	Connectic	•	rtment o lity Moni				_				
PWS ID	PWS Name	ici Qua.	iity Moili	toring a	illu Coll						Primary Sourc
CT1600044	15 RIVER ROAD I	PLAZA				N		-	25	P	GW
	where applicable)			Service	Residen		mmerci		ndustrial	Combine	_
15 RIVER ROAD				Connection			1				7.8
Towns Served:											
			Monit	toring Re	auireme	nts					
Water System	r Facility: DISTR	IBUTION SY			quii ciiic	1103					
Total Colifor	m (3100)								1 r	outine (RT) per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od C	ollect	ion Perio	d Com	oliance Status
Select from	m Inventory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	9			(Complete
					10/1/19 -	12/31/	19				Complete
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
·					7/1/20 -	9/30/2	0				
Physical Para	meters (PPS)								1 r	outine (RT) per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od C	Collect	ion Perio	d Com	oliance Status
Select from	m Inventory of Acti	ve Sampling	Points		7/1/19 -	9/30/1	9			(Complete
					10/1/19 -	12/31/	19			(Complete
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Water System	Facility: ENTRY	POINT (W	/SF ID: 00700)							
Nitrate And I	Nitrite (NOX)									1 routine	(RT) per year
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od C	Collect	ion Perio	d Com	oliance Status
ENTRY PO	INT (3)				1/1/19 -	12/31/1	19				
					1/1/20 -	12/31/2	20				
					1/1/21 -	12/31/2	21				
		Water Sy	ystem Faci	lity and S	Sampling	Point	t Inve	ento	ry		
Water	C		Carranaltina a Datin		Detet			otal	Lead an		
System Wat Facility ID	ter System Facility	•	Sampling Poin ID	t Sampling Descriptio			-	iform Rule	Coppe		Stage s WQP 2 DBP
-	RIBUTION SYSTEM		4		ION SYSTEM		tus	Y	Nuie III	er Asbesto	3 WQF 2 DDF
00000 DIST	KIBUTION STSTEIN		DOWNSTREAN					ĭ			
00700 FNT	DV DOINT		UPSTREAM		SERVICE CON						
	RY POINT		3	ENTRY PO	IIN I	P					
22538 WEI			2	WELL		P	4				
56134 TRE	ATMENT PLANT										
			Co	ntact Info	ormation						
Name			(Organization						Job Title	<u>)</u>
Ms. Amy Moor	·e		Į.	American Eag	gle Cafe & Sa	loon		Fac	ility Man	ager	
Mailing Addres	s Line One		Mailing Addre	ss Line Two				C	ity	State	Zip Code
15 River Road							Willing	gton		СТ	06279
Business Pho	ne Extension	Fax	Mok	ile Phone	Emergency	Phone	Email /	Addre	SS		
860-487-350	01										
Contact Role(s)	: Administrative (Contact, Leg	al Contact, Ow	ner							

	Connectic	ut Depa	rtment c	of Public	Health	ווזעו	nking	g vvater	sec	tion		
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedu	le			
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	Prim	nary Source
CT1600044	15 RIVER ROAD	PLAZA				Ν	IC	25		Р		GW
Local Address (w	here applicable)			Service	Residen	tial Commercial		al Industri	al C	ombine	ed A	Agricultural
15 RIVER ROAD -	ROUTE 32			Connection	ns		1					
Towns Served: W	/ILLINGTON			·	·	·						
Name				Organization					J	lob Title	9	
1308 Stafford Rd												
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Z	ip Code
1308 Stafford Rd							Storrs			CT		06268
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Owner		·									

CD 1-11-11-1-1-1 D -1-1-1- MI-1-- C

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

End of schedule

	C	onnectic	ut Depa	rtment of	Public	Health I) Drin	king	Wa	ater S	ection	
			•	lity Monit				_				
PWS ID	P	WS Name	or quar	Tionic	51 mg a		lassific				vner Type	Primary Source
CT160006		OOSE MEADO	W CAMPGRO	OUND			NC		2!		P	GW
		ere applicable)			Service	Residentia		nmercial	1	dustrial	Combine	_
KECHKIS R					Connection			1				S
		LLINGTON										
				Monito	oring Red	quirement	ts					
Water Sy	stem Fa	cility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
Total Co	liform ((3100)								1 ro	utine (RT)	per quarter
Samp	oling Poi	nt (Sampling P	oint ID)			Monitoring	, Period	d Col	lecti	on Period	d Comp	liance Status
Selec	t from Ir	ventory of Act	ive Sampling	Points		7/1/19 - 9/	/30/19				C	omplete
						4/1/20 - 6/	/30/20					
	-					7/1/20 - 9/	/30/20	-				
Physical	Parame	eters (PPS)								1 ro	utine (RT)	per quarter
Samp	oling Poi	nt (Sampling P	oint ID)			Monitoring	Perio	d Col	lecti	on Period	d Comp	liance Status
Selec	t from Ir	entory of Act	ive Sampling	Points		7/1/19 - 9/					C	omplete
						4/1/20 - 6/						
						7/1/20 - 9/	/30/20					
Water Sy	stem Fa	cility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate A	And Niti	rite (NOX)								1	l routine (RT) per year
Samp	oling Poi	nt (Sampling P	oint ID)			Monitoring	Perio	d Col	lecti	on Period	d Comp	liance Status
ENTR	RY POINT	(3)				1/1/19 - 12	2/31/19)			C	omplete
						1/1/20 - 12	2/31/20)				
						1/1/21 - 12	/31/21	L				
			Water Sy	/stem Facili	ty and Sa	ampling P	oint	Inven	tor	У		
Water								Tota	al	Lead and	d	
System		System Facility		Sampling Point				_		Copper		Stage
Facility ID				ID	Description		Stati			Rule Tie	r Asbestos	WQP 2 DBPF
00600	DISTRIB	SUTION SYSTEM		4		ON SYSTEM	A	Y				
				DOWNSTREAM			A					
00=00				UPSTREAM		ERVICE CON	Α.					
00700	ENTRY	POINT		3	ENTRY POIN	N I	Α.					
22540	WELL			2	WELL		A					
60542	WELL#	2		2	WELL #2		A					
				Con	tact Info	rmation						
Name				Or	ganization						Job Title	
Mr. Georg	ge N. Has	sapes		M	oose Meado	w Campgrour	nd					
Mailing Ad		ne One		Mailing Address	s Line Two				Cit	ty	State	Zip Code
PO Box 38					1			Willingto			СТ	06279
Business		Extension	Fax	Mobi	le Phone	Emergency P	hone E	Email Ad	ldres	S		
860-429							ŀ	nasapes	@att	.net		
Contact Ro	ole(s):	Administrative	Contact, Leg	al Contact, Own	er							

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

								·	
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1600064	MOOSE MEADOW CA	MPGRO	UND			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commer	cial Industri	ial Combine	ed Agricultural		
KECHKIS ROAD		Connections		1					

Towns Served: WILLINGTON

Please note the following:

