG RD	Connections			2						

Towns Served: THOMPSON

Contact Information											
Name		Organization	1	Job Title							
Pastor Ronald Bera	rd										
Mailing Address Lin	e One	ress Line Two		City		State	Zip Code				
386 Quinebaug Rd				Thompso	on	СТ	06277				
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
860-933-8947					860-933-8947	rberard@tristatebaptist.org					

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

	Connectic	*						_			ction	
	Wa	ter Quali	ity Monit	oring a	nd Con							
PWS ID	PWS Name					Class	sification	Pop	ulation	Owr	ner Type Pi	rimary Source
CT1419094	ROUTE 193 LLC F	RESTAURANT		ı			NC		25		Р	GW
Local Addres	ss (where applicable)			Service	Residen	tial (Commer	cial I	ndustria	al	Combined	Agricultural
49 THOMPS				Connection	ns						1	
Towns Serve	ed: THOMPSON											
			Monite	oring Red	quireme	nts						
Water Syst	em Facility: DISTR	IBUTION SYS	STEM (WSF I	D: 00600)								
Total Colif	orm (3100)								1	rou	tine (RT)	per quarter
Sampli	ng Point (Sampling P	oint ID)			Monitori	ng Pe	eriod	Collec	tion Per	iod	Compli	ance Status
Select f	from Inventory of Act	ive Sampling P	oints		7/1/19 -	9/30	/19				Со	mplete
					10/1/19 -	12/3	1/19				Со	mplete
					1/1/20 -	3/31	/20				Со	mplete
					4/1/20 -	6/30	/20					
					7/1/20 -	9/30	/20					
Physical Pa	arameters (PPS)								1	rou		per quarter
Sampli	ng Point (Sampling P	oint ID)			Monitori	ng Pe	eriod	Collec	tion Per	riod	Compli	ance Status
Select f	from Inventory of Acti	ive Sampling P	oints		7/1/19 -	9/30	/19				Со	mplete
					10/1/19 -	12/3	1/19				Со	mplete
					1/1/20 -						Со	mplete
					4/1/20 -	6/30	/20					
					7/1/20 -	9/30	/20					
-	em Facility: ENTR	Y POINT (WS	SF ID: 00700)									
	d Nitrite (NOX)										-	T) per year
-	ng Point (Sampling P	oint ID)			Monitori			Collec	tion Per	riod		ance Status
ENTRY	POINT (3)				1/1/19 -	-						mplete
					1/1/20 -						Со	mplete
		Matau Con	-t	:	1/1/21 -		-					
		water Sys	stem Facili	ity and S	ampling	POI						
Water System V	Vater System Facility	C/	ampling Point	Samplina I	Point			Total oliform	Lead (Ctaao
Facility ID	vater system racinty	30	ID	Description				unjorni Rule			Ashestos	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	<u> </u>	4		ION SYSTEM		Status A	Υ			7.000000	
00000 B	NOTHIDO HON STOTEN		OWNSTREAM				A	•				
			UPSTREAM		SERVICE CON		A					
00700 E	NTRY POINT		3	ENTRY POI		•	A					
	VELL 1		2	WELL 1			A					
	TORAGE TANK			******								
	REATMENT PLANT											
33302			6	toot laf-	wee at a							
					rmation							
Name			0	rganization							Job Title	
Mr. Kenneth		T_	4 11 4 1 1						vner		GL :	7: 0 !
	ress Line One	N	Mailing Addres	s Line Two			D		City		State	Zip Code
PO Box 213	Dhono Futer-i	F	B A = 1 *	lo Dhan-	Fm = == :	nk -	Pomf				СТ	06259
Business P		Fax	IVIODI	le Phone	Emergency	Pnor				m		
401-529-2	2/88	Cantast O					Kenii	יואפוופוי	@aol.co	111		

Contact Role(s): Administrative Contact, Owner

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

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1419094	ROUTE 193 LLC RESTA	URANT					NC	25	Р	GW
Local Address (where applicable)		Service	Resid	ential	Commerci	al Industri	al Combine	ed Agricultural		
49 THOMPSON ROAD		Connection	ns				1			

Towns Served: THOMPSON

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End of schedule

	Co	onnectic	ut Depa	rtment (of Public	Health	Dri	nkii	ng W	ater	Se	ction		
		Wat	ter Qual	lity Mon	itoring a	nd Con	plia	ance	e Sch	edul	e			
PWS ID	PV	VS Name					Classif	ficatio	n Popu	lation	Own	ner Type P	rimary	Source
CT141910	4 TH	OMPSON SPE	EDWAY-GAR	AGE			N	NC	2	25		Р	G۷	٧
Local Add	ress (whe	re applicable)			Service	Residen	tial Co	omme	ercial Ir	ndustria	al	Combined	l Agric	cultural
					Connection	ns						1		
Towns Ser	ved: THO	MPSON					I							
				Mon	itoring Red	quireme	nts							
Water Sy	stem Fac	cility: DISTR	IBUTION SY	STEM (WSI	ID: 00600)									
Total Co	liform (3	3100)								1	rou	tine (RT)	per qu	ıarter
Samı	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	iod	Collect	ion Per	iod	Compl	iance S	tatus
Selec	t from Inv	ventory of Acti	ve Sampling	Points		1/1/20 -	3/31/2	20	_					
						4/1/20 -	6/30/2	20						
						7/1/20 -	9/30/2	20						
Physical	Paramet	ters (PPS)								1	rou	tine (RT)	per qu	ıarter
Samı	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	iod	Collect	ion Per	iod	Compl	iance S	tatus
Selec	t from Inv	ventory of Acti	ve Sampling	Points		1/1/20 -	3/31/2	20						
						4/1/20 -								
						7/1/20 -	9/30/2	20						
Water Sy	stem Fac	cility: ENTRY	POINT (W	/SF ID: 0070	0)									
		te (NOX)									1 ו	routine (I		-
		t (Sampling P	oint ID)			Monitori	_		Collect	ion Per	riod	Compl	iance S	tatus
ENTR	RY POINT ((3)				1/1/20 - 12/31/20								
						1/1/21 - :	12/31/	′21						
			Water Sy	stem Fac	ility and Sa	ampling	Poin	it Inv	vento	ry				
Water					-				Total	Lead (
System	-	ystem Facility	9		nt Sampling P				Coliform					Stage
Facility ID		ITION SYSTEM		ID .	Description			<u>atus</u>	Rule	Rule	Tier	Asbestos	WQP	2 DBPK
00600	DISTRIBL	JTION SYSTEM		4	DISTRIBUTION			A	Y					
					M WITHIN 5 S			A	Υ					
00700	51,751/5	O.N.T		UPSTREAM				A						
00700	ENTRY P			3	ENTRY POIN			Α .						
61752	GARAGE	WELL		2	GARAGE W			A						
				Co	ntact Info	rmation								
Name					Organization							Job Title		
Mr. Dona										ner				
Mailing Ad		e One		Mailing Addr	ess Line Two					ty		State	Zip C	
PO Box 27		1			1				mpson			СТ	062	77
Business		Extension	Fax		bile Phone	Emergency		Ema	ail Addre	SS				
860-92			860-923-9			860-234-	7340							
Contact R	ole(s): A	dministrative	Contact, Leg	al Contact										

Please note the following:

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

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

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

End of schedule

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