	Connectic	*						0			ection	
	Wa	ter Qua	lity M	lonit	coring a	nd Cor						
PWS ID	PWS Name						Classif	ication P	opulation	Ow	ner Type P	rimary Source
CT1500024	295 NEW MILFO	RD TURNPIK	E				N	IC	40		Р	GW
Local Address (v	vhere applicable)				Service	Reside	ntial Co	mmercial	Industr	rial	Combined	Agricultural
295 NEW MILFO	ORD TURNPIKE (RO	OUTE 202)			Connection	าร		1				
Towns Served: V	WASHINGTON											
			N	lonit	oring Red	quireme	ents					
Water System	Facility: DISTR	IBUTION SY	STEM	(WSF I	D: 00600)							
<b>Total Coliform</b>	n (3100)								:	1 roı	utine (RT)	per quarter
	Point (Sampling P	oint ID)				Monitor	ing Peri	od Col	lection Pe			iance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19	- 9/30/1	.9			Co	mplete
						10/1/19	- 12/31/	<b>'19</b>				_
						1/1/20	- 3/31/2	20			Co	mplete
						4/1/20	- 6/30/2	20				
						7/1/20	- 9/30/2	20				
Physical Parar	meters (PPS)									1 ro	utine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)				Monitor	ing Peri	od Col	lection Pe	eriod	Compl	iance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19	- 9/30/1	.9			Co	omplete
						10/1/19	- 12/31/	<b>'19</b>				
						1/1/20	- 3/31/2	20			Co	omplete
							- 6/30/2					
						7/1/20	- 9/30/2	20				
Water System	Facility: ENTR	Y POINT (W	VSF ID: (	0700)								
Nitrate And N	itrite (NOX)									1	routine (I	RT) per year
	Point (Sampling P	oint ID)				Monitor			lection Pe	eriod		iance Status
ENTRY POII	NT (3)					1/1/19 -					Co	omplete
						1/1/20 -						
						1/1/21 -		21				
			Otl	her C	ompliand	ce Sche	dules					
Compliance Sch	edule Activity						Due Da	te	Achie	eved	Date	
RESPOND TO SA	NITARY SURVEY						12/2/20	06				
RESPOND TO SA	NITARY SURVEY						1/4/201	18				
		Water Sv	vstem	Facil	ity and Sa	ampling	Poin	t Inven	torv			
Water						- I- C		Tota		d and	'	
	er System Facility	:	Sampling	g Point	Sampling P	Point		Colife		per		Stage
Facility ID			ID	)	Description	1	Sto	itus Rui	-	e Tier	Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEN	//	A Y				
00700 ENTR	Y POINT		3		ENTRY POIN	TV	,	Ą				
22491 WELL	<del></del>		2		WELL			Ą				
				Con	tact Info	rmatio	1					
Name					rganization						Job Title	
Mr. Oscar Lopez	7			J	Barnzation						JOD TILLE	
Mailing Address			Mailing	Addres	s Line Two				City		State	Zip Code
143 Chestnut La								New Mil			CT	06776
		Fax		Mobi	ile Phone	Emergenc	v Phone				<u> </u>	
<ul> <li>business Prion</li> </ul>						80.10	,					
Business Phon 860-913-5031	1							oscarlon	ez_xr@ya	ahoo.	com	

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

		_				_ A			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1500024	295 NEW MILFORD TO	JRNPIKE				NC	40	Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
295 NEW MILFORD TURNPIKE (ROUTE 202)			Connections		1				

#### 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

0	. 5	CD 111 X	r 1.1	D 1 11	YAY				
	it Department o								
Wat	er Quality Moni	itoring an	d Com	pliance S	Schedule				
PWS ID PWS Name			(	Classification	Population O	wner Type Pr	imary Source		
CT1500064 COMMUNITY TAI	BLE			NC	25	Р	GW		
Local Address (where applicable)		Service	Residenti	al Commerci	al Industrial	Combined	Agricultural		
223 LITCHFIELD TURNPIKE (ROUTE	202)	Connections		1					
Towns Served: WASHINGTON									
		toring Requ	iiremen	its					
Water System Facility: DISTRI	BUTION SYSTEM (WSF	ID: 00600)				()			
Total Coliform (3100)						outine (RT) p	-		
Sampling Point (Sampling Po			Monitorin		ollection Perio		ince Status		
Select from Inventory of Activ	re Sampling Points		7/1/19 - 9 10/1/19 - 1				mplete mplete		
			1/1/20 - 3			Cor	nplete		
			4/1/20 - 6						
			7/1/20 - 9	<u> </u>					
Physical Parameters (PPS)			7,1,20	,,00,20	1 r	outine (RT) p	er quarter		
Sampling Point (Sampling Po	int ID)		Monitorin	g Period C	ollection Perio		ince Status		
Select from Inventory of Activ			7/1/19 - 9				nplete		
			10/1/19 - 1	12/31/19		Cor	nplete		
		1/1/20 - 3/31/20							
			4/1/20 - 6	5/30/20					
			7/1/20 - 9	9/30/20					
Water System Facility: ENTRY	<b>POINT (WSF ID: 0070</b>	0)							
Nitrate And Nitrite (NOX)						1 routine (R	T) per year		
Sampling Point (Sampling Po	int ID)		Monitorin	g Period C	ollection Perio	od Complia	ince Status		
ENTRY POINT (3)			1/1/19 - 1			Cor	nplete		
			1/1/20 - 1						
			1/1/21 - 1	2/31/21					
	Public No	otification R	equire	ments					
		Compliance	Notice	Public N	<u>otification</u>	PN Certi	<u>fication</u>		
Violation/Situation		Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violatio		1/18 - 12/31/18	3	3/7/2020		3/17/2020			
Nitrate And Nitrite M&R Violation		1/18 - 12/31/18	3	3/7/2020		3/17/2020			
Total Coliform M&R Violation	,	1/18 - 12/31/18		3/7/2020		3/17/2020			
Total Coliform M&R Violation		1/18 - 9/30/18	3	3/7/2020		3/17/2020			
Physical Parameters M&R Violatio		1/18 - 9/30/18	3	3/7/2020		3/17/2020			
	Water System Fac	ility and Sar	npling l		•				
Water	Canadia a Dair	et Camenlina Dei			otal Lead ai		<b>C</b> 1		
System Water System Facility Facility ID	Sampling Poir ID	nt Sampling Poil  Description	nt	_	iform Coppe Rule Rule Ti	r er Asbestos	Stage		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	<u>Status</u> A	Y Kule 11	c. Asuestus			
00700 ENTRY POINT	3	ENTRY POINT		A	1				
22495 WELL	2	WELL		A					
22733 ***			matic:	Δ					
		ntact Inform	nation						
Name		Organization				Job Title			
Aliss Joann Makovitzky Comunity Table Resturant Managing Partner									

