

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1600044	15 RIVER ROAD PLAZA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
15 RIVER ROAD - ROUTE 32				1			

Towns Served: WILLINGTON

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	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

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	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

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)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			

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 WQP 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				
22538	WELL	2	WELL	A				
56134	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Ms. Amy Moore			American Eagle Cafe & Saloon			Facility Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
15 River Road						Willington		CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-487-3501					mooresaloon1@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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			
CT1600044	15 RIVER ROAD PLAZA	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
15 RIVER ROAD - ROUTE 32				1				
Towns Served: WILLINGTON								
Name			Organization			Job Title		
1308 Stafford Rd								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1308 Stafford Rd						Storrs	CT	06268
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		
CT1600064	MOOSE MEADOW CAMPGROUND	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
KECHKIS ROAD				1			
Towns Served: WILLINGTON							

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	4/1/25 - 6/30/25			Complete
	7/1/25 - 9/30/25			

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	4/1/25 - 6/30/25			Complete
	7/1/25 - 9/30/25			

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)	1/1/24 - 12/31/24			Complete
	1/1/25 - 12/31/25			Complete
	1/1/26 - 12/31/26			

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 WQP 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				
22540	WELL	2	WELL	A				
60542	WELL #2	2	WELL #2	A				

Contact Information

Name			Organization			Job Title			
Ms. Christiena Hasapes			Moosemeadow Camping			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 38						Willington		CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-429-7451					moosemeadowcampingresort@gmail.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		
CT1600074	WILDERNESS LAKE CAMPGROUND & RESORT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
150 VILLAGE HILL ROAD				1			
Towns Served: WILLINGTON							

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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	9/1/11 - 9/30/11	2	11/2/2011		11/12/2011	
Total Coliform M&R Violation	4/1/12 - 6/30/12	2	12/5/2012		12/15/2012	
Repeat Total Coliform M&R Violation	9/1/11 - 9/30/11	2	12/5/2012		12/15/2012	
Physical Parameters M&R Violation	4/1/12 - 6/30/12	3	11/5/2013		11/15/2013	

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 WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM	WITHIN 5 SERVICE CON	A			
			UPSTREAM	WITHIN 5 SERVICE CON	A			
			WL001	TANK RAW	P			
			WL002	TANK TREATED	P			
			WL003	MENS ROOM	P	Y		
			WL004	WOMANS ROOM	P			
			WL005	KITCHEN	P			

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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		
CT1600074	WILDERNESS LAKE CAMPGROUND & RESORT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
150 VILLAGE HILL ROAD				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	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
22541	WELL	2	WELL	A				
56410	WILDERNESS LAKE CAMPGROUND TREATMENT							

Contact Information

Name		Organization			Job Title		
Mr. Doug Bella		Wilderness Lake Campground					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
150 Village Hill Road					Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-874-8058					wildernesslakect@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.

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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		
CT1600094	WILLINGTON MOBIL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
470 RIVER RD				1			
Towns Served: WILLINGTON							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 22543)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete

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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		
CT1600094	WILLINGTON MOBIL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
470 RIVER RD				1			

Towns Served: WILLINGTON

Monitoring Requirements

Water System Facility: **WELL (WSF ID: 22543)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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 WQP 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				
22543	WELL	2	WELL	A				
54185	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Ms. Bonnie H. Krawiec			Barnini Circle Associates, LLC			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
3000 South Ocean Boulevard # 706						Boca Raton		FL	33432
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
			860-604-5431		bkrawiec@gmail.com				

Contact Role(s): **Owner**

Name			Organization			Job Title			
Mr. Jeff McCullough			Global Partners, Lp			Env. Project Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 549290			800 South Street, Suite 500			Waltham		MA	02453
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
781-250-7369					jeff.mccullough@globalp.com				

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

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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			
CT1600094	WILLINGTON MOBIL	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
470 RIVER RD				1				
Towns Served: WILLINGTON								
Name			Organization			Job Title		
Mr. Jack Cerra			Atlas Technical Consultants			Sr Environmental Tec		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
290 Roberts Street			Suite 301			East Hartford	CT	06108
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-614-1983					jack.cerra@oneatlas.com			
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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1600124	12 TOLLAND TURNPIKE (ROUTE 74)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 TOLLAND TURNPIKE (ROUTE 74)				1			
Towns Served: WILLINGTON							

