	Connectic	*							0			ection		
		ter Qua	lity Mor	lito	oring ar	id Com					-			
	PWS Name						Clas	ssificatio	on Po		Ow	ner Type		ource
	THE WILLIAMS S	CHOOL BAL	FIELD					NC		25		Р	GW	
Local Address (w					Service	Residen	tial		ercial	Industr	ial	Combine	d Agricu	Itural
120R BLOOMING					Connection	S		1						
Towns Served: W	VATERFORD													
			Mon	ito	oring Req	uireme	nts	;						
Water System	Facility: DISTR	IBUTION S	YSTEM (WS	SF ID	D: 00600)									
Total Coliform	(3100)									-	1 roi	utine (RT)	per qua	arter
Sampling P	oint (Sampling Po	oint ID)				Monitori	ng P	Period	Colle	ction Pe	riod	Сотр	liance Sta	atus
Select from	Inventory of Acti	ve Sampling	Points			7/1/19 -	9/30	0/19				C	omplete	
						10/1/19 -	12/3	31/19						
						4/1/20 -	6/30	0/20						
						7/1/20 -	9/30	0/20						
Physical Paran	neters (PPS)									2	1 rou	utine (RT)	per qua	irter
Sampling P	oint (Sampling Po	oint ID)				Monitori	ng P	Period	Colle	ction Pe	riod	Сотр	liance Sta	atus
Select from	Inventory of Acti	ve Sampling	Points			7/1/19 -	9/30	0/19				C	omplete	
						10/1/19 -	12/3	31/19						
						4/1/20 -	6/30	0/20						
						7/1/20 -	9/30	0/20						
Water System	Facility: ENTRY	POINT (V	VSF ID: 0070	00)										
Nitrate And Ni	itrite (NOX)										1	routine (RT) per	year
Sampling P	oint (Sampling Po	oint ID)				Monitori	ng P	Period	Colle	ction Pe	riod	Сотр	liance Sta	atus
ENTRY POIN	NT (3)					1/1/19 -	12/3	31/19				C	omplete	
						1/1/20 -	12/3	31/20						
						1/1/21 -	12/3	31/21						
			Other	Co	omplianc	e Sched	lule	es						
Compliance Sche	edule Activity							Date		Achie	eved	Date		
CROSS CONNECT	ION SURVEY REP	ORT						2020						
SEASONAL STAR	T UP COMPLETIO	N				4	4/1/2	2020						
		Water S	ystem Fac	cilit	ty and Sa	mpling	Ро	int In	vent	ory				
Water									Total		and	1		
	r System Facility		Sampling Po			oint		0	Colifor		-			Stage
Facility ID			ID		Description			Status	Rule	Rule	Tier	Asbesto	s WQP 2	DBPF
00600 DISTR	IBUTION SYSTEM		4		DISTRIBUTIC			А	Y					
			DOWNSTREA					А						
			UPSTREAN		WITHIN 5 SE		N	А						
			WMISPIGO		OUTSIDE SP			Α	Y					
00700 ENTR	Y POINT		3		ENTRY POIN	Т		А						
	#1		2		WELL #1			Α						
22914 WELL			C	ont	tact Infor	mation								
22914 WELL												Lob Title		
22914 WELL Name				Org	ganization							Job Title		
	nool			Or	ganization							JOD TIL		
Name			Mailing Add		-					City		State	Zip Co	de
Name The Williams Sch	Line One				-			New	v Lond					
Name The Williams Sch Mailing Address	Line One venue	Fax	Mailing Add	ress	Line Two	Emergency	Pho	-		on		State	Zip Co	

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

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

					0		P -				<u> </u>				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source				
CT1520054	THE WILLIAMS SCHOOL BALLFIELD						NC		25	Р	GW				
Local Address (where applicable)				Se	ervice	Residential Co		Commerc	ial Industri	ial Combin	ed Agricultural				
120R BLOOMINGDALE ROAD					onnection	S		1							
Towns Served: W	/ATERFORD														
Contact Role(s):	Owner														
Name					Organization Job						lob Title				
Mr. Peter Simpson The Willia					Williams So	chool	Facilities Manager								
Mailing Address Line One Mailing Add				lress Lii	ess Line Two				City	State	Zip Code				
The Williams School 182 Mohega			an Avei	n Avenue			New L	ondon	СТ	06320					
Business Phone	e Extension Fax M			Iobile P	bile Phone Emergency Phone			ne Email	Email Address						
860-443-5333	860-439-2796														
Contact Role(s):	Administrative	Contact, Leg	al Contact					·							
Please note the	following:														
1. The residual d	isinfectant concent	tration must b	e measured a	t the sa	me locatio	n and time	as eac	h total coli	form sample.						
2. If a Collection	Period is specified,	all water qua	lity samples m	nust be (collected d	uring the sp	pecifie	ed period.							

