	Connecticut Dej								ection	
		iality Monit	coring and	d Com						
PWS ID	PWS Name							ion Ow		rimary Source
CT0055013		- WELL #1			NC		36		Р	GW
	ess (where applicable)		Service	Residen	tial Con	nmercial	Indu	strial	Combined	Agricultural
	HARTFORD ROAD (ROUTE 44)		Connections			4				
Towns Serv	ved: BARKHAMSTED									
		Monite	oring Requ	iireme	nts					
Water Sys	stem Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)							
Total Col	iform (3100)							1 ro	utine (RT)	per quarter
	ling Point (Sampling Point ID)			Monitori	ng Perio	d Col	lection	Period		iance Status
	from Inventory of Active Sampl	ing Points		7/1/19 -						omplete
				10/1/19 -						omplete
				1/1/20 -						•
				4/1/20 -						
				7/1/20 -						
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
_	ling Point (Sampling Point ID)			Monitori	ng Perio	d Col	lection	Period		iance Status
Select	from Inventory of Active Sampl	ing Points		7/1/19 -						omplete
	•			10/1/19 -	12/31/1	.9				omplete
				1/1/20 -						•
				6/30/20						
			7/1/20 - 9/30/20							
Water Svs	stem Facility: ENTRY POINT	(WSF ID: 00700)		, , -						
	and Nitrite (NOX)	, ,						1	routine (RT) per year
	ling Point (Sampling Point ID)			Monitori	na Perio	d Col	lection	- Period	=	iance Status
	Y POINT (3)				omplete					
	- (-)			1/1/19 - : 1/1/20 - :						1
				1/1/21 -						
		Other C	ompliance							
Complianc	e Schedule Activity			L	Due Date	2	A	chieved	Date	
CROSS CO	NNECTION SURVEY REPORT			3	3/1/2017	7				
RESPOND 7	TO SANITARY SURVEY			6	5/7/2019	9				
CROSS CO	NNECTION SURVEY REPORT			3	3/1/2020)				
	Water	System Facili	ity and Sar	npling	Point	Inven	tory			
Water		-	-			Tota		ead and	1	
	Water System Facility	Sampling Point	Sampling Poi	nt		Colifo		Copper		Stage
Facility ID		ID	Description		Stat	us Rul	le R	ule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A					
		UPSTREAM	WITHIN 5 SER	VICE CON	I A					
00700	ENTRY POINT	3	ENTRY POINT		Α					
23090	WELL #1	2	WELL #1		А					
56508	BLADDER TANK									
		Con	tact Inforr	mation						
Name			rganization						Job Title	
Mr. John A	Senese		allory Brook LL	C					ווופ וווופ	
	dress Line One	Mailing Addres					City		State	Zip Code
iviailiig Au	uress Line Offe	ivialiling Addites	S LITTE I WU				City		State	Zip Code

	Wa	ter Qual	lity Monito	oring an	d Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Prim	nary Source
CT0055013	MALLORY BROC	K PLAZA - W	ELL #1			N	С	36	Р		GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmercia	al Industri	al Combine	ed A	Agricultural
380 NEW HARTF	ORD ROAD (ROU	TE 44)		Connections			4				
Towns Served: B	ARKHAMSTED										
321 Main St.							Farmin	gton	СТ		06032
Business Phon	e Extension	Mobil	e Phone E	mergency	/ Phone	Email A	ddress				
860-982-6968	3				860-582	-2403	jsenese@calzonconstructioninc.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.
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End of schedule

		Department of Quality Monit				`	_		ection	
PWS ID	PWS Name	-			Classif	fication	Popu	lation Ow	ner Type F	Primary Source
CT0050014	AMERICAN LEGION S	F / AUSTIN F. HAWES			N	NC .	4	.2	S	GW
Local Addres	ss (where applicable)		Service	Residen	tial Co	ommerc	ial In	dustrial	Combined	d Agricultura
106 EAST RIV	VER ROAD		Connectio	ns 7						
Towns Serve	ed: BARKHAMSTED									
		Monito	oring Re	quireme	nts					
Water Syst	em Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)							
Total Colif	orm (3100)							1 ro	utine (RT)	per quarter
Samplii	ng Point (Sampling Point I	D)		Monitori	ng Peri	iod C	ollect	ion Period	Comp	liance Status
Select f	rom Inventory of Active Sa	mpling Points		7/1/19 -	9/30/1	19			C	omplete
<u> </u>				4/1/20 -	6/30/2	20				
				7/1/20 -	9/30/2	20				
_	arameters (PPS)							1 ro		per quarter
_	ng Point (Sampling Point I			Monitori	ion Period	Comp	liance Status			
Select f	rom Inventory of Active Sa	impling Points		7/1/19 -					C	omplete
				4/1/20 -						
				7/1/20 -	9/30/2	20				
•	em Facility: ENTRY PO	INT (WSF ID: 00700)								
	d Nitrite (NOX)								=	RT) per year
-	ng Point (Sampling Point I	D)		Monitori			Collect	ion Period		liance Status
ENTRY	POINT (3)			1/1/19 -					C	omplete
				1/1/20 -						
				1/1/21 -		21				
		Other Co	omplian	ce Sched	lules					
Compliance	Schedule Activity			ı.	Due Da	ite		Achieved	Date	
SEASONAL S	TART UP COMPLETION			4	4/1/20	20				
	Wa	ter System Facili	ity and S	ampling	Poin	t Inve	ento	ry		
Water						T	otal	Lead and	1	
•	Vater System Facility	Sampling Point					iform	Copper		Stage
Facility ID		ID	Description			atus	Rule	Rule Tiei	Asbestos	WQP 2 DBP
00600 D	ISTRIBUTION SYSTEM	4		ION SYSTEM		A	Υ			
		DOWNSTREAM				A				
		UPSTREAM		SERVICE CON		Α				
	NTRY POINT	3	ENTRY POI	NT		A				
20108 W	VELL	2	WELL			A				
		Con	tact Info	rmation)					
Name		Or	rganization						Job Title	
	Dept of Revenue Services									
	ress Line One	Mailing Address	s Line Two				Ci	•	State	Zip Code
106 East Riv						Barkha			СТ	06063
Business P	hone Extension	Fax Mobi	le Phone	Emergency	Phone	Email	Addres	SS		
Contact Role	e(s): Owner									
COTTACT NOIS	-(J). OWING!									

C	omecuc	ut Depa	i une	וט אוו	i i ubiic	Healti	ווועו	שוואוו	s water	Section	П	
	Wat	ter Qua	lity M	onit	coring a	nd Cor	nplia	ince S	Schedu	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Typ	e Pr	rimary Source
CT0050014 A	MERICAN LEGI	ON SF / AUS	TIN F. HA	WES			N	IC	42	S		GW
Local Address (who	ere applicable)				Service	Reside	ntial Co	mmerci	al Industri	ial Combi	ned	Agricultural
106 EAST RIVER ROAD Connections 7												
Towns Served: BAI	RKHAMSTED					·				·		
Name				0	rganization					Job Ti	tle	
Mr. David Cooley				D	eep-Enginee	ring Unit			Supv Civil	Engineer		
Mailing Address Li	ne One		Mailing A	Addres	s Line Two				City	State	9	Zip Code
163 Great Hill Roa	d					Portlar			nd	СТ		06480
Business Phone	Extension	Fax		Mobi	ile Phone	Emergenc	y Phone	Email A	Address	·		
860-342-2215		860-344-2	2560	860-2	205-7552	860-424	-3333	david.c	cooley@ct.g	ΙΟV		
Contact Role(s):	Administrative	Contact Lea	al Contac	+ Ow/	nor							

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

Please note the following:

