

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0691132	474 PUTNAM PIKE	NC	46	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
474 PUTNAM PIKE			1				
Towns Served: KILLINGLY							

## Monitoring Requirements

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

**Asbestos (1094) 1 routine (RT) per nine years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 10/30/12	1/1-10/30	

**Total Coliform (3100) 1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

**Physical Parameters (PPS) 1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

**Physical Parameters (PPX) 1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2017	

## 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	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	KITCHEN SINK	A	Y	2	Y	
		MW002	DEEP SINK	A	Y	2		
		MW003	POT SINK	A	Y	2		
		MW004	MENS ROOM	A	Y	2		
		MW005	WOMENS ROOM	A	Y	2		

*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		
<b>CT0691132</b>	<b>474 PUTNAM PIKE</b>	NC	46	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
474 PUTNAM PIKE			1				
Towns Served: KILLINGLY							

## 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	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10305	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. George P. Gionis</b>			Golden Greek Restaurant & Pub			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 518						Dayville		CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-774-0167		860-779-2971		860-982-3691	tsg@att.net				

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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690114</b>	<b>HIDE AWAY COVE CAMPGROUND</b>	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1060 NORTH ROAD				300			

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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 - 7/31/16		Complete		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<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	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16				
	12/1/16 - 12/31/16				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
<b>Total Coliform (3100)</b>		<b>3 (TR) per month</b>			
<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	9/1/16 - 9/30/16		Complete		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<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 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per month</b>			
<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	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16				
	12/1/16 - 12/31/16				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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		
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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				
<b>Water System Facility: WELL #1 (WSF ID: 21182)</b>					
<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

*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		
<b>CT0690114</b>	<b>HIDE AWAY COVE CAMPGROUND</b>	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1060 NORTH ROAD				300			
Towns Served: KILLINGLY							

## Monitoring Requirements

<b>Water System Facility: WELL #1 (WSF ID: 21182)</b>			
<b>E. Coli (3014)</b>			<b>1 triggered (TG) per period</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #1 (2)	10/11/16 - 10/16/16		Complete

<b>Water System Facility: WELL #2 (WSF ID: 21183)</b>			
<b>E. Coli (3014)</b>			<b>1 triggered (TG) per period</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	10/11/16 - 10/16/16		Complete

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
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			
21182	WELL #1	2	WELL #1	A			
21183	WELL #2	2	WELL #2	A			
56805	HYDROPNEUMATIC TANK						

## Contact Information

Name		Organization			Job Title		
<b>Mr. Jacquelyn A. Benoit</b>		Hide Away Cove Campground			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1060 North Road		P. O. Box 129			East Killingly	CT	06243
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-1128		860-774-1128		352-400-2528			

Contact Role(s): <b>Owner</b>							
Name		Organization			Job Title		
<b>Mr. Michael Benoit</b>		Hide Away Cove Campground			Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1060 North Road		P.O. Box 129			East Killingly	CT	06243
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-933-5251					mikebenwaaa@yahoo.com		

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

**Please note the following:**

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

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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		
<b>CT0690174</b>	<b>430 LEDGE ROAD</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				2			

Towns Served: KILLINGLY

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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				

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21186	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Ms. Starlet Lenth</b>						Property Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
375 Ledge Rd						Dayville		CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-774-8221				860-774-4614	pizzakingri@yahoo.com				
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>									

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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	
<b>CT0690174</b>	<b>430 LEDGE ROAD</b>	NC	33	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			2			

Towns Served: KILLINGLY

**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		
<b>CT0690254</b>	<b>STATELINE CAMP RESORT-WELL #1</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 101				1			

Towns Served: KILLINGLY

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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		

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>	
<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)**

<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<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 Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
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				
21193	WELL	2	WELL	A				
56807	BLADDER TANKS							

