	Connecticut Department				•			ction	
	Water Quality Mor	nitoring an	d Con						
PWS ID	PWS Name	ssification		Owr	ner Type Pr	imary Sourc			
СТ0550072	GOSHEN CENTER SCHOOL/TOWN BLDGS				NTNC	205		L	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	ial	Combined	Agricultura
50 NORTH STR	REET	Connections			3				
Towns Served	: GOSHEN								
	Mon	itoring Requ	uireme	nts	;				
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Asbestos (1	.094)					1 rc	outin	e (RT) per	nine years
Sampling	y Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complia	ance Status
Select fro	om Inventory of Active Sampling Points		1/1/11 -	12/3	31/19			Cor	nplete
			1/1/20 -	12/3	31/28				
Total Colifor	rm (3100)					1	L rou	itine (RT) p	er quarter
	g Point (Sampling Point ID)		Monitori	_		ollection Pe	riod	Complia	ance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -		•				nplete
			10/1/19 -	· 12/	31/19			Cor	nplete
			1/1/20 -					Cor	nplete
			4/1/20 -	6/3	0/20				
			7/1/20 -	9/3	0/20				
Lead And Co	opper (PBCU)					5 roi	utine	e (RT) per t	hree years
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complia	nce Status
Select fro	om Inventory of Active Sampling Points		1/1/18 -	12/3	31/20	6/1-9/30			
			1/1/21 -	12/3	31/23	6/1-9/30			
Physical Par	ameters (PPS)					1	L rou	itine (RT) p	oer quarter
Sampling	y Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complia	nce Status
Select fro	om Inventory of Active Sampling Points		7/1/19 -	9/3	0/19			Cor	nplete
			10/1/19 -	· 12/	31/19			Cor	nplete
			1/1/20 -	3/3	1/20			Cor	nplete
			4/1/20 -	6/3	0/20				
			7/1/20 -	9/3	0/20				
Water Syster	m Facility: ENTRY POINT - WELLS 2 & 3	(WSF ID: 00702	L)						
Inorganic Ch	nemicals (IOCS)					1 ro	utine	e (RT) per t	hree years
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complia	ance Status
EP - WELI	LS 2 & 3 (3)		1/1/17 -	12/3	31/19			Cor	nplete
			1/1/20 -	12/3	31/22				
			1/1/23 -	12/3	31/25				
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complia	ance Status
EP - WEL	LS 2 & 3 (3)		1/1/19 -	12/3	31/19			Cor	nplete
			1/1/20 -	12/3	31/20				
			1/1/21 -	12/3	31/21				
Pesticides, H	lerbicides and PCBs - Phase II & V (SOC	S)				1 ro	utine	e (RT) per t	hree years
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod	Complic	nce Status
EP - WEL	LS 2 & 3 (3)		1/1/17 -	12/3	31/19			Cor	mplete
			1/1/20 -	12/3	31/22				
			1/1/23 -	12/3	31/25				
Organic Che	micals (VOCS)					1 ro	utine	e (RT) per t	hree years
-	y Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe			nce Status
				_					