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End of schedule

Connecticut Dep	artment of	Public H	ealth	Drinki	ing W	ater Se	ection				
Water Qu	ality Monit	oring and	d Com	plianc	e Sch	edule					
PWS ID PWS Name				Classificati	on Pop	ulation Ow	ner Type Pr	imary Source			
CT0050024 BRASS HORSE CAFE & MO	TEL .			NC		25	Р	GW			
Local Address (where applicable)		Service	Resident	ial Comm	ercial I	ndustrial	Combined	Agricultural			
87 NEW HARTFORD ROAD		Connections		1							
Towns Served: BARKHAMSTED				1		'					
	Monito	oring Requ	iremer	nts							
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coliform (3100)						1 rou	utine (RT) p	er quarter			
Sampling Point (Sampling Point ID)		1	Monitorin	g Period	Collec	tion Period	Complia	ance Status			
Select from Inventory of Active Samplin	ng Points		7/1/19 - 9	9/30/19			Cor	mplete			
		1	10/1/19 - 1	10/31/19			Cor	mplete			
			1/1/20 - 3	3/31/20			Cor	mplete			
			4/1/20 - 6	6/30/20							
			7/1/20 - 9	9/30/20							
Total Coliform (3100)						3 r	epeat (RP)	per period			
Sampling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Period	•	nce Status			
Select from Inventory of Active Sampli	ng Points	1	0/25/19 -	10/30/19			Complete				
Total Coliform (3100)					3 ten	nporary ro	utine (TR)	per month			
Sampling Point (Sampling Point ID)			Monitorin	g Period		tion Period		nce Status			
Select from Inventory of Active Samplii	ng Points		11/1/19 - 1			Complete					
Physical Parameters (PPS)				er quarter							
Sampling Point (Sampling Point ID)			Monitorin	a Period	Collec	tion Period		ance Status			
Select from Inventory of Active Sampli	ng Points		7/1/19 - 9	_			-	mplete			
, , , , , , , , , , , , , , , , , , , ,	0	1	10/1/19 - :				Complete				
		·	1/1/20 - 3					nplete			
			4/1/20 - 6								
			7/1/20 - 9								
Water System Facility: ENTRY POINT	WSF ID: 00700)		,,1,20	3,30,20							
Nitrate And Nitrite (NOX)	11131 131 007 007					1	routing (P	T) per year			
Sampling Point (Sampling Point ID)			Monitorin	a Period	Collec	± tion Period	=	ince Status			
ENTRY POINT (3)			1/1/19 - 1		Conec	tion r enou		nplete			
LIVINI FOINT (3)			1/1/20 - 1				COI	прієсе			
			1/1/20 - 1 1/1/21 - 1								
Water System Facility: WELL (WSF ID:	20109)		1/1/41 - I	/ 31/ 41							
	20103,					1 trice	acred (TC)	nor noried			
E. Coli (3014) Sampling Point (Sampling Point ID)					6-11	trigg tion Period		per period			
			Monitorin	a Dariad	d Compliance Status						
			Monitorin		Collec	tion renou		mnloto			
WELL (2)		1	0/24/19 -	10/30/19				mplete			
WELL (2)	System Facili	1	0/24/19 -	10/30/19	vento	ory		mplete			
WELL (2) Water Water	•	1 i ty and Sa n	0/24/19 - npling	10/30/19	vento	o ry Lead and					
WELL (2) Water Water System Water System Facility	Sampling Point	1 ity and San Sampling Poin	0/24/19 - npling	10/30/19 Point Ir	Total Coliform	Lead and	Cor	Stage			
WELL (2) Water Water System Water System Facility Facility ID	Sampling Point ID	1 ity and San Sampling Poin Description	0/24/19 - npling nt	10/30/19 Point Ir Status	Total Coliform	Lead and	Cor				
WELL (2) Water Water System Water System Facility	Sampling Point ID 4	ity and San Sampling Poin Description DISTRIBUTION	o/24/19 - npling nt	10/30/19 Point Ir Status A	Total Coliform	Lead and	Cor	Stage			
WELL (2) Water Water System Water System Facility Facility ID	Sampling Point ID 4 DOWNSTREAM	ity and San Sampling Poin Description DISTRIBUTION WITHIN 5 SER	npling nt I SYSTEM VICE CON	10/30/19 Point Ir Status A A	Total Coliform	Lead and	Cor	Stage			
WELL (2) Water Water System Water System Facility Facility ID	Sampling Point ID 4	ity and San Sampling Poin Description DISTRIBUTION	npling nt I SYSTEM VICE CON	10/30/19 Point Ir Status A	Total Coliform	Lead and	Cor	Stage			

Α

WELL

20109 WELL

	Water Quality Monit							
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0050024	BRASS HORSE CAFE & MOTEL				NC	25	Р	GW
ocal Address	(where applicable)	Service	Residen	ntial (Commercia	al Industri	al Combin	ed Agricultural

1

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: BARKHAMSTED

87 NEW HARTFORD ROAD

Contact Information												
Name				Organization	1			Job Title				
Ms. Kim Hamel				Brass Horse	Cafe, LLC		President					
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
87 New Hartford Ro	ad					Barkham	sted	СТ	06063			
Business Phone Extension Fax				bile Phone	Emergency Phone	Email Address						
860-738-2017					860-689-4088							

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

Please note the following:

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End of schedule

	Connectic Wa	•		of Public itoring ar							1	
PWS ID	PWS Name		-			Classifi	cation F	Popula	ation C	wner Type	Pri	mary Source
CT0050044	LOG HOUSE RES	TAURANT INC	2.			N	С	25	5	P		GW
	where applicable)			Service	Residen	tial Co	mmercia	l Inc	dustrial	Combir	ied	Agricultural
110 NEW HART				Connection	S					4		
Towns Served: I	BARKHAMSTED										_	
			Moni	toring Req	uireme	nts						
Water System	Facility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)								
Total Coliforn	n (3100)								1 r	outine (R	T) p	er quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llectio	on Perio	od Con	nplia	nce Status
Select fron	n Inventory of Act	ive Sampling I	Points		7/1/19 -	9/30/1	9				Cor	nplete
					10/1/19 -							nplete
					1/1/20 -						Cor	nplete
					4/1/20 -							
					7/1/20 -	9/30/2	0					
_	meters (PPS)									=		er quarter
	Point (Sampling P				Monitori			llectio	on Perio	od Con		nce Status
Select fron	n Inventory of Act	ive Sampling I	Points		7/1/19 -							nplete
					10/1/19 -							nplete
					1/1/20 -						Cor	nplete
					4/1/20 -							
Mala Galas	E ENTRY	V DOINE /W	CE ID 0070	2)	7/1/20 -	9/30/2	U					
-	Facility: ENTR	Y POINT (W	2F ID: 00/0	U)								
Nitrate And N		-1-4 (D)			0.0 14 1			II41.			-	Γ) per year
	Point (Sampling P	oint ID)			Monitori	_		llectio	on Perio	oa Con	_	nce Status
ENTRY POI	N1 (3)				1/1/19 -						Cor	nplete
					1/1/20 -							
					1/1/21 -			_				
		Water Sy	stem Fac	ility and Sa	ampling	Point	t Inver	ntor	У			
Water							Tot		Lead a			
System Water Facility ID	er System Facility	3	ampling Poli ID	nt Sampling Po Description	oint		Colife Luc Ru		Coppe		toc I	Stage NQP 2 DBPR
_	RIBUTION SYSTEM	1	4	DISTRIBUTION		Sta	tus		Kule I	iei Asbesi	.05 1	NQP Z DBPN
00000 DIST	KIBUTION STSTEIV			M WITHIN 5 SE								
		L	UPSTREAM	WITHIN 5 SE								
00700 ENTF	RY POINT		3	ENTRY POIN		, , , , , , , , , , , , , , , , , , ,						
20111 WEL			2	WELL	••							
ZOIII WELL							`					
				ntact Info	rmation							
Name				Organization						Job Tit	le	
Mr. Gary Dileo												
Mailing Address			Mailing Addro	ess Line Two				Cit	У	State	!	Zip Code
110 New Hartfo		_		Lil Di		D.	Winsted			СТ		06098
Business Phor		Fax	Mo	bile Phone	Emergency	Phone						
860-379-893		C					iogresta	urant	@sbcg	lobal.net		
Contact Role(s):	Administrative	contact										

	Connectic	лі пера	I tillelit of	I ublic	Health	וווע	ikilig	vvalei	Sec	uon	
	Wat	er Qua	lity Monito	oring ar	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type	Primary Source
CT0050044	LOG HOUSE REST	AURANT IN	C.			Ν	IC	25	ı	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al C	ombine	ed Agricultural
110 NEW HARTFO	ORD ROAD			Connection	S					4	
Towns Served: B	ARKHAMSTED										
Name			Org	ganization					J	ob Title	9
Mr. Joseph Dileo			Log	g House Rest	tuarant Inc			Property	Owner	•	
Mailing Address	ine One		Mailing Address	Line Two				City		State	Zip Code
110 New Hartfor	d Rd						Barkhai	msted		CT	06063
Business Phone	Extension	Mobile	e Phone	Emergency	Phone	Email A	ddress				
Carata at Dala/a).	Local Contact C										

