	Co		ut Department of ter Quality Monit							
PWS ID	DVA	/S Name	ter Quality Monnt	.01 IIIg a	nu Con					Primary Source
CT055005			IST/THE CHILDRENS PLACE			NC		25	P	GW
		e applicable)	131/ THE CHIEDRENS PLACE	Service	Resident		nmercial	Industrial	Combine	_
		ET (ROUTE 63	1	Connection		tiai Con	2	iiiuustiiai	Combine	u Agricultura
	rved: GOS)	Comicono			2			
TOWITS SEL	iveu. GO3	ITEIN	B.0!4	D	•					
Water Sy	stem Fac	ility: DISTR	INIONITI IBUTION SYSTEM (WSF I	oring Red D: 00600)	quireme	nts				
Total Co	liform (3	3100)						1 r	outine (RT)	per quarter
Samj	pling Poin	t (Sampling Po	oint ID)		Monitori	ng Perio	d Colle	ection Perio	od Comp	liance Status
Selec	t from Inv	entory of Acti	ve Sampling Points		7/1/19 -	9/30/19	1		C	omplete
					10/1/19 -	12/31/1	9		C	omplete
					1/1/20 -	3/31/20)		C	omplete
					4/1/20 -					
					7/1/20 -					
Physical	Paramet	ers (PPS)						1 r	outine (RT)	per quarter
_		t (Sampling P	oint ID)		Monitorii	ng Perio	d Colle	ection Perio		liance Status
	_		ve Sampling Points		7/1/19 -					omplete
		•			10/1/19 -					omplete
					1/1/20 -					omplete
					4/1/20 -					· ·
					7/1/20 -					
Water Sv	stem Fac	ility: ENTR	POINT (WSF ID: 00700)		, .					
•		te (NOX)	. (1 routine (RT) per year
		t (Sampling Po	oint ID)		Monitori	na Perio	d Colle	ection Perio	-	liance Status
	RY POINT (1/1/19 - :					omplete
	(<u> </u>			1/1/20 - :					
					1/1/21 - :					
			Water System Facil	ity and S		· ·		ory		
Water							Tota			
System	-	stem Facility	Sampling Point				Colifor			Stage
Facility ID			ID	Description		Stati		Rule Ti	er Asbestos	WQP 2 DBP
00600	DISTRIBL	ITION SYSTEM			ON SYSTEM		Υ			
			DOWNSTREAM							
			UPSTREAM	WITHIN 5 S	ERVICE CON	I A				
00700	ENTRY P	TNIC	3	ENTRY POII	NT	Α				
20923	WELL		2	WELL		Α				
			Con	tact Info	rmation					
Name			0	rganization					Job Title	
	Christ Co	ngregational								
Church of	ddress Line	e One	Mailing Addres	s Line Two				City	State	Zip Code
Church of Mailing A	aar C55 Eiri		P O Box 216			(Goshen		СТ	06796
Mailing A						51 .		lross		
Mailing A	dle Street	Extension	Fax Mobi	le Phone	Emergency	Phone	Emaii Add	iress		
Mailing Ad 5 Old Mid	dle Street s Phone		Fax Mobi	le Phone	Emergency	Phone I	Email Add	11.622		
Mailing Ad 5 Old Mid Business 860-49	dle Street s Phone	Extension	Fax Mobi	le Phone	Emergency	Phone I	Email Add	iress		
Mailing Ad 5 Old Mid Business 860-49	dle Street s Phone 1-2793	Extension	Fax Mobi	le Phone	Emergency	Phone I	Email Add	iress		

•	Connecticut Department of Fublic ficatur Diffixing Water Section											
	Wa	ter Qua	lity N	Monit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID F	WS Name						Cla	ssification	Population	Owne	r Type	Primary Source
CT0550054	CHURCH OF CHE	RIST/THE CH	LDRENS	PLACE				NC	25	F)	GW
Local Address (wh	ere applicable)				Service	Reside		Commerci	al Industri	al Co	ombine	d Agricultural
5 OLD MIDDLE ST	REET (ROUTE 63	3)			Connection	ns		2				
Towns Served: GO	DSHEN								·			
Name				Or	ganization					J	ob Title	
Pastor Joseph To	bin			Ch	urch of Chri	st Congreg	atio	na	Pastor			
Mailing Address L	ine One		Mailing	g Address	Line Two				City		State	Zip Code
5 Old Middle Stre	et (Route 63)		P.O. Bo	x 216				Goshe	n		СТ	06796-0216
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Ph	one Email A	Address			
860-491-2793		860-491-	2793	860-9	16-1923			gosher	nchurch0675	66@sne	et.net	

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

	Connectic	•						_			ction	
DIAIC ID		ter Qua	lity Monit	oring a	na Com							
PWS ID	PWS Name	ANC SCOUT	DECEDIVATION			Classifi			ulation 300	Owr	P P	rimary Sour
CT0550084	vhere applicable)	ANG SCOUT	RESERVATION	Service	Resident		mme		Industri	al	Combined	
278 WEST SIDE F	* * * * * * * * * * * * * * * * * * * *			Connection		lai Co	6	lClai	muustri	aı	Combined	Agricultur
Towns Served: G				Comicono			0					
Towns Served. C	JOSHEN		Manita	orina Dod		. + .						
Water System	Facility: DISTR	IBUTION S			quireme	115						
Total Coliform	n (3100)								1	. rou	itine (RT)	per quarte
Sampling P	Point (Sampling P	oint ID)			Monitorii	ng Peri	od	Collec	tion Pe	riod	Compl	ance Status
Select from	n Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9	_			Cc	mplete
					10/1/19 -						Co	mplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/30/2	.0					
Physical Parar	= =											per quarte
	Point (Sampling P				Monitorii			Collec	tion Pe	riod		ance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 -							mplete
					10/1/19 -						Сс	mplete
					1/1/20 -							
					4/1/20 -							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E. III ENTE	COUNT /N	(CE ID 00700)		7/1/20 -	9/30/2	.0					
-	Facility: ENTR	Y POINT (V	VSF ID: 00700)								/-	
Nitrate And N	• •	-1			0.0 16 1	0	1	C-11	D		=	RT) per yea
	Point (Sampling P	oint ID)			Monitorii	_		Collec	tion Pe	rioa		ance Status
ENTRY POIN	N1 (5)				1/1/19 - 1							mplete
					1/1/20 - 1							
		14/ . 1										
		water Sy	ystem Facili	ity and S	ampling	Poin	τını					
Water	ou Custom Fasilitus		Campalina Daint	Campalina F) o int			Total	Lead			Chara
System Wate Facility ID	er System Facility	•	Sampling Point ID	Description				Coliforn Rule			Achestos	Stag WQP 2 DBI
	RIBUTION SYSTEM	1	4	-	ON SYSTEM		i tus A	Y	nare	1101	ASSESTEDS	TTQ! Z DD!
00000 01311	(IDOTION SISTEN		DOWNSTREAM					'				
			UPSTREAM		SERVICE CON							
00700 ENTR	RY POINT		3	ENTRY POII			<u>. </u>					
20926 WELL			2	WELL	-							
	- OSPHERIC TANKS					<u>, , , , , , , , , , , , , , , , , , , </u>	-					
	SURE TANK											
11120			Com	tact lafe	rmation							
					rmation						= :	
Name			Oı	rganization							Job Title	
Housatonic Cou	-											
Mailing Address			Mailing Address	s Line Two					City		State	Zip Code
326 Derby Aveni						DI.	Derk	•			СТ	06418
Business Phon	ne Extension	Fax	Mobi	le Phone	Emergency	Phone	Ema	ııı Addr	ess			
Contact Role(s):	Owner											