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

End of schedule

Page 4

Con	necticut Departm	ent of	f Public H	lealth	D	rinking	Water S	Section	
	Water Quality I	Monit	oring an	d Con	npl	iance S	Schedule	<u> </u>	
PWS ID PWS I	Name				Cla	ssification	Population C	wner Type Pr	imary Source
CT1600074 WILD	ERNESS LAKE CAMPGROUND	& RESOR	Т			NC	25	Р	GW
Local Address (where a	applicable)		Service	Residen	itial	Commerci	al Industrial	Combined	Agricultural
150 VILLAGE HILL ROA	D		Connections			1			
Towns Served: WILLIN	GTON							,	
		Monit	oring Requ	ıireme	nts				
Water System Facilit	y: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (310	00)						1 r	outine (RT)	er quarter
Sampling Point (S	Sampling Point ID)			Monitori	ing F	Period C	ollection Perio		ance Status
Select from Inven	tory of Active Sampling Points			7/1/19 -	9/3	0/19		Co	mplete
			_	10/1/19 -	- 12/	31/19		Co	mplete
				1/1/20 -	- 3/3	1/20			
				4/1/20 -					
				7/1/20 -					
Physical Parameter	s (PPS)						1 r	outine (RT) p	er quarter
-	Sampling Point ID)			Monitori	ing F	Period C	ollection Perio		ance Status
Select from Inven	tory of Active Sampling Points			7/1/19 -	9/3	0/19		Co	mplete
	· · ·			10/1/19 -	- 12/	31/19		Co	mplete
				1/1/20 -	- 3/3	1/20			·
				4/1/20 -	- 6/3	0/20			
				7/1/20 -	- 9/3	0/20			
Water System Facilit	y: ENTRY POINT (WSF ID:	00700)		, .					
Nitrate And Nitrite								1 routine (R	T) ner vear
	Sampling Point ID)			Monitori	ina F	Period C	ollection Perio		ance Status
ENTRY POINT (3)	, , ,			1/1/19 -				-	mplete
- (-)				1/1/20 -					
				1/1/21 -					
	Puh	lic Not	tification R						
	I UD						atification	DN Cont	ification
Violation/Situation			ompliance Period	Notice Tier	•		otification Borformed	PN Cert	
Total Coliform MCL Vic	alation	0/1	/11 - 9/30/11	2		Required 11/2/2011	Performed	Due to DPH 11/12/2011	Received
Total Coliform M&R Vi			/12 - 6/30/12	2		12/5/2011		12/15/2012	
Repeat Total Coliform			/11 - 9/30/11	2		12/5/2012		12/15/2012	
-			/11 - 9/30/11	3		11/5/2013		11/15/2013	
Physical Parameters N							10 t 0 10 t	11/15/2015	
Water	Water Systen	1 Facil	ity and Sai	npling	PO		ntory otal Lead a		
System Water Syste	em Facility Sampli	na Point	Sampling Poi	nt			form Coppe		Stage
Facility ID		ID	Description					ier Asbestos	_
00600 DISTRIBUTION	ON SYSTEM	4	DISTRIBUTION	N SYSTEM		A A	Υ		
2.375311			WITHIN 5 SEF			A			
		REAM	WITHIN 5 SEF			A			
		_001	TANK RAW		•	P			
		.002	TANK TREATE	D		r P			
		.003	MENS ROOM				Υ		
		_004	WOMANS RO			' P	•		
		_005	KITCHEN	2		P			
		-500				•			

ENTRY POINT

3

00700 ENTRY POINT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT1600074	WILDERNESS LAKE CAMPGROUND & RESORT		NC	25	Р	GW						
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural				
150 VILLAGE H	LL ROAD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILLINGTON

	Water System Facility and Sampling Point Inventory												
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				
22541	WELL	2	WELL	Α									
56410	WILDERNESS LAKE CAMPGROUND TREATMENT												

			Contact IIII	ormation						
			Organization	1		Job Title				
en			Wilderness L	ake Campground						
One		Mailing Ac	iling Address Line Two			City	State	Zip Code		
					Willingtor	1	СТ	06279		
Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
			360-982-8381	860-982-8381	crossenra	ossenray@yahoo.com				
	One	One	One Mailing Ad Extension Fax I	One Mailing Address Line Two	One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Mailing Address Line Two Willingtor Extension Fax Mobile Phone Emergency Phone Email Add	Milderness Lake Campground One Mailing Address Line Two City Willington Extension Fax Mobile Phone Emergency Phone Email Address	Mailing Address Line Two City State Willington CT Extension Fax Mobile Phone Emergency Phone Email Address		

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

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

End of schedule

Schedule Generation Date: 3/10/2020

Page 6

Connecticut Department of	f Public H	lealth	Dı	rinking	g Wa	ater S	Section	
Water Quality Monit	toring an	d Con	nnl	iance	Sche	edule	<u> </u>	
PWS ID PWS Name	toring an	u don	_					rimary Source
CT1600094 WILLINGTON MOBIL			Cias	NC		25	P P	GW
Local Address (where applicable)	Service	Residen	tial	Commerc		ndustrial	Combined	1
470 RIVER RD	Connections	residen	ciai	1	, idi	- Taustriai	Combined	7.8.100100101
Towns Served: WILLINGTON								
	oring Requ	ıireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (WSF I								
Total Coliform (3100)						1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitor	ina P	eriod (Collect	ion Perio		ance Status
Select from Inventory of Active Sampling Points		10/1/19 -						mplete
		11/1/19 -						mplete
		12/1/19 -						mplete
		1/1/20 -						mplete
		2/1/20 -	2/2	9/20				mplete
		3/1/20 -	3/3	1/20				
		4/1/20 -	4/30	0/20				
		5/1/20 -	5/3	1/20				
		6/1/20 -	6/30	0/20				
7/1/20 - 7/31/20								
		8/1/20 -	8/3	1/20				
		9/1/20 -	9/30	0/20				
Physical Parameters (PPS)							routine (RT)	-
Sampling Point (Sampling Point ID)		Monitor			Collect	ion Perio		ance Status
DISTRIBUTION SYSTEM (4)		10/1/19 -						mplete
		11/1/19 -						mplete
		12/1/19 -						mplete
		1/1/20 -		•				mplete
		2/1/20 -					Со	mplete
		3/1/20 -						
		4/1/20 -						
		5/1/20 -						
		6/1/20 - 7/1/20 -						
		8/1/20 -						
		9/1/20 -					<u> </u>	
Water System Facility: ENTRY POINT (WSF ID: 00700)		3, 1, 20	5,5	-, -0				
Nitrate And Nitrite (NOX)							1 routine (F	T) per vear
Sampling Point (Sampling Point ID)		Monitor	ina P	eriod (Collect	ion Perio	-	ance Status
ENTRY POINT (3)		1/1/19 -						mplete
- \		1/1/20 -						r
		1/1/21 -						
Water System Facility: WELL (WSF ID: 22543)			, -					
E. Coli (3014)						1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitor	ina P	eriod (Collect	ion Perio	• •	ance Status
14(5) (0)		40/4/:5	4.5.4	24.46			-	

10/1/19 - 10/31/19

11/1/19 - 11/30/19

12/1/19 - 12/31/19

Complete

Complete

Complete

Schedule Generation Date: 3/10/2020 Page 7

WELL (2)