Contact Role(s): Legal Contact, Owner

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	Wa	ter Qua	lity M	onitoring a	nd Com	pli	ance	Sch	edule		
PWS ID	PWS Name				(Class	ification	Popu	ulation Ov	vner Type I	Primary Source
CT0050064	OLD RIVERTON	INN					NC		25	Р	GW
Local Address	(where applicable)			Service	Residenti	al C	Commer	cial I	ndustrial	Combined	Agricultural
436 EAST RIVE	R ROAD			Connection	S		1				
Towns Served:	BARKHAMSTED										
			M	onitoring Red	Juiremen	ts					
Water Syster	n Facility: DISTR	RIBUTION SY	YSTEM (WSF ID: 00600)							
Total Colifor	m (3100)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitorin	g Pe	riod	Collect	tion Period	d Comp	liance Status
Select fro	m Inventory of Act	ive Sampling	Points		1/1/20 - 3	3/31,	/20				
					4/1/20 - 6	5/30,	/20				
					7/1/20 - 9	/30,	/20				
Physical Para	ameters (PPS)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitorin	g Pe	riod	Collect	tion Period	d Comp	liance Status
Select fro	m Inventory of Act	ive Sampling	Points		1/1/20 - 3	3/31,	/20	С	omplete		
					4/1/20 - 6	/30	/20				
					7/1/20 - 9	/30,	/20				
Water Syster	m Facility: ENTR	Y POINT (W	VSF ID: 0	0700)							
Nitrate And	Nitrite (NOX)								1	L routine (RT) per year
Sampling	Point (Sampling P	oint ID)			Monitorin	g Pe	riod	Collect	tion Period	d Comp	liance Status
ENTRY PC	DINT (3)				1/1/20 - 1	2/31	L/20			С	omplete
					1/1/21 - 1	2/31	L/21				
		Water Sy	ystem	Facility and Sa	ampling F	Poi	nt Inv	ento	ry		
Water System Wa Facility ID	ter System Facility		Sampling ID	Point Sampling P Description			Co	Total liform Rule			Stage WQP 2 DBPR
	TRIBUTION SYSTEM	1	4	DISTRIBUTION		3	<u>tatus</u> A	Y	71470 770		
	TRY POINT	•	3	ENTRY POIN			A	'			
20113 WE			2	WELL	• •		Α				
20113 VVL	LL				. •		<u> </u>				
Name				Contact Info	rmation					tala Tiala	
Name	- -			Organization				0		Job Title	
Ms. Danamari			Mailing	Old Riverton Ir	III			_	vner	C+-+-	7in Cada
Mailing Addres			iviailing A	Address Line Two			Diverse		ity	State	Zip Code
436 East River Business Pho		Farr		Mobile Phone	Emorgono:)hor	River		266	СТ	06065
860-379-86		Fax		iviobile Phone	Emergency F 207-522-6				towers@g	mail com	
	/8	C · ·	-1.6- :		207-322-0	ZUZ	udiidi	nane.l	rowers@g	IIIdII.COIII	

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End of schedule

		Connecticut Dep Water Ou	artment of ality Monit								ction		
PWS ID		PWS Name	arrey Monne	or mg am	a don	_					ner Type	Drim	ary Source
CT005007		VILLAGE OF BOULDER RIDG	GE_ W/EII #1			Cias	NC	ווע דווע	25	JII OWI	P	FIIIII	GW
		here applicable)	GL- WLLL #1	Service	Resident	tial	Comme	arcial	Indus	trial	Combine	ad A	gricultural
104 GOOS				Connections	Resident	ciai	5	cretar	maas	criai	COMBINE		Silvaitaiai
		ARKHAMSTED											
TOWITS SET	vea. B	7 HILL IN HISTED	Monite	oring Dogu	iromo	nto							
Water Sy	/stem	Facility: DISTRIBUTION		oring Requ D: 00600)	iii eiiiei	1115	<u> </u>						
Total Co		· ·						. "			-		er month
		oint (Sampling Point ID)			Monitorii			Colle	ction I	Period	Com	oliane	ce Status
Selec	ct from	Inventory of Active Samplin	ng Points		5/1/20 -			_					
					6/1/20 -								
					7/1/20 -		-						
					8/1/20 - 9/1/20 -								
Total Co	liform	(3100)				•	•			3 r	epeat (R	P) pe	er period
		oint (Sampling Point ID)			Monitori	ng P	Period	Colle	ction I		•		ce Status
Selec	ct from	Inventory of Active Samplin	ng Points	1	0/25/19 -	- 10/	/30/19				Complete		
Physical	Paran	neters (PPS)								1 ro	utine (R	T) pe	er month
Samp	pling P	oint (Sampling Point ID)		Monitori	ng P	Period	Colle	ction I	Period	Com	olian	ce Status	
Selec	ct from	Inventory of Active Samplin		5/1/20 -	5/3	1/20							
					6/1/20 -	6/3	0/20						
					7/1/20 -	7/3	1/20						
					8/1/20 -	8/3	1/20						
					9/1/20 -	9/3	0/20						
Water Sy	/stem	Facility: ENTRY POINT	(WSF ID: 00700)										
		itrite (NOX)							1 routine (-
-		oint (Sampling Point ID)			Monitorii			Colle	ection I	Period			ce Status
ENTR	RY POIN	IT (3)			7/1/19 -		-				(Comp	lete
					4/1/20 -								
					7/1/20 -	9/3	0/20						
•		Facility: WELL #1 (WSF	FID: 20114)										
E. Coli (3	-												er period
		oint (Sampling Point ID)			Monitorii			Colle	ction I	Period			ce Status
WELL	L #1 (2)			1	0/24/19 -	- 10/	/30/19				(Comp	lete
			Other C	ompliance	Sched	lule	es						
Complian	ce Sche	edule Activity				Due	Date		Ach	nieved	Date		
CROSS CO	NNECT	TION SURVEY REPORT			3	3/1/	2020						
SEASONAL	L STAR		5	/30/	/2020								
		Water	System Facili	ity and Sar	npling	Po	int In	vent	ory				
Water								Total		id and			
System		r System Facility	Sampling Point		nt			Colifor		pper	Action	. 144	Stage
Facility ID		UDUTION CYCTER	ID .	Description	L CVCTTT :		<u>Status</u>	Rule	Ru	ie Her	Aspesto	5 W	QP 2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
			DOWNSTREAM				A						
00700	_	V DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	N	Α						
00700	ENTR'	Y POINT	3	ENTRY POINT			Α						

C	onnectic	ut Depa	irtment of	t Public	Health	ı Dr	ınkıng	g Wa	ater	Sec	ction	
	Wa	ter Qua	lity Monit	toring a	nd Con	npli	ance s	Sch	edul	e		
PWS ID PV	VS Name					Class	sification	Popu	lation	Owne	er Type P	rimary Source
CT0050074 VII	LLAGE OF BOL	JLDER RIDGE	- WELL #1				NC	2	.5		Р	GW
Local Address (whe	re applicable)			Service	Residen	ntial (Commerci	ial Ir	dustria	ıl C	ombined	Agricultural
104 GOOSE GREEN	ROAD			Connection	ns		5					
Towns Served: BAR	KHAMSTED				•	·		·				
		Water Sy	ystem Facil	ity and S	ampling	Poi	nt Inve	ento	ry			
Water System Water S Facility ID	ystem Facility		Sampling Point ID	Sampling P		S	Col	otal iform Rule	Lead of Copp	er	Asbestos	Stage WQP 2 DBPR
20114 WELL #1	1		2	WELL #1			Α					
			Cor	tact Info	rmation	1						
Name			0	rganization							Job Title	
Mr. Oscar Ebner			V	illage On Bou	ılder Ridge			Ma	nager			
Mailing Address Lin	e One		Mailing Addres	s Line Two				Ci	ty		State	Zip Code
1 Torrington Office	Plaza		Ste. 308				Torring	gton			СТ	06790
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Email <i>i</i>	Addre	SS			
860-626-8300					860-459-	-8473						
Contact Role(s): Le	egal Contact, (Owner										
Name			0	rganization							Job Title	
Mr. Kevin R. Ebner			E	bner Camps I	Inc.			Pre	sident			
Mailing Address Lin	e One		Mailing Addres	s Line Two				Ci	ty		State	Zip Code
176 Migeon Avenue	9						Torring	gton			СТ	06790
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Email <i>i</i>	Addre	SS			
860-379-4050		860-626-8	3301		860-459-	-8473	Kevin@	@awos	ting.co	m		
Contact Role(s): Le	gal Contact											
Name			0	rganization							Job Title	
Mr. Darren Ley												

