Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS** Name Classification Population Owner Type Primary Source Ρ CT0310014 25 KENT ROAD NC 39 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 25 KENT RD (CORNWALL BRIDGE) 2 Towns Served: CORNWALL

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Tatal California (2100)

	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
10/1/19 - 10/31/19		Complete
11/1/19 - 11/30/19		Complete
12/1/19 - 12/31/19		Complete
1/1/20 - 1/31/20		Complete
2/1/20 - 2/29/20		Complete
3/1/20 - 3/31/20		
4/1/20 - 4/30/20		
5/1/20 - 5/31/20		
6/1/20 - 6/30/20		
7/1/20 - 7/31/20		
8/1/20 - 8/31/20		
9/1/20 - 9/30/20		
	1 rou	tine (RT) per month
Monitorina Period	Collection Period	Compliance Status
		· · · · · · · · · · · · · · · · · · ·
10/1/19 - 10/31/19		Complete
		-
10/1/19 - 10/31/19		Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19		Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19		Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20		Complete Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20		Complete Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20		Complete Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20		Complete Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20		Complete Complete Complete Complete
10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20		Complete Complete Complete Complete
	10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20	Monitoring Period Collection Period 10/1/19 - 10/31/19

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

Nitrate And Nitrite (NOX)					1 routine (R	Г) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Complia	ince Status
ENTRY POINT (3)		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20		Cor	nplete
		1/1/21 - 12	/31/21			
Pub	lic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	<u>PN Certi</u>	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/27/16 - 9/21/18	2	7/22/2017		8/1/2017	

		VVal	lei Qua	muy monn	toring a		прпа	nce s	ocneu	ule		
PWS ID	P٧	VS Name					Classifi	cation	Populati	on Ow	ner Type	Primary Source
СТ0310014	25	KENT ROAD					N	С	39		Р	GW
Local Addre	ess (whe	re applicable)			Service	Resider	itial Co	mmercia	al Indu	strial	Combine	d Agricultura
25 KENT RC) (CORN	WALL BRIDGE)			Connectior	IS					2	
Towns Serv	ed: COF	NWALL										
			Water Sy	ystem Facil	ity and Sa	ampling	; Point	t Inve	ntory			
Water								То	tal Le	ad and	1	
System	Water S	ystem Facility		Sampling Point	Sampling P	oint		Colij	form C	opper		Stage
Facility ID				ID	Description		Sta	tus R	ule R	ule Tier	Asbesto	s WQP 2 DBP
00600	DISTRIB	UTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	1 A	4	Y			
				DOWNSTREAM	I WITHIN 5 S	ERVICE CO	N A	4				
				UPSTREAM	WITHIN 5 S	ERVICE CO	N A	4				
00700	ENTRY P	OINT		3	ENTRY POI	NT	A	4				
20563	WELL			2	WELL		A	4				
56623	ATMOSE	PHERIC TANK										
56625	BLADDE	R TANK										
				Cor	ntact Info	rmatior	ı					
Name				0	rganization						Job Title	
Ms. Idella S	Shepard			P	anta Properti	es			Owner	•		
Mailing Add	dress Lir	ie One		Mailing Addres	ss Line Two				City		State	Zip Code
25 Kent Roa	adsouth							Cornwa	all Bridge		СТ	06754
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
860-619	-8199							idella@	cornwal	lcountr	ymarket.c	om
Contact Ro	le(s): A	dministrative	Contact, Leg	al Contact, Ow	ner							
Please note	e the fol	lowing:										
1. The resi	dual disir	fectant concent	ration must b	e measured at th	e same locatio	n and time a	as each to	otal colifo	orm samp	le.		
2. If a Colle	ection Pe	riod is specified,	all water qua	lity samples must	t be collected o	during the sp	ecified p	eriod.				
				ay be required (i. he generation dat								