	Connecticut Depart	tment	of Public H	lealth	Drir	nking	Wate	r S	ection	
	Water Qualit					Ŭ				
PWS ID	PWS Name	<u> </u>			Classifi	cation	Population	n Ov	vner Type P	rimary Source
CT1600094	WILLINGTON MOBIL				N	С	25		Р	GW
Local Address (v	where applicable)		Service	Residen	itial Co	mmercia	al Industi	rial	Combined	Agricultural
470 RIVER RD			Connections			1				
Towns Served: '	WILLINGTON				'					
		Mor	nitoring Requ	iireme	nts					
Water System	Facility: WELL (WSF ID: 225	43)								
E. Coli (3014))							1 r	outine (RT)	per month
Sampling I	Point (Sampling Point ID)			Monitori	ing Perio	od Co	ollection P	erio	d Compli	ance Status
				1/1/20 -	- 1/31/2	0			Co	mplete
				2/1/20 -	- 2/29/2	0			Co	mplete
				3/1/20 -	- 3/31/2	0				
				4/1/20 -	- 4/30/2	0				
				5/1/20 -	- 5/31/2	0				
				6/1/20 -	- 6/30/2	0				
				7/1/20 -	- 7/31/2	0				
				8/1/20 -						
				9/1/20 -	- 9/30/2	0				
		Othe	r Compliance	Sched	lules					
Compliance Sch	nedule Activity				Due Dat		Achi	evec	d Date	
	T FORM SUBMITTAL				1/11/20					
L1 ASSESSMENT	Γ (MULTIPLE TC+)				1/11/20					
	P	Public N	Notification R	equire	ement	ts				
			Compliance	Notice			<u>otification</u>		PN Cer	<u>tification</u>
Violation/Situa			Period	Tier		quired	Perform	ed	Due to DPH	Received
	COLIFORM RULE (RTCR) TT Violat		11/12/17 -	2		8/2018			5/8/2018	
Total Coliform N			8/1/18 - 8/31/18	3		13/2019			11/23/2019	
Total Coliform N			7/1/18 - 7/31/18	3		13/2019			11/23/2019	
-	eters M&R Violation		8/1/18 - 8/31/18	3		20/2019			11/30/2019	
,	eters M&R Violation		7/1/18 - 7/31/18	3		20/2019			11/30/2019	
E. Coli M&R Vio			7/1/19 - 7/31/19	3		11/2020			11/21/2020	
E. Coli M&R Vio			8/1/19 - 8/31/19 9/1/19 - 9/30/19	3		11/2020			11/21/2020	
E. Coli M&R Vio				3		11/2020			11/21/2020	
	water sys	iem Fa	cility and Sar	npung	POIN		•			
Water	er System Facility Sai	mnlina Ba	oint Sampling Poi	nt			tal Lead			Charac
System Water Facility ID	er system rudnity 301	mpiing PC ID	Description	116	Ct			oper e Tie		Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	<u>Sta</u> 1 /	tus	Y Name			
22223 2731			AM WITHIN 5 SER				-			

DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α 22543 2 Α WELL WELL 54184 WILLINGTON MOBILE **TREATMENT** 54186 WILLINGTON MOBILE STORAGE

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.

CT1600094	WILLINGTON MOBIL	NC	25	Р	GW						
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source						
	Water Quality Monitoring and Compliance Schedule										
	Connecticut Department of 1 ubite freatin Di mking water Section										

Connecticut Department of Public Health Drinking Water Section

Local Address (where applicable)

Service Residential Commercial Industrial Combined Agricultural

Connections 1

Towns Served: WILLINGTON

				Contact Info	ormation								
Name Organization Job Title													
Ms. Bonnie H. Krav	viec			Barnini Circle	Associates, LLC		Manager						
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code				
3000 South Ocean B	Boulevard # 70	06				Boca Ra	ton	FL	33432				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address							
				860-604-5431									

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

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End of schedule

Schedule Generation Date: 3/10/2020

Page 9

	Commentions Demonstrates	- CDl-l: - I	I a alkla Dadaala	TA7 - L C	No alian
	Connecticut Department Water Quality Mon				
DIA (C. I.D.		iitoi iiig aii	A		
PWS ID	PWS Name				wner Type Primary Source
CT1600124	12 TOLLAND TURNPIKE (ROUTE 74)	<u> </u>	NC NC	25	P GW
	(where applicable)	Service Connections	Residential Comm		Combined Agricultura
	URNPIKE (ROUTE 74)	Connections	1		
Towns Served:		itoring Dogu	iromonts		
Mater System		itoring Requ	iirements		
Total Colifor	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)		1	routine (RT) per month
	Point (Sampling Point ID)		Monitoring Period	Collection Perio	· · · ·
	m Inventory of Active Sampling Points		10/1/19 - 10/31/19	Conection Ferro	Complete
Jeiett II 0	III IIIVEITOTY OF ACTIVE Sampling Follits		11/1/19 - 10/31/19		Complete
			12/1/19 - 11/30/19		Complete
			1/1/20 - 1/31/20		Complete
			2/1/20 - 2/29/20		Complete
			3/1/20 - 3/31/20		Complete
			4/1/20 - 4/30/20		Complete
			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		
Physical Par	ameters (PPS)		3/1/20 3/30/20	1	routine (RT) per month
-	Point (Sampling Point ID)		Monitoring Period	Collection Perio	• • •
	TION SYSTEM (4)		10/1/19 - 10/31/19		Complete
2.01120			11/1/19 - 11/30/19		Complete
			12/1/19 - 12/31/19		Complete
			1/1/20 - 1/31/20		Complete
			2/1/20 - 2/29/20		Complete
			3/1/20 - 3/31/20		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 Syster	n Facility: ENTRY POINT (WSF ID: 0070	00)	, , : :,30,20		
Nitrite (104	•			1 r	outine (RT) per quarte
-	Point (Sampling Point ID)		Monitoring Period	Collection Perio	
ENTRY PO			7/1/19 - 9/30/19		Complete
			10/1/19 - 12/31/19		Complete
			1/1/20 - 3/31/20		Complete
					•
			4/1/20 - 6/30/20		
			4/1/20 - 6/30/20 7/1/20 - 9/30/20		

Monitoring Period

1/1/19 - 12/31/19 1/1/20 - 12/31/20

Schedule Generation Date: 3/10/2020

Nitrate And Nitrite (NOX)

ENTRY POINT (3)

Sampling Point (Sampling Point ID)