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

176 Migeon Ave

Business Phone

860-379-6500

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

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

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

End of schedule

Zip Code

06790

State

 CT

City

darren@boulderday.com

Torrington

Emergency Phone Email Address

Сс	nnectic	ut Depa	rtme	ent of	Public	Health	n Dr	inkin	g W	ater	Sect	ion		
	Wa	ter Qual	lity N	Ionite	oring a	nd Cor	npli	iance	Sch	edule	e			
PWS ID PW	'S Name						_					Type F	rimary Sou	urce
CT0050104 PEG	OPLES S.F./M	AIN PICNIC A	REA					NC		26	S		GW	
Local Address (wher	e applicable)				Service	Reside	ntial (Commerc	ial	Industria	l Co	mbined	Agricult	ural
EAST RIVER ROAD					Connection	ns 4								
Towns Served: BARk	KHAMSTED													
			N	/lonito	oring Red	quireme	ents							
Water System Fac	ility: DISTR	IBUTION SY	STEM	(WSF IE	D: 00600)									
Total Coliform (3	100)									1	routin	e (RT)	per quart	ter
Sampling Point	t (Sampling P	oint ID)				Monitor	ring Pe	eriod (Collec	tion Peri	iod	Compl	iance Stati	us
Select from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/30	/19				Co	omplete	_
						10/1/19	- 12/3	1/19				Co	omplete	
						1/1/20	- 3/31	/20				Co	omplete	
						4/1/20	- 6/30	/20						
						7/1/20	- 9/30	/20						
Physical Paramet	ers (PPS)									1	routin	e (RT)	per quart	ter
Sampling Point	t (Sampling P	oint ID)				Monitor	ring Pe	eriod (Collec	tion Peri	iod	Compl	iance Stati	us
Select from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/30	/19				Co	omplete	
						10/1/19	- 12/3	1/19				Co	omplete	
						1/1/20	- 3/31	/20				Co	omplete	
						4/1/20	- 6/30	/20						
						7/1/20	- 9/30	/20						
Water System Fac	ility: ENTR	POINT (W	/SF ID:	00700)										
Nitrate And Nitrit	te (NOX)										1 rou	utine (I	RT) per ye	ear
Sampling Point		oint ID)				Monitor	ring Pe	eriod (Collec	tion Peri		-	iance Stati	
ENTRY POINT (3)	<u> </u>				1/1/19 -	- 12/31	1/19				Co	omplete	
	·					1/1/20 -							<u> </u>	
						1/1/21 -		-						
		Water Sy	/stem	Facili	ty and S		-		ento	ory				
Water					•				otal	Lead a	and			
	stem Facility		Samplin	g Point	Sampling F	Point			liforn				Sta	ige
Facility ID			II	ס	Description	1	S	Status I	Rule	Rule 1	Tier As	sbestos	WQP 2 D	BPR
00600 DISTRIBU	TION SYSTEM		۷	ļ	DISTRIBUTI	ION SYSTEN	V	Α	Υ					
			DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N	Α						
			UPST	REAM	WITHIN 5 S	SERVICE CO	N	Α						
00700 ENTRY PO	DINT		3	3	ENTRY POI	NT		Α						
20117 WELL			2	<u>)</u>	WELL			Α						
				Cont	tact Info	rmatio	n							
Name				Or	ganization						Jo	b Title		
Mr. David Cooley					ep-Enginee	ring Unit			Su	ıpv Civil E	Engine	er		
Mailing Address Line	e One		Mailing		Line Two					City		State	Zip Code	è
163 Great Hill Road								Portla	nd			СТ	06480	
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phor			ess		1		
860-342-2215		860-344-2	2560		05-7552	860-424	-			y@ct.go	V			
Contact Role(s): Ac	Iministrative									0-				

Conn	ticut Department of Public Health Drinking Water Sec	ction
	Vater Quality Monitoring and Compliance Schedule	

				0		1			
PWS ID	PWS Name					Classification	on Population	Owner Type	Primary Source
CT0050104	PEOPLES S.F./MAIN P	ICNIC A	AREA			NC	26	S	GW
Local Address (v	vhere applicable)			Service	Residen	itial Commo	ercial Industr	ial Combin	ed Agricultural
EAST RIVER ROA	۷D			Connections	4				

Towns Served: BARKHAMSTED

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Don	artman	t 01	f Dublic L	aalth	Dr	inleir	n	ator (Soc	tion	
	Connecticut Dep							U			uon	
	Water Qua	ality Mc	nit	coring and		_						
PWS ID	PWS Name					Class						rimary Source
CT0050114	PLEASANT VALLEY DRIVE-II	N .			5		NC		25	F		GW
-	where applicable)			Service Connections	Resident	ial	Comme	ercial li	ndustrial	Co	ombined	Agricultural
47 RIVER ROAD	BARKHAMSTED			Connections			1					
Towns Serveu.	DAKKHAIVISTED	D.0 -		' D	•	- 4 -						
	- 111			oring Requ	iremei	nts						
-	n Facility: DISTRIBUTION :	SYSTEM (V	VSF I	D: 00600)							.	
Total Coliforn	•					_						per quarter
	Point (Sampling Point ID)				Monitorii			Collect	ion Perio	od		ance Status
Select from	m Inventory of Active Samplin	g Points			7/1/19 -			_			Co	mplete
					4/1/20 -							
- · · · · ·	. (220)				7/1/20 -	9/30	/20				(5=)	
•	ameters (PPS)				Monitori	ac D	oriod	Collect	1 r ion Perio			per quarter
	Point (Sampling Point ID) m Inventory of Active Samplin	a Doints			Monitorii 7/1/19 -			Collect	ion Perio	u		mplete
Select ITOI	in inventory of Active Samplin	ig rullits			4/1/20 -	-	-				CO	mpiete
					7/1/20 -	-	-					
Water System	n Facility: ENTRY POINT (WSE ID: 00	7በበነ		,,1,20	<i>J</i> , 30	, 20					
•	Nitrite (NOX)	VV31 1D.00	700)	'						1 ro	utino /E	T) per year
	Point (Sampling Point ID)				Monitorii	na Pa	prind	Collect	ion Perio		=	ance Status
ENTRY PO					1/1/19 - 1			Conce	ion reme	, u		mplete
2	(5)				1/1/20 - 1							pictc
							-					
		Othe	er C	ompliance			-					
Compliance Scl	hedule Activity					Due L			Achieve	ed Do	ıte	
-	RT UP COMPLETION						2020		7101110			
		Public	Not	tification R								
		1 0.5.110		Compliance	Notice			Notific	ation		PN Ceri	rification
Violation/Situa	ation			Period	Tier		Require	-	rformed	Due	to DPH	Received
Nitrate And Nit	trite M&R Violation		1/1/	14 - 12/31/14	2		/29/20		,		8/2015	
E. Coli			7/1	/18 - 8/31/18	3	8	3/31/20	19		9/1	10/2019	
	Water 9	System F	acil	ity and Sar	npling	Poi	nt In	vento	ry			
Water		-						Total	Lead a	nd		
_	ter System Facility		Point	Sampling Poi	nt		(Coliform				Stage
Facility ID		ID		Description		S	tatus	Rule	Rule Ti	er A	sbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	3		GENERATED B	Y BATCH		Α	Υ				
		4		DISTRIBUTION	SYSTEM		Α	Υ				
				WITHIN 5 SER			Α					
		UPSTRE <i>A</i>	MA	WITHIN 5 SER	VICE CON		Α					
	RY POINT	3		ENTRY POINT			Α					
20118 WEL	LL	2		WELL			Α					
			Con	tact Inforn	nation							
Name			0	rganization						J	ob Title	
I	K. Jones											
Ms. Catherine												
Ms. Catherine Mailing Addres		Mailing Ac	ddres	s Line Two				С	ity		State	Zip Code

