Connecticut Depa								ection	
Water Qua	lity Monit	oring a	nd Com	plia	nce S	che	dule		
PWS ID PWS Name				Classifi	cation F	opula	ition Ov	vner Type	Primary Sou
CT0110064 J. C. C. SWIM & TENNIS CLU	В			N	С	25		Р	GW
Local Address (where applicable)		Service	Resident	ial Co	mmercia	l Ind	ustrial	Combine	d Agricultu
4 DUNCASTER ROAD		Connection	ns		1				
Towns Served: BLOOMFIELD									
	Monito	oring Red	quireme	nts					
Water System Facility: <b>DISTRIBUTION S</b>	YSTEM (WSF I	D: 00600)							
Total Coliform (3100)							1 ro	utine (RT	) per quart
Sampling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llectio	n Period	d Comp	liance Statu
Select from Inventory of Active Sampling	g Points		7/1/19 -	9/30/1	9			C	omplete
			4/1/20 -	6/30/2	0				
			7/1/20 -	9/30/2	0				
Physical Parameters (PPS)							1 ro	utine (RT	) per quart
Sampling Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llectio	n Period	d Comp	liance Statu
Select from Inventory of Active Sampling	Points		7/1/19 -	9/30/1	9			C	Complete
			4/1/20 -	6/30/2	0				
			7/1/20 -	9/30/2	0				
Water System Facility: ENTRY POINT (V	<b>VSF ID: 00700)</b>								
Nitrate And Nitrite (NOX)							1	Lroutine	(RT) per ye
Sampling Point (Sampling Point ID)			Monitorir	ng Perio	od Co	llectio	n Period	d Comp	liance Statu
ENTRY POINT (3)			1/1/19 - 1	2/31/1	19			C	Complete
			1/1/20 - 1	2/31/2	20				
			1/1/21 - 1	2/31/2	21				
	Other Co	omplian	ce Sched	ules					
Compliance Schedule Activity			E	ue Dat	te	-	Achieved	l Date	
RESPOND TO SANITARY SURVEY			6,	/21/20:	15				
SEASONAL START UP COMPLETION			5	/1/202	20				
Water S	ystem Facili	ity and S	ampling	Point	t Inver	ntory	/		
Water					Tot	al l	Lead and	d	
System Water System Facility	Sampling Point				Colife		Copper		Sta
Facility ID	ID	Description	1	Sta	tus Ru	le	Rule Tie	r Asbesto	s WQP 2 DE
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	P	A Y	′			
	DOWNSTREAM				A				
	UPSTREAM	WITHIN 5 S	SERVICE CON	P	4				
00700 ENTRY POINT	3	ENTRY POI	NT	P					
20218 WELL	2	WELL		A	4				
	Con	tact Info	rmation						
Name	Oı	rganization						Job Title	
Ghjcc Swim & Racquet Club LLC					_				
Mailing Address Line One	Mailing Address	s Line Two				City	/	State	Zip Code
4 Duncaster Rd					Bristol			СТ	06011
Business Phone Extension Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress			
Contact Role(s): 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.

Schedule Generation Date: 3/10/2020 Page 1

	Connectic	ut Depa	irtment of	Public	Health	D	rinking	g Water	Section	
	Wa	ter Qua	lity Monite	oring a	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Classification F		Population	Owner Type	Primary Source		
CT0110064	J. C. C. SWIM &	TENNIS CLUI	3			NC		25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural
4 DUNCASTER RO	DAD			Connection	ns		1			
Towns Served: BI	LOOMFIELD									
Name			Or	ganization					Job Titl	е
Ms. Sara Billings			Ma	andell Jcc Sv	vim & Tenn	is Cl	ub	Asst Direc	ctor	
Mailing Address I	Line One		Mailing Address	Line Two				City	State	Zip Code
335 Bllomfield Av	/e						West H	lartford	СТ	06117
Business Phone	Extension	Fax	Mobil	e Phone	Emergency Phone Email Address					
860-243-0794			860-9	87-9924	860-810-	524	9 rdionn	e@mandellj	cc.org	
Contact Role(s):	Administrative	Contact	•							

