	Connecticut De	•									ection	
	Water Qเ	iality M	onit	oring an	d Con	_						
PWS ID	PWS Name					Cla		on Po		Ow	ner Type Pr	imary Source
CT0740034	MOCKINGBIRD KITCHEN	& BAR					NC		25		Р	GW
Local Addres 810 BANTAN	s (where applicable) 1 ROAD			Service Connections	Residen	itial	Comme		Industria	al	Combined	Agricultural
Towns Serve	d: LITCHFIELD				I							
		М	onit	oring Requ	iireme	nts	;					
Water Syste	em Facility: DISTRIBUTION											
Total Colife	orm (3100)								1	ro	utine (RT) p	er quarter
	ng Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ction Per			ance Status
	om Inventory of Active Sampl	ling Points			7/1/19 -	9/3	0/19				Cor	mplete
				_	10/1/19 -	12/	31/19				Cor	mplete
					1/1/20 -	3/3	1/20					
					4/1/20 -							
					7/1/20 -	9/3	0/20					
Physical Pa	rameters (PPS)								1	ro	utine (RT) p	er quarter
Samplin	ng Point (Sampling Point ID)				Monitori	ing F	Period	Colle	ction Per	rioa	Compli	ance Status
Select fr	om Inventory of Active Sampl	ling Points			7/1/19 -	9/3	0/19				Cor	mplete
					10/1/19 -	12/	31/19				Cor	mplete
					1/1/20 -	3/3	1/20					
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Water Syste	em Facility: ENTRY POINT	(WSF ID: 0	0700)									
	d Nitrite (NOX)									1	routine (R	
-	g Point (Sampling Point ID)				Monitori			Colle	ction Per	rioa	•	ance Status
ENTRY F	POINT (3)				1/1/19 -						Cor	mplete
					1/1/20 -							
					1/1/21 -							
		Oth	er C	ompliance								
-	Schedule Activity						Date		Achie	ved	Date	
RESPOND TO	SANITARY SURVEY						/2017					
		Public	Not	ification R	equire	eme	ents					
			C	ompliance	Notice	?			<u>ication</u>		PN Cert	<u>ification</u>
Violation/Sit				Period	Tier		Require		Performe	d	Due to DPH	Received
	m M&R Violation			/16 - 3/31/16	2		7/24/20				8/3/2016	
•	meters M&R Violation			/16 - 3/31/16	3		6/27/20				7/7/2017	
-	meters M&R Violation			/16 - 9/30/16	3		2/17/20				2/27/2018	
Total Coliforn	n M&R Violation			¹ 16 - 9/30/16	3		2/17/20				2/27/2018	
	Water	System I	acili	ity and Sar	mpling	Po	int In	vent	ory			
Water								Total			I	
	ater System Facility	Sampling ID	Point	t Sampling Point Description				Colifor			. Aabaata	Stage
Facility ID	CTDIDLITION CYCTCS &			•			Status	Rule	киге	ııeı	ASDESTOS	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4 DOMNIST		DISTRIBUTION SYSTEM REAM WITHIN 5 SERVICE CON			A	Υ				
							A					
00700 5	UTDV DOINT	UPSTRE	AIVI	WITHIN 5 SER		N	Α					
00700 EN	NTRY POINT	3		ENTRY POINT			A					

Α

WELL

2

21270 WELL

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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0740034	MOCKINGBIRD KITCHEN & BAR				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial (Commercia	l Industri	al Combine	ed Agricultural
810 BANTAM R	OAD	Connections			1			

Towns Served: LITCHFIELD

				Contact Info	ormation					
Name Organization						Job Title				
Ms. Samantha Tilley Mockingbird Kitchen & Bar							Owner			
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code	
810 Bantam Rd						Bantam		СТ	06750	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-361-6730				917-741-8444						

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.

