	С	onnecticut De	partment of	Public H	lealth	Dı	rinki	ng W	ater	Section	1	
			uality Monit									
PWS ID	P۱	WS Name	<i>J</i>	0		_				wner Type	Prima	ry Source
CT142904	43 CI	DER MILL CHRISTIAN F	ELLOWSHIP				NC		30	Р		GW
Local Add	dress (whe	ere applicable)		Service	Residen	tial	Comme	ercial II	ndustrial	Combir	ed Ag	gricultural
		AD - TOLLAND		Connections	1							
Towns Sei	rved: TOL	LAND			I							
			Monito	oring Requ	ıireme	nts						
Water Sy	ystem Fa	cility: DISTRIBUTIO										
	oliform (,							1 1	outine (R	T) per	guarter
	-	nt (Sampling Point ID)			Monitori	ina P	eriod	Collect	tion Peri	-	• •	e Status
	ct from In		7/1/19 -						Compl			
00.00				10/1/19 -			_			Compl		
				·	1/1/20 -						Compi	
					4/1/20 -							
					7/1/20 -		-					
Physical	l Parame	ters (PPS)			. ,	,	,		1 :	outine (R	T) per	guarter
-		nt (Sampling Point ID)			Monitori	ina P	eriod	Collect	tion Peri	-		e Status
		ventory of Active Samp	oling Points		7/1/19 -						Compl	
00.00			8		10/1/19 -		-				Compl	
					1/1/20 -						оор.	
					4/1/20 -							
					7/1/20 -		-					
Water Sv	vstem Fa	cility: ENTRY POINT	(WSF ID: 00700)		7/1/20	5/50	<i>3720</i>					
		ite (NOX)	(113) 12. 337337							1 routine	(RT)	ner vear
		nt (Sampling Point ID)		Monitoring Period Collection Period								e Status
	RY POINT			1/1/19 - 12/31/19					<i>ya con</i>	Compl		
LIVII	itt i Olivi	(5)			1/1/20 -						Compi	CIC
					1/1/21 -							
			Othor C				-					
6 ":	6.1.1		Other C	ompliance					• • •	10.1		
_		ule Activity					Date		Achiev	ed Date		
		TEM MATERIALS EVALU	JATION				2019					
CROSS CO	ONNECTIC	N EXEMPTION					2024					
		Wate	r System Facili	ity and Sar	mpling	Po	int In	vento	ry			
Water								Total	Lead a	nd		
System		System Facility	Sampling Point		nt		(Coliform				Stage
Facility ID			ID	Description			Status	Rule	Rule T	ier Asbes	os WC	P 2 DBPR
00600	DISTRIB	UTION SYSTEM	4	DISTRIBUTION			Α	Υ				
			DOWNSTREAM				Α					
			MW001-H	MENS RESTRO	OOM HAL	.L	Α	Υ	N	Υ	Υ	
			MW002-H	WOMENS RES	STROOM		Α	Υ	N			
			MW003	KITCHEN			٨	Υ	N		Υ	
			MW003-LS	KITCHEN LEFT	LCIVIN		A A	Ϋ́Υ	N N		ſ	
			MW004-AP	SINK ACROSS		•	A	Y	N			
			MW017-131	BATHROOM 1		NI.	A	Υ	N			
00755	E	OINT	UPSTREAM	WITHIN 5 SER		N	Α .					
100700	ENTRY F	POINT	3	ENTRY POINT			Α					
00700 10628	WELL #1		2	WELL #1			A					

	Wa	ter Qual	ity Monit	oring ar	nd Con	npl	iance	Sch	iedul	le		
PWS ID	PWS Name					Clas	sification	Pop	ulation	Ow	ner Type P	rimary Source
CT1429043	CIDER MILL CHR	ISTIAN FELLO	WSHIP				NC		30		Р	GW
Local Address (w	here applicable)			Service	Residen	tial	Commerc	ial	Industri	al	Combined	Agricultural
75 CIDER MILL R	OAD - TOLLAND			Connection	S 1							
Towns Served: To	OLLAND				·	·						
		Water Sy	stem Facili	ty and Sa	mpling	Ро	int Inve	ento	ory			
Water							Т	otal	Lead	and	1	
,	r System Facility	S	Sampling Point		oint		Col	liforn				Stage
Facility ID			ID	Description			Status ^I	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
1528 TREAT	TMENT PLANT											
			Certified	Operator	Inform	ati	on					
Water System I	acility: TREAT	TMENT PLA	NT (WSF ID: 1	528)								
Facility Classifica	ntion: CLASS 1 TF	REATMENT PL	ANT									Certification
Operator Name			Operator Type	Certificatio	n(s)						Expiration	
LAFRAMBOISE, PAUL F.			CHIEF OPERATOR DISTRIB			ON S	SYSTEM OF	PERA	TOR - CL	ASS	1	9/30/2021
				١	WATER TRE	EATN	IENT PLAN	IT OP	ERATOR	R - C	LASS II	9/30/2021
LAFRAMBOISE, JI	EFFREY		ASSIGNED OPER	RATOR [DISTRIBUTI	ON S	YSTEM OF	PERA	TOR - CL	ASS	1	12/31/2020
			Con	tact Info	rmation	1						
Name			Or	ganization							Job Title	
Pastor Jeff Roma	an		Fir	st Baptist Ch	urch of To	llan		Pa	stor			
Mailing Address	Line One		Mailing Address	Line Two				(City		State	Zip Code
175 Cider Mill Ro	oad						Tollan	d			СТ	06084
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	, Pho	ne Email	Addr	ess			
860-871-8192		860-871-8	192									
Contact Role(s):	Legal Contact		·				·					
Name			Or	ganization							Job Title	
Reverend Timot	hy Vamosi		Cio	der Mill Chris	tian Fellow	vshi						
Mailing Address	Line One		Mailing Address	Line Two					City		State	Zip Code
75 Cider Mill Roa	ıd						Tollan	d			СТ	06084
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	Pho	ne Email	Addr	ess			
860-871-0592							TIMVA	MOS	SI@GMA	AIL.C	COM	
Contact Role(s):	Administrative	Contact, Lega	al Contact, Own	er								