### Contact Information

Name	Organization	Job Title		
<b>Ms. Joyce Hart</b>				
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.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690254</b>	<b>STATELINE CAMP RESORT-WELL #1</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 101				1			
Towns Served: KILLINGLY							
1639 Hartford Pike			East Killingly		CT	06243	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-3016							
Contact Role(s): <b>Legal Contact, Owner</b>							
Name			Organization		Job Title		
<b>Mr. Nicola G. Leonetti</b>			Resort Camplands Int. Inc.		Vp		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1639 Hartford Turnpike					East Killingly	CT	06243
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-3016		860-774-6470		860-234-6955	CAMPLANDS@AOL.COM		
Contact Role(s): <b>Administrative Contact, Owner</b>							
<b>Please note the following:</b>							
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>							

***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		
<b>CT0690274</b>	<b>ZIPS DINER INC</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1086 NORTH MAIN ST / 725 HARTFORD PIKE				1			
Towns Served: KILLINGLY							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>	
<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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<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		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/8/2017	
CROSS CONNECTION EXEMPTION	3/1/2021	

### 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 M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015	
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016	
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016	

### 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			
		4-2	DISTRIBUTION SYSTEM	A	Y			

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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		
<b>CT0690274</b>	<b>ZIPS DINER INC</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1086 NORTH MAIN ST / 725 HARTFORD PIKE				1			
Towns Served: KILLINGLY							

## 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	Stage 2 DBPR
		4-3	DISTRIBUTION SYSTEM	A	Y			
		4-4	DISTRIBUTION SYSTEM	A	Y			
		4-5	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW4	DISTRIBUTION SYSTEM	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21195	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Mr. Kevin R. Cole			Krc Enterprises, LLC			Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 263						Dayville		CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-774-6335					kevincole680@gmail.com				

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

Name			Organization			Job Title			
Krc Enterprises LLC									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
725 Hartford Pike						Dayville		CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email 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	Classification	Population	Owner Type	Primary Source		
<b>CT0690304</b>	<b>THE GATHERING PLACE RESTAURANT &amp; PIZZA</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
817 PROVIDENCE PIKE - RTE 6				1			
Towns Served: KILLINGLY							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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				
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	8/4/2016	

## 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 M&R Violation	10/1/13 - 12/31/13	3	7/6/2014		7/16/2014	
Physical Parameters M&R Violation	4/1/15 - 6/30/15		9/23/2016		10/3/2016	

## 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				
22687	WELL	2	WELL	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		
<b>CT0690304</b>	<b>THE GATHERING PLACE RESTAURANT &amp; PIZZA</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
817 PROVIDENCE PIKE - RTE 6				1			

Towns Served: KILLINGLY

## Contact Information

Name		Organization			Job Title	
<b>Mr. Todd Pavao</b>					Property Owner	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
		7 Salina Avenue		Johnston	RI	02919
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
401-286-5060					tepavao@yahoo.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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0690324</b>	<b>MOZZARELLAS OF KILLINGLY, INC</b>	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
460 HARTFORD TURNPIKE				1			
Towns Served: KILLINGLY							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>		
<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			

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>		
<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			

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
DISTRIBUTION SYSTEM (4)	7/1/16 - 9/30/16		Complete	
	10/1/16 - 12/31/16		Complete	

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>		
<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		Complete	
	1/1/18 - 12/31/18			

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/1/2009	
CROSS CONNECTION SURVEY REPORT	3/1/2010	

### 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				
22689	WELL	2	WELL	A				
56166	BLADDER TANK							
56176	BOOSTER PUMPS							

*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		
<b>CT0690324</b>	<b>MOZZARELLAS OF KILLINGLY, INC</b>	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
460 HARTFORD TURNPIKE				1			
Towns Served: KILLINGLY							

### Contact Information

Name		Organization			Job Title			
<b>Mr. Jay Chelo</b>		Mozzarellas of Killingly, Inc			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
460 Hartford Pike						Dayville	CT	06241
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-774-3434		460-774-2999		401-486-0006	Jay@mozzarellasgrill.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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0690344	FOUR GS PIZZERIA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
305 HARTFORD TURNPIKE (ROUTE 101)				1			
Towns Served: KILLINGLY							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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				
	1/1/17 - 2/28/17		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Total Coliform (3100)</b>		<b>3 (TR) per month</b>			
<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	3/1/17 - 3/31/17				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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				

