		•	rtment of				$\sim$				ction	
	Wat	ter Qual	lity Monit	oring an	d Con	iplia	nce S	che	edul	e		
PWS ID P	WS Name					Classif	ication	Popul	ation	Owr	ner Type P	rimary Source
CT1490134 W	ARREN TOWN	CENTER				N	IC	10	00		Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al In	dustria	al	Combined	Agricultural
4 CORNWALL ROA	D			Connections			1					
Towns Served: WA	ARREN			1								l
			Monito	oring Requ	ıireme	nts						
Water System Fa	ncility: DISTR	IBUTION SY										
<b>Total Coliform</b>	(3100)								1	rou	tine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Co	llecti	on Per	iod	Compl	ance Status
Select from Ir	nventory of Acti	ive Sampling	Points		7/1/19 -	9/30/1	.9				Co	mplete
					10/1/19 -	12/31/	<b>'</b> 19				Co	mplete
					1/1/20 -	3/31/2	.0					
					4/1/20 -	6/30/2	.0					
					7/1/20 -	9/30/2	.0					
Physical Parame	eters (PPS)								1	rou	tine (RT)	per quarter
-	nt (Sampling P	oint ID)			Monitori	ng Peri	od Co	llecti	on Per			ance Status
Select from Ir	nventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9				Co	mplete
					10/1/19 -	12/31/	<b>'</b> 19				Co	mplete
					1/1/20 -	3/31/2	.0					
					4/1/20 -	6/30/2	:0					
					7/1/20 -	9/30/2	:0					
Water System Fa	cility: ENTRY	Y POINT (W	/SF ID: 00700)									
Nitrate And Niti	•	•								1	routine (F	RT) per year
	nt (Sampling P	oint ID)			Monitori	ng Peri	od Co	ollecti	on Per		-	ance Status
ENTRY POINT		•			1/1/19 -						Co	mplete
					1/1/20 -							
					1/1/21 -							
		Water Sv	stem Facili	ity and Sai				ntor	'V			
Water		Trate: 5	Jocenn i deni	ity and bai	P9	. 0		tal	Lead (	and		
	System Facility	9	Sampling Point	Samplina Poi	int			tui form	Сорр			Stage
Facility ID	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ID	Description		Sto	-	ule			Asbestos	WQP 2 DBPR
			1	DICTRIBUTION				Y				<u> </u>
00600 DISTRIE	SUTION SYSTEM	1	4	DISTRIBUTION	N SYSTEM	,						
00600 DISTRIE	BUTION SYSTEM				N SYSTEM RVICE CON		4					
00600 DISTRIE	BUTION SYSTEM		DOWNSTREAM UPSTREAM		RVICE CON	1 4	۹ ۹					
			DOWNSTREAM UPSTREAM	WITHIN 5 SER	RVICE CON	l 4	4					
00700 ENTRY			DOWNSTREAM UPSTREAM 3	WITHIN 5 SEF WITHIN 5 SEF ENTRY POINT	RVICE CON	1 <i>4</i>	4					
00700 ENTRY 22487 WELL	POINT		DOWNSTREAM UPSTREAM	WITHIN 5 SER	RVICE CON	1 <i>4</i>	4					
00700 ENTRY 22487 WELL			DOWNSTREAM UPSTREAM 3 2	WITHIN 5 SEF WITHIN 5 SEF ENTRY POINT WELL	RVICE CON RVICE CON	1 /	4					
00700 ENTRY 22487 WELL	POINT		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SEF WITHIN 5 SEF ENTRY POINT WELL	RVICE CON RVICE CON	1 /	4					
00700 ENTRY 22487 WELL	POINT		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL tact Information	RVICE CON RVICE CON mation	1 /	4				Job Title	
00700 ENTRY 22487 WELL 61234 TREATM	POINT		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SEF WITHIN 5 SEF ENTRY POINT WELL	RVICE CON RVICE CON mation	1 /	4				Job Title	
00700 ENTRY 22487 WELL 61234 TREATN	POINT //ENT GAC AND		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL tact Inforunganization	RVICE CON RVICE CON mation	1 /	4	Cit	ty		Job Title State	Zip Code
00700 ENTRY 22487 WELL 61234 TREATM Name Mr. John Favreau	POINT  MENT GAC AND  ne One		DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL tact Inforunganization	RVICE CON RVICE CON mation	1 /	4		ty			Zip Code 06757
00700 ENTRY 22487 WELL 61234 TREATM Name Mr. John Favreau Mailing Address Li	POINT  MENT GAC AND  ne One		DOWNSTREAM UPSTREAM 3 2  Con Or W Mailing Address	WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL tact Information rganization varren Town Cost Line Two	RVICE CON RVICE CON mation	1 4	A A A Warren				State	
00700 ENTRY 22487 WELL 61234 TREATM Name Mr. John Favreau Mailing Address Li 53 Windy Ridge Ro	POINT  MENT GAC AND  ne One	SOFTENER	DOWNSTREAM UPSTREAM 3 2  Con W Mailing Address Mobi	WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL tact Information rganization varren Town Cost Line Two	RVICE CON RVICE CON mation	Phone	A A A Warren Email A	ddres	SS	ento	State	06757