Mailing Address Line Two

Schedule Generation Date: 3/10/2020

Mailing Address Line One

Zip Code

City

State

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qual	lity Monito	oring an	id Con	nplia	ince S	Schedul	le			
PWS ID	PWS Name					Classification		Population	Owner Type	Primary Source		
CT1500064	COMMUNITY TA	25	Р	GW								
Local Address (w	Service	Residen	ntial Co	ommerci	al Industri	al Combine	ed Agricultural					
223 LITCHFIELD	TURNPIKE (ROUT	E 202)		Connections	5	1						
Towns Served: V	VASHINGTON											
P.O. BOX 440							vvasiiii	igion <del>Depoi</del>		00794		
Business Phon	e Extension	Fax	Mobile	e Phone E	mergency	y Phone Email		ail Address				
860-868-9354	917-797	797-3157 joann@communitytablect.com										
Contact Role(s):	Contact Role(s): Administrative 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 Departn					•				
	Water Quality	Monito	oring an	d Con	npl	iance S	Sche	edule		
PWS ID	PWS Name				Clas	sification	Popul	ation O	wner Type P	rimary Source
CT1500074	WHITE HORSE RESTAURANT					NC	2	5	Р	GW
Local Address (	(where applicable)		Service	Residen	tial	Commerci	ial In	dustrial	Combined	Agricultural
258 NEW MILF	ORD TURNPIKE (ROUTE 202)		Connections			1				
Towns Served:	WASHINGTON									
		Monito	oring Requ	iireme	nts					
Water System	n Facility: <b>DISTRIBUTION SYSTE</b>	M (WSF ID	D: 00600)							
<b>Total Colifor</b>	m (3100)							1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod C	Collecti	on Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Poin	ts		10/1/19 -	10/3	31/19			Со	mplete
				11/1/19 -	11/3	30/19			Co	mplete
				12/1/19 -	12/3	31/19			Со	mplete
				1/1/20 -	1/31	1/20			Со	mplete
	2/1/20									
3/1/20 - 3/3										
4/1/20 - 4										
	5/1/20 -									
						0/20				
7/1/20 - 7/										
8/1/20 - 8/31						1/20				
				9/1/20 -	9/30	0/20				
_	ameters (PPS)								routine (RT)	•
	Point (Sampling Point ID)			Monitori			Collecti	on Perio	-	ance Status
Select fro	m Inventory of Active Sampling Poin	ts		10/1/19 -		-				mplete
				11/1/19 -						mplete
				12/1/19 -						mplete
				1/1/20 -					Со	mplete
				2/1/20 -						
				3/1/20 -		-				
				4/1/20 -		-				
				5/1/20 -						
				6/1/20 -		-				
				7/1/20 -		-				
				8/1/20 -						
14/-1 C -1	E STEW POINT ANGEL	D 00700\		9/1/20 -	9/30	3/20				
-	n Facility: ENTRY POINT (WSF I	D: 00700)								_,
	Nitrite (NOX)								1 routine (F	
	Point (Sampling Point ID)			<b>Monitoring Period</b> 1/1/19 - 12/31/19			.onecti	on Perio		ance Status
ENTRY PO	ואוו (3)					-			Со	mplete
				1/1/20 -		-				
				1/1/21 -	•					
	Water Syste	m Facili	ty and Sar	npling	Po	int Inve	entor	У		
Water		_	_				otal	Lead ar		
System War	ter System Facility Samp	_	Sampling Poi	nt		Col	iform	Coppe		Stage

Facility ID

ID

Description

Status

Rule

Rule Tier Asbestos WQP 2 DBPR

O0600 DISTRIBUTION SYSTEM

4 DISTRIBUTION SYSTEM

A Y

DOWNSTREAM WITHIN 5 SERVICE CON

A

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.

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1500074	WHITE HORSE RESTAURANT			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
258 NEW MILF	ORD TURNPIKE (ROUTE 202)	Connections		1			

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
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	3	ENTRY POINT	Α					
22496	WELL	2	WELL	Α					

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. John Harris White Horse Restaurant							Owner			
Mailing Address Line One Mailing Address Line Two							City	State	Zip Code	
258 New Milford Tu	ırnpike		P. O. Bo	ox 2395		New Pre	ston	СТ	06777	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	ne Email Address				
860-868-1496						whitehorsect@aol.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