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

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	Connecticut Depart	ment of Public H	lealth	D	rinking	Water S	Section	
	·	y Monitoring and			<u> </u>	·		
PWS ID	PWS Name	y momenting and					- Owner Type Pr	imary Source
CT0310054	COVER BRIDGE			Ciu	NC	29	P	GW
	where applicable)	Service	Residen	tial	-		-	Agricultural
	OSHEN TURNPIKE	Connections	neoraen	ciui	conneren		2	, ignound and
Towns Served:							_	
		Monitoring Requ	iireme	nts				
Water System	Facility: DISTRIBUTION SYST				, 			
Total Coliform	n (3100)					11	outine (RT) p	oer quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Peri	od Complia	ance Status
Select fror	n Inventory of Active Sampling Po	ints	7/1/19 -	9/3	0/19			
		:	10/1/19 -	12/	31/19			
			1/1/20 -					
			4/1/20 -	6/3	0/20			
			7/1/20 -	9/3	0/20			
Physical Para	meters (PPS)					11	outine (RT) p	oer quarter
	Point (Sampling Point ID)		Monitori			ollection Perio	od Complia	ance Status
Select from	n Inventory of Active Sampling Po	vints	7/1/19 -	9/3	0/19			
		:	10/1/19 -	12/	31/19			
			1/1/20 -					
			4/1/20 -	6/3	0/20			
			7/1/20 -	9/3	0/20			
Water System	Facility: ENTRY POINT (WSF	- ID: 00700)						
Nitrate And N	Nitrite (NOX)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Perio	od Complia	ance Status
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19			
			1/1/20 -					
			1/1/21 -	12/3	31/21			
Water System	Facility: WELL (WSF ID: 205	67)						
E. Coli (3014)					11	outine (RT) p	oer quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Peri	od Complia	ance Status
WELL (2)			7/1/19 -	9/3	0/19			
		:	10/1/19 -	12/	31/19			
			1/1/20 -	3/3	1/20			
			4/1/20 -	6/3	0/20			
			7/1/20 -	9/3	0/20			
		Other Compliance	Sched	lule	es			
Compliance Sch	hedule Activity			Due	Date	Achiev	ed Date	
-	ANITARY SURVEY)/2019			
		ublic Notification R						
		Compliance	Notice			otification	PN Cert	ification
Violation/Situa	ition	Period	Tier		Required	Performed		Received
E. Coli M&R Vic	blation	7/1/19 - 9/30/19	3		12/9/2020		12/19/2020	
Total Coliform I	M&R Violation	7/1/19 - 9/30/19	3		12/9/2020		12/19/2020	
Physical Param	eters M&R Violation	7/1/19 - 9/30/19	3		12/9/2020		12/19/2020	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0310054 COVER BRIDGE NC 29 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 421 SHARON GOSHEN TURNPIKE 2 Towns Served: CORNWALL Water System Facility and Sampling Point Inventory Total Water Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT Α 2 WELL А 20567 WELL TREATMENT PLANT 56453 **Contact Information** Job Title Name Organization Mr. Russell J. Sawicki Mailing Address Line Two Mailing Address Line One City State Zip Code 421 Sharon-Goshen Turnpike West Cornwall СТ 06796 **Business Phone** Extension Fax **Mobile Phone Emergency Phone** Email Address 860-248-0740 russ.sawicki@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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	Connecticut De	^		FPublic H Foring and			0			
		uanty M	UIII	or mg and						
PWSID	PWS Name				C	lassificatio				rimary Source
CT0310064	CAMP MOHAWK (MAIN	SYSTEIVI)		Comico	Decidentia	NC		25	P	GW
	(where applicable)			Service Connections	Residentia		rcial ir	ndustrial	Combined	Agricultural
246 GREAT HIL Towns Served:				connections		1				
Towns Served.			••		•	_				
		M	onit	oring Requ	iremen	ts				
Water System	m Facility: DISTRIBUTIO	N SYSTEM(WSF I	D: 00600)						
Total Colifor	• •							1	routine (RT)	•
	Point (Sampling Point ID)				Monitoring		Collect	ion Perio	d Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points			6/1/20 - 6,	/30/20				
					7/1/20 - 7,					
					8/1/20 - 8,					
					9/1/20 - 9,	/30/20				
-	ameters (PPS)								routine (RT)	•
	Point (Sampling Point ID)			1	Monitoring		Collect	ion Perio	od Compli	ance Status
Select fro	m Inventory of Active Samp	oling Points			6/1/20 - 6,					
					7/1/20 - 7,					
					8/1/20 - 8,					
					9/1/20 - 9,	/30/20				
-	m Facility: ENTRY POINT	(WSF ID: 0	0700)							
	Nitrite (NOX)								1 routine (F	
	Point (Sampling Point ID)				Monitoring		Collect	ion Perio		ance Status
ENTRY PC	DINT (3)				1/1/19 - 12			1-9/30	Co	mplete
					1/1/20 - 12			1-9/30		
					1/1/21 - 12		4/:	1-9/30		
		Oth	ler C	ompliance	Schedu	les				
Compliance Sc	chedule Activity				Du	e Date		Achieve	d Date	
SEASONAL STA	ART UP COMPLETION				5/	1/2019				
SEASONAL STA	ART UP CERTIFICATION				5/	1/2020				
SEASONAL STA	ART UP COMPLETION				6/	1/2020				
		Public	: Not	ification R	equiren	nents				
			1	ompliance	Notice	1	Notific	ntion	DN Cor	tification
Violation/Situ	ation		C	Period	Tier	Require		formed	Due to DPH	Received
	L COLIFORM RULE (RTCR) T	T Violation	8/22	/19 - 10/10/19	2	10/17/20		jernicu	10/27/2019	
E. Coli M&R Vi	· · · · ·			7/15/19 -	3	12/9/202			12/19/2020	
E. Coli M&R Vi				7/15/19 -	3	12/9/202			12/19/2020	
E. Coli M&R Vi				7/15/19 -	3	12/9/202			12/19/2020	
		r System	1	ity and Sar	npling P			rv		
Water	vale	. oystem			ישיייקיי	Sint in	Total	Lead ar	nd	
	ter System Facility	Samplina	Point	Sampling Poir	nt	C	oliform			Stage
Facility ID		ID		Description		Status	Rule			WQP 2 DBPR
	TRIBUTION SYSTEM	4		DISTRIBUTION	SYSTEM	A	Y			
		DOWNST	REAM	WITHIN 5 SER		А				
		UPSTRE		WITHIN 5 SER		А				
00700 EN1	TRY POINT	3		ENTRY POINT		А				
20568 WE		2		WELL		А				