	Connecticut Dep					0		ction	
	Water Qu	ality Monit	oring and	d Con	nplianc	e Sch	edule		
PWS ID	PWS Name				Classificati	on Popu	lation Ow	ner Type P	rimary Source
СТ0550072	GOSHEN CENTER SCHOOL			NTNC	2	.05	L	GW	
Local Address (where applicable)		Service	Residen	tial Comm	ercial li	ndustrial	Combined	Agricultural
50 NORTH STRE			Connections		3				
Towns Served:	GOSHEN								
		Monite	oring Requ	ireme	nts				
Water System	Facility: ENTRY POINT -								
Organic Chen	nicals (VOCS)						1 routine	e (RT) per	three years
Sampling	Point (Sampling Point ID)			Monitori	ing Period	Collect	tion Period	Compl	iance Status
EP - WELLS	S 2 & 3 (3)			1/1/18 -	12/31/20				
				1/1/21 -	12/31/23				
		Other C	ompliance	Schec	lules				
Compliance Sch	hedule Activity				Due Date		Achieved	Date	
CROSS CONNEC	CTION SURVEY REPORT				3/1/2019				
	CTION SURVEY REPORT				3/1/2020				
	Water	System Facili	ity and Sar	npling	Point In	vento	rv		
Water		-,				Total	Lead and		
	er System Facility	Sampling Point	Sampling Poil	nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule		Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEN		Y			
		DOWNSTREAM	WITHIN 5 SER	VICE COI	N A				
		GOSHEN001	ROOM 109		А	Y	2		
		GOSHEN002	WOMANS LAV	/ATORY	А	Y	2		
		GOSHEN003	MENS LAVATO	ORY	А	Y	2		
		GOSHEN004	GIRLS LOCKER	ROOM	А	Y	2		
		GOSHEN005	BOYS LOCKER	ROOM	А	Y	2		
		GOSHEN006	KITCHEN SINK	1	А	Y	2	Y	
		GOSHEN007	KITCHEN SINK	2	А	Y	2	Y	
		GOSHEN008	ROOM 34		А	Y	2		
		GOSHEN009	ROOM 106		А	Y	2		
		GOSHEN010	ROOM 108		А	Y	2		
		GOSHEN011	ROOM 115 SI	NK 1	А	Y	2		
		GOSHEN012	ROOM 115 SI	NK 2	А	Y	2		
		GOSHEN013	ROOM 112		А	Y	2		
		GOSHEN014	ROOM 110		А	Y	2		
		GOSHEN015	ROOM 117		А	Y	2		
		GOSHEN016	BOYS LAVATO	RY	А	Y	2		
		GOSHEN017	GIRLS LAVATO	DRY	А	Y	2		
		GOSHEN018	ROOM 202		А	Y	2		
		GOSHEN019	ROOM 200		А	Y	2		
		GOSHEN020	ROOM 201		А	Y	2		
		GOSHEN021	ROOM 203		А	Y	2		
		GOSHEN022	ROOM 205		А	Y	2		
		GOSHEN023	ROOM 207 SI	NK 1	А	Y	2		
		GOSHEN024	ROOM 207 SI	NK 2	А	Y	2		
		GOSHEN025	ROOM 207 SI	NK 3	А	Y	2		
		GOSHEN026	ROOM 207 SI	NK 4	А	Y	2		

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

		e b	0		L			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0550072	GOSHEN CENTER SCH	OOL/TOWN BLDGS			NTNC	205	L	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural	
50 NORTH STREET		Connections		3				
Towns Served: G	GOSHEN					·	·	

.. . .

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		GOSHEN027	ROOM 209	А	Y	2			
		GOSHEN028	ROOM 211	А	Y	2			
		GOSHEN029	ROOM 213	А	Y	2			
		GOSHEN030	ROOM 215	А	Y	2			
		UPSTREAM	WITHIN 5 SERVICE CON	А					
00701	ENTRY POINT - WELLS 2 & 3	3	EP - WELLS 2 & 3	А					
57465	WELL 2	2	WELL 2	А					
57467	WELL 3	2	WELL 3	А					
57469	ATMOSPHERIC TANK								

57471 PUMP STATION

Certified Operator Information

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

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Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
BLACK, RON W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
GIORDANO, DAVID S.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2020

Contact Information

Name				Organization	1	Job Title			
Mr. Scott Yuschak		Regional Sch	Regional School District #6 Maintenance Tech						
Mailing Address Lin	e One	ddress Line Two			City	State	Zip Code		
98 Wamogo Road					Litchfield	ł	СТ	06759	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address			
860-567-7400		860-567-	6652		860-567-7400) syuschak@rsd6.org			
Contact Polo(s):	dministrativo	Contact Loc	al Contact	1					

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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.