	Connectic	ut Depa	rtment (of Public	: Health	ı Drii	nking	Water	Sect	ion	
	Wat	ter Qual	lity Mon	itoring a	and Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication P	opulation	Owner	Type P	rimary Source
CT0550084	EDMUND D. STR	ANG SCOUT	RESERVATIO	N		N	IC	300	Р		GW
Local Address (wl	here applicable)			Service	Resider	ntial Co	mmercial	Industria	al Co	mbined	Agricultural
278 WEST SIDE R	OAD			Connection	ons		6				
Towns Served: Go	OSHEN			'		,					
Name				Organization					Jo	b Title	
Mr. Kevin Bishop	1			Housatonic C	Council, Inc			Scout Exec	cutive		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	9	State	Zip Code
326 Derby Avenu	е						СТ	06418			
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email Ad	ldress			
203-734-3329							kevin.bis	shop@scou	ting.or	g	
Contact Role(s):	Legal Contact, C)wner									
Name				Organization					Jo	b Title	
Mr. John Zseller,	li			Housatonic C	Council, Bsa			Scout Exec	cutive/0	Сео	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	9	State	Zip Code
111 New Haven A	Avenue						Derby			СТ	06418
Business Phone	e Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email Ad	ldress			
917-655-5189		203-734-0)222				john.zse	ller@scout	ing.org		
Contact Role(s):	Administrative (Contact					·	·			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut De	•				_		ection	
Water Qı	uality Monit	oring an	d Compl	liano	ce Sc	hedule		
PWS ID PWS Name	-		Cla		ion Po	-	vner Type F	Primary Source
CT0550094 GOSHEN VOLUNTEER FIR	E DEPT			NC		25	L	GW
Local Address (where applicable)		Service	Residential	Comn	nercial	Industrial	Combined	d Agricultural
181 GOSHEN SHARON TURNPIKE (ROUTE	1)	Connections		:	1			
Towns Served: GOSHEN								
	Monito	oring Requ	uirements	•				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring F	Period	Coll	ection Period	d Comp	liance Status
Select from Inventory of Active Samp	ling Points		7/1/19 - 9/3	0/19			C	omplete
			10/1/19 - 12/	31/19			C	omplete
			1/1/20 - 3/3	1/20				
			4/1/20 - 6/3					
			7/1/20 - 9/3	0/20				
Physical Parameters (PPS)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring F	Period	Coll	ection Period		liance Status
Select from Inventory of Active Samp	ling Points		7/1/19 - 9/3	0/19			C	omplete
			10/1/19 - 12/				C	omplete
			1/1/20 - 3/3	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 Nitrite (NOX)							L routine (RT) per year
Sampling Point (Sampling Point ID)			Monitoring F	Period	Coll	ection Period	=	liance Status
ENTRY POINT (3)			1/1/19 - 12/3				•	omplete
()			1/1/20 - 12/3	-				·
			1/1/21 - 12/3					
Water	System Facili	ty and Sai			nvent	orv		
Water	System raem	ty and sa	p 6 . 0		Tota	<u>. </u>	4	
System Water System Facility	Sampling Point	Samplina Po	int		Colifor			Stage
Facility ID	ID	Description		Status	D. J.			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		A	Υ			·
	DOWNSTREAM			Α				
	UPSTREAM	WITHIN 5 SEE		Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
20927 WELL	2	WELL	<u> </u>	Α				
		tact Infor	mation					
News			illation				Inh Titl	
Name		ganization	or Eiro Daat			Maintan	Job Title	
Ms. Erin Hurlburt		shen Volunte	er Fire Dept			Maintance	C+-+-	7in Cada
Mailing Address Line One	Mailing Address	Line IWO			a ch c :-	City	State	Zip Code
PO Box 193	-av sa_1 1	lo Dherra	mongenes: Di		oshen	lrocc	СТ	06756
	Fax Mobil	le Phone E	mergency Pho					
860-491-2526	Logal Contact			es	nuribur	t@gmail.cor	П	
Contact Role(s): Administrative Contact,	Legai Contact							

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

		- O -		F		_	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0550094	GOSHEN VOLUNTEER FIRE DEPT			NC	25	L	GW
Local Address (w	Local Address (where applicable)			itial Commer	cial Industri	al Combine	ed Agricultural
181 GOSHEN SH	Connections		1				