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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				

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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		Complete		
	1/1/18 - 12/31/18				

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SANITARY SURVEY PROGRESS REPORT	10/6/2008	
RESPOND TO SANITARY SURVEY	6/25/2014	

### 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				
22693	WELL	2	WELL	A				
55533	WELL-X-TROL BLADDER TANK							

*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		
<b>CT0690344</b>	<b>FOUR GS PIZZERIA</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
305 HARTFORD TURNPIKE (ROUTE 101)				1			

Towns Served: KILLINGLY

## Contact Information

Name	Organization	Job Title
<b>Golden Greek Restaurants Intn'l, Inc.</b>		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
305 Hartford Pike		Dayville	CT	06241

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-779-3659					

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

Name	Organization	Job Title
<b>Mr. George P. Gionis</b>	Golden Greek Restaurant & Pub	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 518		Dayville	CT	06241

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-774-0167		860-779-2971		860-982-3691	tsg@att.net

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
<b>Mr. Richard Burke</b>		Owner/Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
305 Hartford Turnpike		Dayville	CT	06241

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-779-3659					

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		
<b>CT0691223</b>	<b>1075 NORTH MAIN STREET - KILLINGLY</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1075 NORTH MAIN STREET (RTE 12)				1			
Towns Served: KILLINGLY							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>	
<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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<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		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
<b>Start Date:</b> 12/1/2014		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		9/1/2016 - 9/30/2016	N
		10/1/2016 - 10/31/2016	N
		11/1/2016 - 11/30/2016	N
		12/1/2016 - 12/31/2016	N
		1/1/2017 - 1/31/2017	
		2/1/2017 - 2/28/2017	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	5/7/2015		5/17/2015	

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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		
<b>CT0691223</b>	<b>1075 NORTH MAIN STREET - KILLINGLY</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1075 NORTH MAIN STREET (RTE 12)				1			
Towns Served: KILLINGLY							

### 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	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	MEN'S ROOM	A	Y	N	Y	
		MW002	WOMEN'S ROOM	A	Y	N		
		MW003	SLOP SINK	A	Y	N		
		OM1001	LOBBY	I		N		
		OM1002	LADIES ROOM	I		N		
		OM1003	BEVERAGE MACHINE	I		N		
		OM1004	MENS ROOM	I		N		
		OM1005	BATHROOM SINK	I		N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10855	WELL 1	2	WELL 1	A				
58992	TREATMENT PLANT							
58994	WX-102 BLADDER TANK							

### Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification:</b> SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
STOSSE, MATTHEW J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2017 6/30/2017

### Contact Information

Name		Organization			Job Title		
<b>Ms. Patricia Hansen</b>		Haven Cherry Hill, LLC			Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
900 East Stanely Blvd.		Apt 183			Livermore	CA	94550
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
<b>Contact Role(s): Owner</b>							
Name		Organization			Job Title		
<b>Mr. Rik Hansen</b>		Haven Cherry Hill, LLC			Real Property Admin		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
PO Box 2360					Livermore	CA	94551
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
510-206-9761					RIK57PICT@GMAIL.COM		
<b>Contact Role(s): Administrative Contact, Legal Contact, Owner</b>							

*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		
<b>CT0691223</b>	<b>1075 NORTH MAIN STREET - KILLINGLY</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1075 NORTH MAIN STREET (RTE 12)				1			

Towns Served: KILLINGLY

**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		
<b>CT0691234</b>	<b>CHURCH OF THE NAZARINE</b>	NC	150	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
440 WESTCOTT ROAD				1			
Towns Served: KILLINGLY							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION (4)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<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		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/19/2017	

## 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 M&R Violation	1/1/05 - 3/31/05	2	8/26/2005		9/5/2005	
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/18/2005		11/28/2005	
Total Coliform M&R Violation	7/1/05 - 9/30/05	2	2/22/2006		3/4/2006	
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/19/2006		4/29/2006	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/19/2006		4/29/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/2006		7/25/2006	
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/27/2006		8/6/2006	
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006	
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/19/2006		10/29/2006	
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	1/3/2007		1/13/2007	
Physical Parameters M&R Violation	7/1/05 - 9/30/05	3	1/23/2007		2/2/2007	