CT03400C4	PWS Name						Classification		Population Owner Type		Primary Source
CT0310064	САМР МОНАЖК (М	AIN SYS	TEM)					NC	25	Р	GW
Local Address (w	nere applicable)				Service	Reside	ntial	Commercia	al Industrial	Combine	d Agricultura
246 GREAT HILL F	ROAD				Connection	is		1			
Towns Served: Co	ORNWALL										
				Сог	ntact Info	rmatio	n				
Name				C	Organization					Job Title	5
Mr. Patrick Marc	hand			Y	'MCA Camp N	1ohawk, In	С		Executive Di	rector	
Mailing Address I	ine One		Mailing	Addre	ss Line Two				City	State	Zip Code
YMCA Camp Mol	iawk, Inc.		P.O. Box	× 1209				Litchfie	ld	СТ	06759
Business Phone	Extension	Fax		Mob	oile Phone	Emergenc	y Phor	e Email A	ddress		
860-672-6655		860-482-3	3878			860-480	-2017	patrick	@campmohaw	/k.org	
Contact Role(s):	Administrative Cor	ntact, Leg	al Conta	ct							
Please note the f	ollowing:										

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

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

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.

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	Department o				0		ection	
Water	· Quality Moni	toring a	and Com	pliano	ce Sc	hedule		
PWS ID PWS Name			(- Classificat	ion Po	pulation Ow	ner Type F	Primary Source
CT0310084 CORNWALL INN				NC		25	Р	GW
Local Address (where applicable)		Service	Residenti	al Comn	nercial	Industrial	Combined	Agricultural
270 KENT ROAD		Connectio	ons		1			
Towns Served: CORNWALL								
	Monit	toring Re	quiremen	ts				
Water System Facility: DISTRIBU	TION SYSTEM (WSF	ID: 00600)	<u>.</u>					
Total Coliform (3100)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)		Monitorin	g Period	Colle	ection Period		liance Status
Select from Inventory of Active S	Sampling Points		7/1/19 - 9	/30/19			C	omplete
			10/1/19 - 1	2/31/19			C	omplete
			1/1/20 - 3	3/31/20				
			4/1/20 - 6	6/30/20				
			7/1/20 - 9	/30/20				
Physical Parameters (PPS)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)		Monitorin	g Period	Colle	ection Period	l Comp	liance Status
Select from Inventory of Active S	Sampling Points		7/1/19 - 9	/30/19			C	omplete
			10/1/19 - 1	.2/31/19			C	omplete
			1/1/20 - 3	3/31/20				
			4/1/20 - 6	5/30/20				
			7/1/20 - 9	/30/20				
Water System Facility: ENTRY PC	DINT (WSF ID: 00700							
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling Point	ID)		Monitorin	-	Colle	ection Period		iance Status
ENTRY POINT (3)			1/1/19 - 12				C	omplete
			1/1/20 - 12					
			1/1/21 - 12					
	Other (Complian	ce Schedu	ules				
Compliance Schedule Activity				ue Date		Achieved	Date	
CROSS CONNECTION SURVEY REPORT			3/	/1/2020				
Wa	ater System Faci	lity and S	Sampling F	Point li	nvent	ory		
Water					Total	Lead and	1	
System Water System Facility	Sampling Poin				Colifor			Stage
Facility ID	ID	Descriptio		Status		Rule Tie	r Asbestos	WQP 2 DBPI
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM	А	Y			
	DOWNSTREAM			A				
	UPSTREAM		SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY PO	INT	A				
20570 WELL	2	WELL		A				
56591 BLADDER TANKS								
	Co	ntact Info	ormation					
Name	(Organization					Job Title	
Mr. Mark J. Hampson		Country Inn/I	Restaurant					
Mailing Address Line One	Mailing Addre	ss Line Two				City	State	Zip Code
270 Kent Road				Co	ornwall E	Bridge	СТ	06754
Business Phone Extension	Fax Mot	oile Phone	Emergency F	Phone En	nail Add	ress		
NOTE: This information has been provided to	help owners and operators of	f nublic water s	systems maintain	compliance	e with dri	nkina water au	ality monitori	na requirements