Towns Served: GOSHEN

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
		itoring an	u Con	_							
PWS ID	PWS Name			Clas		PC	-	Ow		imary Source	
CT0550194	HEMLOCK HILL COOPERATIVE CAMP RESO		5		NC		190		Р	GW	
	(where applicable)	Service Connections	Residen	tial	Commer	cial	Industria	al	Combined	Agricultural	
118 HEMLOCK		Connections			1						
Towns Served:				_		_		_			
Water System	Monin Facility: DISTRIBUTION SYSTEM (WSF	toring Requ	iireme	nts							
-	,	1D. 00000j						1	utino (DT)	nor month	
Total Colifor	Point (Sampling Point ID)		Monitori	ina D	oriod	Call	ection Per			per month	
	m Inventory of Active Sampling Points		10/1/19 -			COIII	ection Per	iou		nplete	
Select IIO	in inventory of Active Sampling Foliats		4/1/20 -							Tiplete	
			5/1/20 -								
			6/1/20 -								
			7/1/20 -								
			8/1/20 -								
			9/1/20 -								
Total Colifor	m (3100)			•	•			3 r	epeat (RP)	per period	
	Point (Sampling Point ID)		Monitori	ing Po	eriod	Coll	ection Per		•	ance Status	
Select fro	m Inventory of Active Sampling Points		9/17/19	- 9/2	2/19				Coi	mplete	
Physical Para	ameters (PPS)						1	1 rc	outine (RT)	per month	
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod	Coll	ection Per	riod	Compli	ance Status	
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/3	31/19				Coi	mplete	
			4/1/20 -	4/30)/20						
			5/1/20 -	5/31	L/20						
			6/1/20 -	6/30)/20						
			7/1/20 -	7/31	L/20						
			8/1/20 -	8/31	L/20						
			9/1/20 -	9/30	0/20						
Water Systen	n Facility: ENTRY POINT-HAGNAR WELL	(WSF ID: 007	00)								
Nitrate And	Nitrite (NOX)							1	-	T) per year	
	Point (Sampling Point ID)		Monitori			Coll	ection Per	riod		ance Status	
ENTRY PC	DINT-HAGNAR WELL (3)		1/1/19 -						Coi	mplete	
			1/1/20 -								
			1/1/21 -	12/3	1/21						
	n Facility: ENTRY POINT-CENTER (WSF I	ID: 00701)								-	
	Nitrite (NOX)								=	T) per year	
	Point (Sampling Point ID)		Monitori			Coll	ection Per	riod		nce Status	
ENTRY PC	DINT-CENTER (3)		1/1/19 -		•				Соі	mplete	
			1/1/20 -		•						
VA/ - 1 C 1		۵۱	1/1/21 -	12/3	1/21						
-	n Facility: CENTER WELL (WSF ID: 2093)	6)							1/		
E. Coli (3014	•		Monte		outod	Call		_		per period	
	FICE (2-OFFICE)		<i>Monitori</i> 9/16/19			COII	ection Per	100		nplete	
WELL-UFF	· · ·	Compliance		•					COI	iipiete	
Compliance		Compliance					A a b i -	1000	Date		
compliance Sc	hedule Activity			Due L	vate		Achie	ved	υατe		

	Connectic	ut Depa	rtment of	Public	Health	ı Dı	rinki	ng V	Water	: Se	ection	
	Wat	ter Oual	lity Monit	oring a	nd Con	npl	iance	e Sc	chedu	le		
PWS ID	PWS Name			0		_	ssificatio			_	ner Type P	rimary Source
CT0550194	HEMLOCK HILL C	OOPERATIV	E CAMP RESORT	ΓINC			NC		190		Р	GW
Local Address (where applicable)			Service	Residen	ntial	Comme	rcial	Industr	ial	Combined	Agricultural
118 HEMLOCK	HILL RD			Connection	S		1					
Towns Served:	GOSHEN									·		
			Other Co	ompliand	e Sched	dule	es					
Compliance Sch	nedule Activity				ı	Due	Date		Achie	eved	Date	
SEASONAL STAI	RT UP COMPLETIO	N				4/1/	2020					
		Water Sy	stem Facili	ity and Sa	ampling	Po	int In	ven	tory			
Water								Tota	al Lead	and		
*	er System Facility		Sampling Point				(Colifo	-			Stage
Facility ID			ID	Description			<u>Status</u>	Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4-CAMP	DISTRIBUTION			Α	Υ				
			4-OFFICE	DISTRIBUTION			Α	Υ				
			DOWNSTREAM			-	Α					
			UPSTREAM	WITHIN 5 S			Α					
	RY POINT-HAGNAR	WELL	3	ENTRY POIN		R W	Α					
	RY POINT-CENTER		3	ENTRY POIN			Α					
20936 CEN	TER WELL		2-OFFICE	WELL-OFFIC	E		Α					
58939 HAG	NAR WELL		2	HAGNAR W	ELL		Α					
			Con	tact Info	rmation	1						
Name			Or	rganization							Job Title	
Hemlock Hill Ca	amp Resort Coop A	Assn, Inc.										
Mailing Address	s Line One		Mailing Address	s Line Two					City		State	Zip Code
18 Hemlock Hill	l Road						Gos	hen			СТ	06756
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	/ Pho	ne Ema	il Ado	dress			
860-567-226	57											
Contact Role(s)	: Owner		1					-				
Name			Or	rganization							Job Title	
Mr. Sam Husto									Director			
Mailing Address	s Line One		Mailing Address	s Line Two					City		State	Zip Code
P.O. Box 475							Litcl	าfield			CT	06759

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Business Phone

860-361-6888

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

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.