Schedule Generation Date: 3/10/2020

	Connecticut Dep	partmer	nt o	f Public H	lealth	Dri	inking	y Water	Section			
	Water Qu						_					
PWS ID	PWS Name								Owner Type P	rimary Source		
CT1500184	WASHINGTON GOLF CLUB	3					NC	25	Р	GW		
Local Addre	ess (where applicable)			Service	Residen	tial (	Commerci	al Industria	l Combined	Agricultural		
10 GOLF CO	URSE ROAD			Connections			1					
Towns Serv	ed: WASHINGTON											
		M	onit	oring Requ	iireme	nts						
Water Syst	tem Facility: <b>DISTRIBUTION</b>	SYSTEM (	WSF I	D: 00600)								
	form (3100)							1	routine (RT)	per quarter		
	ing Point (Sampling Point ID)				Monitori			ollection Per		iance Status		
Select	from Inventory of Active Sampli	ing Points			7/1/19 -					mplete		
					10/1/19 - 12/31/19 Complete							
					1/1/20 -							
					4/1/20 -							
pl	Annual (DDC)				7/1/20 -	9/30/	/20					
-	arameters (PPS) ing Point (Sampling Point ID)				Monitori	ina Do	ried C	1 ollection Per	routine (RT)	per quarter iance Status		
	from Inventory of Active Sampli	ing Points			<i>Monitori</i> 7/1/19 -			-	mplete			
Select	Tront inventory of Active Sample	ing i onits			10/1/19 -		mplete					
					1/1/20 -					mpiece -		
							/20					
							/20					
Water Syst	tem Facility: ENTRY POINT	(WSF ID: 0	0700)									
	nd Nitrite (NOX)								1 routine (F	RT) per year		
	ing Point (Sampling Point ID)				Monitori	ing Pe	riod C	ollection Per	=	iance Status		
ENTRY	POINT (3)				1/1/19 - 12/31/19 Complete							
					1/1/20 -	12/31	L/20					
					1/1/21 -	12/31	L/21					
		Oth	er C	ompliance	Sched	lules	S					
Compliance	Schedule Activity					Due D	ate	Achie	ved Date			
RESPOND T	O SANITARY SURVEY				1	0/15/2	2015					
		Public	Not	tification R	equire	eme	nts					
			C	Compliance	Notice		Public N	<u>otification</u>	PN Cer	tification_		
Violation/S	ituation			Period	Tier	F	Required	Performed	Due to DPH	Received		
Total Colifo	rm M&R Violation		7/1	/15 - 9/30/15	2	2,	/28/2016		3/9/2016			
Physical Par	rameters M&R Violation		7/1	/15 - 9/30/15	3	1,	/28/2017		2/7/2017			
	Water	System I	Facil	ity and Sar	npling	Poi	nt Inve	ntory				
Water							To	otal Lead	and			
	Nater System Facility				nt			iform Copp		Stage		
Facility ID		ID		Description			tutus		Tier Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DE 4 • •	DISTRIBUTION			A	Υ				
DOWNSTREAM WITH  UPSTREAM WITH				HIN 5 SERVICE CON A HIN 5 SERVICE CON A								
00700	INTRY DOINT		.AIVÍ			N						
	ENTRY POINT	3		ENTRY POINT			Α					
22504 \	WELL	2 WELL					Α					

57333 TREATMENT PLANT

C	Connecticu	ıt Depa	rtment of	Public	Health	n Dri	nking	, Water	Sec	tion	
	Wat	er Qua	lity Monit	oring ar	nd Con	nplia	ance S	Schedul	le		
PWS ID P	WS Name					Class	fication	Population	Owne	r Type	Primary Source
CT1500184 W	ASHINGTON GO	OLF CLUB					NC	25		Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial Commercia		al Industri	ial C	ombine	ed Agricultural
10 GOLF COURSE F	ROAD			Connection	S	1					
Towns Served: WA	SHINGTON								,		
			Con	tact Info	mation	า					
Name	Name Organiz								J	lob Titl	9
Mr. Gary J. Cilfone	:		Wa	Vashington Club Inc. Administrator							
Mailing Address Li	ne One		Mailing Address	Line Two				City		State	Zip Code
PO Box 400							Washir	ngton Depot	t	CT	06794
Business Phone	Extension	Fax	Mobil	e Phone	Emergenc	y Phon	e Email A	Address			
860-868-0211							gcilfon	e@washing	tonclul	b.net	
Contact Role(s):	Administrative C	Contact	·	·							
Name			Or	ganization					J	lob Titl	9
Mr. Gregory Seele	Wa	Vashington Club, Inc.				President					
Mailing Address Li	Mailing Address Line One Mailing Ad							City		State	Zip Code
37 Winston Drive						Washir	ngton Depot	t	СТ	06794	

Contact Role(s): Legal Contact

Extension

## Please note the following:

**Business Phone** 

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

**Mobile Phone** 

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

Fax

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

Emergency Phone | Email Address

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

End of schedule

	Connecticut Departm				`			ection	
	Water Quality	Monitoring an	d Con	npl	iance :	Schedu	le		
PWS ID	PWS Name			Clas	sification	Population	Ow	ner Type Pi	rimary Source
CT1500224	MARBLEDALE 151 CORP				NC	25		Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commerc	ial Industr	ial	Combined	Agricultural
210 NEW MILF	ORD TURNPIKE	Connections			1				
Towns Served:	WASHINGTON								
		<b>Monitoring Requ</b>	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM	M (WSF ID: 00600)							
Total Colifori	m (3100)						1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	Collection Pe	rioa	l Compli	ance Status
Select from	n Inventory of Active Sampling Point	:S	10/1/19 -	- 10/3	31/19			Co	mplete
			11/1/19 -	- 11/3	30/19			Co	mplete
		:	12/1/19 -	- 12/3	31/19			Co	mplete
			1/1/20 -	- 1/32	1/20			Co	mplete
			2/1/20 -	- 2/29	9/20				
			3/1/20 -	- 3/3:	1/20				
			4/1/20 -	- 4/30	0/20				
			5/1/20 -	- 5/32	1/20				
			6/1/20 -	- 6/30	0/20				
			7/1/20 -	- 7/32	1/20				
			8/1/20 -	- 8/32	1/20				
			9/1/20 -	- 9/30	0/20				
<b>Physical Para</b>	nmeters (PPS)						1 r	outine (RT)	per month
	Point (Sampling Point ID)		Monitori			Collection Pe	rioa	l Compli	ance Status
Select fror	m Inventory of Active Sampling Point	:S	10/1/19 -	- 10/3	31/19			Со	mplete
		:	11/1/19 -	- 11/3	30/19			Со	mplete
		:	12/1/19 -	- 12/3	31/19			Со	mplete
			1/1/20 -	- 1/32	1/20			Со	mplete
			2/1/20 -	- 2/29	9/20				
			3/1/20 -	- 3/3:	1/20				
			4/1/20 -						
			5/1/20 -		-				
			6/1/20 -						
			7/1/20 -	- 7/3:	1/20				
			8/1/20 -						
			9/1/20 -	- 9/30	0/20				
Water System	Facility: ENTRY POINT (WSF II	D: 00700)							
	Nitrite (NOX)						1	=	T) per year
	Point (Sampling Point ID)		Monitori			Collection Pe	rioa		ance Status
ENTRY PO	INT (3)		1/1/19 -					Со	mplete
			1/1/20 -		-				
			1/1/21 -	12/3	1/21				
		Other Compliance	Sched	lule	es				
Compliance Sci	hedule Activity			Due	Date	Achie	evea	l Date	
RESPOND TO S	ANITARY SURVEY		1	0/13	/2010				