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

End of schedule

	Connectic	ut Departm	ent of	f Public	Health	Dri	nkin	g W	ater S	Section	l	
	Wat	ter Quality I	Monit	oring a	nd Com	plia	ance	Sch	edule	<u>, </u>		
PWS ID	PWS Name					Classif	fication	Pop	ulation C	wner Type	Primary Sc	ource
CT0740094	COZY HILLS CAM	PGROUND - WELL	1			N	NC		25	Р	GW	
Local Addres	s (where applicable)			Service	Resident	ial Co	ommer	cial I	ndustrial	Combin	ed Agricul	ltural
11 COZY HILL	. (ROUTE 202)			Connection	ns		1					
Towns Serve	d: LITCHFIELD											
		1	Monit	oring Red	quiremer	nts						
-	em Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Colifo	• •									-	T) per qua	
	ng Point (Sampling Po				Monitorin			Collec	tion Perio	od Con	pliance Sta	tus
Select fr	rom Inventory of Acti	ve Sampling Points			7/1/19 -						Complete	
					10/1/19 -						Complete	
					1/1/20 -							
					4/1/20 -							
	4				7/1/20 -	9/30/2	20					
-	rameters (PPS)							- "		=	T) per qua	
	ng Point (Sampling Po				Monitorin			Collec	tion Perio	od Con	pliance Sta	itus
Select fr	om Inventory of Acti	ve Sampling Points			7/1/19 -						Complete	
					10/1/19 -						Complete	
					1/1/20 - 4/1/20 -							
					7/1/20 -							
Mator Susta	em Facility: ENTRY	/ DOINT WELL 1	/\A/CE II	D. 00700\	7/1/20-	9/30/2	20					
-	•	POINT - WELL I	(WSF II	J. 00700j						1	(DT) man v	
	d Nitrite (NOX) ng Point (Sampling Po	oint ID)			Monitorir	a Dori	riod i	Collec	tion Perio		(RT) per y pliance Sta	
EP - WE					1/1/19 - 1	_		Conec	tion rent	ou con	Complete	tus
LI - VVL	LL 1 (5)				1/1/20 - 1						Complete	
					1/1/21 - 1							
		0	thar C	omnlian	ce Sched							
Compliance	Schodulo Activity	J	tilei C	Ompilan					Achieve	ad Data		
	Schedule Activity TART UP COMPLETION	NI				<i>ue Da</i> /1/20:			Acmeve	ed Date		
SEASONAL S												
		Water Systen	n Facil	ity and S	ampling	Poin	it Inv	ento	ry			
Water	latas Costasa Facilitas	Commut	na Daint	Camanlina	Daint			Total	Lead a		6	
System W Facility ID	ater System Facility	=	ng Point ID	Sampling F Description				liform Rule			اد os WQP 2 I	tage DRDD
	STRIBUTION SYSTEM		4	•	ON SYSTEM		atus A	Y	Nuic 11	iei Asbest	03 WQ1 21	DDIK
00000 Di	STRIBOTION STSTEIN				SERVICE CON		A	•				
			REAM		SERVICE CON		A					
00700 EN	NTRY POINT - WELL 1	0.5.	3	EP - WELL			A					
	ELL 1		2	WELL 1			A					
212/3 11					rmation		, ·					
Name					mation					Job Tit	0	
Ms. Lelah Ca	mno			rganization ozy Hills Cam	nground			O	vner	זוו מטנ	<u> </u>	
Mailing Addr		Mailia		s Line Two	ipgiouiiu				City	State	Zip Cod	le le
1311 Bantam		iviailiii	5 Auules	3 LINE I WU			Banta		J. L. Y	CT	06750	
Business Pl		Fax	Mohi	ile Phone	Emergency	Phone			255	CI	00730	,
860-567-2		860-567-8117	IVIODI	iic i none	860-281-4				yhills.cor			
550-507-Z		000 301-0111			000-201-2	.001	aumin	،سرن	. y 1 11113.CUI	••		

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740094	COZY HILLS CAMPGROUND - WELL 1			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
11 COZY HILL (R	OUTE 202)	Connections		1			
						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Towns Served: LITCHFIELD