Emergency Phone Email Address

SWH278@yahoo.com

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

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

End of schedule

	Connecticut Departme	nt o	f Public H	I ealth	Dı	rinking	Water S	Sectio	n	
	Water Quality M	Ionit	coring an	d Con	ıpl	iance S	chedule	<u>)</u>		
PWS ID	PWS Name				Clas	ssification P	opulation C	wner Typ	oe Pr	imary Source
CT0550234	NODINES SMOKEHOUSE					NC	25	Р		GW
Local Address	(where applicable)		Service	Residen	tial	Commercial	Industrial	Comb	ined	Agricultural
39 NORTH STR	REET		Connections			1				
Towns Served:	GOSHEN									
	N	/lonit	oring Requ	ıireme	nts					
Water Systen	m Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)							
Total Colifor	•						1 ו	outine (RT) p	er quarter
	Point (Sampling Point ID)			Monitori			llection Peri	od Co		ance Status
Select fro	m Inventory of Active Sampling Points			7/1/19 -						mplete
				10/1/19 -					Coı	mplete
				1/1/20 -						
				4/1/20 -						
				7/1/20 -	9/30	0/20				
•	ameters (PPS)							=		er quarter
	Point (Sampling Point ID)			Monitori			llection Perio	od Co		ance Status
Select fro	om Inventory of Active Sampling Points			7/1/19 -						mplete
				10/1/19 -					Coi	mplete
				1/1/20 -						
				4/1/20 -						
Mator Syston	m Facility: ENTRY POINT (WSF ID:	00700		7/1/20 -	9/30	0/20				
		00700)						1	- /D	T)
	Nitrite (NOX) Point (Sampling Point ID)			Monitori	na D	Period Co.	llection Perio		-	T) per year
ENTRY PC				1/1/19 -			nection rem	ou co		mplete
LIVINITO	5.141 (3)			1/1/20 -						прісте
				1/1/21 -						
	Ot	her C	ompliance							
Compliance Sc	chedule Activity		omphanec			Date	Achiev	ed Date		
-	SANITARY SURVEY					2016	Acmev	eu Dute		
KESFOND TO S		ic Not	tification R							
	rubii		Compliance	Notice		Public No:	tification	DN	Cort	ification
Violation/Situ	ation		Period	Tier		Required	<u>Performed</u>			Received
	M&R Violation	1/1	/04 - 3/31/04	2		1/17/2004	renjonneu	11/27/2		Neceived
	Water System						tory			
Mator	water System	i acii	ity and Jai	iipiiiig	10	Tot	•	nd		
Water System Wa	iter System Facility Samplin	a Point	Sampling Poi	nt		Colife				Stage
Facility ID	IL	_	Description			Status Ru			stos	WQP 2 DBPR
	TRIBUTION SYSTEM 4		DISTRIBUTIO	N SYSTEM		A Y				
			WITHIN 5 SEF			Α				
	UPSTF	REAM	WITHIN 5 SEF	RVICE CON	N	Α				
00700 ENT	TRY POINT 3		ENTRY POINT			Α				
20941 WE	ILL 2		WELL			Α				
<u> </u>										

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary So	ource			
CT0550234	NODINES SMOKEHOUSE				NC	25	Р	GW				
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricul	ltural			
39 NORTH STRE	ET	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation					
Name				Organization	ı			Job Title		
Mr. Ronald F. Nodi	ne			Nodines Smo	kehouse		President			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
39 North Street			P O Box 178	7		Torringt	on	СТ	06790	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress			
860-489-3213		860-496-9	9787		860-489-3353	nodines	ines.smokehouse@snet.net			
Contact Role(s): A	dministrative	Contact	·							
Name				Organization				Job Title		
Ms. Johanne H Noo	line			Nodines Smo	kehouse		Owner			

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

Mailing Address Line One

39 North Street

Business Phone

860-489-3213

Towns Served: GOSHEN

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

P O Box 1787

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 860-496-9787

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

Zip Code

06756

State

CT

City

nodines.smokehouse@snet.net

Goshen

Emergency Phone Email Address

860-489-3213

	Connecticut 1	Departmen	it of	f Public H	ealth I) Prinkin	g Wa	iter S	Sect	tion	
		Quality Mo					_				
PWS ID	PWS Name	Quality M	JIIIC	oring and						Type D	rimary Source
CT055025		ANOVA CHURCH				NC	25		P		GW
	ress (where applicable)	AITO VA CITORICIT		Service	Residentia			dustrial		mbined	_
71 NORTH				Connections		1					- Greenen
	ved: GOSHEN										
		Me	onito	oring Requ	irement	ts					
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (\	NSF I	D: 00600)							
Total Co	liform (3100)							1 r	outir	ne (RT)	per quarter
Sam	oling Point (Sampling Point	ID)		1	Monitoring	Period	Collection	on Perio	d	Compl	iance Status
Selec	ct from Inventory of Active S	ampling Points			7/1/19 - 9/	/30/19				Co	mplete
				1	.0/1/19 - 12	2/31/19				Co	mplete
					1/1/20 - 3/						
					4/1/20 - 6/						
					7/1/20 - 9/	/30/20					
•	Parameters (PPS)										per quarter
	oling Point (Sampling Point	-			Monitoring		Collection	on Perio	od		iance Status
Selec	t from Inventory of Active S	ampling Points		1	7/1/19 - 9/ .0/1/19 - 12						omplete omplete
					1/1/20 - 3/					CC	mpiete
					4/1/20 - 6/						
					7/1/20 - 9/						
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00	700)		., _, ,						
	And Nitrite (NOX)	•	•						1 ro	utine (I	RT) per year
	oling Point (Sampling Point	ID)			Monitoring	Period	Collection			-	iance Status
	RY POINT (3)				1/1/19 - 12					Co	mplete
					1/1/20 - 12	/31/20					
					1/1/21 - 12	/31/21					
		Public	Not	ification R	equiren	nents					
			С	ompliance	Notice	Public	Notifica	<u>tion</u>		PN Cer	tification
Violation,	/Situation			Period	Tier	Required	l Perf	ormed	Due	to DPH	Received
E. Coli			4/1/	/18 - 6/30/18	3	8/31/201	9		9/1	.0/2019	
	Wa	ter System F	acili	ity and San	npling P	oint Inv	entor	У			
Water								Lead ar	nd		
System	Water System Facility		Point	Sampling Poir	nt	Co	oliform	Coppe			Stage
Facility ID		ID		Description	CVCTERA	Status	Rule	Kule II	er A	spestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOMNISTI		DISTRIBUTION		A	Υ				
		UPSTRE		WITHIN 5 SER		A					
00700	ENTRY POINT		AIVI	ENTRY POINT	VICE COIN	Α					
20943	WELL	2		WELL		А А					
57870	TREATMENT PLANT	2		VV LLL		^					
37070	TREATIVIEIVI I LAIVI		Con	tact Inform	antion						
New				tact Inforn	iation					i en	
Name	Daham F. Turken			rganization	Cl		.		Jo	ob Title	
	Robert F. Tucker	N. der title e. A.		. Thomas of Vil	anova Chu	rcn	Past			Ctoto	Zin Cad-
	ddress Line One			s Line Two		C !-	Cit	У		State	Zip Code
71 North	Sureet	P.O. Box 1	L//			Gosh	en			СТ	06756-0177