End of schedule

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

	Connecticut Department				<u> </u>		ection	
	Water Quality Mor	nitoring an	I					
PWS ID	PWS Name		Cla	ssificatio	n Po			rimary Source
СТ0550274	TORRINGTON COUNTRY CLUB			NTNC		280	P	GW
	(where applicable)	Service Connections	Residential		rcial	Industrial	Combined	Agricultura
250 TORRINGT		Connections		1				
Towns Served:			-		_			
		itoring Req	uirements	5				
	n Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
Asbestos (10	-							r nine years
	Point (Sampling Point ID)		Monitoring		Colle	ection Period		iance Status
Select fro	m Inventory of Active Sampling Points		1/1/11 - 12/				Co	omplete
			1/1/20 - 12/	31/28				
Total Colifor							-) per month
	Point (Sampling Point ID)		Monitoring		Colle	ection Period		iance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 - 10/					omplete
			11/1/19 - 11/	-				omplete
			12/1/19 - 12/					omplete
			1/1/20 - 1/3				Co	omplete
			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					
Lead And Co	ppor (PBCII)		9/1/20-9/5	50/20		5 routin	o (PT) por	three years
	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Period		iance Status
	m Inventory of Active Sampling Points		1/1/17 - 12/			5/1-9/30		omplete
			1/1/20 - 12/			5/1-9/30		
			1/1/23 - 12/			5/1-9/30		
Physical Para	ameters (PPS)		_,_,	,		· · · · ·	outine (RT) per month
•	Point (Sampling Point ID)		Monitoring	Period	Colle	ction Period		iance Status
	m Inventory of Active Sampling Points		10/1/19 - 10/					omplete
	, , , , , , , , , , , , , , , , , , , ,		11/1/19 - 11/					omplete
			12/1/19 - 12/				Co	omplete
			1/1/20 - 1/3					mplete
			2/1/20 - 2/2					
			3/1/20 - 3/3	31/20				
			4/1/20 - 4/3	30/20				
			5/1/20 - 5/3	31/20				
			6/1/20 - 6/3	30/20				
			7/1/20 - 7/3	31/20				
			8/1/20 - 8/3					
			9/1/20 - 9/3	30/20				
Water System	n Facility: ENTRY POINT (WSF ID: 0070	00)						
•	emicals (IOCS) Point (Sampling Point ID)		Monitoring	Period	Colle	1 routin		three years iance Status
			-					

	Connecticut De	*				<u> </u>			
		uality Monit	oring an		1	1	1)
PWS ID	PWS Name							Owner Type F P	GW
CT0550274	TORRINGTON COUNTRY	CLUB	Service	Resident			280 Industrial		-
250 TORRING	(where applicable)		Connections	Resident		L	muustnai	Compilied	Agricultur
ZSU TORKING			connections		-	L			
TOWIIS Serveu	I. GOSHEN		• •	•					
Mator Suctor			oring Requ	uremer	nts				
	m Facility: ENTRY POIN	(WSF ID: 00700)					1	:	*
-	hemicals (IOCS)			Manitaviu	a Daviad	Coller		ine (RT) per	-
	g Point (Sampling Point ID)			Monitorin	-	Collec	ction Perio		liance Status
ENTRY P				1/1/17 - 1 1/1/20 - 1					omplete
				• •					
Nitrata Arad				1/1/23 - 1	.2/31/25			1	
	l Nitrite (NOX) g Point (Sampling Point ID)			Monitoria	a Dariad	Coller	ction Perio	-	RT) per yea <i>liance Status</i>
ENTRY P				Monitorin 1/1/19 - 1	-	collec	aon Peril		omplete
			1/1/19 - 1				C.	Julhiere	
			1/1/20 - 1						
Destisides I	Harbisidas and DCDs. Dh			1/1/21-1	.2/31/21		1	:no (DT) nor	three week
-	Herbicides and PCBs - Ph g Point (Sampling Point ID)			Monitorir	a Period	Colleg	tion Perio	ine (RT) per	liance Status
ENTRY POINT (3)			<i>Monitoring Period</i> 1/1/17 - 12/31/19		conet			omplete	
	0111 (5)		1/1/20 - 12/31/22						Shiplete
				1/1/23 - 1					
Organic Che	emicals (VOCS)			1/1/25 1	.2/31/23			1 routine (RT) per yea
-	g Point (Sampling Point ID)			Monitorin	na Period	Collec	tion Perio	-	liance Status
ENTRY P			1/1/19 - 12/31/19						omplete
			1/1/20 - 12/31/20						omplete
				1/1/21 - 1					
		Other C	ompliance						
Compliance S	chedule Activity				ue Date		Achiev	ed Date	
-	ECTION SURVEY REPORT				/1/2019		,		
	N SYSTEM MATERIALS EVALU	JATION			/31/2019				
	ECTION SURVEY REPORT				/1/2020				
		r System Facili	itv and Sai			nvento	orv		
Water				1		Total	Lead a	nd	
	ater System Facility	Sampling Point	Sampling Poi	nt		Coliforn			Stage
Facility ID		ID	Description		Status			ier Asbestos	WQP 2 DBF
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	А				
		TCC001	KITCHEN HAN	ID SINK	А	Y	Ν	Y	Y
		TCC002	BANQ AREA M	IENS BAT	H A	Y	Ν	Y	Y
		TCC003	WAITRESS ST	ATION	А	Y	Ν	Y	Y
		TCC004	MENS BATH	MAIN ENT	А	Y	Ν	Y	Y
		TCC005	UPSTAIR LAD	IES BATH	А	Y	Ν		
		UPSTREAM	WITHIN 5 SEF	VICE CON	А				
00700 EN	ITRY POINT	3	ENTRY POINT		А				
10883 WE	ELL #1	2	WELL #1		А				
-				-			-		