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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

Nitrite (1041)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

Water System Facility: **WELL (WSF ID: 22546)**

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR

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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		
CT1600124	12 TOLLAND TURNPIKE (ROUTE 74)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 TOLLAND TURNPIKE (ROUTE 74)				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	Stage WQP 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				
22546	WELL	2	WELL	A				
60649	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Mr. Michael Gnazzo			Willington Station, LLC			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
16 Tolland Turnpike						Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-477-1400		860-477-1412		860-989-8001	michael@gnazzo.email			

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.

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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		
CT1600134	WILLINGTON REST AREA (I-84 E&W)	NC	25	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
I-84 (EASTBOUND)				1			
Towns Served: WILLINGTON							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

Physical Parameters (PPS)	1 routine (RT) per month		
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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		
CT1600134	WILLINGTON REST AREA (I-84 E&W)	NC	25	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
I-84 (EASTBOUND)				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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1	Men s Room East	A	Y			
		4-2	Women s Drinking Fou	A	Y			
		4-3	Men s Drinking Fount	A	Y			
		4-4	Women s Drinking Fou	A	Y			
		4-5	Men s Drinking Fount	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WIR001	WOMENS RM	P	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22547	WELL	2	WELL	A				
61172	ATMOSPHERIC TANK							

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: DISTRIBUTION SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026 9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2025 12/31/2025

Contact Information

Name		Organization			Job Title	
Mr. Dana M. Arnold		CT Dept. of Transportation			Maint. Supervisor li	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
17 Flagler Street				Newington	CT	06111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-666-8568				860-250-7346	dana.arnold@ct.gov	

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.

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

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

End of schedule

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		
CT1600164	WILLINGTON PIZZA HOUSE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
RIVER ROAD (ROUTE 32)				1			

Towns Served: WILLINGTON

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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>
GROUNDWATER RULE TT Violation	7/4/22 - 9/5/22	2	7/8/2023		7/18/2023	

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 WQP 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				
22550	WELL	2	WELL	A				
62503	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title			
Mr. Jeffrey Kelly		Willington Pizza			Owner			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
25 River Road					Willington		CT	06279

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		
CT1600164	WILLINGTON PIZZA HOUSE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
RIVER ROAD (ROUTE 32)				1			
Towns Served: WILLINGTON							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-7433		860-429-2273		860-872-8038	willingtonpizza@aol.com		
Contact Role(s): Legal Contact, Owner							
Name			Organization		Job Title		
Mr. Rich Rogers			Willington Pizza		Manager		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
25 River Road					Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-7433		860-429-2273		860-208-2703	willingtonpizza@aol.com		
Contact Role(s): Administrative Contact							
Name			Organization		Job Title		
Ms. Tonja P Kelly			Willington Pizza House		Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
25 River Rd					Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
Contact Role(s): 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		
CT1600224	39 ADAMEC ROAD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 ADAMEC ROAD				1			
Towns Served: WILLINGTON							

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

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 WQP 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				
23028	WELL #1	2	WELL #1	A				

Contact Information

Name			Organization			Job Title			
Mr. Arben Tena			Hill View Bar & Grill			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
148 Lisa Dr.						South Windsor		CT	06074
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-716-5489					BeniTena69@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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			
CT1600224	39 ADAMEC ROAD	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
39 ADAMEC ROAD				1				
Towns Served: WILLINGTON								
Name			Organization			Job Title		
48 Gray Rd								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
48 Gray Rd						South Windsor	CT	06074
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		
CT1600234	WILLINGTON XTRA MART	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
467 RIVER ROAD				1			

Towns Served: WILLINGTON

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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 WQP 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				
23035	WELL #1	2	WELL #1	A				
56409	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Mr. Jeff McCullough			Global Partners, Lp			Env. Project Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 549290			800 South Street, Suite 500			Waltham		MA	02453
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
781-250-7369					jeff.mccullough@globalp.com				
Contact Role(s): Legal Contact									