		1						,			
	Wa	ter Quality N	Ionita	oring an	d Con	nnl	iance S	Schedul	e		
	110	cor quarrey r	101110	0111118 dill	u don	-		li	T.		
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Prima	ry Source
CT0550254	ST. THOMAS OF	VILLANOVA CHURC	Н				NC	25	Р	1	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Ag	gricultural
71 NORTH STREE	T			Connections			1				
Towns Served: G	OSHEN							,	,		
business Phon	e Extension	FdX	Ινισσινι	e Priorie Ei	nergency	y PIIC	nie Eman i	-auuress			
860-491-2756	;	860-491-3780									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut De	nartment of	Public H	lealth	Drink	ing W	ater S	ection	
		uality Monit							
DWC ID		uanty Monit	or mg am		_				wina a m . Ca maa
PWS ID	PWS Name	MDCDOLIND II.C			Classificat NC		B1	P P	rimary Source GW
CT0550284	ess (where applicable)	WIPGROUND, LLC	Service	Resident			ndustrial	Combined	_
36 LUCAS F			Connections	Resident	3		luustriai	Combined	Agricultural
	ved: GOSHEN				3	0			
TOWIIS SELV	ved. GOSHEN	Monite	orina Dogu	ivoro	•				
Water Sys	stem Facility: DISTRIBUTIO		oring Requ D: 00600)	iiremer	115				
Total Col	iform (3100)						1 ro	utine (RT)	per quarter
	ling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Period		ance Status
Select	from Inventory of Active Samp	ling Points		7/1/19 -	9/30/19			Со	mplete
				10/1/19 -	12/31/19			Co	mplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)			Monitorin	ng Period	Collect	ion Perio	d Compli	ance Status
Select	from Inventory of Active Samp	ling Points		7/1/19 -	9/30/19			Со	mplete
				10/1/19 -	12/31/19	10/1	1-10/31	Со	mplete
				4/1/20 -	6/30/20	5/1	1-6/30		
				7/1/20 -	9/30/20				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	and Nitrite (NOX)						:	L routine (R	RT) per year
	ling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Perio	d Compli	ance Status
ENTR'	Y POINT (3)			1/1/19 - 1	12/31/19			Со	mplete
				1/1/20 - 1					
				1/1/21 - 1	12/31/21				
Water Sys	stem Facility: WELL (WSF II	D: 20945)							
E. Coli (3	•								per quarter
	ling Point (Sampling Point ID)					Collect	ion Period		ance Status
WELL	(2)			7/1/19 -					mplete
				10/1/19 -			1-10/31	Со	mplete
				4/1/20 -		5/1	1-6/30		
				7/1/20 -					
		Other Co	ompliance	Sched	ules				
-	e Schedule Activity				Due Date		Achieved	l Date	
SEASONAL	START UP COMPLETION			8,	/22/2020				
	Water	r System Facili	ty and Sar	npling	Point Ir	vento	ry		
Water						Total	Lead and		
	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID .	Description		Status	Rule	Kule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SER	VICE CON					
	ENTRY POINT	3	ENTRY POINT		A				
20945	WELL	2	WELL		Α				

56619

BLADDER TANK

	Water Quality Monite	oring and	d Con	nplia	ance S	chedul	e	
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
T0550284	VALLEY IN THE PINES CAMPGROUND, LLC			1	NC	31	Р	GW
ocal Address (w	here applicable)	Service	Residen	tial C	Commercia	l Industria	al Combine	ed Agricultural

36

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: GOSHEN

36 LUCAS ROAD

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Martha Tillmar	1			Valley In The	Pines Campground				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
36 Lucas Road						Goshen		CT	06756
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		
860-491-2032					860-491-2032	vipcamp	ground@opt	online.com	

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Connecticut Dej	partment of	Public I	Health D	rink	king \	Water S	ection	
Water Qı	iality Monit	oring an	d Comp	lian	ce Sc	chedule		
PWS ID PWS Name			Cla	assifica	ition Po	opulation Ov	wner Type I	Primary Source
CT0550294 WOODRIDGE LAKE ASSOC	CIATION			NC		25	Р	GW
Local Address (where applicable)		Service	Residential	Comi	mercial	Industrial	Combined	Agricultural
260 E HYERDALE DRIVE		Connections	•		1			
Towns Served: GOSHEN								
	Monito	oring Req	uirements	S				
Water System Facility: DISTRIBUTION								
Total Coliform (3100)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Coll	ection Perio	d Comp	liance Status
Select from Inventory of Active Sampl	ing Points		7/1/19 - 9/3	30/19			С	omplete
			10/1/19 - 12,	/31/19)		C	omplete
			1/1/20 - 3/3	31/20			С	omplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Physical Parameters (PPS)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Coll	ection Perio	d Comp	liance Status
Select from Inventory of Active Sampl	ing Points		7/1/19 - 9/3	30/19			С	omplete
			10/1/19 - 12,	/31/19)		С	omplete
			1/1/20 - 3/3	31/20			С	omplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	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 I	Period	Coll	ection Perio	=	liance Status
ENTRY POINT (3)			1/1/19 - 12/	31/19			С	omplete
			1/1/20 - 12/	31/20			С	omplete
			1/1/21 - 12/	31/21				-
Water	System Facili	ty and Sa	mpling Po	oint I	Inven	tory		
Water					Tota	al Lead an	d	
System Water System Facility	Sampling Point		int		Colifo			Stage
Facility ID	ID	Description		Statu	s Rul	e Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SE	RVICE CON	Α				
	UPSTREAM	WITHIN 5 SE	RVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POIN	Γ	Α				
20946 WELL	2	WELL		Α				
	Con	tact Infor	mation					
Name	Or	ganization					Job Title	
Mr. John O'brien	W	oodridge Lake	e Property Ow	vners		General Maa	iger	
Mailing Address Line One	Mailing Address	Line Two				City	State	Zip Code
26 East Hyerdale Dr				G	ioshen		СТ	06756
Business Phone Extension F	ax Mobi	le Phone E	mergency Ph	one E	mail Ad	dress		
860-491-3424				jc	ohn.obri	en@woodrid	dgelake.com	1
Contact Role(s): Administrative Contact,	Legal Contact							

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

		0		r			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0550294	WOODRIDGE LAKE ASSOCIATION			NC	25	Р	GW
Local Address ((where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
260 E HYERDAI	LE DRIVE	Connections		1			