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	Water Quality M	onite	oring and	d Con	np]	liance S	Schedul	le		
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Prir	nary Source
CT1500224	MARBLEDALE 151 CORP					NC	25	Р		GW
Local Address (v	vhere applicable)		Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural
210 NEW MILFO	ORD TURNPIKE		Connections			1				
Towns Served: \	WASHINGTON						·	·		
Total Coliform N	ACL Violation	10/1/	14 - 12/31/14	2		1/8/2015	- crjorine	1/18/201	.5	necerred
Total Coliform N	√A&R Violation	11/1/	14 - 11/30/14	2		5/7/2015		5/17/201	.5	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	8/3/	/18 - 1/2/19	2		9/13/2018		9/23/201	.8	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	10/1	/18 - 1/2/19	2		1/9/2019		1/19/201	.9	
	Water System	Facili	ty and Sar	npling	Po	int Inve	ntory			
Mator						To	stal Load	and		

Connecticut Department of Public Health Drinking Water Section

	vvac	er system raem	ity and sampling i	OIIIC II	IVCIICO	y			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
•	, ,				•				
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
l		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22508	WELL	2	WELL	Α					
		Con	tact Information						
Name		0	rganization				Job Title		
Mr. Mir S	. Ahmed	N	azia Properties LLC.		Ow	ner			
Mailing A	ddress Line One	Mailing Addres	ress Line Two			ty	State	Zip (	Code
210 New	Milford Tpke			Ma	arble Dale		СТ	067	777

L	860-868-0005	860-868-0005	203-300-7987	sabbir321@hotmail.com

Mobile Phone

Contact Role(s): Legal Contact, Owner

Extension

Contact Role(s): Le	egai Contact, C	wner							
Name				Organization	1			Job Title	е
Mr. Peater Patel				Aari Foods Ir	nc.		Manager		
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
210 New Milford Tu	ırnpike					New Pre	ston	СТ	06777
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	ldress		
860-868-0005		860-619-0	0310			kanupat	el01@gmail.com	1	

Emergency Phone Email Address

Contact Role(s): Administrative Contact

# Please note the following:

**Business Phone** 

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

Fax

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

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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			Cla	ssification	Population	Owner Type	Primary Source
CT1500244	G.W. TAVERN				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
20 BEE BROOK R	OAD	Connections			1			

20 BEE BROOK ROAD	Connections		1		
Towns Served: WASHINGTON	"				'
Monit	oring Requ	uirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)				
Total Coliform (3100)				1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/30	0/19		Complete
Total Coliform (3100)				1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points		12/1/19 - 12/3	31/19		Complete
		1/1/20 - 1/32	1/20		Complete
		2/1/20 - 2/29	9/20		
		3/1/20 - 3/32	1/20		
		4/1/20 - 4/30	0/20		
		5/1/20 - 5/32	1/20		
		6/1/20 - 6/30	0/20		
		7/1/20 - 7/32	1/20		
		8/1/20 - 8/32	1/20		
		9/1/20 - 9/30	0/20		
Total Coliform (3100)				3 r	epeat (RP) per period
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points		9/10/19 - 9/1			Complete
		10/9/19 - 10/			Complete
		10/9/19 - 10/			Complete
		11/27/19 - 12,			
		11/27/19 - 12,			
		11/27/19 - 12,			
		12/14/19 - 12/			Complete
		12/14/19 - 12/			Complete
	1	12/14/19 - 12/			Complete
		1/21/20 - 1/2			Complete
	_	1/21/20 - 1/2			Complete
		1/21/20 - 1/2	6/20		Complete
Total Coliform (3100)				•	outine (TR) per month
Sampling Point (Sampling Point ID)		Monitoring P		Collection Period	•
Select from Inventory of Active Sampling Points		10/1/19 - 10/3			Complete
		11/1/19 - 11/3	30/19		Complete
Physical Parameters (PPS)					utine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring P		Collection Period	
Select from Inventory of Active Sampling Points		7/1/19 - 9/30		40/4 44/20	Complete
		10/1/19 - 11/3	30/19	10/1-11/30	Complete
Physical Parameters (PPS)		Admitted to 5			outine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring P		Collection Period	•
Select from Inventory of Active Sampling Points		12/1/19 - 12/3	31/19		Complete

Schedule Generation Date: 3/10/2020

Connecticut	Department of	Public Healt	h Dr	inkin	g Wa	ater Se	ection	
Wate	r Quality Monit	oring and Co	mpli	iance				
PWS ID PWS Name			Class	sification	Popul	ation Ow	ner Type Pr	imary Source
CT1500244 G.W. TAVERN				NC	2	5	Р	GW
Local Address (where applicable)		Service Resid	ential (	Commerc	cial In	dustrial	Combined	Agricultural
20 BEE BROOK ROAD		Connections		1				
Towns Served: WASHINGTON								
	Monito	oring Requirem	ents					
Water System Facility: <b>DISTRIB</b>	UTION SYSTEM (WSF II	D: 00600)						
Physical Parameters (PPS)								per month
Sampling Point (Sampling Poin	et ID)		oring Pe		Collecti	on Period		ance Status
			) - 1/31	-			Cor	mplete
			) - 2/29					
			) - 3/31					
			0 - 4/30	-				
			) - 5/31					
			0 - 6/30					
			) - 7/31					
			) - 8/31					
		9/1/2	0 - 9/30	/20				
Water System Facility: ENTRY P	OINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							routine (R	
Sampling Point (Sampling Poin	t ID)		oring Pe		Collecti	on Period		ance Status
ENTRY POINT (3)			- 12/31				Cor	mplete
			- 12/31					
		1/1/2:	- 12/31	1/21				
Water System Facility: WELL 1	(WSF ID: 22510)							
E. Coli (3014)						_	gered (TG)	-
Sampling Point (Sampling Poin	t ID)		oring Pe		Collecti	on Period		ance Status
WELL (2)			9 - 9/15	-			Cor	mplete
			9 - 10/1					
			9 - 10/1					
			19 - 12/					
			19 - 12/					
			19 - 12/					
		12/13/2						mplete
		12/13/2						mplete
		12/13/2					Cor	mplete
			0 - 1/26					
			0 - 1/26					
14	latar Cratam Facili		0 - 1/26			15.0		
	ater System Facili	ty and Sampili	g POI			•		
Water System Water System Facility	Campling Doint	Sampling Doint			Total Liform	Lead and	1	Charac
System Water System Facility Facility ID	Sampling Point ID	Description	_		liform Rule	Copper Rule Tier	r Ashestas	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTI		Status <sup>I</sup> A	Y	nuie Hel	Mancalua	VVQF Z DDPK
OOOOO DISTRIBUTION STSTEM	•	WITHIN 5 SERVICE O			T			
	UPSTREAM	WITHIN 5 SERVICE C		Α ^				
00700 ENTRY POINT			JIN	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				