1 routine (RT) per year

Collection Period

Compliance Status

Complete

	Connecticut I	•							ection		
	Water	Qual	ity Mon	itoring a				T			
PWS ID	PWS Name					Classific	cation Po	pulation O	wner Type	Primary Source	
CT1600124	12 TOLLAND TURNPII	KE (ROU	TE 74)			NC		25	Р	GW	
Local Address	(where applicable)			Service	Resident	tial Con	nmercial	Industrial	Combine	d Agricultural	
12 TOLLAND T	URNPIKE (ROUTE 74)			Connectio	ons		1				
Towns Served:	WILLINGTON										
			Moni	itoring Re	quireme	nts					
	n Facility: ENTRY PO	INT (W			•						
	Nitrite (NOX)									(RT) per year	
Sampling	Point (Sampling Point I	D)			Monitorii	ng Perio	d Colle	ction Perio	d Comp	oliance Status	
					1/1/21 - 1	12/31/2	1				
Water Systen	n Facility: WELL (WS	SF ID: 22	2546)								
E. Coli (3014	4)							1 rc	outine (RT) per quarter	
Sampling	Point (Sampling Point I	D)			Monitorii	ng Perio	d Colle	ction Perio	d Comp	oliance Status	
WELL (2)					7/1/19 -	9/30/19)		(Complete	
					10/1/19 -	12/31/1	.9		(Complete	
					1/1/20 -	3/31/20)			Complete	
					4/1/20 -	6/30/20)				
				7/1/20 - 9/30/20							
Water System Facility and Sampling Point Inventory											
Water System Wa Facility ID	ter System Facility	5	Sampling Poir ID	nt Sampling Descriptio		Stat	Total Colifor us Rule	т Сорреі	•	Stage s WQP 2 DBPR	
00600 DIS	TRIBUTION SYSTEM	I	4 DOWNSTREAI UPSTREAM	M WITHIN 5	TION SYSTEM SERVICE CON SERVICE CON	I A					
00700 ENT	TRY POINT		3	ENTRY PO	INT	Α					
22546 WE			2	WELL		Α					
	ATMENT PLANT										
			Co	ntact Info	ormation						
Name				Organization					Job Title	<u> </u>	
Mr. James Cilf	one						C)wner			
Mailing Addres	ss Line One		Mailing Addr	ess Line Two				City	State	Zip Code	
136 Daleville R							Willington		CT	06279-1709	
Business Pho		Fax		bile Phone	Emergency	Phone	Email Add	ress			
860-487-16			860)-429-8794							
): Administrative Cont	act					1				
Name				Organization					Job Title		
Mr. Amitabh k				J & A Propert	ies LLC		C)wner			
Mailing Addres			Mailing Addre	ess Line Two				City	State	Zip Code	
2514 Berlin Tp Business Pho		Fax	Mo	bile Phone	Emergency		Newingto Email Add		СТ	06111	
Contact Role(s	:): Legal Contact										

(Connectic	ut Depa	rtment of	Public	Health	Dr	inking	g Water	Sec	ction		
	Wa	ter Qual	lity Monit	oring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name					Class	sification	Population	Owne	er Type	Prir	mary Source
CT1600124	12 TOLLAND TU	RNPIKE (ROU	TE 74)				NC	25		Р		GW
Local Address (w	here applicable)			Service	Residen	Residential Co		al Industri	al C	ombine	ed .	Agricultural
12 TOLLAND TUR	NPIKE (ROUTE 7	4)		Connection	ıs		1					
Towns Served: W	/ILLINGTON				,	·		,	·			
Name			0	rganization					J	lob Title	5	
136 Daleville Rd												
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	7	Zip Code
136 Daleville Rd							Willing	ton		CT		06279
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phor	ne Email A	Address				
Contact Role(s):	Owner											

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prima	ary Source
CT1600134	WILLINGTON REST AREA (I-84 E&W)				NC	25	S		GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Ag	gricultural	
I-84 (EASTBOUN	D)	Connections			1				

I-84 (EASTBOUND)	Connections		
Towns Served: WILLINGTON			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	o: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/30/19 - 11/4/19		
	10/30/19 - 11/4/19		
	12/24/19 - 12/29/19		Complete
Total Coliform (3100)		3 temporary rou	itine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 11/30/19	10/1-11/30	Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	0/1/20 0/21/20		
	8/1/20 - 8/31/20		

	Connecticut De	•					_			ection		
	Water Qi	uality Monit	oring ar	nd Com	_				_			
PWS ID	PWS Name				Class	sificatio	n Po	pulation	Ow	ner Type	Primary	Sour
CT160013		(I-84 E&W)				NC		25		S	G۱	
	ress (where applicable)		Service	Residen	tial (Comme	ercial	Industr	ial	Combine	d Agri	cultur
-84 (EAST			Connection	S		1						
owns Ser	ved: WILLINGTON											
		Monito	oring Req	uireme	nts							
Vater Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1	routine (RT) pe	r yea
Samp	oling Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ection Pe	riod	Comp	liance S	itatus
ENTR	Y POINT (3)			1/1/19 -	12/31	L/19				C	omplet	e
				1/1/20 -	12/31	L/20				C	omplet	e
				1/1/21 -	12/31	L/21						
Vater Sy	stem Facility: WELL (WSF II	D: 22547)										
E. Coli (3	3014)							1	trig	gered (TO	i) per p	erio
	oling Point (Sampling Point ID)		Monitoring Period					riod	Comp	liance S	tatus	
WELL	_ (2)			10/29/19	- 11/	4/19						
				10/29/19	- 11/	4/19						
				12/23/19	- 12/2	29/19						
		Other C	omplianc	e Sched	lules	S						
ompliand	ce Schedule Activity				Due D	ate		Achie	eved	Date		
CROSS CO	NNECTION SURVEY REPORT			3	3/1/2	020						
	Water	System Facili	ity and Sa	mpling	Poi	nt In	vent	ory				
Water		•	•				Tota	-	and			
System	Water System Facility	Sampling Point	Sampling Po	oint		(Colifor	т Сор	per			Stag
acility ID)	ID	Description		S	tatus	Rule	Rule	Tier	Asbesto	s WQP	2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
		4-1	Men s Room	East		Α	Υ					
		4-2	Women s Dr	inking Fou		Α	Υ					
		4-3	Men s Drink	ing Fount		Α	Υ					
		4-4	Women s Dr	inking Fou		Α	Υ					
		4-5	Men s Drink	ing Fount		Α	Υ					
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	N	Α						
		UPSTREAM	WITHIN 5 SE	RVICE CON	٧	Α						
		WIRR001	WOMENS R	М		Р	Υ					
00700	ENTRY POINT	3	ENTRY POIN	Т		Α						
22547	WELL	2	WELL			Α						
61172	ATMOSPHERIC TANK											
		Certified	Operator	Inform	atio	on						
Vater Sv	stem Facility: DISTRIBUTION											
	assification: DISTRIBUTION SYST	<u> </u>									Certif	icatio
	Name	е (Certificatio	n(s)						_	ratio	
peratori			WATER TREATMENT PLANT OPERATOR - CLASS II 9/30/2									

DISTRIBUTION SYSTEM OPERATOR - CLASS II

9/30/2020

C	onnectic	ut Dena	rtment (of Public	: Health	Dr	inking	Water	r Se	ection	
J			lity Mon				_				
PWS ID PV	NS Name					Clas	sification	Population	Owi	ner Type P	rimary Source
CT1600134 W	ILLINGTON RE	ST AREA (I-8	4 E&W)				NC	25		S	GW
Local Address (who	ere applicable)			Service	Resider	Residential Co		al Industi	ial	Combined	Agricultural
I-84 (EASTBOUND)				Connections			1				
Towns Served: WIL	LINGTON				,				·		
			Co	ntact Info	ormation	1					
Name				Organization						Job Title	
Mr. Dave Hartley				CT Dot Plant Facility Eng.							
Mailing Address Lin	ne One		Mailing Addre	ess Line Two			City		State	Zip Code	
2800 Berlin Turnpi	ke						Newing	Newington			06111
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Pho	ne Email A	ddress			
860-594-2229					860-594	-2229	david.h	artley@ct.	gov		
Contact Role(s): L	egal Contact		•								
Name				Organization						Job Title	
Mr. Joseph F. Mar	ie			Dept of Trans	portation			Commiss	ioner	-	
Mailing Address Line One Mailing Addre				ess Line Two	Two			City		State	Zip Code
2800 Berlin Turnpi	ke						Newing	gton		СТ	06131-7546