		ter guu				mp.	inanico	oonoaa		
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0310084	CORNWALL INN						NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ntial	Commerc	ial Industri	al Combine	ed Agricultural
270 KENT ROAD				Connectio	ons		1			
Towns Served: C	ORNWALL			H			1			
860-672-6884		860-672-	0352				info@	cornwallinn.	com	
Contact Role(s):	Administrative	Contact, Leg	al Contact, C	Owner						
Name	·			Organization	1				Job Titl	e
Ms. Stacy L Mare	cin							Owner		
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
270 Kent Rd S							Cornw	all Bridge	СТ	06754
Business Phone	e Extension	Fax	M	obile Phone	Emergeno	cy Pho	one Email	Address		
Contact Role(s):	Owner									
Please note the	following:									
1. The residual d	isinfectant concen	tration must b	e measured at	the same locat	tion and time	as ea	ch total coli	form sample.		
2. If a Collection	Period is specified	, all water qua	lity samples m	ust be collected	d during the s	pecifi	ed period.			
3. Depending on	results, additional	monitoring m	av be required	l (i.e. repeat or	confirmation	samp	les). This so	hedule is sub	ect to change.	and any related

results, additional monito required (i.e. repeat or confirmatio is subject to cha ige, a 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.

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT0310144 MOHAWK MTN. SKI AREA - MAIN LODGE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections P.O. BOX 27. 46 GREAT HOLLOW ROAD 1 Towns Served: CORNWALL **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 2 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 2 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT - MAIN LODGE (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility: ENTRY POINT - FACILITY BLDG (WSF ID: 00701) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT - FACILITY BLDG (3) 1/1/19 - 12/31/19 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility: WELL (SPRING) (WSF ID: 20575) E. Coli (3014) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** 7/1/19 - 9/30/19 Complete WELL (2) 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Other Compliance Schedules Achieved Date Compliance Schedule Activity** Due Date CROSS CONNECTION SURVEY REPORT 3/1/2020

			ter Qua	шу мош	itoring a	na con							
PWS ID	P١	WS Name					Classi	fication	Popu	lation (Owner Typ	e Pr	imary Sou
СТ0310144	1 M	IOHAWK MTN.	SKI AREA -	MAIN LODGE			٦	١C	2	5	Р		GW
Local Addr	ess (whe	ere applicable)			Service	Resider	ntial Co	ommerci	ial In	dustria	l Comb	ined	Agricultu
P.O. BOX 2	7, 46 GF	REAT HOLLOW	ROAD		Connectio	ns		1					
Towns Ser	ved: CO	RNWALL											
			Water S	ystem Faci	ility and S	ampling	; Poin	t Inve	entor	ſy			
Water								T	otal	Lead a	nd		
	Water S	System Facility		Sampling Poin				Col	iform	Сорр	er		Sta
Facility ID				ID	Description	า	Ste	atus ^F	Rule	Rule T	ier Asbe	stos	WQP 2 D
00600	DISTRIB	UTION SYSTEM	l	4	DISTRIBUTI	ION SYSTEM	1	A	Y				
				DOWNSTREAM	M WITHIN 5 S	SERVICE CO	N	A					
				UPSTREAM	WITHIN 5 S	SERVICE CO	N	A					
00700	ENTRY F	POINT - MAIN L	ODGE	3	ENTRY POI	NT		A					
00701	ENTRY I	POINT - FACILIT	Y BLDG	3	ENTRY POI	NT - FACILI		A					
20575	WELL (S	SPRING)		2	WELL			A					
47460	UV - MA	AIN LODGE		5	ENTRY POI	NT		A					
56022	PUMP												
				Со	ntact Info	ormatior	า						
Name				(Organization						Job T	itle	
Mr. Steve	Hedden			1	Mohawk Mou	ıntain Ski Ar	rea		Vice	e-Presid	ent		
Mailing Ad	dress Lii	ne One		Mailing Addre	ess Line Two				Ci	ty	Stat	e	Zip Code
P.O. Box 2	7			46 Great Hollo	ow Road			Cornw	all		СТ		06753
Business	Phone	Extension	Fax	Mol	bile Phone	Emergency	/ Phone	e Email /	Addres	SS			
860-672	2-6100	12	860-672-	0117				office@	moh	awkmtr	n.com		
Contact Ro	ole(s):	dministrative	Contact, Leg	gal Contact, Ov	vner								
Please not	e the fo	llowing:											
1. The res	idual disi	nfectant concent	ration must b	pe measured at t	he same locatio	on and time a	as each t	total colif	orm sa	mple.			
2. If a Coll	ection Pe	eriod is specified,	all water qua	ality samples mus	st be collected	during the sp	ecified	period.					
3. Depend	ling on re	sults, additional	monitoring m	nay be required (i.e. repeat or co	onfirmation s	samples). This sc	hedule	is subje	ct to chang	e, an	d any relate