		F						,		
	Wa	ter Quality	Monito	oring ar	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0050114	PLEASANT VALL	EY DRIVE-IN					NC	25	Р	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
47 RIVER ROAD				Connection	S		1			
Towns Served: B	ARKHAMSTED									·
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	/ Phc	ne Email A	Address		
860-379-2389										

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

End of schedule

C	Connectic							U			ction	
	wa	ter Quai	lity M	onitor	ring a	nd Com						
PWS ID P	WS Name					(Classifi	cation P	opula	ation Own	er Type P	rimary Source
CT0050124 P	LEASANT VALL	EY GENERAL	STORE	ı			N	С	28	3	Р	GW
Local Address (wh	ere applicable)				ervice	Resident	ial Coi	mmercial	Inc	dustrial	Combined	Agricultura
111 RIVER ROAD				Co	onnectio	ns		1				
Towns Served: BA	RKHAMSTED											
M/-1		UDUTION C				quiremer	its					
Water System Fa	•	IROLION 21	STEIVI ((WSF ID: 0	00600)						/==\	
Total Coliform	•	4										per quarter
	int (Sampling P					Monitorin			lectic	on Period		iance Status
Select from I	nventory of Act	ive Sampling	Points			7/1/19 - 9						mplete
						10/1/19 - 1						mplete
						1/1/20 - 3					Co	mplete
						4/1/20 - 6						
						7/1/20 - 9	9/30/20	0				
Physical Parame	eters (PPS)									1 rou	tine (RT)	per quarter
Sampling Pol	int (Sampling P	oint ID)				Monitorin	g Perio	od Col	lectic	on Period	Compl	iance Status
Select from I	nventory of Act	ive Sampling	Points			7/1/19 - 9	9/30/19	9			Co	mplete
						10/1/19 - 1	12/31/	19			Co	mplete
						1/1/20 - 3	3/31/20	0			Co	mplete
						4/1/20 - 6	5/30/20	0				
						7/1/20 - 9	9/30/20	0				
Water System Fa	acility: ENTR	Y POINT (W	/SF ID: 0	0700)								
Nitrate And Nit	rite (NOX)									1 :	routine (I	RT) per year
	int (Sampling P	oint ID)				Monitorin	g Perio	od Col	lectio	on Period	=	iance Status
ENTRY POINT	(3)					1/1/19 - 1	2/31/1	L9			Co	mplete
						1/1/20 - 1	2/31/2	20				mplete
						1/1/21 - 1						<u> </u>
		Water St	ıstam	Facility	and S	Sampling	Point	t Inven	tor			
Markey		water 5	Julia	deincy	ana 3	amping	OIII			<u> </u>		
Water System Water	System Facility		Samplina	Point Sa	mnlina l	Point		Tote Colifo		Lead and Copper		Stage
Facility ID	system ruemey	•	ID.		escription		Sta	D. J			Asbestos	WQP 2 DBP
	BUTION SYSTEM	1	4			ION SYSTEM	<u> </u>	tus				
00700 ENTRY		•	3		ITRY POI		Δ					
20119 WELL	. 01111		2		ELL	111	Α					
ZOII3 WELL							P	`				
						ormation						
Name					nization						Job Title	
Mr. Frank O'neill			I		mo, LLC							
Mailing Address Li	ne One		Mailing /	Address Lii	ne Two				City	•	State	Zip Code
PO Box 171						T		Pleasant			CT	06063
Business Phone	Extension	Fax		Mobile P	hone	Emergency I	Phone	Email Ad	dress	5		
860-402-3064								cavecree	kfrar	nk@gmail.	com	
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct, Owner								

Conn	ticut Department of Public Health Drinking Water Sec	ction
	Vater Quality Monitoring and Compliance Schedule	

PWS ID		PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0050124		PLEASANT VALLEY GE	NERAL	STORE				NC	28	Р	GW
Local Addre	ss (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
111 RIVER F	ROAD)			Connections			1			

Towns Served: BARKHAMSTED

Please note the following:

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

End of schedule

	Connecticut De	epartmen	nt of	Public H	lealth	Drir	nking	Water	Section	
		uality Mo								
PWS ID	PWS Name	,		<u> </u>						Primary Source
CT005013	PLEASANT VALLEY UNIT	ED METHODIS	т сни	RCH		N		25	Р	GW
Local Add	ress (where applicable)			Service	Residen	tial Co	mmercial	Industria	l Combine	d Agricultural
93 RIVER	ROAD			Connections			2			_
Towns Ser	rved: BARKHAMSTED									
		Me	onito	oring Requ	iireme	nts				
Water Sy	stem Facility: DISTRIBUTIO									
Total Co	liform (3100)							1	routine (RT) per quarter
_	pling Point (Sampling Point ID)				Monitori			lection Peri	iod Comp	liance Status
Selec	ct from Inventory of Active Sam	pling Points			7/1/19 -					Complete
					10/1/19 -					Complete
					1/1/20 -				(Complete
					4/1/20 -					
					7/1/20 -	9/30/2	0			
	Parameters (PPS)								=) per quarter
•	pling Point (Sampling Point ID)				Monitori			lection Peri		liance Status
Selec	ct from Inventory of Active Sam	pling Points			7/1/19 -					Complete
					10/1/19 -					Complete
					1/1/20 -					Complete
					4/1/20 - 7/1/20 -					
Mator Sv	vstem Facility: ENTRY POIN	T /\/\SE ID: 00	וחסכו		//1/20 -	9/30/2	U			
	•	1 (W3F ID. 00	3700)						1	(DT) man waan
	And Nitrite (NOX) pling Point (Sampling Point ID)				Monitori	ina Dori	nd Cal	lection Peri		(RT) per year liance Status
	RY POINT (3)				1/1/19 -			iection Fen		Complete
LIVII	(110111 (3)				1/1/20 -					Complete
					1/1/21 -					ompiete
		Dublic	Not	ification R						
		Public			_			• • • • •	201.6	
Violation,	/Situation		C	ompliance Period	Notice Tier	_	Public Not	-		rtification
	form M&R Violation		10/1/	14 - 12/31/14	2		quired 9/2015	Performed	3/29/2015	
	arameters M&R Violation			14 - 12/31/14			7/2016		2/27/2016	
Titysicari		w Crestone F						.	2/2//2010	,
	wate	er System F	aciii	ty and Sar	npling	Poin		-		
Water	Water System Facility	Camplina	Doint	Sampling Poi	nt		Tota			Stage
System Facility ID		Jumping	Polit	Description	111	Cha	Colifo tus Rui			Stage s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	J SYSTEM	<u>Sta</u> I A	tus		71336310	3 11Q: 2331N
00000	DISTRIBUTION STSTEM		RFAM	WITHIN 5 SER						
		UPSTRE		WITHIN 5 SER						
00700	ENTRY POINT	3		ENTRY POINT						
20120	WELL	2		WELL						
		_	Con	tact Inforr	mation		<u>. </u>			
Name				ganization	ιιατιυπ				Job Title	
	ne R. Deroode			easant Valley l	J. M. Chu	ırch		Trustees C		
	ddress Line One	Mailing A		Line Two				City	State	Zip Code
93 River R		P. O. Box					Pleasant		CT	06063
Busines		T. O. BOX		le Phone - Er		. Dhana	Email Ad		Ci	00000

Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	rtme	nt c	f Public	Health	Dri	nking	, Water	Se	ection	
	Wa	ter Qua	lity M	oni	toring a	nd Cor	nplia	nce S	Schedul	le		
PWS ID I	PWS Name						Classif	ication	Population	Owi	ner Type P	rimary Source
CT0050134	PLEASANT VALLI	EY UNITED M	1ETHODIS	ST CH	URCH		N	IC	25		Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al	Combined	Agricultural
93 RIVER ROAD					Connection	ns		2				
Towns Served: BA	_						·			,		<u>'</u>
business Phone	Extension	Гах			olle Phone	Lineigenc	•		Address			
860-298-2786		860-298-2	2927	860	-978-0957	860-379	-3539	eugene	e.deroode@	cign	a.com	
Contact Role(s):	Legal Contact, C	Owner										
Name				(Organization						Job Title	
Ms. Gail R Klein				ı	Pleasant Valle	y Um Chur	ch		Trustee C	hair		
Mailing Address L	ine One		Mailing A	Addre	ess Line Two				City		State	Zip Code
Pleasant Valley U	mc P.O. Box 181							Pleasar	nt Valley		СТ	06063
Business Phone	Extension	Fax		Mol	bile Phone	Emergenc	y Phone	Email A	Address			
860-738-9980								e3grk@	charter.net	t		
Contact Role(s):	Administrative	Contact						•				

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End of schedule

Connecticut Dej	•						_			ection			
Water Qu	ıality N	Ionit	coring a	nd Comj	pli	ianc	e Sc	hec	lule				
PWS ID PWS Name				(Clas		on Po		ion Ow	ner Type	Prir		
CT0050144 RIVERTON GENERAL STOR	KE		C	D = = i = i = = = ± i	-1	NC		25	-4-4-1	P	al .	GW	
Local Address (where applicable)			Service Connection	Residentia	aı	Comm	erciai	mat	ıstrial	Combine	a	Agricu	ultural
2 MAIN STREET			Connection	15						1			
Towns Served: BARKHAMSTED				•	_						-		
			oring Rec	uiremen	ts								
Water System Facility: DISTRIBUTION	I SYSTEM	(WSF I	D: 00600)										
Total Coliform (3100)									1 ro	utine (RT		-	
Sampling Point (Sampling Point ID)				Monitoring	g Pe	eriod	Colle	ection	Period	Comp	oliai	nce St	atus
Select from Inventory of Active Sampl	ing Points			7/1/19 - 9	9/30)/19					Com	plete	
				10/1/19 - 1	2/3	31/19				(Com	plete	
				1/1/20 - 3	3/31	L/20				(Com	plete	
				4/1/20 - 6	5/30)/20							
				7/1/20 - 9	9/30)/20							
Physical Parameters (PPS)									1 ro	utine (RT) pe	er qua	arter
Sampling Point (Sampling Point ID)				Monitoring			Colle	ection	Period	Comp	oliai	nce St	atus
Select from Inventory of Active Sampl	ing Points			7/1/19 - 9	9/30)/19				(Com	plete	
				10/1/19 - 1	2/3	31/19				(Com	plete	
				1/1/20 - 3	3/31	L/20				(Com	plete	
				4/1/20 - 6	5/30)/20							
				7/1/20 - 9	9/30)/20							
Water System Facility: ENTRY POINT	(WSF ID:	00700)											
Nitrate And Nitrite (NOX)									1	routine	(RT) per	year
Sampling Point (Sampling Point ID)				Monitoring	g Pe	eriod	Colle	ection	Period	Comp	oliai	nce St	atus
ENTRY POINT (3)				1/1/19 - 12	2/3:	1/19				(Com	plete	
				1/1/20 - 12	2/3:	1/20				(Com	plete	
				1/1/21 - 12	2/3:	1/21							
Water	System	Facil	ity and Sa	ampling F	Poi	int In	vent	ory					
Water							Tota	l Le	ead and	1			
System Water System Facility	Samplin	g Point	Sampling P				Colifor	m (Copper			5	Stage
Facility ID	I.	D	Description		S	Status	Rule	R	ule Tier	Asbesto	s V	VQP 2	DBPR
00600 DISTRIBUTION SYSTEM	4	1	DISTRIBUTION	ON SYSTEM		Α	Υ						
	DOWNS	STREAM	WITHIN 5 S	ERVICE CON		Α							
	UPST	REAM	WITHIN 5 S	ERVICE CON		Α							
00700 ENTRY POINT	3	3	ENTRY POIN	IT		Α							
20121 WELL		2	WELL			Α							
		Con	tact Info	rmation									
Name		0	rganization							Job Title	9		
Ms. Leslie Dimartino		La	d Real Estate	e LLC			ľ	Memb	oer				
Mailing Address Line One	Mailing	Addres	s Line Two					City		State		Zip Co	de
P.O. Box 48	2 Main	Street				Riv	erton			СТ		0606	5
Business Phone Extension F	ax	Mobi	ile Phone	Emergency P	ho	ne Em	ail Add	lress					
860-379-0811													
Contact Role(s): Administrative Contact,	Legal Conta	act, Owi	ner										

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0050144	RIVERTON GENERAL STOR	E			NC	25	Р	GW
Local Address (v	Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
2 MAIN STREET			Connections				1	

Towns Served: BARKHAMSTED

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End of schedule

Connecticut Depar								ection	
Water Quali	ity Mor	nitoring an	d Con				_		
PWS ID PWS Name				Classif	fication		n Ov	wner Type Pr	
CT0050224 WHITE PINES CAMPSITE				-	NC	100		Р	GW
Local Address (where applicable)		Service	Residen	tial Co	ommercia	al Industi	rial	Combined	Agricultural
232 OLD NORTH ROAD		Connections			1				
Towns Served: BARKHAMSTED				_					
		nitoring Requ	uireme	nts					
Water System Facility: DISTRIBUTION SYS	STEM (WS	SF ID: 00600)							
Total Coliform (3100)								outine (RT) p	-
Sampling Point (Sampling Point ID)			Monitori			ollection P	erio		ance Status
Select from Inventory of Active Sampling F	Points		7/1/19 -					Cor	mplete
			4/1/20 -						
			7/1/20 -	9/30/2	20		_		
Physical Parameters (PPS)			Name to		ء امان			outine (RT) p	-
Sampling Point (Sampling Point ID)) a la ta		Monitori			ollection P	erio		ance Status
Select from Inventory of Active Sampling F	roints		7/1/19 - 4/1/20 -					Cor	mplete
			7/1/20 -						
Water System Facility: ENTRY POINT (W	SE ID: 007	00)	7/1/20 -	9/30/2	20				
	SF 1D. 007	00)						1	T\
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitori	na Dar	ind C	ollection P		1 routine (R ^o	nce Status
ENTRY POINT (3)			1/1/19 -			mection P	eriot	u Compile	ince status
LIVINI FORVI (3)			1/1/20 -						
			1/1/21 -						
	Other	Compliance							
Compliance Schedule Activity			ı	Due Da	ite	Achi	eved	d Date	
SEASONAL START UP COMPLETION			4	4/1/20	20				
	Public N	lotification R	Require	men	its				
		Compliance	Notice		Public No	otification		PN Certi	<u>ification</u>
Violation/Situation		Period	Tier	Re	equired	Perform	ed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR)	2	4/2/18 - 9/24/18	3	7/3	14/2018			7/24/2018	
Water Sys	stem Fa	cility and Sar	mpling	Poin	t Inve	ntory			
Water		-				tal Lead	d an	d	
System Water System Facility Se	ampling Po	int Sampling Poi	int		Coli	form Co _l	oper	•	Stage
Facility ID	ID	Description			atus R	ule Rul	e Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Y			
D		AM WITHIN 5 SER			Α				
	UPSTREAN				Α				
00700 ENTRY POINT	3	ENTRY POINT	•		Α				
22580 WELL #1	2	WELL			Α				
22581 WELL	2	WELL			A				
	C	ontact Inform	mation						
Name		Organization						Job Title	
Mr. Michael Busch									
	Mailing Add	ress Line Two				City		State	Zip Code
232 Old North Rd					Barkha			СТ	06063
Business Phone Extension Fax	M	obile Phone Er	mergency	Phone	e Email A	ddress			

	donnecticat Departmen	it of I ablic I	Carci	וטו	111111111111111111111111111111111111111	, water	Decelon	
	Water Quality M	onitoring an	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0050224	WHITE PINES CAMPSITE			NC	100	Р	GW	
Local Address (w	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural	
232 OLD NORTH	ROAD	Connections			1			
Towns Served: B	BARKHAMSTED	·				·	·	
516-375-8914	1				mbusch	n210@gmai	l.com	
		_						