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-594-3000

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

860-594-3000

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

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

End of schedule

С			rtment of				O		ction	
	Wa	ter Qua	lity Monit	oring a	ind Comj	plia	nce Sch	nedule		
PWS ID PV	WS Name				C	lassifi	cation Pop	oulation Owr	ner Type P	rimary Source
CT1600164 W	ILLINGTON PIZ	ZZA HOUSE				N	С	25	Р	GW
Local Address (whe	ere applicable)			Service	Residentia	al Coi	mmercial	Industrial	Combined	Agricultural
RIVER ROAD (ROU	ΓE 32)			Connectio	ns		1			
Towns Served: WIL	LINGTON									
			Monito	oring Re	quiremen	ts				
Water System Fa		IBUTION SY	YSTEM (WSF II	D: 00600)						
Total Coliform (-									per quarter
	nt (Sampling P				Monitoring			ction Period		iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 - 9					mplete
					10/1/19 - 1				Co	mplete
					1/1/20 - 3					
					4/1/20 - 6					
					7/1/20 - 9	/30/20	0			
Physical Parame										per quarter
	nt (Sampling P				Monitoring			ction Period		iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 - 9	• •				mplete
					10/1/19 - 1				Co	mplete
					1/1/20 - 3					
					4/1/20 - 6					
	1111	· /	(CT ID 00700)		7/1/20 - 9	/30/20	U			
Water System Fa		Y POINT (W	VSF ID: 00700)							•
Nitrate And Nitr	•								=	RT) per year
	nt (Sampling P	oint ID)			Monitoring			ction Period		iance Status
ENTRY POINT	(3)				1/1/19 - 12				Co	mplete
					1/1/20 - 12					
				••	1/1/21 - 12		<u>'1</u>			
			Other Co	omplian	ce Schedu	iles				
Compliance Sched	ule Activity				Du	ıe Dat	e	Achieved I	Date	
RESPOND TO SANI	TARY SURVEY				9/1	17/201	17			
		Water Sy	stem Facili	ty and S	Sampling F	oint	Invent	ory		
Water				-			Total	Lead and		
System Water S	ystem Facility		Sampling Point	Sampling I	Point		Colifori	n Copper		Stage
Facility ID			ID	Description	n	Sta	tus Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	Δ	Y			
			DOWNSTREAM	WITHIN 5	SERVICE CON	Δ	١			
			UPSTREAM	WITHIN 5	SERVICE CON	Δ	١			
00700 ENTRY F	POINT		3	ENTRY POI	NT	Δ	١			
22550 WELL			2	WELL		Δ	١			
			Con	tact Info	rmation					
Name			Or	ganization					Job Title	
Mr. Jeffrey Kelly			W	illington Piz	za		0	wner		
Mailing Address Lin	ne One		Mailing Address	s Line Two				City	State	Zip Code
25 River Road							Willington		СТ	06279
Business Phone	Extension	Fax		le Phone	Emergency P					
860-429-7433		860-429-2	2273		860-872-80	038	willington	oizza@aol.co	m	

(Connectic	ut Depa	rtment	of Public	Health	n Dri	nking	Water	Sec	ction	
	Wat	ter Qual	lity Mon	itoring a	and Con	nplia	ance S	chedul	le		
PWS ID F	PWS Name					Classi	fication P	opulation	Owne	er Type P	rimary Source
CT1600164	WILLINGTON PIZ	ZA HOUSE					NC	25		Р	GW
Local Address (wh	nere applicable)			Service Residential Co		ommercial	Industri	al C	ombined	Agricultural	
RIVER ROAD (ROL	JTE 32)			Connections			1				
Towns Served: W	ILLINGTON			,							
Contact Role(s):	Legal Contact, C)wner									
Name				Organization						Job Title	
Mr. Rich Rogers				Willington Pi	zza			Manager			
Mailing Address L	ine One		Mailing Addr	Iress Line Two				City		State	Zip Code
25 River Road							Willingto	n		СТ	06279
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phon	e Email Ad	dress			
860-429-7433		860-429-2	2273		860-208	-2703	willingto	npizza@ad	ol.com	ı	
Contact Role(s):	Administrative	Contact	·								
Name				Organization						Job Title	
Ms. Tonja P Kelly	1			Willington Piz	zza House			Owner			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
25 River Rd							Willingto	n		СТ	06279
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phon	e Email Ad	dress			
Contact Role(s):	Legal Contact, C)wner									

Please note the following:

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

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

End of schedule

Connecticut	t Departme er Quality N								ection	
PWS ID PWS Name	or Quarrey r	101110	orms a						ner Tyne D	rimary Source
CT1600224 39 ADAMEC ROAD	<u> </u>				NC		25)	P	GW
Local Address (where applicable)	<u>'</u>		Service	Resident		nmercial		trial	Combined	_
39 ADAMEC ROAD			Connection		lar com	1	maas	criai	Combined	7 Igricaltarar
Towns Served: WILLINGTON										
		Monita	oring Po	quireme	atc					
Water System Facility: DISTRIB				quireillei	11.5					
Total Coliform (3100)								1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point	nt ID)			Monitorin	ng Period	d Col	llection I	Period	Compl	iance Status
Select from Inventory of Active	Sampling Points			7/1/19 -	9/30/19				Co	mplete
				10/1/19 -	12/31/19	9			Co	mplete
				1/1/20 -	3/31/20					
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Physical Parameters (PPS)								1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point	nt ID)			Monitorin	ng Period	d Col	llection I	Period	Compl	iance Status
Select from Inventory of Active	Sampling Points			7/1/19 -	9/30/19				Co	mplete
				10/1/19 -	12/31/19	9			Co	mplete
				1/1/20 -	3/31/20					
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Water System Facility: ENTRY F	POINT (WSF ID:	00700)								
Nitrate And Nitrite (NOX)								1	routine (F	RT) per year
Sampling Point (Sampling Poin	nt ID)			Monitorin	ng Period	d Col	llection I	Period	Compl	iance Status
ENTRY POINT (3)				1/1/19 - 1	12/31/19)			Cc	mplete
				1/1/20 - 1	12/31/20)				
				1/1/21 - 1	12/31/21	L				
	Ot	her C	omplian	ce Sched	ules					
Compliance Schedule Activity					Due Date	?	Ach	nieved	Date	
RESPOND TO SANITARY SURVEY				1,	/23/2019	9				
W	Vater System	Facili	ity and S	ampling	Point	Inven	tory			
Water	•					Tot	al Lea	nd and		
System Water System Facility	Samplin	ng Point	Sampling F	Point		Colife	orm Co	pper		Stage
Facility ID	I.	D	Description	1	Statu	us Ru	le Ru	le Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	1	DISTRIBUTI	ON SYSTEM	Α	Υ				
	DOWNS	STREAM	WITHIN 5 S	SERVICE CON	I A					
	UPST	REAM	WITHIN 5 S	SERVICE CON	l A					
00700 ENTRY POINT	:	3	ENTRY POI	NT	Α					
23028 WELL #1	Ž	2	WELL #1		Α					
		Con	tact Info	rmation						
Name			rganization						Job Title	
Mr. Arben Tena	ı		ll View Bar 8	& Grill			Owner			
Mailing Address Line One	Mailing	Address	s Line Two				City		State	Zip Code
148 Lisa Dr.			1			South W			СТ	06074
Business Phone Extension	Fax	Mobi	le Phone	Emergency						
860-716-5489					E	BeniTen	a69@gm	nail.cor	n	