	Water Quality Monito	oring an	d Con	npliance (	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1500244	G.W. TAVERN			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
20 BEE BROOK F	ROAD	Connections		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: WASHINGTON

	Wa	ter System Facili	ity and Samplin	g Point Ir	nvento	γ			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
22510	WELL 1	2	WELL	Α					
57182	WELL #2	2	WELL #2	Α					
57185	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Robert M. Mar	golis			G.W. Tavern			President		
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
20 Bee Brook Rd			РО Вох	397		Washing	gton Depot	СТ	06794
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	ddress		
860-868-6633		860-868-	5689			G_W_TA	AVERN@sbcglo	bal.net	
Contact Role(s): Le	egal Contact, C	Owner							
Name				Organization	l			Job Title	
Mr. John Vandenbo	osch			G.W. Tavern			General Man	ager	
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
P.O. Box 397						Washing	gton Depot	СТ	06794
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-868-6633									
					•				

Contact Role(s): Administrative Contact

#### Please note the following:

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

End of schedule

	Connectic	ut Depa	rtment of	Public	Health	Drin	ıking '	Wa	ter Se	ction	
	Wa	ter Oual	lity Monit	oring a	nd Com	plia	nce So	che	dule		
PWS ID	PWS Name	<b>2010</b>								ner Type I	Primary Source
CT1500254	INSTITUTE FOR A	AMERICAN IN	NDIAN STUDIES			N		35		Р	GW
	vhere applicable)			Service	Residenti		mmercial		ustrial	Combined	
CURTIS ROAD	теге аррисавте,			Connection		u.   00.	1				- I griodicarar
Towns Served: \	WASHINGTON										
			Monito	oring Red	quiremen	ts					
Water System	Facility: DISTR	IBUTION SY			•						
Total Coliforn	•			<u> </u>					1 rou	itine (RT)	per quarter
	Point (Sampling P	oint ID)			Monitorin	a Perio	od Coll	lectio	n Period		liance Status
	n Inventory of Act		Points		10/1/19 - 1						omplete
	•				1/1/20 - 3						
					4/1/20 - 6						
					7/1/20 - 9						
Physical Para	meters (PPS)								1 rou	itine (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitorin	g Perio	od Coll	lectio	n Period		liance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/19 - 1	2/31/	19			С	omplete
					1/1/20 - 3	3/31/2	0				
					4/1/20 - 6	30/2	0				
					7/1/20 - 9	/30/2	0				
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	litrite (NOX)								1	routine (	RT) per year
Sampling F	Point (Sampling P	oint ID)			Monitorin	g Perio	od Coll	lectio	n Period	Comp	liance Status
ENTRY POI	NT (3)				1/1/19 - 1	2/31/1	L9			С	omplete
					1/1/20 - 1	2/31/2	20				
					1/1/21 - 1	2/31/2	21				
		Water Sy	stem Facili	ity and S	ampling I	Point	Inven	tory	•		
Water									ead and		
-	er System Facility		Sampling Point						Copper		Stage
Facility ID			ID	Description		Sta			Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM		4		ION SYSTEM	Α	Y				
			DOWNSTREAM			Α					
			UPSTREAM		SERVICE CON	Α	١				
	RY POINT		3	ENTRY POI	NT	Α	١				
22511 WELI	-		2	WELL		Α	١				
61658 TREA	TMENT PLANT										
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Mr. Chris Comb	S		In	st For Am In	dian Studies			Execu	ıtive Dire	ctor	
Mailing Address	Line One		Mailing Address	s Line Two				City		State	Zip Code
20 Curtic Dood							Washing	ton		СТ	06793
38 Curtis Road											
Business Phor	ne Extension	Fax	Mobi	le Phone	Emergency F	hone	Email Ad	dress			

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1500254	INSTITUTE FOR AMERICAN INDIAN STUDIES			NC	35	Р	GW
Local Address (w	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
CURTIS ROAD		Connections		1			

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

End of schedule

C	onnectic	ut Depai	rtment o	f Public	Health	Drin	nking	g W	ater	Sec	ction	
	Wa	ter Qual	ity Moni	toring a	nd Con	nplia	nce S	Sch	edul	e		
PWS ID P	WS Name					Classif	ication	Popu	lation	Own	er Type P	rimary Sourc
CT1500264 N	IOUNT TOM ST	ATE PARK				N	С	2	25		S	GW
Local Address (who	ere applicable)			Service	Residen	tial Co	mmerci	ial Ir	ndustria	al (	Combined	Agricultura
MOUNT TOM ROA	D			Connectio	ns		1					
Towns Served: WA	SHINGTON											
				oring Re	quireme	nts						
Water System Fa	•	IBUTION SY	STEM (WSF	ID: 00600)								
Total Coliform	· ·											per quarter
	nt (Sampling P	-			Monitori			Collect	ion Per	iod		ance Status
Select from Ir	ventory of Act	ive Sampling I	Points		7/1/19 -					_	Cc	mplete
					4/1/20 -							
					7/1/20 -	9/30/2	.0					
Physical Parame	• •											per quarter
	nt (Sampling P				Monitori			ollect	ion Per	iod		ance Status
Select from Ir	ventory of Act	ive Sampling I	Points		7/1/19 -						Сс	mplete
					4/1/20 -							
					7/1/20 -	9/30/2	.0					
Water System Fa	cility: ENTR	Y POINT (W	SF ID: 00700)									
Nitrate And Nitr	rite (NOX)									1 r	outine (F	RT) per year
Sampling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od C	ollect	ion Per	iod	Compl	ance Status
ENTRY POINT	(3)				1/1/19 -	12/31/	19				Сс	mplete
					1/1/20 -	12/31/2	20					
					1/1/21 -	12/31/2	21					
			Other C	Complian	ce Sched	lules						
Compliance Sched						Due Da	te		Achie	ved D	ate	
CROSS CONNECTIO	ON EXEMPTION					3/1/201	L7					
SEASONAL START I	JP COMPLETIO	N				5/1/202	20					
		<b>Water Sy</b>	stem Facil	ity and S	Sampling	Poin	t Inve	ento	ry			
Water							To	otal	Lead o	and		
System Water S	System Facility	S	ampling Point				Col	iform				Stage
Facility ID			ID	Description	n	Sta	itus F	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	I A	4	Υ				
			OWNSTREAM	WITHIN 5	SERVICE CO	N A	4					
			UPSTREAM	WITHIN 5	SERVICE COI	N A	4					
00700 ENTRY I	POINT		3	ENTRY POI	NT	A	4					
22512 WELL			2	WELL		A	4					
			Cor	ntact Info	ormation	1						
Name			O	rganization							Job Title	
Mr. David Cooley			D	eep-Engine	ering Unit			Sup	ov Civil	Engir	neer	
Mailing Address Li	ne One	ſ	Mailing Addres	ss Line Two				C	ity		State	Zip Code
163 Great Hill Road	d						Portla	nd			СТ	06480
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email /	Addre	SS			
860-342-2215		860-344-2	560 860-	205-7552	860-424-	3333	david.cooley@ct.gov					