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

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

End of schedule

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Connecticut Department	t of Public H	ealth l	Drinki	ng W	ater S	Section	
Water Quality Mo	nitoring and	d Com	plianc	e Sch	edule	<u>}</u>	
PWS ID PWS Name	8:						rimary Source
CT0055063 MALLORY BROOK PLAZA - WELL #2			NC		33	Р	GW
Local Address (where applicable)	Service	Residenti	al Comm	ercial I	ndustrial	Combined	Agricultural
NEW HARTFORD ROAD (ROUTE 44)	Connections		8				
Towns Served: BARKHAMSTED	l .						
Mo	nitoring Requ	iremen	its				
Water System Facility: DISTRIBUTION SYSTEM (W							
Total Coliform (3100)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			Со	mplete
	:	10/1/19 - 1	12/31/19			Co	mplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Physical Parameters (PPS)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			Со	mplete
	:	10/1/19 - 1	12/31/19			Со	mplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 007	700)						
Nitrate And Nitrite (NOX)						1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collec	tion Perio	od Compli	ance Status
ENTRY POINT (3)		1/1/19 - 1	2/31/19				
		1/1/20 - 1	2/31/20				
		1/1/21 - 1	2/31/21				
Othe	er Compliance	Schedu	ıles				
Compliance Schedule Activity		D	ue Date		Achieve	ed Date	
CROSS CONNECTION SURVEY REPORT		3/	/1/2017				
CROSS CONNECTION SURVEY REPORT		3/	/1/2020				
CAP - ADDRESS DEFICIENCY		5/:	28/2020				
Public I	Notification R	equirer	ments				
	Compliance	Notice	Publ	ic Notific	cation	PN Cert	tification
Violation/Situation	Period	Tier	Requir		erformed		Received
Physical Parameters M&R Violation	7/1/09 - 9/30/09	3	12/1/20			12/11/2010	
Total Coliform M&R Violation	4/1/19 - 6/30/19	3	8/11/20			8/21/2020	
Physical Parameters M&R Violation	4/1/19 - 6/30/19	3	8/11/2			8/21/2020	
Water System Fa	acility and Sar	npling I	Point In	vento	ory		
Water				Total	Lead a		
	oint Sampling Poi	nt		Coliform			Stage
Facility ID ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A	Υ			
	EAM WITHIN 5 SER		A				
UPSTREA	M WITHIN 5 SER	VICE CON	Α				

ENTRY POINT

Α

3

00700 ENTRY POINT

	Water Quality Monito	oring and	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0055063	MALLORY BROOK PLAZA - WELL #2	NC	33	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerc	cial Industr	ial Combin	ed Agricultural
NEW HARTEORD	ROAD (ROLITE 44)	Connections		Q			

1	owns	Serve	d:	BARKHAMSTED

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
23091	MALLORY BROOK PLAZA - WELL #2	2	MALLORY BROOK PLAZA	Α							
56510	BLADDER TANKS										
		0	++ lf+!								

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. John A Senese				Mallory Broo	ok LLC					
Mailing Address Lin	e One	Mailing Addr	ess Line Two			City	State	Zip Code		
321 Main St.						Farmingto	n	СТ	06032	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-982-6968					860-582-2403	jsenese@calzonconstructioninc.com				
					1					

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

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End of schedule

	Connectic	ut Depa	rtme	nt of	Public	Health	Dr	inki	ng V	Vater S	Section	
	Wa	ter Qual	lity M	onit	oring a	nd Con	ıpli	ance	e Sc	hedule	9	
PWS ID	PWS Name						Class	sificatio	n Po	pulation C	Owner Type	Primary Source
CT0050234	MDC - LAKE MC	DONOUGH -	EAST BEA	ICH				NC		25	L	GW
Local Address (w	nere applicable)				Service	Residen	tial(Comme	ercial	Industrial	Combine	d Agricultural
ROUTE 219					Connection	ıs		2				
Towns Served: BA	ARKHAMSTED											
			M	onit	oring Red	quireme	nts					
Water System F	acility: DISTR	RIBUTION SY	YSTEM (WSF II	D: 00600)							
Total Coliform	(3100)									1 r	outine (RT) per quarter
Sampling Po	oint (Sampling P	oint ID)				Monitori	ng Pe	eriod	Colle	ection Perio	od Com _l	oliance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30	/19	_			Complete
						4/1/20 -	6/30	/20				
						7/1/20 -	9/30	/20				
Physical Param	•										=) per quarter
	oint (Sampling P					Monitori			Colle	ection Perio		oliance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -		-				Complete
						4/1/20 -		•				
NA/-t Contains		V DOINT /M	ICE ID: 0	0700\		7/1/20 -	9/30	/20				
Water System F	•	Y POINT (W	VSF ID: U	0700)							4	/ >\
Nitrate And Ni	trite (NOX) oint (Sampling P	oint ID)				Monitori	na Da	riod	Colle	ection Perio		(RT) per year pliance Status
ENTRY POIN		יטוונ וטן				1/1/19 -			Colle	ction Pen		Complete
LIVIKI FOIN	1 (3)					1/1/20 -						complete
						1/1/21 -						
			Oth	er C	ompliano							
Compliance Sche	dule Activity		O t.		omphand		Due D			Achieve	ed Date	
SEASONAL START)NI					5/1/2			Acilieve	eu Dule	
CROSS CONNECT							3/1/2 3/1/2					
CROSS CONNECT	IOIV SORVET REI	Water Sy	ıstam	Eacili	ity and S				vont	orv		
Metor		water 3	ysteili	raciii	ity allu 3	amping	FUI	116 111			d	
Water System Water	System Facility		Samplina	Point	Sampling P	oint			Total Colifor			Stage
Facility ID	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ID		Description		S	tatus	Rule			s WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4		DISTRIBUTI	ON		A				
			DOWNST	REAM	WITHIN 5 S	ERVICE CON	N	Α				
			E_BEA	кCH	FOUNTAIN			Α	Υ			
			EAST BE	ACH	FOUNTAIN			Α	Υ			
			UPSTRI	EAM	WITHIN 5 S	ERVICE CON	١	Α				
00700 ENTRY	POINT		3		ENTRY POIN	NT		Α				
55167 EAST E	BEACH WELL		2		EAST BEACH	H WELL		Α				
				Con	tact Info	rmation						
Name				Or	rganization						Job Title	9
Mr. James M. Ra	ndazzo				ne MDC				N	Ingr of Wa	ater Supply	
Mailing Address I	ine One		Mailing /	Address	s Line Two					City	State	Zip Code
1420 Farmington		I							st Hart		СТ	06107
Business Phone		Fax		Mobi	le Phone	Emergency						
860-278-7850	3104	860-738-2	2141			860-818-	7189	jran	dazzo	@themdc.	com	
Contact Role(s):	Administrative	Contact										

	Connecticut Department of Public Health Drinking Water Section										
	Wa	ter Qua	lity Monit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name					Cla	ssification	Population	Owner Ty	pe Pi	rimary Source
CT0050234 N	IDC - LAKE MCI	OONOUGH -	EAST BEACH				NC	25	L		GW
Local Address (wh	ere applicable)			Service	Residential		Commerci	al Industri	al Comb	ined	Agricultural
ROUTE 219				Connection	าร		2				
Towns Served: BA	RKHAMSTED								·		
Name			Or	ganization					Job T	itle	
Mr. Bart Halloran			Th	e MDC				Legal Cou	ncil		
Mailing Address Li	ne One		Mailing Address	Line Two				City	Sta	te	Zip Code
The MDC			555 Main Street	t			Hartfo	rd	СТ	- 1	06142-0800
Business Phone	Extension	Fax	Mobil	le Phone	Emergency Phone Email Address			Address			
860-278-7850	3234						bhallor	an@themd	c.com		
Contact Role(s):	egal Contact										