Towns Served: GOSHEN

Please note the following:

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

End of schedule

		CD III II	1.1 D	. 1.	Y 4	X		
	Connecticut Department				_		ection	
	Water Quality Mon	nitoring and	l Compl	liance	Sch	redule		
PWS ID	PWS Name		Cla	ssification	n Pop	ulation Ov	vner Type Pr	imary Sourc
T0550304	CAMP COCHIPIANEE			NC		25	Р	GW
ocal Address	(where applicable)		Residential	Commer	rcial	Industrial	Combined	Agricultur
91 BEACH ST	REET	Connections		1				
owns Served:	GOSHEN							
	Moi	nitoring Requi	rements	5				
Vater Syster	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
Total Colifor	m (3100)					1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)	Λ	/lonitoring F	Period	Collec	ction Period	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points	1	0/1/19 - 10/	/31/19			Co	mplete
		1	1/1/19 - 11/	30/19			Co	mplete
		1	2/1/19 - 12/	31/19			Co	mplete
			1/1/20 - 1/3	31/20			Co	mplete
			2/1/20 - 2/2					
			3/1/20 - 3/3	-				
			4/1/20 - 4/3					
			5/1/20 - 5/3					
			6/1/20 - 6/3					
			7/1/20 - 7/3					
			8/1/20 - 8/3					
		!	9/1/20 - 9/3	0/20				
Total Colifor							repeat (RP)	
	Point (Sampling Point ID)		Monitoring F		Collec	ction Period	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		1/27/19 - 12					
	4	1	2/5/19 - 12/	10/19				mplete
•	ameters (PPS)	_			- "		outine (RT)	-
	Point (Sampling Point ID)				Collec	ction Period	d Compli	
Select fro	m Inventory of Active Sampling Points		0/1/19 - 10/					mplete
			1/1/19 - 11/					mplete
			2/1/19 - 12/	-				mplete
			1/1/20 - 1/3	-			Col	mplete
			2/1/20 - 2/2					
			3/1/20 - 3/3					
			4/1/20 - 4/3					
			5/1/20 - 5/3					
			6/1/20 - 6/3					
			7/1/20 - 7/3					
			8/1/20 - 8/3 9/1/20 - 9/3					
Nator System	n Eacility: ENTRY DOINT (MCE ID: 007		7/ 1/ 20 - 9/3	00/20				
•	n Facility: ENTRY POINT (WSF ID: 007	00)						T\
	Nitrite (NOX)		Aonitorius S	Doriod	Calla		l routine (R	
Sampling	Point (Sampling Point ID)	Λ	Monitoring F	-erioa	Collec	ction Period	Compile	ance 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: WELL (WSF ID: 22720)

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut De	epartmei	nt of	Public H	ealth I	Orin	king	Water	Sec	tion	
				oring and							
PWS ID	PWS Name				C	lassifi	cation F	Population	Owne	r Type P	rimary Source
CT055030	CAMP COCHIPIANEE					N	2	25	F	Р	GW
Local Add	lress (where applicable)			Service	Residentia	al Cor	nmercia	l Industria	I Co	ombined	Agricultural
291 BEAC	H STREET			Connections			1				
Towns Se	rved: GOSHEN								·		
		M	onito	oring Requ	iremen	ts					
Water Sy	stem Facility: WELL (WSF I	D: 22720)									
E. Coli ((3014)							1 t	rigge	red (TG) per period
Sam	pling Point (Sampling Point ID)			1	Monitoring	, Perio	d Co	llection Peri	iod	Compl	iance Status
WEL	L (2)			1	.1/26/19 -	12/2/2	19				
				1	.2/4/19 - 1	2/10/2	19				
		Oth	er C	ompliance	Schedu	les					
Complian	ce Schedule Activity				Du	ıe Dat	е	Achiev	ed Do	ate	
L2 ASSESS	SMENT (INS REPEATS, 2ND IN 12	M)			12/	31/20	19				
		Public	Not	ification R	equiren	nent	S				
			C	ompliance	Notice	<u>P</u>	ublic No	<u>tification</u>		PN Cer	<u>tification</u>
_	/Situation			Period	Tier		uired	Performed		e to DPH	
	form MCL Violation			12 - 9/30/12	2	10/2	1/2012		10/	31/2012	
	TOTAL COLIFORM RULE (RTCR) T			1/18 - 6/5/19	2		5/2018			16/2018	
	TOTAL COLIFORM RULE (RTCR) T	T Violation		1/1/20 -	2		/2020			16/2020	
	form M&R Violation			18 - 11/30/18	3		2/2020		3/	/3/2020	
-	Parameters M&R Violation			18 - 11/30/18	3		2/2020			/3/2020	
Total Coli	form M&R Violation			19 - 9/30/19	3	12/9	9/2020		12/	19/2020	
Physical P	Parameters M&R Violation		9/1/	19 - 9/30/19	3	12/9	9/2020		12/	19/2020	
	Wate	r System	Facili	ty and San	npling P	oint	Inver	ntory			
Water							Tot	tal Lead a	ınd		
System			Point	Sampling Poin	nt		_	orm Copp			Stage
Facility IE)	ID		Description		Stat	us Ru	ile Rule 1	Tier A	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION		Α	Y	′			
				WITHIN 5 SERV		Α					
		UPSTRE	EAM	WITHIN 5 SERV	VICE CON	Α					
00700	ENTRY POINT	3		ENTRY POINT		Α					
22720	WELL	2		WELL		А					
61343	TREATMENT PLANT										
			Con	tact Inforn	nation						
Name			Or	ganization					J	ob Title	
Mr. Robe	rt P. Valentine		To	wn of Goshen				First Select	man		
Mailing A	ddress Line One	Mailing A	Address	Line Two				City		State	Zip Code
Town Offi	ice Building	42A Nort	th Stree	et			Goshen			СТ	06756-1543