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

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

				_ I			
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT1500264	MOUNT TOM STATE PARK			NC	25	S	GW
Local Address (w	here applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
MOUNT TOM RO	DAD	Connections		1			

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

End of schedule

C		ut Departmo ter Quality N						_			ction		
PWS ID P	WS Name	ter quarry r	101110	, or mg u							er Type P	rimary So	ource
		UG COUNTRY CLUB					NC	-	25		P	GW	34100
Local Address (wh				Service	Resident		Commerc		ndustria	al	Combined	_	ltural
22 GOLF LINKS RO				Connection			1						
Towns Served: WA													
			Monit	oring Re	quireme	nts							
Water System Fa	acility: DISTR	IBUTION SYSTEM			quireine	1103							
<b>Total Coliform</b>	(3100)								1	rou	tine (RT)	per qua	rter
Sampling Pol	int (Sampling P	Point ID)			Monitori	ng Pe	riod	Collect	ion Pe	riod	Compl	ance Sta	ıtus
Select from I	nventory of Act	ive Sampling Points			7/1/19 -	8/31,	/19				Cc	mplete	
					10/1/19 -	12/3	1/19				Co	mplete	
					1/1/20 -	3/31,	/20						
					4/1/20 -	6/30,	/20						
					7/1/20 -	9/30,	/20						
<b>Physical Parame</b>	eters (PPS)								1	rou	tine (RT)	per qua	rter
Sampling Pol	int (Sampling P	Point ID)			Monitori	ng Pe	riod	Collect	ion Pe	riod	Compl	ance Sta	itus
Select from I	nventory of Act	ive Sampling Points			7/1/19 -	9/30,	/19				Co	mplete	
					10/1/19 -						Co	mplete	
					1/1/20 -								
					4/1/20 -								
					7/1/20 -	9/30,	/20						
Water System Fa	cility: ENTR	Y POINT (WSF ID:	00700)										
Nitrate And Nit	rite (NOX)									1 ı	routine (F	RT) per y	/ear
Sampling Pol	nt (Sampling P	Point ID)			Monitori	ng Pe	riod	Collect	ion Pe	riod	Compl	ance Sta	itus
ENTRY POINT	(3)				1/1/19 - :	12/31	/19				Cc	mplete	
					1/1/20 - :	12/31	/20						
					1/1/21 - :	12/31	/21						
		0	ther C	omplian	ce Sched	lules	5						
Compliance Schea	lule Activity				L	Due D	ate		Achie	ved L	Date		
RESPOND TO SAN	TARY SURVEY				1	.2/2/2	.006						
		<b>Water System</b>	. Facili	ity and S	amnling	Poi	nt Inv	ento	rv				
Water		Water System	i i deiii	ity ana 3	ampim <sub>6</sub>	. 01		Total	Lead	and			
	System Facility	Samplii	ng Point	Sampling F	Point			liform				Si	tage
Facility ID		•	D	Description		Si		Rule			Asbestos		_
00600 DISTRIE	BUTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM		Α	Υ					
		DOWN	STREAM	WITHIN 5 S	SERVICE CON	٧	Α						
		UPST	REAM	WITHIN 5 S	SERVICE CON	٧	Α						
00700 ENTRY	POINT		3	ENTRY POI	NT		Α						
22513 WELL			2	WELL			Α						
			Con	tact Info	rmation	ı							
Name			0	rganization							Job Title		
Dr. Andrew Leche	r		Co	ountry Club				Pre	esident				
Mailing Address Li	ne One	Mailing	g Addres	s Line Two				C	ity		State	Zip Cod	e
22 Golf Link Road		РОВо	x 2519				New I	Prestor	1		СТ	06777	7
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phon	e Email	Addre	SS				
860-868-1646		860-868-1678											

(	Connectic	•					_			
DIAIC ID		ter Qua	nty Mon	itoring a	ilu Coll	_				Duine and Course
	WS Name							•		Primary Source
CT1500274 L	AKE WARAMAL	JG COUNTR	Y CLUB				NC	25	Р	GW
Local Address (wh	ere applicable)		Service	Resider	ntial	ommerci	al Industri	al Combine	ed Agricultural	
22 GOLF LINKS RC	AD		Connection	IS		1				
Towns Served: W	ASHINGTON									
Contact Role(s):	Legal Contact									
Name				Organization					Job Title	9
Mr. Todd Zorn				Lake Waramaı	ıg Country	Club		General N	/lanager	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
P.O. Box 2519							New Pr	eston	СТ	06777
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phon	e Email A	ddress		
860-868-9990			914	4-954-7862			tzorn@	lakewaram	augcc.com	
Contact Role(s):	Administrative (	Contact, Ow	ner							
-										