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

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End of schedule

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	Connecticut De	partment of	Public H	lealth D	rinki	ing W	ater Se	ection	
	Water Qu	uality Monit	oring an	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name			Cla	assificati	on Pop	ulation Ow	ner Type Pr	imary Source
CT0050244	MDC - LAKE MCDONOUG	H-PATROL HEADQU	JARTERS		NC		25	L	GW
Local Address ((where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultural
ROUTE 219			Connections		1	-			
Towns Served:	BARKHAMSTED								
		Monito	oring Requ	irement	S				
Water Systen	n Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period		ance Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 - 7/3					mplete
				10/1/19 - 12,				Cor	mplete
				1/1/20 - 3/3					
				4/1/20 - 6/3					
				7/1/20 - 9/3	30/20				
-	ameters (PPS)								er quarter
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 - 9/3	-				mplete
				10/1/19 - 12,	-			Cor	mplete
				1/1/20 - 3/3					
				4/1/20 - 6/3					
	- 40	<i></i>		7/1/20 - 9/3	30/20				
•	n Facility: ENTRY POINT	(WSF ID: 00700)					_		_,
	Nitrite (NOX)							routine (R	
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
ENTRY PC	DIN1 (3)			1/1/19 - 12/				Cor	mplete
				1/1/20 - 12/					
				1/1/21 - 12/	-				
		Other Co	ompliance	Schedul	es				
Compliance Sc	hedule Activity			Due	Date		Achieved	Date	
RESPOND TO S	ANITARY SURVEY			12/2	7/2013				
	Water	System Facili	ity and Sar	npling Po	oint Ir	vento	ory		
Water						Total	Lead and		
- /	ter System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Tiei	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α				
		DOWNSTREAM			Α				
		FUZZ HUT	GENERATED E	BY BATCH	Α	Y			
		FUZZ HUT SE	ASONAL FO		A	Y			
		PATROL_HQ	FUZZ HUT FO		A	Υ			
00=00 =:	TOV BOILE	UPSTREAM	WITHIN 5 SER	VICE CON	Α .				
	RY POINT	3	ENTRY POINT	.=	A				
	ROL HQ WELL	2	PATROL HQ V	/ELL	Α				
55179 PRE	SSURE TANK								

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0050244	MDC - LAKE MCDONOUGH-PATI		NC	25	L	GW					
Local Address	(where applicable)	Service	Resider		Commercia	al Industri	al Combin	ed Agricultural			
ROUTE 219		Connections			1						
Towns Served	: BARKHAMSTED										

			C	ontact Inf	ormation						
Name		Organization	1	Job Title							
Mr. James M. Rand	lazzo	The MDC			Mngr of Water Supply						
Mailing Address Lin	e One	ress Line Two		City		State	Zip Code				
1420 Farmington A	venue			West Ha	rtford	СТ	06107				
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address					
860-278-7850	3104	860-738-2	2141		860-818-7189	jrandazzo@themdc.com					
Contact Role(s): A	dministrative	Contact	,								
Name		Organization	1	Job Title							
Mr. Bart Halloran		The MDC			Legal Council						
Mailing Address Lin	e One	ress Line Two		City		State	Zip Code				
The MDC 555 Main Str				reet		Hartford		СТ	06142-0800		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address					
860-278-7850	3234					bhalloran@themdc.com					
Contact Role(s): Le	gal Contact				•						

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End of schedule

	Connecticut Dep	artment of	Public Health I	rink	ing Wa	ater Se	ction				
	Water Qu	ality Monit	oring and Comp	olianc	e Sch	edule					
PWS ID	PWS Name		Cl	lassificati	on Popu	lation Own	er Type Pri	imary Source			
CT0050254	VILLAGE OF BOULDER RIDG	GE- WELL #2		NC	2	25	Р	GW			
Local Address	(where applicable)		Service Residentia	I Comm	ercial In	ndustrial	Combined	Agricultural			
104 GOOSE GI	REEN ROAD		Connections 2								
Towns Served	: BARKHAMSTED										
		Monito	oring Requirement	ts							
Water Syster	m Facility: DISTRIBUTION	SYSYTEM (WSF	ID: 00600)								
Total Colifor	rm (3100)					1 ro	utine (RT)	per month			
	g Point (Sampling Point ID)		Monitoring		Collect	ion Period	Complia	ance Status			
Select fro	om Inventory of Active Sampli	ng Points	4/1/20 - 4/					_			
			5/1/20 - 5/								
			6/1/20 - 6/								
			7/1/20 - 7/								
			8/1/20 - 8/								
	4		9/1/20 - 9/	/30/20							
_	rameters (PPS)							per month			
	Point (Sampling Point ID)	B	Monitoring		Collect	ion Period	Complia	ance Status			
Select fro	om Inventory of Active Sampli	ng Points	4/1/20 - 4/								
			5/1/20 - 5/	•							
			6/1/20 - 6/								
			7/1/20 - 7/31/20								
			8/1/20 - 8/31/20 9/1/20 - 9/30/20								
Water System	m Facility: ENTRY POINT	(WSE ID: 00700)	9/1/20 - 9/	30/20							
Nitrate (104	,	(1131 15.00700)				1 rou	tino (PT) n	er quarter			
-	Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period		ance Status			
ENTRY PO	· · · · · · · · · · · · · · · · · · ·		7/1/19 - 9/		00110011			nplete			
ZIVIIII	51111 (5)		4/1/20 - 6/30/20								
		7/1/20 - 9/30/20									
Nitrite (104			.,_,_,	,		1	routine (R	T) per year			
-	Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	=	ance Status			
ENTRY PO	OINT (3)		1/1/19 - 12	/31/19			Cor	nplete			
			1/1/20 - 12	/31/20							
			1/1/21 - 12/31/21								
		Other Co	ompliance Schedu	les							
Compliance Se	chedule Activity		Du	e Date		Achieved I	Date				
SEASONAL STA	ART UP COMPLETION		4/2	1/2020							
	Water	System Facili	ity and Sampling P	oint Ir	vento	ry					
Water					Total	Lead and					
	nter System Facility		Sampling Point		Coliform			Stage			
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR			
00600 DIS	STRIBUTION SYSYTEM	4	DISTRIBUTION SYSYTEM	Α							
			WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
	TRY POINT	3	ENTRY POINT	Α							
56755 WE	ELL #2	2	WELL #2	Α							

	vva	ter Qua	nty Mo	intorning a	ınu	COII	ibii	ance 5	cnedui	е			
PWS ID	PWS Name Classifi						fication	cation Population Owner Type Primary Sourc					
CT0050254 VILLAGE OF BOULDER RIDGE- WELL #2					N		NC	25		Р	GW		
Local Address (w	here applicable)	Service	Residential		tial C	ommercia	l Industri	al	Combined	Agricultura			
104 GOOSE GREEN ROAD				Connectio	nnections 2								
Towns Served: B	ARKHAMSTED						·						
			C	Contact Info	orm	ation	1						
Name				Organization							Job Title		
Mr. Oscar Ebner				Village On Bo		Ridge			Manager				
Mailing Address	dress Line Two						City State						
1 Torrington Office Plaza Ste. 308					Torrin				on		СТ	06790	
				1obile Phone	Emergency Phone E			e Email A					
860-626-8300	26-8300				860-459-8473								
Contact Role(s):	Legal Contact		, , , , , , , , , , , , , , , , , , ,										
Name				Organization							Job Title		
Mr. Kevin R. Ebr	Ebner Camps	Inc.				President							
Mailing Address Line One Mailing Addr				dress Line Two					City		State	Zip Code	
176 Migeon Ave	76 Migeon Avenue							Torringt	on		СТ	06790	
Business Phon	e Extension	Fax	N	Eme	ergency	Phon	e Email A	Email Address					
860-379-4050	50 860-626-8301				86	60-459-	8473	Kevin@					
Contact Role(s):	Legal Contact												
Name				Organization							Job Title		
Boulder Village I	Properties LLC												
Mailing Address Line One Mailing Add				dress Line Two	1				City		State	Zip Code	
176 Migeon Ave								Torringt	on		СТ	06790	
Business Phon	e Extension	Fax	N	Nobile Phone	Eme	ergency	Phon	e Email Address					
Contact Role(s):	Owner												
Name	Organization				Job Title								
Mr. Darren Ley				3									
Mailing Address	Line One		Mailing Add	dress Line Two					City		State	Zip Code	
176 Migeon Ave								Torringt			СТ	06790	
Business Phone	e Extension Fax Mo		1obile Phone	Emergency Phone									
860-379-6500									boulderda	ay.co	m		
Contact Role(s):	Administrative	Contact			1					•			
Please note the													
	isinfectant concen	tration must b	e measured a	it the same locati	ion an	d time a	is each	total colifo	rm sample.				
	Period is specified,								•				

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

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

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.

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

End of schedule