	Connectici	ut Depa	rtment o	of Public	Health	Dri	nking	Water	Sect	tion	
	Wat	ter Qua	lity Moni	itoring ai	nd Con	nplia	ance S	Schedul	.e		
PWS ID	PWS Name					Classi	fication	Population	Owner	Туре	Primary Source
CT1600224	39 ADAMEC ROA	\D				ľ	١C	25	Р)	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ommercia	al Industri	al Co	mbine	d Agricultural
39 ADAMEC ROA	.D			Connection	ıs		1				
Towns Served: W	/ILLINGTON				·						
Contact Role(s):	Administrative (Contact, Leg	al Contact, Ov	wner							
Name			ı	Organization					Jo	ob Title	!
48 Gray Rd											
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
48 Gray Rd							South \	Vindsor		CT	06074
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	e Email A	ddress			
Contact Role(s):	Owner										

Please note the following:

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

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

End of schedule

	Co	nnecticu	ıt Depar	tment o	f Public	Health	Dri	nkir	ng W	/ater	Se	ction	
		Wat	er Ouali	ty Monit	oring a	nd Con	nolia	ance	Sch	nedul	le		
PWS ID	PWS	S Name	V V V V V V V V V V	9			_				1	ner Type	Primary Source
CT1600234		LINGTON XTR	RA MART					NC		25		P	GW
Local Addres					Service	Residen		ommei	rcial	Industri	al	Combine	
467 RIVER R					Connection			1					- Greenen
Towns Serve		NGTON											
				Monit	oring Red	quireme	nts						
Water Syst	em Facil	ity: DISTRI	BUTION SYS	TEM (WSF		4 c c							
Total Colif	-	-								1	l rou	- ') per quarter
Sampli	ng Point	(Sampling Po	oint ID)			Monitori	ng Per	riod	Collec	tion Pe	riod	Comp	liance Status
Select f	rom Inve	ntory of Activ	ve Sampling P	oints		7/1/19 -	9/30/	19					omplete
						10/1/19 -							omplete
						1/1/20 -						C	omplete
						4/1/20 -							
						7/1/20 -	9/30/2	20					
Physical Pa		• •										= '	per quarter
		(Sampling Po				Monitori			Collec	tion Pe	riod		liance Status
Select f	rom Inve	ntory of Activ	e Sampling P	oints		7/1/19 -							Complete
						10/1/19 -							Complete
						1/1/20 -						(Complete
						4/1/20 -							
	- 1					7/1/20 -	9/30/2	20					
-		•	POINT (WS	SF ID: 00700)									'\
Nitrate An		• •	to to to l			0.0 (6)			C-11-	D.			(RT) per year
-		(Sampling Po	ווחל וטו			Monitori			Collec	ction Pe	rioa		liance Status
ENIKY	POINT (3)				1/1/19 -							Complete
						1/1/20 -							Complete
				"	•• ••	1/1/21 -							
			Water Sys	stem Facil	ity and S	ampling	Poin	it Inv	/ento	ory			
Water			•		c !: .				Total	Lead			
System V Facility ID	vater Sys	tem Facility	50	ampling Point ID	Description				oliforn Rule			Achasta	Stage s WQP 2 DBPF
	NCTDIDI IT	TION SYSTEM		4	•	, ION SYSTEM		atus A	Y	Nuie	Hei	ASDESTO	S WQF 2 DBFF
00000 D	וטפואוכוי	ION STSTEIN	D	4 OWNSTREAM				A	ī				
			D	UPSTREAM		SERVICE CON		A					
00700 E	NTRY PO	INT		3	ENTRY POI			A					
	VELL #1	IINI		2	WELL #1	INI		A					
		NT PLANT		۷	VV LLL #1			^					
30409 1	KLATIVILI	NIFLANI		•									
					itact Info	rmation							
Name					rganization							Job Title	
Ms. Michele			T		rake Petrole	um Compan	y, Inc			rector o	of Ea		
Mailing Add			N	Mailing Addres	s Line Two					City		State	Zip Code
221 Quineba										venord	ale	СТ	06255
Business P		Extension	Fax		ile Phone	Emergency							
401-781-9		270	401-461-71	.60		401-595-	6615	mala	biso@	warren	eq.co	om	
Contact Role	e(s): Adr	ministrative C	Contact										

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name						Classif	ication	Population	Owne	r Type P	rimary Source
CT1600234	WILLINGTON XT	RA MART					N	С	25	I	Р	GW
Local Address (w	here applicable)			Servic	ce	Residen	tial Co	mmerci	al Industria	al C	ombined	Agricultural
467 RIVER ROAD				Conne	ections			1				
owns Served: WILLINGTON												
Name Organization Job Title												
221 Quinebaug F	₹d											
Mailing Address	Line One		Mailing Addr	ess Line T	wo				City		State	Zip Code
221 Quinebaug F	Rd							North (Grosvenorda	ile	СТ	06255
Business Phone	e Extension	Fax	Mo	obile Phone Emergency Phone Email					Address			
Contact Role(s):	Legal Contact											
Name				Organiza	tion					J	ob Title	
Mr. Eric Harvey				Drake Pe	troleum	n Compan	y, Inc		Envnmtl P	roject	Mngr	
Mailing Address	Line One		Mailing Addr	ess Line T	wo				City		State	Zip Code
15 Ne Industrial	Road							Branfo	rd		CT	06405
Business Phone	e Extension	Fax	Mo	bile Phor	ne Er	mergency	Phone	Email A	Address			
845-238-7354	.							eharve	y@globalp.c	om		
Contact Role(s):	Owner											