Emergency Phone Email Address

1stselectman@goshenct.gov

Mobile Phone

Business Phone

860-491-2308

Contact Role(s): Legal Contact

Extension

Fax

860-491-6028

	Connectic	ut Depa	rtmer	10 01	Public	неапп	וזעו	nking	, water	Section	1	
	Wa	ter Qua	lity M	onit	oring ai	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name						Classi	fication	Population	Owner Type	Pri	imary Source
CT0550304	CAMP COCHIPIA	NEE						NC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	al Industri	al Combir	ned	Agricultural
291 BEACH STRE	ĒΤ				Connection	IS		1				
Towns Served: G	OSHEN									,		
Name				Or	ganization					Job Tit	le	
Miss Colleen R. R	(inkade			Go	shen Rec. D	epartment			Recreatio	n Director		
Mailing Address	Line One		Mailing A	Address	Line Two				City	State	!	Zip Code
42 A North Stree	t							Gosher	ı	СТ		06756
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phon	e Email A	Address	·		
860-491-2249		860-491-6	5028			860-601	-6089	parkandrec@goshenct.gov				
Contact Role(s)	Administrative	Contact										

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drink	king Water Section
Water Quality Monitoring and Complian	ce Schedule
	ation Population Owner Type Primary Source
CT0550314 MOHAWK MOUNTAIN S.F./HANDPUMP NC	26 S GW
·	mercial Industrial Combined Agricultura
MOHAWK MOUNTAIN ROAD Connections 1	
Towns Served: GOSHEN	
Monitoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period	Collection Period Compliance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	Complete
10/1/19 - 12/31/19	Complete Complete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period	Collection Period Compliance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	Complete
10/1/19 - 12/31/19	Complete Complete
4/1/20 - 6/30/20	
7/1/20 - 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 Period	Collection Period Compliance Status
ENTRY POINT (3) 1/1/19 - 12/31/19	4/1-12/31 Complete
1/1/20 - 12/31/20	4/1-12/31
1/1/21 - 12/31/21	4/1-12/31
Other Compliance Schedules	
Compliance Schedule Activity Due Date	
	Achieved Date
RESPOND TO SANITARY SURVEY 2/2/2008	Achieved Date
RESPOND TO SANITARY SURVEY 2/2/2008	
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point	Inventory Total Lead and Coliform Copper Stage
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point Facility ID Description Status	Inventory Total Lead and Coliform Copper Stage
Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point	Inventory Total Lead and Coliform Copper Stage
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point Facility ID Description Status	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point ID Description Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point Facility ID ID Description Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Facility ID Description Statut O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 2/2/2008	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Sampling Point Sampling Point ID Description Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22730 WELL 2 WELL A	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP
RESPOND TO SANITARY SURVEY Water System Facility Sampling Point I Water System Water System Facility Facility ID Description Status O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A Contact Information	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP Y
RESPOND TO SANITARY SURVEY Water System Facility Sampling Point ID Description Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 22730 WELL 2 WELL A Contact Information Name	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP Y Job Title
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 22730 WELL Contact Information Name Mr. David Cooley Mailing Address Line One Mailing Address Line Two	Inventory Total Lead and Coliform Copper Stage S Rule Rule Tier Asbestos WQP 2 DBP Y Job Title Supv Civil Engineer
RESPOND TO SANITARY SURVEY Water System Facility and Sampling Point I Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 22730 WELL Contact Information Name Mr. David Cooley Mailing Address Line One Mailing Address Line Two	Inventory Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBP Y Job Title Supv Civil Engineer City State Zip Code ortland CT 06480

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

Connecticut D	epartment of Public H	ealth Drinking	g Water Section
Water (Quality Monitoring and	l Compliance S	Schedule

			<i></i>			1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0550314	MOHAWK MOUNTAIN	I S.F./HA	ANDPUMP			NC	26	S	GW
Local Address (v	Local Address (where applicable)			Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
MOHAWK MOU	NTAIN ROAD			Connections	1				

Towns Served: GOSHEN

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

	Co		ut Departmo er Quality N						_			ection	
PWS ID	D\A/S	Name	er Quanty i	VIOIII	toring a	iiu Coii						ner Tyne	Primary Source
CT0550354			TER DAY SAINTS				Clas	NC	лі РО	137	Ow	P P	GW
		applicable)	LIN DAT SAINTS		Service	Residen	tial	Comme	rcial	Industri	ial	Combine	_
122 NORTH		аррпсавіс)			Connection		tiai	1	rciai	maastri	iai	Combine	u Agricultura
	ved: GOSH	FN											
TOWIIS SELV	ved. dosii	LIV		Monit	toring Red	nuiromo	ntc						
Water Sys	stem Facil	ity: DISTRI	IBUTION SYSTEM			₁ un eme	1115						
Total Col	iform (31	.00)								1	1 rou	ıtine (RT) per quarter
Samp	ling Point	(Sampling Po	oint ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Comp	oliance Status
Select	t from Inve	ntory of Acti	ve Sampling Points			7/1/19 -	9/30)/19					Complete
						10/1/19 -	12/3	31/19				(Complete
						1/1/20 -	3/31	1/20				(Complete
						4/1/20 -	6/30	0/20					
						7/1/20 -	9/30)/20					
Physical	Paramete	rs (PPS)								1	1 rou	ıtine (RT) per quarter
Samp	ling Point	(Sampling Po	oint ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Comp	oliance Status
Select	t from Inve	ntory of Acti	ve Sampling Points			7/1/19 -	9/30	0/19				(Complete
						10/1/19 -	12/3	31/19				(Complete
						1/1/20 -	3/31	1/20				(Complete
						4/1/20 -	6/30	0/20					
						7/1/20 -	9/30)/20					
Water Sys	stem Facil	ity: ENTRY	POINT (WSF ID:	00700))								
Nitrate A	nd Nitrite	(NOX)									1	routine	(RT) per year
Samp	ling Point	(Sampling Po	oint ID)			Monitori	ng P	eriod	Colle	ection Pe	riod	Comp	oliance Status
ENTR	Y POINT (3)				1/1/19 -	12/3	1/19				(Complete
						1/1/20 -	12/3	1/20				(Complete
						1/1/21 -	12/3	1/21					
			Water System	n Faci	lity and S	ampling	Poi	int In					
Water	Mater Suc	tem Facility	Sampli	na Boin	t Sampling P	loint			Total				Ctara
System Facility ID	-	tem rucinty	•	ng Polit ID	Description				Colifor Rule	-	-	Ashesto	Stage s WQP 2 DBP
	WELL #1			2	WELL #1			<u>Status</u> A	71470	71070		7.5500310	3 174. 222
		ION SYSTEM		4		ON SYSTEM	<u> </u>	A	Υ				
00000	DISTRIBUT	ION SISILIVI			MITHIN 5 S			A	'				
				REAM	WITHIN 5 S			A					
00700	ENTRY PO	INIT		3	ENTRY POI		4	A A					
	TREATMEN			J	LIVINT PUII	V I		Α					
29230	INCATIVIE	NI PLAINI											
					ntact Info	rmation							
Name					Organization							Job Title	
Mr. Roy B.			1		Natural Resou	rces-Specia	l Proj	j	N	M anager			
Mailing Ad					ss Line Two					City		State	Zip Code
50 East No	orth Temple	e St	Mfd 12	2Th Floo	or				Lake (UT	84150
Business	Phone	Extension	Fax	Mol	oile Phone	Emergency	Pho	ne Ema	ail Add	ress			
801-240	0-4656		801-240-2913					mcd	lanielr	b@chur	chofj	esuschris	t.org
Contact Ro	ole(s): Leg	al Contact, O	wner										