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

	Connecticu	ıt Departm	ent of	f Public	Health	Drir	nking	Water	Sect	ion	
	Wat	er Quality	Monit	oring a	nd Con	nplia	nce So	chedul	e		
PWS ID	PWS Name					Classifi	cation P	opulation	Owner	Type P	rimary Source
CT1420034	CRANDALLS LOD	GE				N	С	25	L		GW
Local Addres	ss (where applicable)			Service	Residen	tial Co	mmercial	Industria	l Co	mbined	Agricultural
64 CIDER MI	LL ROAD			Connectio	ns		1				
Towns Serve	ed: TOLLAND										
			Monit	oring Re	quireme	nts					
Water Syst	em Facility: DISTRI	BUTION SYSTEM	1 (WSF I	D: 00600)							
Total Colif	orm (3100)							1	routin	e (RT)	per quarter
Sampli	ng Point (Sampling Po	oint ID)			Monitori	ing Perio	od Col	lection Per	iod	Compli	ance Status
Select f	rom Inventory of Acti	ve Sampling Points	i		7/1/19 -	9/30/1	9			Co	mplete
					10/1/19 -	12/31/	19			Co	mplete
					1/1/20 -	3/31/2	0			Со	mplete
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Physical Pa	arameters (PPS)							1	routin	e (RT)	per quarter
Sampli	ng Point (Sampling Po	oint ID)			Monitori	ing Perio	od Col	lection Per	iod	Compli	ance Status
Select f	rom Inventory of Activ	ve Sampling Points	;		7/1/19 -	9/30/1	9			Со	mplete
					10/1/19 -	12/31/	19			Со	mplete
					1/1/20 -	3/31/2	0			Со	mplete
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Water Syst	em Facility: ENTRY	POINT (WSF ID	: 00700)								
-	d Nitrite (NOX)		-						1 rou	utine (R	T) per year
	ng Point (Sampling Po	oint ID)			Monitori	ina Peri	od Col	lection Peri		-	ance Status
-	POINT (3)	,			1/1/19 -						mplete
	- (-)				1/1/20 -						mplete
					1/1/21 -						
	,	Water Syster	n Facili	ity and S				tory			
Water		•		•			Tota		and		
System V	Vater System Facility	Sampl	ing Point	Sampling I	Point		Colifo	rm Copp	er		Stage
Facility ID			ID	Description	า	Sta	tus Rul	e Rule 1	Tier As	sbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM						
		DOWN	ISTREAM	WITHIN 5 9	SERVICE CO	N A	4				
		UPS	TREAM	WITHIN 5 S	SERVICE CON	N A	A				
00700 E	NTRY POINT		3	ENTRY POI	NT	P	4				
22337 V	VELL		2	WELL		Þ	4				
56484 B	LADDER TANK										
			Can	tact Info	rmation						
Name					i illation					L TO	
Name				rganization				5	Jo	b Title	
Mr. Bruce W		1		olland Recre	ation Depar	tment		Director			
	ress Line One	Mailir	g Address	s Line Two			-111	City	5	State	Zip Code
21 Tolland G							Ellington			СТ	06084
Business P		Fax	Mobi	le Phone	Emergency						
860-870-3	3610	860-870-6876			860-310-	6598	bwatt@t	olland.org			

Contact Role(s): Administrative Contact, Legal Contact

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

	200000		-r					
PWS ID	PWS Name	Clas	ssification	Population	Owner Type	Primary Source		
CT1420034	CRANDALLS LODGE			NC	25	L	GW	
Local Address (w	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
64 CIDER MILL ROAD		Connections			1			

Towns Served: TOLLAND

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End of schedule

	Connecticut Dep Water Qu	oartment of ality Monit				_	•			ction	
PWS ID	PWS Name				Classific	ation	Popu	lation	Own	er Type P	rimary Source
CT1420044	CRANDALLS PARK				NC	:	2	.5		Р	GW
Local Address	(where applicable)		Service	Resident	ial Com	nmerci	al In	dustria	al	Combined	Agricultural
CIDER MILL RC)AD		Connections			1					
Towns Served:	TOLLAND										
		Monito	oring Requ	ıiremei	nts						
Water Syster	n Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Colifor	m (3100)							1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	d C	ollect	ion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19					Co	mplete
				4/1/20 -	6/30/20)					
				7/1/20 -	9/30/20						
Total Colifor	m (3100)								3 re	peat (RP)	per period
Sampling Point (Sampling Point ID)				Monitorii			ollect	ion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		9/18/19 -	9/23/19	9				Co	mplete
Total Colifor	• •							-	-		per month
	Point (Sampling Point ID)			Monitorii			ollect	ion Per	riod		ance Status
	m Inventory of Active Sampli	ng Points		10/1/19 -	10/31/1	.9					mplete
-	ameters (PPS)										per quarter
	Point (Sampling Point ID)			Monitorin			ollect	ion Pei	riod		ance Status
DISTRIBU	TION SYSTEM (4)			7/1/19 -							mplete
				10/1/19 -			10/1	10/31	L	Со	mplete
				4/1/20 -							
				7/1/20 -	9/30/20						
	n Facility: ENTRY POINT	(WSF ID: 00700)									
	Nitrite (NOX)									=	RT) per year
	Point (Sampling Point ID)			Monitorii			ollect	ion Pei	riod		ance Status
ENTRY PC	DINT (3)			1/1/19 - 1						Со	mplete
				1/1/20 - 1							
				1/1/21 - 1	12/31/21	1					
-	n Facility: WELL (WSF ID	: 22338)									
E. Coli (3014	•										per period
	Point (Sampling Point ID)			Monitorii			ollect	ion Pei	riod		ance Status
WELL (2)				9/17/19 -	9/23/19	9				Со	mplete
		Other C	ompliance	Sched	ules						
Compliance Sc	chedule Activity			E	Due Date	2		Achie	ved L	Date	
RESPOND TO S	SANITARY SURVEY			11	./25/200)5					
SEASONAL STA	ART UP COMPLETION			5	/1/2020)					
	Water	System Facili	ty and Sar	npling	Point	Inve	nto	ry			
Water							otal	Lead			
	ter System Facility	Sampling Point		nt			iform	Сорр			Stage
Facility ID	TRIBLITION	ID .	Description		Stati	us R	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A		Υ				
		DOWNSTREAM									
00=00 =:		UPSTREAM	WITHIN 5 SER	VICE CON							
00700 ENT	TRY POINT	3	ENTRY POINT		Α						

CT1420044	CRANDALIS PARK	NC	25	P	GW							
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
Water Quality Monitoring and Compliance Schedule												
Connecticut Department of Fublic Health Drinking Water Section												

Connecticut Department of Dublic Health Drinking Water Section

_					- /1		,		
CT1420044		NC	25	Р		GW			
Local Address (w	here applicable)	Service	Resider	ntial	Commercial	Industria	al Combine	ed /	Agricultural
CIDER MILL ROA	D	Connections			1				

Towns Served: TOLLAND

Water System Facility and Sampling Point Inventory												
Water			То	tal Lea	id and							
System Water System Facility	Sampling Point	Sampling Point	Colij	form Co	pper		Sta	ge				
Facility ID	ID	Description	Status Ri	ule Ru	le Tier	Asbestos	WQP 2 DE	BPR				
22338 WELL	2	WFII	Δ									

22338 WELL			2	WELL	, , ,	Α				
				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Bruce Watt				Tolland Recr	Tolland Recreation Department Director					
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code	
21 Tolland Green						Ellington		СТ	06084	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addı	ress			
860-870-3610		860-870-6	5876		860-310-6598	bwatt@tolland.org				
		_								