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section										
Water Quality Mo	onitoring and	d Com	ıplıa	ance	Sc	hedul	e			
PWS ID PWS Name CT1609124 WILLINGTON PUBLIC LIBRARY				ificatior NC	n Po	pulation 50	Own	ner Type Pr L	imary Source GW	
Local Address (where applicable)	Service	Resident	tial C	ommer	cial	Industria	al	Combined	Agricultural	
7 RUBY ROAD	Connections			1						
Towns Served: WILLINGTON										
Me	onitoring Requ	iiremer	nts							
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)									
Total Coliform (3100)						1	rou	tine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ection Per	riod	Complic	ince Status	
Select from Inventory of Active Sampling Points		7/1/19 -	7/31/	′19				Cor	mplete	
	:	10/1/19 -	10/31	L/19				Cor	mplete	
		1/1/20 - 3	3/31/	'20				Cor	mplete	
		4/1/20 -	6/30/	'20						
		7/1/20 - 9	9/30/	'20						
Total Coliform (3100)							3 re	peat (RP)	per period	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ection Per	riod	Complia	ance Status	
Select from Inventory of Active Sampling Points	:	10/30/19	- 11/4	1/19				Cor	mplete	
Total Coliform (3100)					3 te	emporary	y rou	utine (TR)	per month	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ection Per	riod	Complia	ance Status	
Select from Inventory of Active Sampling Points	:	11/1/19 -	11/30)/19				Cor	mplete	
Physical Parameters (PPS)						1	rou	tine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ection Per	riod	Complic	ince Status	
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/	'19				Cor	mplete	
		10/1/19 -	12/31	L/19				Cor	nplete	
		1/1/20 - 3	3/31/	'20				Cor	nplete	
		4/1/20 -	6/30/	'20						
		7/1/20 - 9	9/30/	'20						
Water System Facility: ENTRY POINT (WSF ID: 00	700)									
Nitrate And Nitrite (NOX)							1 r	routine (R	T) per year	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ction Per	riod	Complic	ince Status	
ENTRY POINT (3)		1/1/19 - 1	12/31,	/19				Cor	nplete	
		1/1/20 - 1	12/31,	/20				Cor	nplete	
		1/1/21 - 1	12/31,	/21						
Water System Facility: WELL #1 (WSF ID: 52749)										
E. Coli (3014)						1 t	trigg	ered (TG)	per period	
Sampling Point (Sampling Point ID)		Monitorin	ng Pei	riod	Colle	ection Per	riod	Complia	ince Status	
WELL #1 (2)		10/29/19	- 11/4	1/19				Cor	nplete	
Public	Notification R	equire	mer	nts						
	Compliance	Notice		<u>Public</u>	Notif	<u>fication</u>		PN Certi	<u>fication</u>	
Violation/Situation	Period	Tier	R	equired	d F	Performed	d D	ue to DPH	Received	
Total Coliform M&R Violation	8/1/19 - 8/31/19	3	11,	/12/202	20		11	1/22/2020		
Water System F	acility and Sar	npling	Poir	nt Inv	ent	ory				
Water					Total					
	Point Sampling Poi	nt		Co	olifor				Stage	
Facility ID ID	Description		St	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N		Α						

Page 22

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance :	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Prima

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1609124	WILLINGTON PUBLIC LIBRARY				NC	50	L	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
7 RUBY ROAD		Connections			1			

Towns Served: WILLINGTON

Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
52749	WELL #1	2	WELL #1	Α								
52753	PRESSURE TANK											
53203	TREATMENT PLANT											

				Contact Info	ormation				
Name				Organization				Job Title	
Ms. Erika Wiecensk	ci			Town of Will	ington		First Select	man	
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
40 Old Farms Rd						Willingto	on	СТ	06279
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-487-3100 860-487-3103 860-465-7951 ewiecenski@willingtonct.org									

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.
- 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

	Co	onnectic	ut Depa	artmen	t of	Public	Health	Drir	ıking	Wa	ter	Sec	ction		
		Wa	ter Qua	lity Mo	nit	oring a	nd Con	ıplia	nce S	che	dule	9			
PWS ID	PW	/S Name						Classifi	cation P	opula	tion (Owne	er Type F	rimar	/ Source
CT1609134	SCI	HOFIELD SPRI	NG					N	С	25			Р	G	W
Local Addre	ess (wher	e applicable)				Service	Residen	tial Co	mmercial	Ind	ustria	I C	Combined	l Agr	icultural
666 RIVER	ROAD (RO	OUTE 32)				Connectio	ns		1						
Towns Serv	ed: WILL	INGTON													
				Mo	nito	oring Re	quireme	nts							
Water Sys	tem Fac	ility: DISTR	IBUTION S	SYSTEM (W	/SF II	D: 00600)									
Total Coli	iform (3	3100)									1	rout	ine (RT)	per q	uarter
Samp	ling Poin	t (Sampling P	oint ID)				Monitori	ng Perio	od Col	llectio	n Peri	iod	Compl	iance	Status
Select	from Inv	entory of Act	ive Samplin _{	g Points			7/1/19 -	9/30/1	9				Co	omple	:e
							10/1/19 -	12/31/	19				Co	omple	:e
							1/1/20 -	3/31/2	0						
							4/1/20 -	6/30/2	0						
							7/1/20 -	9/30/2	0						
Physical I	Paramet	ers (PPS)									1	rout	ine (RT)	per q	uarter
Samp	ling Poin	t (Sampling P	oint ID)				Monitori	ng Perio	od Col	llectio	n Peri	iod	Compl	iance	Status
Select	from Inv	entory of Act	ive Samplin	g Points			7/1/19 -	9/30/1	9				Co	omple	:e
							10/1/19 -						Co	omple	:e
							1/1/20 -								
							4/1/20 -								
							7/1/20 -	9/30/2	0						
Water Sys	stem Fac	ility: ENTR	Y POINT (\	WSF ID: 00	700)										
Nitrate A		• •											outine (-
_		t (Sampling P	oint ID)				Monitori			llectio	n Peri	iod	Compl		
ENTR	Y POINT (3)					1/1/19 -						Co	omple	e
							1/1/20 -								
							1/1/21 -	12/31/2	21						
				Othe	er Co	omplian	ce Sched	lules							
Compliance	e Schedu	le Activity						Due Dat	te	A	Achiev	ed D	ate		
RESPOND 1	TO SANIT	ARY SURVEY					S	/30/20:	17						
			Water S	vstem F	acili	ty and S	ampling	Point	t Inven	itor	,				
Water				•		•			Tot		Lead a	ınd			
System	Water Sy	stem Facility		Sampling F	Point	Sampling F	Point		Colife	orm	Сорр	er			Stage
Facility ID				ID		Description	1	Sta	tus Ru	le	Rule 1	Tier 1	Asbestos	WQP	2 DBPR
00600	DISTRIBU	ITION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	A	\						
				DOWNSTR	EAM	WITHIN 5 S	SERVICE CO	N A	A						
				UPSTRE <i>A</i>	M	WITHIN 5 S	SERVICE CON	N A	١						
00700	ENTRY PO	TNIC		3		ENTRY POI	NT	P	١						
53553	WELL 1			2		WELL 1		P	١						
60657	ATMOSP	ERIC STORAG	E												
					Con	tact Info	rmation								
Name					Or	ganization							Job Title		
Ms. Carol S	Schofield					hofield Spri	ng, LLC			Own	er				
Mailing Ad	dress Line	e One		Mailing Ac						City	/		State	Zip	Code
109 Schofie				_					Willingto	on			СТ		279
Business	Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ac	dress			,		

	dominectical Department of Fublic Health Dimming Water beetion											
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source											
CT1609134 SCHOFIELD SPRING NC 25 P GW												
Local Address (w	vhere applicable)		Service	Residen	ntial Commercial		al Industri	al Combin	ed Agricultural			
666 RIVER ROAD	(ROUTE 32)		Connections			1						
Towns Served: V	WILLINGTON											
860-684-7362	860-684-7362 860-684-7362 cschof@att.net											
Contact Role(s): Administrative Contact, Legal Contact												