## Contact Role(s): Administrative Conta

## 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

Schedule Generation Date: 3/10/2020

	Connectic	•							_			ction	
	Wa	ter Qual	lity M	onit	oring a	ind Con			_				
PWS ID	PWS Name						Class	ification			Owr	ner Type F	Primary Sourc
CT0110114	PENWOOD STAT	TE PARK/MAI	IN PARK	WELL				NC		700		S	GW
Local Address (\	where applicable)				Service	Resider	ntial C	Commerc	cial I	Industri	al	Combined	d Agricultura
57 GUN MILL RO	DAD				Connectio	ns 4							
Towns Served: I	BLOOMFIELD												
			M	onit	oring Re	quireme	nts						
Water System	Facility: DISTR	RIBUTION SY	STEM (	WSF I	D: 00600)								
Total Coliforn	-									1	rou	itine (RT)	per quarter
	Point (Sampling P	oint ID)				Monitor	ing Pe	riod	Collec	tion Pe			liance Status
	n Inventory of Act		Points			7/1/19							omplete
	•					10/1/19	- 12/31	1/19				C	omplete
						4/1/20		-					<u> </u>
						7/1/20	- 9/30/	/20					
Physical Para	meters (PPS)									1	rou	itine (RT)	per quarter
•	Point (Sampling P	oint ID)				Monitor	ing Pe	riod	Collec	tion Pe			liance Status
	n Inventory of Act		Points			7/1/19						C	omplete
	· ·	<u> </u>				10/1/19							omplete
						4/1/20	- 6/30/	/20					
						7/1/20	- 9/30/	/20					
Water System	Facility: ENTR	Y POINT (W	/SF ID: 0	0700)									
Nitrate And N	•	•									1	routine (	RT) per year
	Point (Sampling P	oint ID)				Monitor	ing Pe	riod (	Collec	tion Pe		=	liance Status
ENTRY POI		•				1/1/19 -							omplete
	. ,					1/1/20 -							'
						1/1/21 -							
			Oth	ner C	omplian	ce Sched	dules	5					
Compliance Sch	edule Activity						Due D	ate		Achie	ved	Date	
SEASONAL STAF	RT UP COMPLETIO	N					4/1/20	020					
CROSS CONNEC	TION SURVEY REP	PORT					3/1/20	021					
		Water Sy	/stem	Facil	ity and S	Sampling	Poi	nt Inv	ento	rv			
Water		•			•				Total	Lead	and		
	er System Facility		Sampling	Point	Sampling	Point			liform				Stage
Facility ID			ID		Descriptio	n	St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	1	Α	Υ				
			DOWNST	REAM	WITHIN 5	SERVICE CO	N	Α					
			UPSTRE	EAM	WITHIN 5	SERVICE CO	N	Α					
00700 ENT	RY POINT		3		ENTRY PO	INT		Α					
20223 WEL	L		2		WELL			Α					
				Con	tact Info	ormation	1						
Name					rganization							Job Title	
Mr. David Cool	ev				eep-Engine	ering Unit			Sii	ıpv Civil	Fnøi		
Mailing Address			Mailing 4		s Line Two	b OIIIt				City	-1181	State	Zip Code
163 Great Hill R					2 2 7 770			Portla		7		CT	06480
Business Phor		Fax		Mohi	le Phone	Emergency	/ Phon			ess		Ci	00-00
860-342-221		860-344-2	2560		205-7552	860-424				ey@ct.g	ΩV		
000-044-441	J	000 344-2									J V		

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.

Schedule Generation Date: 3/10/2020 Page 3

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0110114	PENWOOD STATE PARK/MAIN PARK WELL			NC	700	S	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
57 GUN MILL ROAD		Connections	4				

Towns Served: BLOOMFIELD

## 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

Schedule Generation Date: 3/10/2020