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

	Connectic	•					Ŭ				on	
DIAIC ID		ter Qua	nty Mon	itoring a	na Con							
PWS ID	PWS Name	CROUND C	/CTEN# 1 /CTO	D.C.\		Classif		Populat 27	ion U	wner I	ype P	rimary Source
CT1420064	DEL-AIRE CAMP		(21FINI T (210	Service	Residen		mmercia		ustrial	-	hinad	Agricultural
704 SHENIPSIT I	where applicable)			Connection		tiai Co		ii inat	ıstriai	Com	bined	Agricultural
				Commedia	15		1					
Towns Served:	TOLLAND				•							
Water System	Facility: DISTR	RIBUTION SY		toring Rec	quireme	nts						
Total Coliforn	n (3100)								1 r	outine	(RT)	per quarter
Sampling I	Point (Sampling P	Point ID)			Monitori	ng Peri	od Co	llection				iance Status
Select fron	n Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9				Cc	mplete
				4/1/20 -	6/30/2	0						
					7/1/20 -	9/30/2	.0					
Physical Para	meters (PPS)								1 r	outine	(RT)	per quarter
-	Point (Sampling P	Point ID)			Monitori	ng Peri	od Co	llection				iance Status
	n Inventory of Act		Points		7/1/19 -	_						mplete
,					4/1/20 - 6/30/20							•
				7/1/20 -								
Water System	Facility: ENTR	Y POINT (W	/SF ID: 0070	0)		, , ,						
Nitrate And N	-	•		- 1						1 rout	ine (F	RT) per year
	Point (Sampling P	Point ID)			Monitori	na Peri	od Co	llection			-	iance Status
ENTRY POI		<u> </u>			1/1/19 -							mplete
	(-)				1/1/20 -							
					1/1/21 -							
			Other	Compliand								
Compliance Sch	nedule Activity		Other	Compilation		Due Da	to	Λ	chiovo	d Date		
	RT UP COMPLETIC	NNI				5/1/202			Cilleve	u Dute		
SEASONAL STAF	KT OP COMPLETIC											
		water Sy	stem Fac	ility and Sa	ampling	Poin						
Water	ou Contour Frailite		Causalina Dair	at Camaniina D	a fact				ead ar			6.
System Water Facility ID	er System Facility		sampling Poli ID	nt Sampling P Description					Coppe		ectoc	Stage WQP 2 DBPR
	DIDLITION CVCTCM	Λ		DISTRIBUTION			tus	Y	tule II	EI ASD	C3103	WQI Z DDFK
00000 DIST	RIBUTION SYSTEM		4	M WITHIN 5 S				Y				
							<u>م</u>					
00700 [NT	DV DOINT		UPSTREAM	WITHIN 5 S			<u>م</u>					
	RY POINT		3	ENTRY POIN	N I		A ^					
22340 WEL	L		2	WELL			4					
			Co	ntact Info	rmation							
Name				Organization						Job	Title	
Mr. Albert L. O				Del-Aire Camp	ground Sys	tem 1&	2	Owne	r			
Mailing Address	s Line One		Mailing Addre	ess Line Two				City		St	ate	Zip Code
736 Shenipsit La	ake Road	I		T			Tolland			(T	06084
Business Phor	ne Extension	Fax	Мо	bile Phone	Emergency	Phone	Email A	ddress				
860-875-832					860-875-	2152	alouelle	ette@sk	cglob	al.net		
Contact Role(s):	: Administrative	Contact, Leg	al Contact, O	wner								

Connecticut Department of Public Health Di	rinking	<mark>Water Water Water</mark>	Section	
Water Quality Monitoring and Compl	liance S	Schedul	e	
	_			

	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	9 8		P		0 1 1 0 0 0 0 1 0 1 1		
PWS ID PWS Name C						Population	Owner Type	Primary Source
CT1420064	CT1420064 DEL-AIRE CAMPGROUND - SYSTEM 1 (STORE)						Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
704 SHENIPSIT L	Connections			1				

Towns Served: TOLLAND

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End of schedule

	Connectic	•					Ŭ			ection	
DIA/C ID		ter Qua	nty Mon	itoring ar	ia Con	_				T	D.:
PWS ID	PWS Name	CDOUND C	/CTENA #2 \A/E	1142					ion O		Primary Source
CT1420074	DEL-AIRE CAMP		YSTEIVI #2, WE		Danislasa	N	-	50		P	GW
704 SHENIPSIT	where applicable)			Service Connection	Residen	tiai Co	mmercia	ii inau	ıstrial	Combine	d Agricultural
				COMPLETION	3		1				
Towns Served:	TOLLAND				•						
Water System	Facility: DISTF	RIBUTION SY		toring Req	Juireme	nts					
Total Coliforn	m (3100)								1 rc	outine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitori	ng Peri	od Co	llection	Perio	d Comp	liance Status
Select fror	n Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9			С	omplete
					4/1/20 -	6/30/2	.0				
					7/1/20 -	9/30/2	.0				
Physical Para	meters (PPS)								1 rc	outine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitori	ng Peri	od Co	llection	Perio	d Comp	liance Status
Select fror	n Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9			C	omplete
					4/1/20 -	6/30/2	.0				
					7/1/20 -	9/30/2	.0				
Water System	Facility: ENTR	Y POINT (W	/SF ID: 0070	0)							
Nitrate And N	Nitrite (NOX)									1 routine (RT) per year
	Point (Sampling P	Point ID)			Monitori	ng Peri	od Co	llection		-	liance Status
ENTRY PO	INT (3)	<u> </u>			1/1/19 -	12/31/2	19			C	omplete
					1/1/20 -	12/31/2	20				
					1/1/21 -	12/31/2	21				
			Other	Complianc	e Sched	ules					
Compliance Sch	hedule Activity				ı	Due Da	te	A	chieve	d Date	
SEASONAL STA	RT UP COMPLETIC	N			Ţ	5/1/202	20				
Materia		Water Sy	ystem Fac	ility and Sa	ampling	Poin		<u> </u>		-1	
Water System Wat	er System Facility	,	Samplina Poir	nt Sampling Po	oint				ead an Coppei		Stage
Facility ID	er system i domey	•	ID	Description		Sto	_				WQP 2 DBPR
	RIBUTION SYSTEM	1	4	DISTRIBUTIO			itus	Y			•
00000 5101	111201101101101211			M WITHIN 5 SE			Д	•			
			UPSTREAM	WITHIN 5 SE			4				
00700 ENT	RY POINT		3	ENTRY POIN			<u>.</u> A				
22341 WEL			2	WELL			<u>` </u>				
	·- -			ntact Info	rmation						
News			1		mation					1.1	
Name	allatta C:			Organization	around Co.	ton: 10	າ	0	.	Job Title	
Mr. Albert L. O				Del-Aire Camp	grouna Syst	tern 1&	_	Owne	ſ	C+-+-	7in Cada
Mailing Address			Mailing Addre	ess rine TWO			Tollond	City		State	Zip Code
736 Shenipsit L		Face	B. A	hilo Dhana	Emeracia	Dhans	Tolland	ddross		СТ	06084
860-875-832		Fax	IVIO	bile Phone	Emergency				caloba	ul not	
	: Administrative	Contact Lac	al Contact O	wnor	860-875-	Z13Z	alouelle	ະເເຍພຣກ	cgiona	ıı.net	
Contact Role(S)	. Auministrative	Contact, Leg	ai Contact, O	viiei							