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0550274 TORRINGTON COUNTRY CLUB NTNC 280 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agriculture 250 TORRINGTON ROAD Service Connections 1 Industrial Combined Agriculture Vater System Facility and Sampling Point Inventory Water Sampling Point Sampling Point Total Lead and Sample System Water System Facility Sampling Point Sampling Point Coliform Copper Stage 1247 TREATMENT PLANT ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT Certified Operator Information Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT Certified Operator Information Certification: Certification: Certification Certification: Certific		Connectic	ut Depa	rtment of	f Public	Health	Drir	nking	g Wate	er So	ection	
PWS ID PWS Name Classification Population Owner Type Primary Source CT0550274 TORRINGTON COUNTRY CLUB NTNC 280 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD ID Description Total Lead and Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT ID Description Status Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT (Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: (S) Expiration Cortaility: Classification:	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
CTOS50274 TORRINGTON COUNTRY CLUB NTNC 280 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD Connections 1 Combined Agricultura 250 TORRINGTON ROAD Water System Facility and Sampling Point Total Lead and Status System Water System Facility Sampling Point Status Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT ID Description Status Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT Certified Operator Information Water System Facility: TREATMENT PLANT Expiration 57084 WELL #2 2 WELL #2 A Expiration Geretified Operator Type Certification(s) Expiration Expiration Robity Classification: CLASS 1 12/31/2022 WATER TREATMENT PLANT Certi	PWSID										ner Type	Primary Source
Local Address (where applicable) Service Residential Commercial Industrial Combined Agriculture 250 TORRINGTON ROAD Connections 1 1 1 1 1 Total Lead and System System Facility and Sampling Point Industrial Collform Copper Stage Facility ID ID Description Status Rule Tier Asbestos WQ 2 DBP 1247 TREATMENT PLANT 5084 WELL #2 A Certified Operator Information Water System Facility: TREATMENT PLANT Certification: Certification Expiration Value System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Operator Type Certification(s) Expiration Operator Type <td></td> <td></td> <td>OUNTRY CLU</td> <td>IB</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			OUNTRY CLU	IB								
250 TORRINGTON ROAD Connections 1 Towns Served: GOSHEN Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT Status Rule Tier Asbestos WQP 2 DBP Status Vell #2 A Certified Operator Information Water System Facility: TREATMENT PLANT Certification: Class 1 TREATMENT PLANT Certification Contact Information Water System Facility: TREATMENT PLANT Certification Li2/31/202: Water System Operator Type Certification(s) Expiration Contact Information Name Organization Job Title Mailing Address Line One Mailing Address Line Two City State Zip Code Contact Information Name Organization Goshen CT 06756 <td></td> <td></td> <td></td> <td>-</td> <td>Service</td> <td>Residen</td> <td></td> <td></td> <td></td> <td>trial</td> <td>Combine</td> <td>_</td>				-	Service	Residen				trial	Combine	_
Water System Facility and Sampling Point Inventory Water System Vater System Facility Sampling Point Sampling Point Colfform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQ 2 DBP 1247 TREATMENT PLANT Status Rule Rule Tier Asbestos WQ 2 DBP 57084 WELL #2 2 WELL #2 A Certified Operator Information Water System Facility: TREATMENT PLANT Certification: Class 1 Relation Vater System Facility: TREATMENT PLANT (WSF ID: 1247) Expiration Rownerstein Pacification: Certification RowLey, BRENDAN CHIEF OPERATOR Distribution System OPERATOR - CLASS I 12/31/2022 WATER TREATMENT PLANT Contact Information Id/31/2022 WATER TREATMENT PLANT OPERATOR - CLASS II 12/31/2022 Water System Gacility: Basiness Phone Mailing Address Line Two City State Zip Code Contact Information Goshen CT 06756 Bosiness Phone Cti 06756 B60-491-5765 Rob-491-5765					Connection	S		1				
Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT 57084 WELL #2 A A Certified Operator Information Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Operator Type Certification(s) Certification(s) Certification(s) Certification(s) Contact Information Name Organization Contact Information Name Organization City State Zip Code Soten City State Zip Code Soten City State Zip Code Soten Contact Information Name City State Zip Code								_				
Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 1247 TREATMENT PLANT 57084 WELL #2 A A Certified Operator Information Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Operator Type Certification(s) Certification(s) Certification(s) Certification(s) Contact Information Name Organization Contact Information Name Organization City State Zip Code Soten City State Zip Code Soten City State Zip Code Soten Contact Information Name City State Zip Code												
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Status Rule Rule Tier Asbestos WQ 2 DBP 1247 TREATMENT PLANT Status Rule Rule Tier Asbestos WQ 2 DBP 1247 TREATMENT PLANT Certified Operator Information W S7084 WELL #2 2 WELL #2 A Certification Vater System Facility: TREATMENT PLANT Certification Certification Expiration Operator Name Operator Type Certification(s) Expiration Expiration ROWLEY, BRENDAN CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I 12/31/2022 WATER TREATMENT PLANT Contact Information Job Title Ms. Andrea Richardson Torrington Country Club, Inc Comptroller Mailing Address Line One Mailing Address Line Two City State Zip Code 250 Torrington Rd Goshen CT 06756 Business Phone Extension	Water		,			- 0			-	ıd and	1	
1247 TREATMENT PLANT 57084 WELL #2 2 Certified Operator Information Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Operator Type Certification(s) Expiration Operator Type Certification(s) Certification(s) Expiration Operator Type Certification(s) Certification(s) Review Operator Pype Certification(s) Certification System Operator - CLASS I Operator Type Certification(s) WATER TREATMENT PLANT Certification System Operator - CLASS I 12/31/2022 Contact Information Name Mailing Address Line Ope Mailing Address Line Ope Mailing Address Line Two City State Zip Code 250 Torr		System Facility		Sampling Point	Sampling P	oint						Stage
57084 WELL #2 A Certified Operator Information Water System Facility: TREATMENT PLANT (WSF ID: 1247) <i>Facility Classification</i> : CLASS 1 TREATMENT PLANT Certification(s) Certification <i>Gertator Name</i> Operator Type Certification(s) Certification Mathematication Contact Information Name Organization Job Title Mailing Address Line One Mailing Address Line Two City State Zip Code Soch-491-2440 860-491-5765 S60-689-3325 andrea250@optonline.net 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. Cit 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	Facility ID			ID	Description		Status Rule Rule Tier Asbesto					s WQP 2 DBPR
Certified Operator Information Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Certification(s) Expiration Operator Name Operator Type Certification(s) Expiration Operator Name Operator Type Certification(s) Expiration ROWLEY, BRENDAN CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I 12/31/2022 Contact Information Name Job Title Miling Address Line One Mailing Address Line Two City State Zip Code Software Richardson Torrington Country Club, Inc Comptroller Mailing Address Line One Goshen CT 06756 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 60-491-230@ Contact Role(s): Administrative Contact, Legal Contact Please note th	1247 TREAT	MENT PLANT										
Water System Facility: TREATMENT PLANT (WSF ID: 1247) Facility Classification: CLASS 1 TREATMENT PLANT Certification(s) Certification(s) Bacility Classification: CLASS 1 TREATMENT PLANT Certification(s) Expiration Operator Name Operator Type Certification(s) Expiration ROWLEY, BRENDAN CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I 12/31/2022 WATER TREATMENT PLANT OPERATOR - CLASS II 12/31/2022 Contact Information Name Organization Job Title Ms. Andrea Richardson Torrington Country Club, Inc Comptroller Mailing Address Line One Mailing Address Line Two City State Zip Code 250 Torrington Rd Goshen CT 06756 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-491-2440 860-491-5765 860-689-3325 andrea250@optonline.net 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. .	57084 WELL	#2		2	WELL #2		ŀ	4				
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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.	correspondenc											nedule.

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

End of schedule