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			
CT1600234	WILLINGTON XTRA MART	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
467 RIVER ROAD				1				
Towns Served: WILLINGTON								
Name			Organization			Job Title		
Mr. Jack Cerra			Atlas Technical Consultants			Sr Environmental Tec		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
290 Roberts Street			Suite 301			East Hartford	CT	06108
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-614-1983					jack.cerra@oneatlas.com			
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		
CT1609124	WILLINGTON PUBLIC LIBRARY	NC	50	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
7 RUBY ROAD				1			

Towns Served: WILLINGTON

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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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 WQP 2 DBPR</i>
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				
52749	WELL #1	2	WELL #1	A				
53203	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Ms. Erika Wiecenski			Town of Willington			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
40 Old Farms Rd						Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-487-3100		860-487-3103		860-465-7951	ewiecenski@willingtonct.org			
Contact Role(s): Administrative Contact, Owner								

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	
CT1609124	WILLINGTON PUBLIC LIBRARY	NC	50	L	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
7 RUBY ROAD			1			
Towns Served: WILLINGTON						

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		
CT1609134	SCHOFIELD SPRING	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
666 RIVER ROAD (ROUTE 32)				1			

Towns Served: WILLINGTON

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	9/8/2024	

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 WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SS1	WATER DISPENSER	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53553	WELL 1	2	WELL 1	A				
60657	ATMOSPHERIC STORAGE							
62744	UV/CARTRIDGE FILTER							

Contact Information

Name		Organization			Job Title		
Mr. Larry McKinney		Lcs Spring Water, LLC			Admin		
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		
CT1609134	SCHOFIELD SPRING	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
666 RIVER ROAD (ROUTE 32)				1			
Towns Served: WILLINGTON							
P.O. Box 392			Stafford Springs		CT	06076	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-680-2757					office@aquapump.com		
Contact Role(s): Administrative Contact							
Name			Organization		Job Title		
Mr. Scott Nigro			Lcs Spring Water, LLC		Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
P.O. Box 392					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-684-5349					office@aquapump.com		
Contact Role(s): Legal Contact							
Name			Organization		Job Title		
Mr. Christopher Paradiso			Lcs Spring Water, LLC		Legal		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
P.O. Box 392					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-836-1230							
Contact Role(s): Legal Contact							
Name			Organization		Job Title		
Lcs Spring Water, LLC							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
P.O. Box 392					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-836-1230							
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		
CT1609154	WILLINGTON DUNKIN DONUTS	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
333 RIVER ROAD				1			
Towns Served: WILLINGTON							

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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

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 WQP 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				
59941	WELL 1	2	WELL# 1	A				
59944	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Mr. Dimitrios Moutoudis			Toudis LLC			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
483 Providence Road						Brooklyn		CT	06234
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-654-1819					dmoutoudis@aol.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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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	
CT1609154	WILLINGTON DUNKIN DONUTS	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
333 RIVER ROAD			1			
Towns Served: WILLINGTON						

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1609164	DOLLAR GENERAL WILLINGTON	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 TOLLAND TURNPIKE (RTE 74), WILLINGTON				1			
Towns Served: WILLINGTON							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Organic Chemicals (VOCS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		

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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		
CT1609164	DOLLAR GENERAL WILLINGTON	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 TOLLAND TURNPIKE (RTE 74), WILLINGTON				1			

Towns Served: WILLINGTON

Monitoring Requirements

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

Organic Chemicals (VOCS) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
		DOWNSTREAM	5 SEVICE CONNECTIONS	A	Y			
		UPSTREAM	5 SEVICE CONNECTIONS	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
61352	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Alan Luke			106-108 Bayard Corp			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 East 8Th Street			Apt 31A			New York	NY	10003
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
917-846-3802					lukerealtymgt@icloud.com			

Contact Role(s): **Owner**

Name			Organization			Job Title		
Mr. Josh Salvas			Dollar General			Store Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
22 Tolland Turnpike						Willington	CT	06279
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-477-3575					hslyepie@dollargeneral.com			

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

Please note the following:

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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