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

		- 0		r			
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1420074	DEL-AIRE CAMPGROUND - SYSTEM #2, WELL	NC	50	Р	GW		
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
704 SHENIPSIT I	Connections		1				

Towns Served: TOLLAND

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

				- 1 11 T	r 1.1	D	. 1.	TAT		2		
	Connecticut Dep							_				
	Water Qu	ality Mo	onito	ring an	d Con	_						
PWS ID	PWS Name					Cla	ssification			Owner Type Pi	-	
CT1420144	167 TOLLAND STAGE ROA	D - TOLLAND					NC	2		Р	GW	
	vhere applicable)			Service	Residen	itial		ial In	dustrial	Combined	Agricultural	
167 TOLLAND ST			C	Connections			1					
Towns Served: T	OLLAND					_						
Water System	Facility: DISTRIBUTION			ring Requ	iireme	nts	5					
Total Coliform	•	JIJILIVI (W 31 1D.	00000					1 ,	outine (RT)	ner quarter	
	Point (Sampling Point ID)				Monitori	ina I	Period (Collecti	on Perio		ance Status	
	Inventory of Active Sampli	ng Points			7/1/19 -				01111		mplete	
	,	0			, , 10/1/19 -						mplete	
					1/1/20 -						mplete	
					4/1/20 -		•				•	
					7/1/20 -							
Physical Parar	meters (PPS)								1 r	outine (RT)	per quarter	
Sampling P	Point (Sampling Point ID)				Monitori	ing I	Period (Collecti	on Perio	od Compli	ance Status	
Select from	Inventory of Active Sampli	ng Points			7/1/19 -	- 9/3	80/19			Со	mplete	
					10/1/19 -	- 12/	/31/19			Со	mplete	
					1/1/20 -	- 3/3	31/20			Со	mplete	
					4/1/20 -	- 6/30/20						
					7/1/20 -	- 9/3	30/20					
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate And N	itrite (NOX)									1 routine (R	T) per year	
Sampling P	Point (Sampling Point ID)				Monitori	ing I	Period (Collecti	on Perio	od Compli	ance Status	
ENTRY POI	NT (3)				1/1/19 -	12/3	31/19			Со	mplete	
					1/1/20 -	12/3	31/20			Со	mplete	
					1/1/21 -	12/3	31/21					
		Public	Notif	ication R	equire	em	ents					
			Con	npliance	Notice	?	Public N	lotifica	<u>tion</u>	PN Cert	<u>ification</u>	
Violation/Situat	tion		F	Period	Tier		Required	Perj	formed	Due to DPH	Received	
Total Coliform N	1&R Violation		1/1/10	0 - 3/31/10	2		7/3/2010			7/13/2010		
	eters M&R Violation		10/1/09	9 - 12/31/09	3		3/10/2011	-		3/20/2011		
Physical Parame	eters M&R Violation		1/1/10	0 - 3/31/10	3		6/3/2011			6/13/2011		
	Water	System I	Facility	y and Sar	npling	Pc	int Inve	entor	у			
Water							Т	otal	Lead a	nd		
	er System Facility			ampling Poi	nt			liform	Сорре		Stage	
Facility ID		ID		escription			Status I	Rule	Rule T	ier Asbestos	WQP 2 DBPR	
00600 DISTF	RIBUTION SYSTEM	4		ISTRIBUTION			Α	Υ				
				VITHIN 5 SER			A					
		UPSTRE		VITHIN 5 SER		N	A					
	Y POINT	3		NTRY POINT			Α					
22347 WELL		2		VELL			A					
			Conta	act Inform	nation	1						
Name			Orga	anization						Job Title		
Ms. Debra B. Ba	hler							Owi	ner			

Mailing Address Line Two

167 Talland Stage Dd

Mailing Address Line One

Zip Code

City

State

	Connecticut Department of Fubility Training Water Section											
	Wa	ter Qual	lity Monite	oring an	d Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT1420144 167 TOLLAND STAGE ROAD - TOLLAND NC 25 P GW												
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
167 TOLLAND ST	AGE ROAD			Connections	3		1					
Towns Served: To	OLLAND											
PO BOX 302			107 TOlland Stag	ge Ku			TOlland	i .	CI	00004-0302		
Business Phone	e Extension	Fax	Mobil	e Phone E	mergency	y Phone	Email A	Address				
860-872-3371 debra@monetscatering.com												

Connecticut Department of Public Health Drinking Water Section

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

		ut Departme					•	_			ion		
	Wat	ter Quality N	/Ionit	oring a	and Com	plia	ince	Sch	edule	e			
PWS ID	PWS Name					Classif	ication	Popu	ulation	Owner	Type F	rimary	Source
CT1420184	SEVENTH DAY AD	OVENTIST CHURCH				N	IC		25	Р		G۷	٧
Local Address	(where applicable)			Service	Resident	ial Co	mmerc	ial II	ndustria	l Co	mbined	Agrio	cultural
9 HARTFORD	TURNPIKE			Connectio	ns		1						
Towns Served	: TOLLAND												
		ſ	Monit	oring Re	quireme	nts							
Water System	m Facility: DISTRI	IBUTION SYSTEM	(WSF I	D: 00600)									
Total Colifo	rm (3100)								1	routin	e (RT)	per qu	uarter
Sampling	g Point (Sampling Po	oint ID)			Monitorin	ng Peri	iod (Collect	tion Peri	iod	Compl	iance S	tatus
Select fro	om Inventory of Acti	ve Sampling Points			7/1/19 -	9/30/1	L9					mplete	
					10/1/19 -							mplete	
					1/1/20 -						Co	mplete	9
					4/1/20 -								
					7/1/20 -	9/30/2	20						
•	rameters (PPS)										e (RT)		
	g Point (Sampling Po				Monitorin			Collect	tion Peri	iod		iance S	
Select fro	om Inventory of Acti	ve Sampling Points			7/1/19 -							mplete	
					10/1/19 -							mplete	
					1/1/20 -						Co	omplete	9
					4/1/20 -								
	- 111	· · · · · · · · · · · · · · · · · ·			7/1/20 -	9/30/2	20						
-	m Facility: ENTRY	POINT (WSFID:	00700)							_			
	Nitrite (NOX)						. , .				ıtine (I		-
	g Point (Sampling Po	oint IU)			Monitorin			onect	tion Peri	ioa		iance S	
ENTRY PO	JINT (3)				1/1/19 - 1							omplete	
					1/1/20 - 1						C	omplete	9
				10	1/1/21 - 1		21						
		O ₁	iner C	ompiian	ce Sched	uies							
-	chedule Activity					ue Da			Achiev	red Dat	te		
RESPOND TO	SANITARY SURVEY				9,	/26/20	19						
	,	Water System	Facil i	ity and S	Sampling	Poin	t Inve	ento	ry				
Water							Т	otal	Lead a	ınd			
*	ater System Facility			Sampling I				liform					Stage
Facility ID			D	Description			itus	Rule	Rule 1	Tier As	bestos	WQP	2 DBPR
00600 DIS	TRIBUTION SYSTEM		4		ION SYSTEM		A	Υ					
					SERVICE CON		A						
			REAM		SERVICE CON		A						
	TRY POINT		3	ENTRY POI	NT		A						
22350 WE	ELL		2	WELL		/	A						
					ormation								
Name				rganization						Jo	b Title		
Mr. Dale M. F		1			Aventist Chu	rch			gineer	1	<u> </u>		
Mailing Addre				s Line Two					City	9	State	Zip C	
9 Hartford Tui	•	P.O. Bo			T		Tollan				СТ	06084	-0309
Business Ph		Fax		le Phone	Emergency								
800-269-99	994 2336	860-440-0452	860-5	504-1967	860-569-7	7432	d.m.fli	ick@a	itt.net				