Schedule Generation Date: 3/10/2020 Page 1

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1490134	WARREN TOWN CENTER			NC	100	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
4 CORNWALL RO	DAD	Connections		1			
					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Towns Served: WARREN

## 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

Schedule Generation Date: 3/10/2020

Connecticut Department of Public		O		ction	
Water Quality Monitoring an					
PWS ID PWS Name CT1490174 THE WASHINGTON CLUB	Classific	C Popul		er Type Pri P	mary Source GW
Local Address (where applicable) Service	Residential Cor	mmercial In	dustrial	Combined	Agricultural
20 NORTH SHORE ROAD Connection	S			1	
Towns Served: WARREN		·	·		
Monitoring Req	uirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)			1 ro	ıtine (RT) <sub>ا</sub>	per month
Sampling Point (Sampling Point ID)	Monitoring Perio	od Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sampling Points	5/1/20 - 5/31/20	0			_
	6/1/20 - 6/30/20	0			
	7/1/20 - 7/31/20	0			
	8/1/20 - 8/31/20	0			
	9/1/20 - 9/30/20	0			
Total Coliform (3100)			3 re	peat (RP)	per period
Sampling Point (Sampling Point ID)	Monitoring Perio	od Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sampling Points	9/6/19 - 9/11/19	9			
Physical Parameters (PPS)			1 ro		per month
Sampling Point (Sampling Point ID)	Monitoring Perio		ion Period	Complia	nce Status
Select from Inventory of Active Sampling Points	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20	0			
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)			1 :	<del>-</del>	「) per year
Sampling Point (Sampling Point ID)	Monitoring Perio		ion Period	Complia	nce Status
ENTRY POINT (3)	1/1/19 - 12/31/1		9/30	Con	nplete
	1/1/20 - 12/31/2		9/30		
	1/1/21 - 12/31/2	21 5/1	9/30		
Water System Facility: <b>NEW WELL (WSF ID: 23113)</b>					
E. Coli (3014)			1 trigg	ered (TG)	per period
Sampling Point (Sampling Point ID)	Monitoring Perio	od Collecti	ion Period	Complia	nce Status
NEW WELL (2)	9/5/19 - 9/11/19	9			
Other Compliance	e Schedules				
Compliance Schedule Activity	Due Dat	te	Achieved I	Date	
RESPOND TO SANITARY SURVEY	7/6/201	.9			
L1 ASSESSMENT (TC+ INS REPEATS)	10/5/201	19			
CROSS CONNECTION SURVEY REPORT	3/1/202				
SEASONAL START UP COMPLETION	5/1/202	20			
Water System Facility and Sa	ampling Point	t Inventor	У		
Water		Total	Lead and		
System Water System Facility Sampling Point Sampling Point	oint	Coliform	Copper		Stage
Facility ID ID Description	Stat		Rule Tier	Asbestos V	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION					
DOWNSTREAM WITHIN 5 SI	ERVICE CON A	4			

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.

Schedule Generation Date: 3/10/2020 Page 3

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1490174	THE WASHINGTON CLUB				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
20 NORTH SHO	RE ROAD	Connections					1	

Connecticut Department of Public Health Drinking Water Section

Т	owr	15	Serv	ıed٠	WA	RREN	J

	Wa	ter System Facili	ity and Sampling F	Point Ir	nventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
23113	NEW WELL	2	NEW WELL	Α				

Name				Organization	ı	Job Title			
Ms. Irene Allan		The Washington Club			Business Manager				
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code
P.O. Box 400			92 Green Hill Road Washington			СТ	06794		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address			
860-868-0376					646-245-3682	iallan@washingtonclub.net			

**Contact Information** 

Name				Organization	ı	Job Title			
Ms. Michele Balfou	ır Nathoo	The Washington Club Club President							
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City	State	Zip Code
PO Box 400		92 Green Hill Road Washington			СТ	06794			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
212-710-8194					917-647-0114	balfoumathoo@gmail.com			

Contact Role(s): Legal Contact

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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End of schedule