## Please note the following:

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End of schedule

	Connec	cticut Departme	nt of Public H	lealth	Dri	nking	o Wa	iter	Se	ection	
		Water Quality M				_	_				
PWS ID	PWS Name		omtoring and	u Com						ner Tyne Pr	imary Source
		K FIRE HOUSE				NC	2		OW	I	GW
Local Address (wi			Service	Resident		ommerci		dustri	اد	Combined	Agricultural
109 BEE BROOK F		able)	Connections	Resident	tiai CC	1	iai iiii	uustiii	aı	Combined	Agricultural
Towns Served: W		N									
Towns Served. W	77.571111010		Ionitoring Requ	iromo	ntc						
Water System F	Facility: <b>D</b>	DISTRIBUTION SYSTEM (		ill elllei	1113						
Total Coliform	•		(110. 12. 00000)					1	roi	ıtine (RT) ı	per quarter
		ling Point ID)		Monitorii	na Per	iod C	Collecti				ance Status
		of Active Sampling Points		7/1/19 -							mplete
Sciece ii diii	ventory c	or receive sumpling remes		10/1/19 -							mplete
				1/1/20 -							pictc
				4/1/20 -							
n	. /5-			7/1/20 -	9/30/2	20				(5-1)	
Physical Param	=	<del>-</del>									oer quarter
		ling Point ID)		Monitorii			Collecti	on Pei	rıod	•	ance Status
Select from	Inventory of	of Active Sampling Points		7/1/19 -							mplete
				10/1/19 -						Со	mplete
				1/1/20 -	3/31/2	20					
				4/1/20 -	6/30/2	20					
				7/1/20 -	9/30/2	20					
Water System F	Facility: <b>E</b>	NTRY POINT (WSF ID: 0	0700)								
Nitrate And Ni	itrite (NO	X)							1	routine (R	T) per year
Sampling Po	oint (Samp	ling Point ID)		Monitorii	ng Per	riod C	Collecti	on Pei	riod	Compli	ance Status
ENTRY POIN	NT (3)			1/1/19 - 3	12/31/	/19				Co	mplete
				1/1/20 - 3	12/31/	/20					
				1/1/21 - 1	12/31/	/21					
	Mon	thly Water System	Facility (WSF) I	evel N	/lonit	toring	Req	uire	me	nts	
Water System F	Facility: <b>E</b>	NTRY POINT (WSFID: 00	0700)								
Analyte		Monitoring Requirement (	(Summary Type)	Opei	rating	Limit				Samples Re	eq/Month
рН		Entry Point pH Monitoring	(PHRD)	Mini	mum:	7 PH				4	
Start Date: 1	1/1/2014		Complia	nce Histo	ory:	Or	peratin	σ I imi	i+	Monitor	ing
			Monitor	ing Perio	d		mpliar	_			nce Status:
			10/1/20	19 - 10/31	1/2019					<del>-</del>	
				19 - 11/30							
				19 - 12/31	-						
				0 - 1/31/2		-					
				0 - 2/29/2 0 - 2/29/2							
		Public	c Notification R			its					
			Compliance	Notice		Public N	lotifica	tion		PN Cert	ification
Violation/Situati	ion		Period	Tier		equired	-	orme	d L	Due to DPH	Received
Distribution Odo	r M&R Viol	ation	7/1/10 - 9/30/10	3		/30/2011	_			1/9/2012	
Distribution Colo			7/1/10 - 9/30/10	3		/30/2011				1/9/2012	
			= =,==,==	_	/						

3

12/30/2011

1/9/2012

7/1/10 - 9/30/10

Distribution Turbidity M&R Violation

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1500314	BEE BROOK FIRE HOUSE				NC	25	L	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural
109 BEE BROOK	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
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
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					
22728	WELL	2	WELL	Α					
55736	TREATMENT PLANT								
55738	PRESSURE TANK								

				Contact Info	ormation						
Name				Organization			Job Title				
Washington											
Mailing Address Lin	e One		Mailing	g Address Line Two			City State Zip Co				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
( )	wner										
Name				Organization				Job Title			
Mr. Mark E. Lyon				Town of Was	shington		First Selectma	an			
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code		
Bryan Memorial To	wn Hall		2 Bryai	n Plaza, P.O. Box 38	3	Washington Depot CT 0679					
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	nail Address				
860-868-2259		860-868-3	3103			mlyon@washingtonct.org					
				*	•	*					

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

# Please note the following:

Towns Served: WASHINGTON

- 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

	Connectic	ut Depa	artmer	nt of	f Public	Health	Drii	nking	Wat	er S	ection	
	Wat	ter Qua	lity Mo	onit	oring a	nd Con	nplia	nce S	chec	dule		
PWS ID	PWS Name						Classif	ication	Populat	ion Ov	wner Type I	Primary Source
CT1501144	9 MAIN STREET						N	IC	25		Р	GW
Local Addr	ess (where applicable)				Service	Residen	tial Co	mmercia	Indu	ustrial	Combine	d Agricultural
9 MAIN STI	REET				Connectio	ns		1				
Towns Serv	ed: WASHINGTON					·						
			M	onit	oring Re	quireme	nts					
Water Sys	stem Facility: <b>DISTR</b>	IBUTION S	YSTEM (	WSF I	D: 00600)							
<b>Total Coli</b>	iform (3100)									1 rc	outine (RT)	per quarter
Samp	ling Point (Sampling Po	oint ID)				Monitori	ng Peri	od Co	llection	n Perio	d Comp	liance Status
Select	from Inventory of Acti	ve Sampling	g Points			7/1/19 -	9/30/1	.9			С	omplete
						10/1/19 -	12/31/	<b>1</b> 9			C	omplete
						1/1/20 -	3/31/2	20				
						4/1/20 -	6/30/2	20				
						7/1/20 -	9/30/2	20				
Physical I	Parameters (PPS)									1 rc	outine (RT)	per quarter
-	ling Point (Sampling Po	oint ID)				Monitori	ng Peri	od Co	llection	n Perio	d Comp	liance Status
Select	from Inventory of Acti	ve Sampling	g Points			7/1/19 -	9/30/1	.9			С	omplete
	•					10/1/19 -	12/31/	<b>′</b> 19			С	omplete
						1/1/20 -	3/31/2	20				
						4/1/20 -						
						7/1/20 -						
Water Sys	stem Facility: ENTRY	POINT (V	WSF ID: 00	0700)		, , -						
•	nd Nitrite (NOX)	(1)		,							1 routine (	RT) per year
	ling Point (Sampling Po	oint ID)				Monitori	na Peri	od Co	llection		-	liance Status
	Y POINT (3)					1/1/19 -			nection	77 6770		omplete
LIVIII	110111 (3)					1/1/20 -						ompiete
						1/1/21 -						
		Mata C		:1:	:4 d C				- <b>.</b>			
		water 5	ystem i	-aciii	ity and S	ampling	Poin					
Water	Matau Custom Fasilitus		Camanlina	Daint	Comonlina	Daint				ead an		<b>C</b> •
System Facility ID	Water System Facility		Sampling ID	Point	Sampling I Description			Colif		Copper		Stage WQP 2 DBPR
	\A/FII 4				-	•		itus	ile n	tule He	ASDESTOS	VVQF Z DBFN
	WELL 1	<u> </u>	2		WELL 1	IONI CVCTEN		Α .	,			
00600	DISTRIBUTION SYSTEM		4			ION SYSTEM			Y			
					WITHIN 5 S			A				
00=00	51/TDV 00/10/T		UPSTRE	AIVI		SERVICE CON		Α				
	ENTRY POINT		3		ENTRY POI	NÍ	,	Ą				
61163	TREATMENT PLANT											
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Ms. Jolina	Audel				Main Assoc	LLC			Mang	er		
Mailing Ad	dress Line One		Mailing A	ddres	s Line Two				City		State	Zip Code
69 Whittle								New Pre			СТ	06777
Business	•	Fax		Mobi	le Phone	Emergency	Phone				1	
860-248						860-868-		jsaudet		ail.com	า	
								,	•	•		