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT1420184	SEVENTH DAY ADVENTIST CHURCH				NC	25	Р	GW				
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
9 HARTFORD T	HARTFORD TURNPIKE Connections 1											

Connecticut Department of Public Health Drinking Water Section

Towns Served: TOLLAND

Contact Role(s): Administrative Contact

Please note the following:

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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						Clas	ssificatio	on Po	pulati	on O	wner Type	Primary Source
CT1420234	TOLLAND CITGO							NC		25		Р	GW
Local Address (v	where applicable)			Service		Resident	tial	Comme	ercial	Indus	strial	Combine	d Agricultura
128 MERROW R	ROAD			Connect	ions			1					
Towns Served: 1	TOLLAND												
		M	onito	oring R	equ	iremei	nts	;					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600))								
Total Coliforn	•											=) per quarter
	Point (Sampling Point ID)					Monitorii			Coll	ection	Perio		liance Status
Select from	n Inventory of Active Sampli	ng Points				7/1/19 -			_				Complete
					1	.0/1/19 -						(Complete
						1/1/20 -							
						4/1/20 -							
						7/1/20 -	9/3	0/20					
Physical Para	•											=) per quarter
	Point (Sampling Point ID)				ı	Monitorii			Coll	ection	Perio		liance Status
Select from	n Inventory of Active Sampli	ng Points				7/1/19 -							Complete
					1	.0/1/19 -						(Complete
						1/1/20 -							
						4/1/20 -							
_						7/1/20 -	9/3	0/20					
-	Facility: ENTRY POINT	(WSF ID: 00	0700)										
Nitrate And N	• •												(RT) per year
	Point (Sampling Point ID)					Monitorii			Coll	ection	Perio		liance Status
ENTRY POI	NT (3)					1/1/19 - 1		-				(Complete
						1/1/20 - 1							
						1/1/21 - 1							
		Oth	er Co	omplia	nce	Sched	ule	es					
Compliance Sch	nedule Activity					E	Due	Date		Ac	hieve	d Date	
RESPOND TO SA	ANITARY SURVEY					2,	/19/	/2017					
		Public	Not	ificatio	n R	equire	me	ents					
			Co	ompliance	e	Notice		<u>Publi</u>	c Noti	<u>ificatio</u>	<u>n</u>	PN Ce	<u>rtification</u>
Violation/Situa				Period		Tier		Require		Perfor	med	Due to DP	
Total Coliform N				18 - 12/3		3		2/13/20				2/23/2020	
	eters M&R Violation			18 - 12/3		3		2/13/20				2/23/2020	
	rite M&R Violation			l8 - 12/31		3		2/13/20				2/23/2020	
Total Coliform N				19 - 6/30,		3		8/12/20				8/22/2020	
Physical Parame	eters M&R Violation		4/1/	19 - 6/30,	/19	3		8/12/20)20			8/22/2020)
	Water	System I	acili	ty and	San	npling	Po	int In	ven	tory			
Water									Tota		ad an		
	er System Facility	Sampling	Point			it		(Colifo		oppei		Stage
Facility ID		ID		Descripti				Status	Rul	e Ri	ıle Tie	er Asbesto	s WQP 2 DBPF
00600 DISTI	RIBUTION SYSTEM	4		DISTRIBL				Α	Υ				
		DOWNST						Α					
		UPSTRE	AM	WITHIN 5		VICE CON	ı	Α					
00700 ENTF	RY POINT	3		ENTRY P	OINT			Α					

	Connectic	ut Depa	rtment c	of Public	Health	Drii	nking	Wa	ater S	Section		
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name					Classif	ication	Popul	lation O	wner Type	Primary Source	
CT1420234	TOLLAND CITGO					N	С	2.	5	Р	GW	
Local Address (\	vhere applicable)			Service	Residen	itial Co	mmerci	al In	dustrial	Combine	d Agricultural	
128 MERROW F	OAD			Connection	S		1					
Towns Served:	TOLLAND											
Water System Facility and Sampling Point Inventory												
Water System Water Facility ID	er System Facility		Sampling Poin ID	t Sampling Po		Sto	Coli	tal form ule	Lead ar Coppe Rule Ti	r	Stage s WQP 2 DBPF	
22353 WEL			2	\A/ELI			_					
	-		2	WELL		- 1	4					
59210 BLAD	DER TANKS		2	VVELL		,	Α					
59210 BLAD				ntact Infor	rmation		Α					
59210 BLAD			Со		rmation		A			Job Title	:	
	DER TANKS		Co	ntact Infor			A			Job Title		
Name	DDER TANKS		Co	ntact Infor			A	Cit	ty	Job Title	Zip Code	
Name Mr. Robert J. G	DDER TANKS		Co	ntact Infor Organization G & G Service, ess Line Two			Tolland		ty			

860-871-7963 860-871-1664
Contact Role(s): Legal Contact, Owner

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Mailing Address Line One

860-871-7963

G&G Service, Inc.

Business Phone

P.O.Box 832

Name

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

P.O. Box 832

Mailing Address Line Two

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

860-871-1664

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.