**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		
<b>CT0691234</b>	<b>CHURCH OF THE NAZARINE</b>	NC	150	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
440 WESTCOTT ROAD				1			
Towns Served: KILLINGLY							

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	3/20/2007		3/30/2007	
Physical Parameters M&R Violation	1/1/06 - 3/31/06	3	6/15/2007		6/25/2007	
Physical Parameters M&R Violation	4/1/06 - 6/30/06	3	8/18/2007		8/28/2007	
Physical Parameters M&R Violation	7/1/06 - 9/30/06	3	12/4/2007		12/14/2007	
Repeat Total Coliform M&R Violation	7/1/07 - 9/30/07	2	1/11/2008		1/21/2008	
Total Coliform M&R Violation	9/1/07 - 9/30/07	2	1/11/2008		1/21/2008	

## 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	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
49264	WELL 1	2	WELL 1	A				

## Contact Information

Name		Organization			Job Title		
<b>Pastor Wendy Ambrefe</b>		Church of The Nazarene			Pastor		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
440 Westcott Rd					Danielson	CT	06239
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-774-5844					wambrefe@juno.com		
Contact Role(s):		<b>Administrative Contact</b>					

**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		
<b>CT0691244</b>	<b>CUMBERLAND FARMS STORE #4632</b>	NC	32	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
567 WAUREGAN ROAD				1			
Towns Served: KILLINGLY							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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)**

<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<b>Nitrite (1041)</b>		<b>1 routine (RT) per year</b>			
<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>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
57888	WELL #1	2	WELL #1	A			
58149	TREATMENT PLANT						

*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		
<b>CT0691244</b>	<b>CUMBERLAND FARMS STORE #4632</b>	NC	32	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
567 WAUREGAN ROAD				1			
Towns Served: KILLINGLY							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Mark Souza</b>			Cumberland Farms			Maintenance Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Cfi/Gulf A Group of Companies			2643 Hartford Avenue			Johnston		RI	02919
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
401-477-2387		401-934-1827			msouza@cumberlandfarms.com				

Contact Role(s): **Administrative Contact**

Name			Organization			Job Title			
<b>Cumberland Farms Inc</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
100 Crossing Blvd						Framingham		MA	01702
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name			Organization			Job Title			
<b>Ari N Hasetes</b>			Cumberland Farms Inc			President & Coo Boar			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
100 Crossing Blvde						Framingham		MA	01702
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Legal Contact**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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		
<b>CT0699203</b>	<b>610 WAUREGAN ROAD</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
610 WAUREGAN ROAD				1			

Towns Served: KILLINGLY

### Monitoring Requirements

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

**Asbestos (1094)** **1 routine (RT) per nine years**

<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	1/1/11 - 2/11/12	1/1-2/11	

**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		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2013	
CROSS CONNECTION SURVEY REPORT	3/1/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2015	

### 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 M&R Violation	10/1/13 - 12/31/13	2	3/27/2014		4/6/2014	
Total Coliform M&R Violation	1/1/14 - 3/31/14	2	7/27/2014		8/6/2014	
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	2/25/2015		3/7/2015	
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	6/27/2015		7/7/2015	
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	11/25/2015		12/5/2015	

*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		
<b>CT0699203</b>	<b>610 WAUREGAN ROAD</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
610 WAUREGAN ROAD				1			
Towns Served: KILLINGLY							

## 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	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
57896	WELL 1	2	WELL 1	A				

## Contact Information

Name		Organization			Job Title		
<b>Mr. William Bourque</b>		Central Coffee Company, LLC.			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
612 Wauregan Road					Danielson	CT	06239
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-6336	302				bill@centralcoffeecompany.com		

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

Name		Organization			Job Title		
<b>Central Coffee Properties LLC</b>							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
612 Wauregan Rd					Danielson	CT	06239
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-6336							

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**