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

Water Quality Monitoring an PWS ID PWS Name CT0310174 RAILROAD SQUARE PLAZA (NE CATERING) Local Address (where applicable) Service 9 RAILROAD ST Connection Towns Served: CORNWALL Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	Residentia quiremen 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	Iassification NC al Commerce al Commerce s Image: Commerce g Period /30/19 2/31/19 /31/20 /30/20	Population 25	n Ow rial 1 rou	P Combined utine (RT) Compli	rimary Source GW Agricultural per quarter iance Status omplete
CT0310174 RAILROAD SQUARE PLAZA (NE CATERING) Local Address (where applicable) Service 9 RAILROAD ST Connection Towns Served: CORNWALL Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Residentia quiremen 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 9	NC al Commerci 1 ts //////////////////////////////////	25 Sial Indust	rial 1 rou	P Combined utine (RT) Compli	GW Agricultural
Local Address (where applicable) Service 9 RAILROAD ST Connection Towns Served: CORNWALL Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	al Commerci 1 ts 2/30/19 2/31/19 /31/20 /30/20	cial Indust	1 ro	Combined utine (RT) Compli	Agricultural
9 RAILROAD ST Towns Served: CORNWALL Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	1 ts <i>g Period</i> /30/19 2/31/19 /31/20 /30/20		1 ro	utine (RT) Compli	per quarter iance Status omplete
Towns Served: CORNWALL Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	ts <i>g Period</i> /30/19 2/31/19 /31/20 /30/20	Collection P		Compli Cc	iance Status omplete
Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	<i>Monitoring</i> 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	9 Period /30/19 2/31/19 /31/20 /30/20	Collection P		Compli Cc	iance Status omplete
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	<i>Monitoring</i> 7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	9 Period /30/19 2/31/19 /31/20 /30/20	Collection P		Compli Cc	iance Status omplete
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	/30/19 2/31/19 /31/20 /30/20	Collection P		Compli Cc	iance Status omplete
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	/30/19 2/31/19 /31/20 /30/20	Collection P		Compli Cc	iance Status omplete
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	7/1/19 - 9 10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	/30/19 2/31/19 /31/20 /30/20	Collection P	eriod	Co	omplete
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	10/1/19 - 1 1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	2/31/19 /31/20 /30/20				
Sampling Point (Sampling Point ID)	1/1/20 - 3 4/1/20 - 6 7/1/20 - 9	/31/20 /30/20			Co	mplete
Sampling Point (Sampling Point ID)	4/1/20 - 6 7/1/20 - 9	/30/20				
Sampling Point (Sampling Point ID)	7/1/20 - 9					
Sampling Point (Sampling Point ID)		/30/20				
Sampling Point (Sampling Point ID)	Monitoring					
	Monitoring					per quarter
Select from Inventory of Active Sampling Points		,	Collection P	eriod		iance Status
	7/1/19 - 9					omplete
	10/1/19 - 1				Co	omplete
	1/1/20 - 3					
	4/1/20 - 6					
Water System Facility: ENTRY POINT (WSF ID: 00700)	7/1/20 - 9	/30/20				
				1		
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring	a Period	Collection P		-	RT) per year <i>iance Status</i>
ENTRY POINT (3)	1/1/19 - 12	-	conection P	enou		omplete
	1/1/19 - 12					inpiece
	1/1/20 - 12					
Dublic Notification						
Public Notification	-	1				
Compliance	Notice		<u>Notification</u>			<u>tification</u>
Violation/Situation Period	Tier	Required		ed l	Due to DPH	Received
Total Coliform M&R Violation1/1/16 - 3/31/16Physical Parameters M&R Violation1/1/16 - 3/31/16		7/27/2016			8/6/2016	
					7/7/2017	
Water System Facility and Sa	ampling F	oint Inv	entory			
Water	- fort			d and	1	
System Water System Facility Sampling Point Sampling Point Facility ID ID Description				pper o Tior	Achactac	Stage WQP 2 DBPF
		Stutus	Y	e nel	ASDESLOS	VVQP Z DDPI
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION DOWNSTREAM WITHIN 5 SI		A	T			
	ERVICE CON	A A				
00700 ENTRY POINT 3 ENTRY POIN		A				
20577 WELL 2 WELL	NI	A A				
		A				
Contact Info	rmation					
Name Organization					Job Title	
Ms. Cheryl Evans Cornwall Lease	ehold, LLC		Owner/I	Mgr.		
Mailing Address Line One Mailing Address Line Two			City		State	Zip Code
146 Cornwall Hollow Road	Emorgonev		Cornwall		СТ	06796

					0		1				1
PWS ID	P۷	VS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0310174	RA	AILROAD SQUA	ARE PLAZA (NE CAT	FERING)				NC	25	Р	GW
Local Address (where applicable) Service Residential Commercial II									al Industri	al Combine	ed Agricultural
9 RAILROAD	ST				Connectio	ns		1			
Towns Serve	d: COF	RNWALL				·			·	· · · ·	
Dusiness P	none	Extension	гах		ernone	Lineigenc	у РПО		Audress		
860-672-0	0094							caceva	ns@gmail.co	om	
Contact Role	e(s): A	dministrative	Contact, Legal Cor	ntact, Own	er						
Please note	the fol	llowing:									
1. The resid	ual disir	nfectant concen	tration must be meas	sured at the	e same locati	on and time	as eac	ch total colif	orm sample.		
2. If a Collec	tion Pe	riod is specified,	, all water quality sar	nples must	be collected	during the sp	pecifie	ed period.			
	0		monitoring may be r S on or after the gene							0,	