Connecticut Department of Public Health Drinking water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID P	WS Name						Classif	ication F	opulation	Owner Typ	e Pr	rimary Source
CT0550354 C	HURCH OF LAT	TER DAY SAI	NTS				N	IC	137			GW
Local Address (who	ere applicable)			S	Service	Residen	esidential Cor		Industri	al Combi	ned	Agricultural
122 NORTH STREE	Τ			C	Connection	ns		1				
Towns Served: GO	SHEN			'		'	'		'	,		-
Name				Orga	anization					Job T	tle	
Ms. Christine Sper	ncer			Chu	rch of Jesus Christ of Lds Hartford Admin					Admin Asst		
Mailing Address Li	ne One		Mailing	Address L	Line Two				Stat	е	Zip Code	
130 South St								Cromwe	ell	СТ		06516
Business Phone	Business Phone Extension Fax Mobil				Phone	Emergency	y Phone Email Address					
860-635-4035	860-635-4035 860-835-4036							spencer	ca@church	nofjesuschri	st.or	g
Contact Role(s):	Contact Role(s): Administrative Contact											

Connecticut Department of Public Health Drinking Water Section

Please note the following:

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

End of schedule

	Connectic	•							_			ction	
	Wat	er Qual	ity Mo	oni	itoring a	nd Con	npli	iance	e Scl	hedu.	le		
PWS ID	PWS Name						Class	sificatio	n Po	pulation	Owr	ner Type P	rimary Source
CT0550374	AJS STEAK & PIZZ	ZA RESTAUR	ANT					NC		40		Р	GW
Local Address	(where applicable)				Service	Resider	ntial	Comme	rcial	Industri	al	Combined	Agricultural
171 TORRING	TON ROAD				Connectio	ns		1					
Towns Served:	GOSHEN												
Water System	n Facility: DISTR I	IRLITION SV			toring Re	quireme	ents						
-	•	IDO HON 31	SILIVI (vv	1D. 00000)							tine (DT)	
Total Colifor	m (3100) Point (Sampling Po	oint ID)				Monitor	ina D	oriod	Colla	ction Pe			per quarter iance Status
	om Inventory of Acti		Doints			7/1/19			Cone	ction Pe	TIOU		
Select II o	in inventory of Acti	ve sampling	POIITES						-				omplete
						10/1/19						C	mplete
						4/1/20							
						7/1/20							
Dhysical Day	ometers (DDC)					7/1/20	- 9/30	1/20				tine (DT)	
-	ameters (PPS) Point (Sampling Po	nint ID)				Monitor	ina Da	oriod	Colla	ction Pe			per quarter iance Status
	om Inventory of Acti		Points			7/1/19			Cone	ction re	Hou		mplete
Select II o	on inventory of Acti	ve Jamping	i Ollits			10/1/19	-	-					mplete
						1/1/20							mpiete
						4/1/20							
						7/1/20							
Water System	m Facility: ENTRY	DOINT (M	SE ID: 00	700	าไ	7/1/20	- 9/30	720					
-	•	ronti (w	31 ID. 00	<i>370</i> (7)						1	tina /	2T\ manan
	Nitrite (NOX) Point (Sampling Po	oint ID)				Monitor	ina D	oriod	Colla	ction Pe		=	RT) per year iance Status
ENTRY PO		יטוונוטן				1/1/19 -			Cone	ction Pe	riou		omplete
ENTRIPO	ואון (3)											CC	mpiete
						1/1/20 - 1/1/21 -							
								·					
		Water Sy	stem F	-ac	ility and S	ampling	g Poi	int Inv	vent	ory			
Water									Total				
*	iter System Facility	3	Sampling ID	Poin	nt Sampling I Description				Colifor			A = b = = t = =	Stage
Facility ID	TRUBLITION CYSTEN							Status	Rule	Kuie	Her	Aspestos	WQP 2 DBPR
	TRIBUTION SYSTEM		4			ION SYSTEM	/1	A					
	TRY POINT		3		ENTRY POI	NI		Α					
	LL 1		2		WELL 1			Α					
	EATMENT PLANT												
60590 PRE	ESSURE TANK												
				Co	ntact Info	rmation	1						
Name					Organization							Job Title	
Mr. Mark Was	sdo												
Mailing Addre	ss Line One		Mailing A	ddre	ess Line Two					City		State	Zip Code
30 Deer Run L	ane							Gos	hen			СТ	06756
Business Pho	one Extension	Fax		Мо	bile Phone	Emergency	y Phoi	ne Ema	il Add	ress		'	
860-806-01	73					860-491	-4733	MJV	VASDO	@HOTN	/IAIL.	СОМ	

Contact Role(s): Administrative Contact, Legal Contact

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

	Tractor Quarrey 1101110	011118 0111	0. 001	трини		011001011		
PWS ID	PWS Name			Classification	on P	opulation	Owner Type	Primary Source
CT0550374	CT0550374 AJS STEAK & PIZZA RESTAURANT						Р	GW
Local Address (Local Address (where applicable)			ntial Comm	Commercial		al Combine	ed Agricultural
171 TORRINGTO	ON ROAD	Connections		1				

Towns Served: GOSHEN

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End of schedule