Organization

Mobile Phone

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

06084-0832

Job Title

State

CT

sales@tollandcitgo.com

City

Tolland

Emergency Phone Email Address

Connecticut Departme	ent of Public H	lealth Γ	Drinkin	g Water S	Section	
Water Quality M	Ionitoring and	d Comp	oliance	Schedule		
PWS ID PWS Name		C	lassification	Population O	wner Type Primary S	Source
CT1600204 GIRL SCOUTS OF CT, INC. (DINING RO	DOM)		NC	25	P GW	1
Local Address (where applicable)	Service	Residentia	l Commer	cial Industrial	Combined Agricu	ultural
10 PLAINS ROAD	Connections		1			
Towns Served: TOLLAND						
N	Nonitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT) per mo	onth
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compliance St	atus
Select from Inventory of Active Sampling Points		10/1/19 - 10	0/31/19		Complete	
		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/				
		9/1/20 - 9/	/30/20			
Total Coliform (3100)				3	repeat (RP) per pe	eriod
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compliance St	atus
Select from Inventory of Active Sampling Points		9/24/19 - 9	/29/19		Complete	
Physical Parameters (PPS)				1	routine (RT) per mo	onth
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Compliance St	atus
DISTRIBUTION SYSTEM (4)	-	10/1/19 - 10	0/31/19		Complete	
		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			
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 Perio	od Compliance St	atus
ENTRY POINT (3)		1/1/19 - 12			Complete	
		1/1/20 - 12				
		1/1/21 - 12	/31/21			
Water System Facility: WELL (WSF ID: 23010)						
E. Coli (3014)				1 tri	iggered (TG) per pe	eriod
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	od Compliance St	atus
WELL (2)		9/23/19 - 9	/29/19		Complete	
Ot	her Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	d Date	
SEASONAL START UP COMPLETION		4/:	1/2020			
Publi	ic Notification R	equiren	nents			
	Compliance	Notice	Public	<u>Notification</u>	PN Certification	<u>n</u>
Violation/Situation	Period	Tier	Required		Due to DPH Rece	
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012	
Repeat Total Coliform M&R Violation	7/1/12 - 9/30/12	2	1/11/201	3	1/21/2013	

	Connectic	ut Depar	rtmer	nt of	Public	Health	Dri	nking	g Wat	er S	Section	
		ter Quali										
PWS ID	PWS Name	cor quan	icy I'I'		ormg a	na don	•					Primary Source
CT1600204	GIRL SCOUTS OF	CT. INC. (DIN	ING ROC)M)				NC	25	.1011	P	GW
	where applicable)	01)		····,	Service	Resider		ommerci		ıstrial	Combine	
10 PLAINS ROAD					Connection		iciai Ci	1		2501101	Combine	7.61104104141
Towns Served: 1												
	012		Public	Not	ification	Require	emen	its				
					ompliance	Notice		Public N	otificati	on	PN Ce	ertification
Violation/Situa	tion				Period	Tier		equired	Perfo		Due to DP	
Total Coliform N				9/1/	12 - 9/30/12	2 3		11/2013			1/21/201	
REVISED TOTAL	COLIFORM RULE	(RTCR) TT Viol	ation		/17 - 12/8/1 ⁻			/25/2017	,		12/5/201	
E. Coli M&R Vio		,			/19 - 9/25/20			/11/2020			11/21/202	
		Water Sys	stem [, , , = 3=	
14/mt m		water by	steili i	aciii	ty and 5	ampinig	FUII				1	
Water System Water	er System Facility	S	amnlina	Point	Sampling F	Point				ead ar Coppe		Stage
Facility ID	System ruemey		ID	· Omic	Description		C+		-			s WQP 2 DBPR
	RIBUTION SYSTEM	1	4		DISTRIBUTI			A	Υ			
20000 2.01.		•	BJ101	58	DIRECTORS			A	Υ			
		Г			WITHIN 5 S	_		A	•			
			UPSTRE		WITHIN 5 S			A				
00700 ENTR	Y POINT		3	-AIVI	ENTRY POII							
						VI		Α				
23010 WELI			2		WELL			Α				
	OSPHERIC TANK											
55258 BOO	STER PUMP STATI	ON										
				Con	tact Info	rmation	1					
Name				Or	ganization						Job Title	9
Ms. Michele Ve	lez			Gii	rl Scouts of	Connecticu	t		Dir. P	ropert	y Svcs.	
Mailing Address	Line One	N	Mailing A	ddress	Line Two				City		State	Zip Code
20 Washington	Avenue							North	Haven		СТ	06473
Business Phor	e Extension	Fax		Mobil	le Phone	Emergency	/ Phone	e Email /	Address			
203-239-2922	2 3329	203-239-72	220			800-922			@gsofc	t.org		
	Administrative											
Name				Or	ganization						Job Title	2
Girl Scouts of A	merica, Inc.				<u> </u>							
Mailing Address		N	Mailing A	ddress	s Line Two				City		State	Zip Code
340 Washington								Hartfo			СТ	06106
Business Phor		Fax		Mohil	le Phone	Emergency	/ Phone				0.	00200
860-522-0163		TUX		77.0011	.c.i none		,	2				
Contact Role(s):												
Name	Owner			Or	ganization						Job Title	
Ms. Teresa C. Yo	nunger				rls Scouts of	Ct Inc			Presid	lon+	יים וונונ	-
Mailing Address			Mailing ^			Ct, IIIC.				aCIIL	State	7in Codo
		יו	viaiiiiig A	uuress	s Line Two			Uartfa	City			Zip Code
Pcsw, 18-20 Trir Business Phor		F		Makil	le Phone	Emorass	, Dhair	Hartfo			СТ	06106
Dusiness Prior	e Extension	Fax		IIQUIVI	ie riione	Emergency	/ PHONE	= EIIIali /	Address			

Schedule Generation Date: 3/10/2020

Contact Role(s): Legal Contact

	Connectic	ut Depa	rtment (of Public	Health	ı Dri	nkıng	g Water	Section		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID P	WS Name					Classi	fication	Population	Owner Type	Prima	ry Source
CT1600204	GIRL SCOUTS OF	CT, INC. (DI	NING ROOM)	N			NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Ag	gricultural
10 PLAINS ROAD				Connection	าร		1				
Towns Served: TO	LLAND				·						
Name				Organization					Job Titl	е	
Ms. Mary Barneb	у			Girl Scouts of	Ct, Inc			Ceo			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip	Code
340 Washington S	treet						Hartfo	rd	СТ	0	6106
Business Phone	Mo	bile Phone	Phone Emergency Phone Email			Email Address					
800-922-2770	3246						custon	nercare@gso	ofct.org		
Contact Role(s):	Legal Contact										-