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

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Connecticut Dep	artment o	of Public	Health	Drir	nking	Water	r Se	ction	
Water Qu	alitv Moni	toring a	nd Con	nplia	nce S	chedu	le		
PWS ID PWS Name		0		· ·			1	ner Type P	rimary Source
CT0310224 TRINITY CONFERENCE CEN	TER DIX HOUSE-	MAIN			IC	61		P	GW
Local Address (where applicable)		Service	Resider	ntial Co	mmercial	Industr	ial	Combined	Agricultural
79 LOWER RIVER ROAD		Connectio	ns		4				
Towns Served: CORNWALL									
	Monit	toring Re	auireme	ents					
Water System Facility: DISTRIBUTION					_	_		_	
Total Coliform (3100)						:	1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitor	ing Peri	od Co	llection Pe	eriod	Compl	iance Status
Select from Inventory of Active Samplin	ng Points		7/1/19 ·	- 9/30/1	.9			Co	omplete
			10/1/19	- 12/31/	/19			Cc	mplete
			1/1/20 -	- 3/31/2	0			Co	omplete
			4/1/20 -	- 6/30/2	0				
			7/1/20 -	- 9/30/2	0				
Physical Parameters (PPS)						:	1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitor	ing Peri	od Co	llection Pe	eriod	Compl	iance Status
Select from Inventory of Active Sampli	ng Points		7/1/19 -	- 9/30/1	.9			Co	omplete
			10/1/19 -	- 12/31/	′19			Co	omplete
			1/1/20 -	- 3/31/2	0			Cc	omplete
			4/1/20 ·	- 6/30/2	0				
			7/1/20 -	- 9/30/2	0				
Water System Facility: ENTRY POINT	WSF ID: 00700)		<u> </u>					
Nitrate And Nitrite (NOX)		-					1	routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitor	ing Peri	od Co	llection Pe		-	iance Status
ENTRY POINT (3)			1/1/19 -						omplete
- (-)			1/1/20 -						
			1/1/21 -						
\M/ator	System Faci	lity and S				ton			
	System raci	iity and S	amping	Point		-			
Water System Water System Facility	Sampling Poin	t Samplina I	Doint		Tot Colife				Stage
Facility ID	ID	Description		C 1-				Ashestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM		i <u>tus Ru</u> A Y			, 15, 25, 25, 25, 25, 25, 25, 25, 25, 25, 2	
00700 ENTRY POINT	3	ENTRY POI			۰ ۱ ۹				
20581 WELL	2	WELL			4				
57883 PRESSURE TANKS	2	VVLLL		,	`				
	Co	ntact Info	rmation	•					
Namo			mation	•				Job Title	
Name Mr. Joseph Rose		Organization Frinity Confer	ance Conto	r		Manager	•	Job Title	
Mailing Address Line One	Mailing Addre	•		1		City		State	Zip Code
79 Lower River Road	Audie	55 LITE I WU			West Co			CT	06796
Business Phone Extension Fa	x Mot	oile Phone	Emergency	/ Phone				CI	00750
860-672-1000			LINCI SCIIC)	rinone		rinitywalls	treet	org	
Contact Role(s): Administrative Contact, L	agal Contact				ງເວຍພູເ	mitywalls	meet.	UIE	
contact hole(s). Autimistrative contact, L	egai Cuitact								

	C J	0		1				
PWS ID	PWS Name	PWS Name C TRINITY CONFERENCE CENTER DIX HOUSE-MAIN				Population	Owner Type	Primary Source
СТ0310224	TRINITY CONFERENCE CENTER DIX HOUSE-N					61	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Co	ommercia	al Industri	al Combine	ed Agricultural
79 LOWER RIV	ER ROAD	Connections		4				
Towns Served:	CORNWALL		1					
Please note th	e following:							
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as each t	total colife	orm sample.		
2. If a Collection	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified	period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat						0,	'

