

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0450024	CAMP NIANTIC BY THE ATLANTIC:SYSTEM 1	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
271 WEST MAIN STREET				1			
Towns Served: EAST LYME							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16	4/1-9/30	Complete
	1/1/17 - 12/31/17	4/1-9/30	
	1/1/18 - 12/31/18	4/1-9/30	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	12/7/2014	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	7/1/12 - 9/30/12	2	11/1/2012		11/11/2012	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22838	WELL #1	2	WELL #1	A				
59497	HYDROPNEUMATIC TANK							

Contact Information

Name	Organization	Job Title
Ms. Carol Rice		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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.

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CT0450024	CAMP NIAN TIC BY THE ATLANTIC:SYSTEM 1	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
271 WEST MAIN STREET				1			
Towns Served: EAST LYME							
P O Box 2121			Manchester		CT	06045-2121	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-739-9308							

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.
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	Classification	Population	Owner Type	Primary Source		
CT0450034	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
121 UPPER-PATTAGANSETT ROAD				1			
Towns Served: EAST LYME							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper		Stage 2
					Rule	Rule Tier	Asbestos	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BH66086	TROOP HOUSE KITCHEN	A	Y			
		BJ12673	SHADY SIDE	A	Y			
		BK08994	RANGER HOUSE	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20839	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Ms. Michele Velez		Girl Scouts of Connecticut			Dir. Property Svcs.			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Washington Avenue						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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			
CT0450034	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 1	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
121 UPPER-PATTAGANSETT ROAD				1				
Towns Served: EAST LYME								
203-239-2922	3329	203-239-7220		800-922-2770	mvelez@gsofct.org			
Contact Role(s): Administrative Contact								
Name				Organization		Job Title		
Girl Scouts of America, Inc.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-522-0163								
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	Classification	Population	Owner Type	Primary Source		
CT0450044	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 2	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
121 UPPER PATTAGANSETT				1			
Towns Served: EAST LYME							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BH66087	REAR KITCHEN SINK	A	Y			
		BH99565	METCALF LODGE SINK	A	Y			
		BJ48869	METAL F LODGE	A	Y			
		BK08995	METCALF LODGE KITCHE	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20840	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Ms. Michele Velez		Girl Scouts of Connecticut		Dir. Property Svcs.		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
20 Washington Avenue				North Haven	CT	06473

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0450044	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 2	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
121 UPPER PATTAGANSETT				1				
Towns Served: EAST LYME								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3329	203-239-7220		800-922-2770	mvelez@gsofct.org			
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Girl Scouts of America, Inc.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-522-0163								
Contact Role(s): Owner								
Please note the following:								
<ol style="list-style-type: none"> 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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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0450174	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 3	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
121 UPPER PATTAGANSETT ROAD				1			

Towns Served: EAST LYME

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/16 - 6/30/16	3	10/6/2017		10/16/2017	
Total Coliform M&R Violation	4/1/16 - 6/30/16	3	11/23/2017		12/3/2017	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ12675	UPPER WINDY	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22846	WELL 3	2	WELL 3	A				

Contact Information

Name		Organization		Job Title		
Ms. Michele Velez		Girl Scouts of Connecticut		Dir. Property Svcs.		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
20 Washington Avenue				North Haven	CT	06472

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0450174	GIRL SCOUTS OF CT - CAMP PATTAGANSETT 3	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
121 UPPER PATTAGANSETT ROAD				1				
Towns Served: EAST LYME								
340 Washington Avenue								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3329	203-239-7220		800-922-2770	mvelez@gsofct.org			
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Girl Scouts of America, Inc.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-522-0163								
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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End of schedule