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

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

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

End of schedule

	Connecticut Departme	ent of Public H	lealth	Dr	'inking	Water	Sec	ction					
	Water Quality N	Monitoring an	d Com	ipl i	iance So	chedul	e						
PWS ID	PWS Name	0	<u> </u>					ion Population Owner Type Primary Sourc					
CT1521004	CONNECTICUT HUMANE SOCIETY -	WATERFORD			NC	43		Р	GW				
Local Address (where applicable)	Service	Resident	tial	Commercial	Industria	al C	Combined	Agricultura				
169 OLD COLCH	HESTER ROAD	Connections			2								
Towns Served:	WATERFORD												
		Monitoring Requ	ireme	nts									
Water System	n Facility: WELL 1 (WSF ID: 00520)											
E. Coli (3014	4)					1 t	rigge	ered (TG)	per period				
Sampling	Point (Sampling Point ID)		Monitorii	ng Pe	riod	Compliance Status							
WELL 1 (2)		10/8/19 -	10/1	4/19	Complete			mplete				
			11/1/19 -	- 11/	7/19			Co	mplete				
Water System	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)											
Total Colifor	m (3100)					1	rout		oer quarter				
	Point (Sampling Point ID)		Monitorii	_		lection Per	riod	Compliance Status					
Select from	m Inventory of Active Sampling Points		7/1/19 - 9/30/19						mplete				
			10/1/19 - 10/31/19					Complete					
			1/1/20 -					Co	mplete				
			4/1/20 - 6/30/20										
			7/1/20 -	9/30)/20								
Total Colifor	. ,						-		per period				
	Point (Sampling Point ID)		Monitoring Period			lection Per	riod	Compliance Status					
Select from	m Inventory of Active Sampling Points		10/9/19 - 10/14/19						mplete				
			11/2/19 -	- 11/					mplete				
Total Colifor						-	-		per month				
	Point (Sampling Point ID)		Monitoring Period			lection Per	riod		ance Status				
Select from	m Inventory of Active Sampling Points		11/1/19 -						mplete				
			12/1/19 -	12/3	31/19				mplete				
-	ameters (PPS)								per quarter				
Sampling Point (Sampling Point ID)			<i>Monitoring Period</i> 7/1/19 - 9/30/19			lection Per	iod		ance Status				
Select from	m Inventory of Active Sampling Points			-	-				mplete				
			10/1/19 -						nplete				
			1/1/20 -	-	-			Co	mplete				
			4/1/20 -	-	-								
Motor Sustan	Facility FAITRY POINT (MCE ID		7/1/20 -	9/30	0/20								
	n Facility: ENTRY POINT (WSF ID: Nitrite (NOX)						1 r	outine (P	T) per year				
	Point (Sampling Point ID)		Monitorii	na Pa	eriod Col	lection Per		-	ance Status				
ENTRY PO			1/1/19 - 12/31/19			Compliance							
			1/1/20 - 12/31/20						ipicic				
			1/1/21 - 12/31/21										
	O	ther Compliance											
Compliance Sci	hedule Activity					Achie	ved D	ate					
Sompliance Ju			Due Date Ach 10/22/2016 10/22/2016			Addie	.cu D						
RESPOND TO S			12/5/2019										
RESPOND TO S	T(MUTTPLFTC+)			1171									
	T (MULTIPLE TC+)	lic Notification P											
	· · ·	lic Notification R		me				841.5	ification				

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1521004 **CONNECTICUT HUMANE SOCIETY - WATERFORD** NC 43 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 2 **169 OLD COLCHESTER ROAD** Towns Served: WATERFORD renjonneu Due to Drn neguneu лесетеи 12/6/19 -REVISED TOTAL COLIFORM RULE (RTCR) TT Violation 2 2/15/2020 2/25/2020 Water System Facility and Sampling Point Inventory Lead and Water Total Sampling Point Sampling Point System Water System Facility Coliform Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 2 WELL 1 00520 WELL 1 Α 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Δ Y DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А ENTRY POINT 3 A 00700 ENTRY POINT **Contact Information** Organization Name Job Title Officer / Owner Mr. Raymond V. Gasecki **CT Humane Society** Mailing Address Line One Mailing Address Line Two City State Zip Code 169 Old Colchester Road Waterford CT 06375 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-666-3336 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