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 147 - - - C

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

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	C .:	. D		יו ו חי	TT 1.1 D		1 · x	A7 . C		
	Connectic	ut Depa	irtment of	Public	Health L	rın	king \	Water S	ection	
	Wa	ter Oua	lity Monit	oring a	nd Comp	oliai	nce Sc	hedule		
PWS ID	PWS Name	(333		0 - 1 - 0 - 0					vner Tyne P	rimary Source
CT1600214	GIRL SCOUTS OI	FCT INC (ST	ONE HOUSE)		Ci	N(25	P	GW
Local Address (w			ONE HOUSE,	Service	Residentia		nmercial	Industrial	Combined	_
353 PLAINS ROA				Connection		1 COI	1	maastriai	Combined	Agricultural
Towns Served: T							T			
Towns Served. T	OLLAND				•					
Water System	Facility: DISTE	RIBUTION SY			quirement	is				
Total Coliform	•			2.00000,				1 ro	utino (PT)	per quarter
	oint (Sampling F	Point ID)			Monitoring	Dorio	d Coll	ection Period		iance Status
	Inventory of Act		Doints		7/1/19 - 9/			ection Periot		omplete
Select Holli	inventory or Act	ive Sampling	POIITES		10/1/19 - 9/					
									CC	omplete
					1/1/20 - 3/					
					4/1/20 - 6/					
					7/1/20 - 9/	30/20)		()	-
Physical Paran	•						,			per quarter
	oint (Sampling F				Monitoring			ection Period		iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/	-				omplete
					10/1/19 - 12				Сс	omplete
					1/1/20 - 3/					
					4/1/20 - 6/	-				
					7/1/20 - 9/	30/20)			
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00700)							
Nitrate And N	itrite (NOX)							1	L routine (I	RT) per year
Sampling P	oint (Sampling F	Point ID)			Monitoring	Perio	d Coll	ection Period	d Compl	iance Status
ENTRY POIN	NT (3)				1/1/19 - 12	/31/1	9		Co	omplete
					1/1/20 - 12	/31/2	0			
					1/1/21 - 12,	/31/2	1			
		Water Sy	ystem Facili	ity and S	ampling P	oint	Invent	tory		
Water							Tota			
,	r System Facility	'	Sampling Point				Colifo			Stage
Facility ID			ID	Description		Stat		e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEN	Л	4		ON SYSTEM	Α				
			BH75933	KITCHEN		Α	Υ			
			DOWNSTREAM			Α				
			UPSTREAM	WITHIN 5 S	SERVICE CON	Α				
00700 ENTR	Y POINT		3	ENTRY POII	NT	Α				
23011 WELL			2	WELL		Α				
55254 BLAD	DER TANK									
			Con	tact Info	rmation					
Name			Oi	rganization					Job Title	
Ms. Michele Vel	ez		Gi	irl Scouts of	Connecticut			Dir. Property	Svcs.	
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
20 Washington A	Avenue						North Ha	ven	СТ	06473
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency Ph	none	Email Add	dress	1	
203-239-2922	3329	203-239-7	7220		800-922-27	70	mvelez@	gsofct.org		
Contact Role(s):	Administrative	Contact	1							
	*									

	Connectic	ut Depa	rtment o	f Public	Health	Drir	ıking	Water	Sec	tion	
	Wa	ter Qua	lity Monit	toring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type	Primary Source
CT1600214	GIRL SCOUTS OF	CT, INC. (ST	ONE HOUSE)			N	С	25	F	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industria	al Co	ombine	d Agricultural
353 PLAINS ROAI)			Connection	ns		1				
Towns Served: To	OLLAND										
Name			О	rganization					J	ob Title	
Girl Scouts of Am	nerica, Inc.										
Mailing Address I	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
340 Washington	Street						Hartfor	d		CT	06106
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
860-522-0163											
Contact Role(s):	Owner										
Name			O	rganization					J	ob Title	
Ms. Teresa C. Yo	unger		G	irls Scouts of	f Ct, Inc.			President			
Mailing Address I	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
Pcsw, 18-20 Trinity Street							Hartford			CT	06106
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
Contact Role(s):	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.
- 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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End of schedule

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Connecticut De	partment of ality Monit					_			ction	
PWS ID PWS Name	ianty Monit	ornig ar	iu Con	-	sificatio	n Pop	ulation		er Type P	rimary Sour
CT1429204 404 MERROW ROAD - TO	LLAND				NC		33		Р	GW
Local Address (where applicable)		Service	Residen	ntial (Comme	rcial	Industria	al C	Combined	Agricultur
Tarana Camada TOLLAND		Connection	5		1					
Towns Served: TOLLAND		• -	•							
		oring Req	uireme	ents						
Water System Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)								
Total Coliform (3100)							1	rout		per quarte
Sampling Point (Sampling Point ID)			Monitor	ing Pe	eriod	Collec	tion Per	riod	Compl	iance Status
Select from Inventory of Active Samp	ing Points		7/1/19 -					_	Cc	mplete
			10/1/19 -						Co	mplete
			1/1/20 -	- 3/31	/20				Co	mplete
			4/1/20 -		-					
			7/1/20 -	- 9/30	/20					
Physical Parameters (PPS)										per quarte
Sampling Point (Sampling Point ID)			Monitor			Collec	tion Per	riod		iance Status
Select from Inventory of Active Samp	ing Points		7/1/19 -		-					mplete
			10/1/19 -		-					mplete
			1/1/20 -						Co	mplete
			4/1/20 -		-					
			7/1/20 -	- 9/30	/20					
Water System Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And Nitrite (NOX)									-	RT) per yea
Sampling Point (Sampling Point ID)			Monitor			Collec	tion Per	riod		iance Status
ENTRY POINT (3)			1/1/19 -							mplete
			1/1/20 -						Сс	mplete
			1/1/21 -							
Water	System Facili	ity and Sa	mpling	Poi	nt Inv	vento	ory			
Water						Total	Lead (
System Water System Facility	Sampling Point		oint		C	oliforn				Stag
Facility ID	ID	Description		5	tatus	Rule	Rule	Tier I	Asbestos	WQP 2 DB
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO			Α					
	DOWNSTREAM				Α					
	UPSTREAM	WITHIN 5 SE		N	Α					
00700 ENTRY POINT	3	ENTRY POIN	IT		Α					
53169 WELL 1	2	WELL 1			Α					
	Con	tact Infor	rmation	1						
Name	0	rganization							Job Title	
Mr. Azkar Chaudhry	H	z & Unq,LLC								
Mailing Address Line One	Mailing Addres	s Line Two				(City		State	Zip Code
404 Merrow Rd					Tolla	and			СТ	06084
Business Phone Extension F	ax Mobi	ile Phone I	Emergency	y Phor	ne Ema	il Addr	ess			
860-871-7788	860-2	205-0362			tolla	ndgolf	@att.net	t		
Contact Role(s): Administrative Contact,	Legal Contact, Owr	ner								

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

		8		P				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1429204	404 MERROW ROAD - TOLLAND				NC	33	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
		Connections			1			

Towns Served: TOLLAND

Please note the following:

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End of schedule

C	onnectic	ut Departn	nent o	f Public	Health	Drin	nking '	Water	Se	ction	
	Wa	ter Quality	Monit	coring a	nd Con	nplia	nce So	chedul	e		
PWS ID P	WS Name									er Type P	rimary Source
CT1429224 C	ROSS FARMS C	OMPLEX				N	С	27		Р	GW
Local Address (who	ere applicable)			Service	Residen	tial Co	mmercial	Industria	al	Combined	Agricultural
167 RHODES RD				Connectio	ns					1	
Towns Served: TO	LLAND			,		·			,		
			Monit	oring Re	quireme	nts					
Water System Fa	cility: DISTR	IBUTION SYSTE	M (WSF I	D: 00600)							
Total Coliform	(3100)							1	rou	tine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Coll	lection Per	riod	Compli	ance Status
Select from Ir	ventory of Act	ive Sampling Poin	ts		7/1/19 -					Co	mplete
					10/1/19 -	12/31/	19			Co	mplete
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Physical Parame	eters (PPS) nt (Sampling P	oint ID)			Monitori	na Peri	od Coll	1 lection Per			per quarter
DISTRIBUTION					7/1/19 -			ection Fer	iou		mplete
DISTRIBUTION	13131EW (4)				10/1/19 -			10/1-10/31			mplete
					4/1/20 -			10/1 10/31	•		Impiete
					7/1/20 -						
Water System Fa	cility: FNTR	Y POINT (WSF II	D: 00700)		., _, _	5,55,2					
Nitrate And Niti	•								1 1	routine (F	RT) per year
	nt (Sampling P	oint ID)			Monitori	na Peri	od Coll	lection Per		=	ance Status
ENTRY POINT		· · · · · · · · · · · · · · · · · · ·			1/1/19 -						mplete
	(-)				1/1/20 -						
					1/1/21 -						
			Other C	omplian	ce Sched	lules					
Compliance Sched	ule Activity					Due Da	te	Achie	ved L	Date	
SEASONAL START	JP COMPLETIO	N				4/1/202	20				
		Water Syste	m Facil	itv and S	ampling	Poin	t Inven	torv			
Water					10		Tota	-	and		
	System Facility	Samp	ling Point	Sampling I	Point		Colifo				Stage
Facility ID			ID	Description	n	Sta	tus Rul			Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	l A	Υ Α				
		DOW	NSTREAM	WITHIN 5	SERVICE CON	N A	A				
		UP	STREAM	WITHIN 5 S	SERVICE CON	N A	A				
00700 ENTRY	POINT		3	ENTRY POI	NT	A	4				
60033 WELL 1			2	WELL 1		A	Α				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Mr. Bruce Watt			To	olland Recre	ation Depar	tment		Director			
Mailing Address Li	ne One	Mail	ng Addres	s Line Two				City		State	Zip Code
21 Tolland Green							Ellington			СТ	06084
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ad	dress			
860-870-3610		860-870-6876			860-310-	6598	bwatt@t	olland.org			

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

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	.e	
DIAIC N	Cl :C: 1:	D 1 12	o T	_

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1429224	CROSS FARMS COMPLEX			NC	27	Р	GW
Local Address (w	Local Address (where applicable)		Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
167 RHODES RD		Connections				1	

Towns Served: TOLLAND

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End of schedule

	Connectic	*		of Public				U			on	
PWS ID	PWS Name	ter Quar	ity Mon	itoring a		<u> </u>					me P	rimary Source
CT1429234	ROCKVILLE FISH	AND GAME -	CLUBHOUSE			N			12	P	700 1	GW
	where applicable)	7.1.7.2 07.11.7.2	01000001	Service	Residenti		mmer		ndustrial	-	bined	
47 FISH AND G				Connectio			1					- G. comon and
Towns Served:	TOLLAND											
			Moni	itoring Re	auiremen	ts						
Water System	r Facility: DISTR	IBUTION SY			4							
Total Coliforn	m (3100) <i>Point (Sampling P</i>	oint ID)			Monitorin	a Dori	od	Collect	1 r ion Perio			per quarter ance Status
	m Inventory of Act		Points		7/1/19 - 9			Conect	ion Feri	ou c		mplete
Sciect iroi	ii iiiveiitory or Act	ive sampling	TOTTES		10/1/19 - 1	-						mplete
					1/1/20 - 3							Пріссс
					4/1/20 - 6							
					7/1/20 - 9							
-	meters (PPS)								1 r	outine	(RT)	per quarter
	Point (Sampling P				Monitorin	_		Collect	ion Perio	od C		ance Status
Select fror	m Inventory of Act	ive Sampling	Points		7/1/19 - 9							mplete
					10/1/19 - 1						Cc	mplete
					1/1/20 - 3							
					4/1/20 - 6							
	E 111 E11E1			٥١	7/1/20 - 9	9/30/2	0					
-	r Facility: ENTR	Y POINT (W	SF ID: 00/0	0)								\
	Nitrite (NOX)					. .		o			-	RT) per year
	Point (Sampling P	oint ID)			Monitorin			Collect	ion Perio	oa C		ance Status
ENTRY PO	INT (3)				1/1/19 - 1						Cc	mplete
					1/1/20 - 1							
		144		1.0	1/1/21 - 1							
		Water Sy	stem Fac	ility and S	Sampling I	Point	t Inv	ento	ry			
Water								Total	Lead a			
System Wat Facility ID	ter System Facility	S	ampling Poli ID	nt Sampling I Description				oliform Rule			octoc	Stage WQP 2 DBPR
	RIBUTION SYSTEM	1	4	-	ION SYSTEM	Sta P	tus	Nuic	Kule II	ICI ASD	23103	WQF Z DDFN
00000 0131	KIBOTION STSTEIV	ı	CH1	MEN'S RO		Α		Υ				
			CH2		ROOM SINK	Α		Y				
			CH3	KITCHEN S		Α	_	Ϋ́				
00700 ENT	RY POINT		3	ENTRY POI				•				
60761 WEL			2	WELL 1								
	ATMENT PLANT			*******			•					
			Co	ntact Info	ormation							
Name				Organization). III.G (1011					loh	Title	
Mr. Peter E Kas	sarek			Rockville Fish	And Game Cl	uh		1St	Vn	100	THE	
Mailing Addres			Mailing Addr	<u> </u>	, and dame Cl	u D			ty	St:	ate	Zip Code
94 Seagraves R			Training Addi	COS LINE TWO			Cover		-y		T	06238
Business Pho		Fax	Mo	bile Phone	Emergency F	Phone			SS		•	00230
860-742-707		1 4/1		0-377-8902	860-377-8				@gmail.	com		
	: Administrative	Contact		-								

(Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le			
PWS ID F	PWS Name					Cla	ssification	Population	Owner Typ	e Pr	imary Source	
CT1429234 F	ROCKVILLE FISH	AND GAME	- CLUBHOUSE				NC	42	Р		GW	
Local Address (wh	nere applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ned	Agricultural		
47 FISH AND GAM	1E ROAD		Connection	ns		1						
Towns Served: TC	LLAND											
Name			Or	ganization					Job Tit	tle		
Mr. Greg Thomas	1		Ro	ckville Fish 8	& Game Clu	ıb		Trustee				
Mailing Address L	ine One		Mailing Address	Line Two				City	State	ž	Zip Code	
P.O. Box 211							Vernor	1	СТ		06066	
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address	,			
860-610-8150					860-818-	-890	3 gregth	omas686@g	mail.com			
Contact Role(s):	Legal Contact		•									

an arek of Dublic Hoolth Duinling Water Cook

Contact Role(s): Legal Conta

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End of schedule

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