Connecticut Department of Public Health Drinking Water Section

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 Department of Public Health Drinking Water Section										
			oring and C		_						
PWS ID	PWS Name			Classifi	ication	Popul	ation Ow	ner Type Pr	mary Source		
CT1609154	WILLINGTON DUNKIN DO	NUTS		N	С	2.	5	Р	GW		
Local Addre	ess (where applicable)		Service Res	idential Co	mmercia	al In	dustrial	Combined	Agricultural		
333 RIVER I	ROAD		Connections		1						
Towns Serv	ved: WILLINGTON										
		Monito	oring Require	ments							
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coli	form (3100)						1 rou	ıtine (RT) p	er quarter		
Sampl	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period	Complic	ınce Status		
Select	from Inventory of Active Sampli	ng Points	7/1,	/19 - 9/30/1	9			Cor	nplete		
			1/1,	/20 - 3/31/2	0			Cor	nplete		
			4/1,	/20 - 6/30/2	0						
			7/1,	/20 - 9/30/2	0						
	form (3100)							• •	per period		
Sampl	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period	Complic	ınce Status		
Select	from Inventory of Active Sampli	ng Points	9/25	5/19 - 9/30/1	19			Cor	nplete		
Total Coli	iform (3100)				3	tem	porary ro	utine (TR)	per month		
Sampl	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period	Complic	ınce Status		
Select	from Inventory of Active Sampli	ng Points	10/1,	/19 - 10/31/	19			Cor	nplete		
Physical F	Parameters (PPS)						1 rou	ıtine (RT) p	er quarter		
Sampl	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period	Complia	ınce Status		
Select	from Inventory of Active Sampli	ng Points	7/1,	/19 - 9/30/1	9			Cor	nplete		
			10/1,	/19 - 12/31/	19			Cor	nplete		
			1/1,	/20 - 3/31/2	0			Cor	nplete		
			4/1,	/20 - 6/30/2	0						
			7/1,	/20 - 9/30/2	0						
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)						1	routine (R	Γ) per year		
Sampl	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period	Complia	ınce Status		
ENTRY	POINT (3)		1/1/	19 - 12/31/1	19			Cor	nplete		
			1/1/	20 - 12/31/2	20			Cor	nplete		
			1/1/	21 - 12/31/2	21						
Water Sys	tem Facility: WELL 1 (WSF I	D: 59941)									
E. Coli (3	, .						1 trigg	gered (TG)	per period		
-	ling Point (Sampling Point ID)		Mon	itoring Perio	od Co	ollecti	on Period		ınce Status		
WELL#									nplete		
	. ,	System Facili	ty and Sampl			ntor	У				
Water						tal	Lead and				
	Water System Facility	Sampling Point	Sampling Point			form	Copper		Stage		
Facility ID		ID	Description	Sta	tus R	ule	Rule Tier	Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS								
		DOWNSTREAM	WITHIN 5 SERVICE	CON A	A						
		UPSTREAM	WITHIN 5 SERVICE	CON A	A						
00700	ENTRY POINT	3	ENTRY POINT	P	A						
59941	WELL 1	2	WELL# 1	P	4						

59944 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT1609154	CT1609154 WILLINGTON DUNKIN DONUTS					25	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	d Agricultural				
333 RIVER RO	AD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILLINGTON

Contact Information											
Name				Organization				Job Title			
Mr. Dimitrios Mout	oudis			Toudis LLC			Manager				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
483 Providence Roa	d					Brooklyn	1	СТ	06234		
Business Phone	Extension	Fax	Me	obile Phone	Emergency Phone	Email Ad	dress				
860-654-1819						dmouto	udis@aol.com	1			

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

Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

Page 27

Connecticut Depa										ection	
Water Qua	lity Mo	onit	oring an	d Con	ıpl	ianc	e Sc	chedul	le		
PWS ID PWS Name					Clas	ssificati	on Po	pulation	Ow	ner Type Pri	mary Source
CT1609164 DOLLAR GENERAL WILLINGT	ON					NC		25		Р	GW
Local Address (where applicable)			Service	Residen	tial	Comm	ercial	Industri	ial	Combined	Agricultural
22 TOLLAND TURNPIKE (RTE 74), WILLINGTON	N		Connections			1					
Towns Served: WILLINGTON											
	M	onit	oring Requ	ıireme	nts						
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)								
Total Coliform (3100)								1	L ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)				Monitori	ng P	Period	Coll	ection Pe	riod	l Complia	nce Status
Select from Inventory of Active Sampling	Points			7/1/19 -	9/3	0/19				Cor	nplete
				10/1/19 -	12/	31/19				Cor	nplete
				1/1/20 -						Cor	nplete
						0/20					
				7/1/20 -	9/3	0/20					
Physical Parameters (PPS)										utine (RT) p	-
Sampling Point (Sampling Point ID)				Monitori			Coll	ection Pe	riod		ince Status
DISTRIBUTION (4)				7/1/19 -							nplete
				10/1/19 -							nplete
				1/1/20 -						Cor	nplete
				4/1/20 - 7/1/20 -							
Water System Facility: ENTRY POINT (V	VSE ID: 0	1700\		//1/20 -	9/3	0/20					
Water System Facility: ENTRY POINT (V	V3F ID: 00	J700j							4	mantina /D	F\
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)				Monitori	na E	Pariod	Coll	ection Pe		routine (R	nce Status
ENTRY POINT (3)							COII	ection re	1100		
LIVINI I OINI (3)				1/1/19 - 12/31/19 1/1/20 - 12/31/20					Complete Complete		
				1/1/21 -						COI	прісте
Organic Chemicals (VOCS)				1/1/21	12,0	, _ ,		1	l ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)				Monitori	na P	Period	Coll	ection Pe			ince Status
ENTRY POINT (3)				7/1/19 -	_						nplete
2(0)				10/1/19 -							nplete
				1/1/20 -							nplete
				4/1/20 -							•
				7/1/20 -	9/3	0/20					
	Public	Not	ification R	eauire	me	ents					
			ompliance	Notice			ic Noti	ification		PN Certi	fication
Violation/Situation			Period	Tier		Requir		<u>Performe</u>	d	Due to DPH	Received
Organic Chemicals M&R Violation		4/1/	19 - 6/30/19	3		9/19/20				9/29/2020	
Water St	vstem F	acili	ty and Sar	npling	Po	int In	vent	torv			
Water	, 000		-, car	8,9			Tota		and		
	Sampling	Point	Sampling Poi	nt			Colifo			•	Stage
Facility ID	ID		Description			Status	Rule		•	r Asbestos I	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTION	١		Α	Υ				
	DOWNSTI	REAM	5 SEVICE CON	INECTION	IS	Α	Υ				
	UPSTRE	AM	5 SEVICE CON	INECTION	S	Α	Υ				
00700 ENTRY POINT	3		ENTRY POINT			Α					

CT1609164	DOLLAR GENERAL WILLINGTON	NC	25	P	GW/
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	אווואווועוו	3 Water	Section	

Connecticut Department of Dublic Health Drinking Water Section

CT1609164	DOLLAR GENERAL WILLINGTON				NC	25		Р		GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	l Industri	al	Combine	ed .	Agricultural
22 TOLLAND TU	RNPIKE (RTE 74), WILLINGTON	Connections			1					

Towns Served: WILLINGTON

V	water System Facili	ity and Sampi	ing Point in	ventoi	ry			
Water				Total	Lead and			
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR

61352 WELL				WELL	<i>P</i>	1				
				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Gary Eucalitto				Dollar Gener	al East Hampton					
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
6 William Way						Harwinton CT			06791	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-467-2025						eucalitto	calittogary@gmail.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.
- 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