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

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

Сс	onnectic	ut Depa	rtment of	Public	Health D)rin	king	Water	Se	ction	
	Wa	ter Qual	ity Monit	oring a	nd Comp	olia	nce So	chedu	le		
PWS ID PW	'S Name		5	0	^				1	er Type F	rimary Sourc
СТ0310244 МС	нажк мои	NTAIN (PINE	LODGE SYSTEM	1)		N	2	25		Р	GW
Local Address (wher	e applicable)			Service	Residentia	l Cor	nmercial	Industri	ial	Combined	Agricultura
46 GREAT HOLLOW	ROAD			Connection	าร		2				
Towns Served: CORI	NWALL										
			Monite	oring Rec	quirement	ts					
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSFI	D: 00600)							
Total Coliform (3	100)							1	1 rou	tine (RT)	per quarter
Sampling Point	t (Sampling P	oint ID)			Monitoring	Peric	d Col	lection Pe	riod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		7/1/19 - 9/	-					omplete
					10/1/19 - 12					Co	omplete
<u> </u>					1/1/20 - 3/						
					4/1/20 - 6/						
	(000)				7/1/20 - 9/	30/20)				
Physical Paramet Sampling Point		oint (D)			Monitoring	Doria	d Col	llection Pe			per quartei <i>iance Status</i>
Select from Inv			Points		7/1/19 - 9/			lection Pe	nou		omplete
Sciect from inv	childry of Act	ive sumpling	i onits		10/1/19 - 12	-					omplete
					1/1/20 - 3/						
					4/1/20 - 6/						
					7/1/20 - 9/	/30/20)				
Water System Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And Nitri	e (NOX)								1 r	routine (RT) per yeai
Sampling Point	t (Sampling P	oint ID)			Monitoring	Peric	d Col	lection Pe	riod	Compl	iance Status
ENTRY POINT (3)		1/1/19			1/1/19 - 12/31/19 Co			omplete		
					1/1/20 - 12						
					1/1/21 - 12	/31/2	1				
		Water Sy	stem Facili	ity and Sa	ampling P	oint	Inven	tory			
Water							Tot				
System Water Sy Facility ID	stem Facility	5	Sampling Point ID	Sampling P Description			Colifo		-	Achastas	Stage WQP 2 DBP
-	TION SYSTEM	1	4		ON SYSTEM	<u>Stat</u> A	us		TIET	ASDESIUS	WQF 2 DDF
00000 DISTRIBU			4 DOWNSTREAM			A					
			UPSTREAM		ERVICE CON	A					
00700 ENTRY P0	DINT		3	ENTRY POI		A					
22905 SKI PATR			2	SKI PATROL		A					
56024 BLADDER											
	GE BOOSTER	PUMP									
			Con	tact Info	rmation						
Name				rganization						Job Title	
Mr. Steve Hedden					ntain Ski Area			Vice-Pres	ident		
Mailing Address Line	e One		Mailing Addres					City		State	Zip Code
P.O. Box 27			46 Great Hollow				Cornwal			CT	06753
Business Phone	Extension	Fax			Emergency Pl	none					-
860-672-6100	12	860-672-0	117					nohawkm	tn.co	m	
	ministrativo	Contact. Leg	al Contact, Owr	ner							

	C 5	0						
PWS ID	PWS Name	PWS Name				Population	Owner Type	Primary Source
СТ0310244	MOHAWK MOUNTAIN (PINE LODGE SYSTEM	MOHAWK MOUNTAIN (PINE LODGE SYSTEM)				25	Р	GW
Local Address	where applicable)	Service	Residen	ential Commercial Industria		al Combine	ed Agricultural	
16 GREAT HOLLOW ROAD		Connections		2				
Towns Served:	CORNWALL							
Please note th	e following:							
1. The residual	disinfectant concentration must be measured at th	e same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ring the sp	oecifie	ed period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat						-	

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	Connecticut De	partment of	Public F	Iealth I	Drink	ing W	ater Se	ection	
	Water Qu	uality Monit	oring an	d Comp	olianc	e Sch	edule		
PWS ID	PWS Name			*				ner Type P	rimary Source
СТ0310254	CAMP MOHAWK (NURSE	& WINTER HOUSE			NC		25	P	GW
Local Addres	ss (where applicable)		Service	Residentia	l Comm	nercial I	ndustrial	Combined	Agricultural
246 GREAT I			Connections					1	
Towns Serve	ed: CORNWALL								
		Monite	oring Requ	irement	ts				
Water Syst	em Facility: DISTRIBUTIO								
Total Colif	orm (3100)						1 ro	utine (RT	per month
	ng Point (Sampling Point ID)			Monitoring		Collec	tion Period	Compl	iance Status
Select f	rom Inventory of Active Samp	ling Points		6/1/20 - 6/	/30/20				
				7/1/20 - 7/	/31/20				
				8/1/20 - 8/	/31/20				
				9/1/20 - 9/	/30/20				
Physical Pa	arameters (PPS)						1 rc	utine (RT	per month
Sampli	ng Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compl	iance Status
Select f	rom Inventory of Active Samp	ling Points		6/1/20 - 6/	/30/20				
				7/1/20 - 7/	/31/20				
				8/1/20 - 8/	/31/20				
				9/1/20 - 9/	/30/20				
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate An	d Nitrite (NOX)						1	routine (I	RT) per year
Sampli	ng Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	-	iance Status
ENTRY	POINT (3)			1/1/19 - 12	/31/19			Co	mplete
				1/1/20 - 12	/31/20				
				1/1/21 - 12	/31/21				
		Other C	ompliance	e Schedu	les				
	Schedule Activity			Du	e Date		Achieved	Date	
SEASONAL S	TART UP COMPLETION			5/1	1/2020				
SEASONAL S	TART UP CERTIFICATION			5/1	1/2020				
SEASONAL S	TART UP COMPLETION			6/1	1/2020				
	Water	[·] System Facili	ity and Sa	mpling P	oint Ir	nvento	orv		
Water			•			Total	Lead and		
	Vater System Facility	Sampling Point	Sampling Poi	int		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	А				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	А				
		W1	INFIRMARY		А	Y			
00700 E	NTRY POINT	3	ENTRY POINT	T	А				
48065 V	VELL	2	WELL		А				
		Con	tact Infor	mation					
Name		О	rganization					Job Title	
Mr. Patrick	Marchand	YN	ИСА Сатр Мо	hawk, Inc		Ex	ecutive Dire	ector	
Mailing Add	ress Line One	Mailing Address	s Line Two			C	City	State	Zip Code
YMCA Camp	Mohawk, Inc.	P.O. Box 1209			Lit	chfield		СТ	06759
Business P	Phone Extension F	ax Mobi	le Phone E	mergency Pl	hone Em	nail Addre	ess	. 1	