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Wa	iter Section
Water Quality Monitoring and Compliance Sche	dule

	200000	<i>6</i>		-r				
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT1501144				NC	25	Р	GW	
Local Address (v	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural	
9 MAIN STREET	Connections			1				

#### Please note the following:

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End of schedule

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Schedule Generation Date: 3/10/2020

	GW ricultural quarter Status
PWS ID PWS Name Classification Population Owner Type Primar CT1501164 INSTITUTE FOR AMERICAN INDIAN S RESEARCH NC 35 P G G Connections Service Connections Residential Commercial Industrial Combined Agr 38 CURTIS ROAD 1 1 Towns Served: WASHINGTON    Monitoring Requirements	GW ricultural quarter Status
CT1501164 INSTITUTE FOR AMERICAN INDIAN S RESEARCH  Local Address (where applicable)  Service Connections  Service Connections  Residential Commercial Industrial Combined Agr  Towns Served: WASHINGTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  Comples  1/1/20 - 3/31/20  4/1/20 - 6/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance  Compliance  1 routine (RT) per Comples  1/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance  Compliance	GW ricultural quarter Status
Local Address (where applicable)  38 CURTIS ROAD  Towns Served: WASHINGTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  1/1/20 - 3/31/20  4/1/20 - 6/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period  Commercial Industrial Combined Agraeling Point ID  Monitoring Requirements  1 routine (RT) per Compliance  1 routine (RT) per Complete Industrial Combined Agraeling Point ID  Monitoring Period Collection Period Compliance  1 routine (RT) per Complete Industrial Combined Agraeling Point ID  Monitoring Period Collection Period Compliance  Compliance  1 routine (RT) per Compliance  Monitoring Period Collection Period Compliance	quarter Status
Towns Served: WASHINGTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)	quarter Status
Towns Served: WASHINGTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)	Status
Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  Completed Collection Period Compliance  1/1/20 - 3/31/20  4/1/20 - 6/30/20  7/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance	Status
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  Completed 1/1/20 - 3/31/20  4/1/20 - 6/30/20  7/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance  Compliance  1 routine (RT) per compliance	Status
Total Coliform (3100)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  Completed 1/1/20 - 3/31/20  4/1/20 - 6/30/20  7/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  1 routine (RT) per control of Collection Period Compliance Compliance Compliance Compliance	Status
Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  Complex  1/1/20 - 3/31/20  4/1/20 - 6/30/20  7/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Compliance  Compliance  Advisor Compliance  Monitoring Period  Collection Period  Compliance  Compliance	Status
Select from Inventory of Active Sampling Points  10/1/19 - 12/31/19  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 constraint (Sampling Point (Sampling Point (Sampling Point Compliance))	
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 constraint (Sampling Point (Sampling Point (Sampling Point Compliance))	te
4/1/20 - 6/30/20 7/1/20 - 9/30/20  Physical Parameters (PPS) Sampling Point (Sampling Point ID)  4/1/20 - 6/30/20  1 routine (RT) per continuous Monitoring Period Collection Period Compliance	
7/1/20 - 9/30/20  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  1 routine (RT) per conduction Period Collection Period Compliance	
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance	
Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance	
	uarter
Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Comple	
	te
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) pe	-
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance	Status
ENTRY POINT (3) 1/1/19 - 12/31/19 Comple	te
1/1/20 - 12/31/20	
1/1/21 - 12/31/21	
Other Compliance Schedules	
Compliance Schedule Activity  Due Date  Achieved Date	
RESPOND TO SANITARY SURVEY 1/1/2020 12/31/2019	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System Facility Sampling Point Sampling Point Coliform Copper	Stage
Facility ID Description Status Rule Rule Tier Asbestos WQF	<sup>2</sup> DBPR
00600 DISTRIBUTION SYSTEM 4 DITRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
61618 WELL 1 2 WELL 1 A	
61659 TREATMENT SYSTEM	
Contact Information	
Name Organization Job Title	
Mr. Chris Combs Inst For Am Indian Studies Executive Director	
Mailing Address Line One Mailing Address Line Two City State Zip	Code
38 Curtis Road Washington CT 06	5793
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	
860-868-0518 860-868-1679 ccombs@iaismuseum.org	
Contact Role(s): Administrative Contact, Legal Contact	

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

PWS ID PWS Name					Classificati	on P	opulation	Owner Type	<b>Primary Source</b>	
CT1501164 INSTITUTE FOR AMERICAN INDIAN S RESEARC				СН		NC		35	Р	GW
Local Address (where applicable)			Service	Resider	itial Comm	Commercial I		al Combine	ed Agricultural	
38 CURTIS ROAD			Connections					1		

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End of schedule

Schedule Generation Date: 3/10/2020