			C		0		1				
PW	'S ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
СТС	310254	CAMP MOHAW	K (NURSE &	WINTER HOUS	SE)			NC	25	Р	GW
Loc	al Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
246	GREAT HILL	ROAD			Connection	S				1	
	vns Served: C	• • • • • • • • • • • • • • • • • • • •									·
1	360-672-6655		860-482-	-3878		860-480	-201	7 patrick	@campmor	nawk.org	
Cor	ntact Role(s):	Administrative	Contact, Le	gal Contact							
Ple	ase note the	following:									
1.	The residual d	isinfectant concen	tration must	be measured at t	the same location	n and time	as ea	ch total colif	orm sample.		
2.	If a Collection	Period is specified,	, all water qu	ality samples mu	ist be collected d	uring the sp	pecifi	ed period.			
3.	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.

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0310264 TRINITY CONFERENCE CENTER-BUTLER HALL NC 30 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 79 LOWER RIVER ROAD 1 Towns Served: CORNWALL **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20

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

Nitrate And Nitrite (NOX) 1 routine (RT) per y											
Sampling Point (Sampling Point ID)		Monitoring	g Period Co	ollection Perio	d Complia	nce Status					
ENTRY POINT (3)		1/1/19 - 12	2/31/19		Con	nplete					
1/1/20 - 12/31/20											
1/1/21 - 12/31/21											
Public Notification Requirements											
	Compliance	Notice	Public No	Public Notification		<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/27/18 - 9/27/18	2	10/18/2018		10/28/2018						

8/1/20 - 8/31/20 9/1/20 - 9/30/20

PWS ID	PWS Name	/S Name					ication P	opulation Ov	rimary Source				
СТ0310264	TRINITY CONFERENCE	CENTER-I	UTLER HALL			N	С	30	Р	GW			
Local Address	(where applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combined	Agricultura			
79 LOWER RIV	ER ROAD			Connection	S		1						
Towns Served:	CORNWALL												
	Wat	er Syst	tem Faci	lity and Sa	ampling	; Poin	t Inven	tory					
Water							Tot	al Lead an	d				
	ter System Facility	Sar	npling Point	t Sampling P	oint		Colifa			Stage			
Facility ID			ID	Description		Sta	itus Rul	le Rule Tie	er Asbestos	WQP 2 DBP			
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTIO	ON SYSTEM	1 /	A Y						
00700 ENT	RY POINT		3	ENTRY POIN	IT		4						
48197 WE	LL		2	WELL			4						
			Со	ntact Info	rmatior	ı							
Name			C	Organization			Job Title						
Mr. Karl Trem	mel		Trinity Real Estate-38Th Floor					Property Manager					
Mailing Addres	ss Line One	Ma	Mailing Address Line Two					City	State	Zip Code			
120 Broadway							New York NY 10271						
Business Pho	one Extension	Fax	Mobile Phone Emergency				Phone Email Address						
212-602-07	51		917-	917-564-9499				ktremmel@trinitywallstreet.org					
Contact Role(s): Legal Contact			<u>i</u>									
Name			C	Organization					Job Title				
Mr. Joseph Ro	se		Т	rinity Confere	nce Cente	r		Manager					
Mailing Addres	ss Line One	Ma	ailing Addre	ss Line Two			City		State	Zip Code			
79 Lower River	Road						West Co	rnwall	СТ	06796			
Business Pho	one Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email Ad	dress					
860-672-10	00						jrose@tr	initywallstree	et.org				
Contact Role(s): Administrative Conta	ct		<u>i</u>									
Please note th	e following:												
1. The residua	disinfectant concentration	must be m	neasured at th	ne same locatio	n and time a	as each t	otal colifor	m sample.					
2. If a Collection	on Period is specified, all wa	ter quality	samples mus	t be collected d	uring the sp	ecified p	eriod.						

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