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

Page 4

Co	onnectic											ction	
		ter Qual	lity M	onit	oring a	nd Con	_						
PWS ID PV	VS Name						Cla		n Pop		Owr		Primary Source
	OOSEBORO DR	RIVE-IN						NC		25		Р	GW
Local Address (whe	re applicable)				Service	Resider	ntial	Comme	rcial	Industri	al	Combined	l Agricultural
1293 BANTAM ROA	\D				Connection	ns		1					
Towns Served: LITC	HFIELD												
			M	lonite	oring Red	quireme	ents	5					
Water System Fac	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Coliform (3	3100)									1	. rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitor	ing l	Period	Colle	ction Pe	riod	Compl	iance Status
Select from Inv	ventory of Acti	ive Sampling	Points			7/1/19	- 9/3	80/19				Co	omplete
						10/1/19	- 12/	/31/19				Co	omplete
						4/1/20	- 6/3	30/20					
						7/1/20	- 9/3	30/20					
Physical Paramet	ters (PPS)									1	rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitor	ing l	Period	Colle	ction Pe	riod	Compl	iance Status
Select from Inv	ventory of Acti	ive Sampling	Points			7/1/19	- 9/3	30/19				Co	omplete
						10/1/19	- 12/	/31/19	10	/1-10/3	1	Co	omplete
						4/1/20	- 6/3	30/20					
						7/1/20	- 9/3	30/20					
Water System Fac	cility: ENTRY	Y POINT (W	/SF ID: 0	0700)									
Nitrate And Nitri	ite (NOX)										1	routine (RT) per year
Sampling Poin	nt (Sampling P	oint ID)				Monitor	ing I	Period	Colle	ction Pe	riod	Compl	iance Status
ENTRY POINT ((3)					1/1/19 -	12/	31/19				Co	omplete
						1/1/20 -	12/	31/20					
						1/1/21 -	12/	31/21					
			Publi	c Not	ification	Require	em	ents					
				C	ompliance	Notice		<u>Public</u>	Notif	<u>ication</u>		PN Cer	<u>tification</u>
Violation/Situation					Period	Tier				erforme	d D	ue to DPH	Received
Physical Parameters	s M&R Violation	on		7/1/	/08 - 9/30/0	8 3		12/4/200	09		1	2/14/2009)
		Water Sy	stem	Facili	ity and S	ampling	Po	oint Inv	vent	ory			
Water									Total		and		
	ystem Facility				Sampling F			C	olifori				Stage
Facility ID			ID		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4		DISTRIBUTI			Α	Υ				
					WITHIN 5 S			Α					
			UPSTR	EAM	WITHIN 5 S		N	Α					
00700 ENTRY P	OINT		3		ENTRY POI	NT		Α					
21279 WELL			2		WELL			Α					
				Con	tact Info	rmation	1						
Name				Oı	rganization							Job Title	
Mr. Robert Hamme	er			G	ooseboro Dr	rive-In			0	wner			
Mailing Address Lin	e One		Mailing /	Addres	s Line Two					City		State	Zip Code
30 Revere Road								Was	hingto	n		СТ	06793
Business Phone	Extension	Fax		Mobi	le Phone	Emergenc	y Ph	one Ema	il Addı	ress		'	
860-567-9356		860-567-4	1267			860-868	-253	3 judit	th.ham	nmer@sr	net.n	et	
Contact Role(s): Le	egal Contact							<u> </u>					

(Lonnectic	ut Depa	rtment o	f Public	Health	Drir	iking	water	Sec	tion	
	Wa	ter Qua	lity Monit	toring a	nd Con	nplia	nce S	Schedul	.e		
PWS ID	PWS Name					Classifi	cation	Population	Owne	r Type	Primary Source
CT0740144	GOOSEBORO DI	RIVE-IN				N	С	25	ı)	GW
Local Address (wl	nere applicable)			Service	Residen	itial Co	mmerci	al Industri	al C	ombine	d Agricultural
1293 BANTAM RO	DAD			Connection	ns		1				
Towns Served: LI	TCHFIELD							"			'
Name			C	rganization					J	ob Title	!
Mr. John Hamme	er		G	ooseboro Dr	ive-In			Owner			
Mailing Address L	ine One		Mailing Addres	s Line Two				City		State	Zip Code
PO Box 3723							Danbu	γ		СТ	06813
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
860-567-9356					203-744-	-1791					
Contact Role(s):	Legal Contact,	Owner		,							
Name			О	rganization					J	ob Title	!
Ms. Judith Hamn	ner										
Mailing Address I	ine One		Mailing Addres	s Line Two				City		State	Zip Code
1293 Bantam Rd							Bantan	า		CT	06750
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s):	Legal Contact										
Name			О	rganization					J	ob Title	!
Mr. William Dow	nes										
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State	Zip Code
1293 Bantam Rd			Box 251				Bantan	า		CT	06750
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			
860-567-9356											
Contact Role(s):	Administrative	Contact									

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

End of schedule

Connecticut Department Water Quality Mo									
<u> </u>	intornig and	ı Com							
PWS ID PWS Name				on Po		Owner Type Pr			
CT0740194 920 BANTAM ROAD		5	NC		25	Р	GW		
Local Address (where applicable)	Service Connections	Resident	tial Comm 1		Industria	I Combined	Agricultural		
Towns Served: LITCHFIELD									
Mo	nitoring Requ	iremei	nts						
Water System Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)								
Total Coliform (3100)					1	routine (RT)	per quarter		
Sampling Point (Sampling Point ID)	1	Monitorii	ng Period	Coll	lection Peri		ance Status		
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Со	mplete		
	1	.0/1/19 -	12/31/19			Co	mplete		
		1/1/20 -							
		4/1/20 -							
		7/1/20 -	· · ·						
Physical Parameters (PPS)					1	routine (RT)	per quarter		
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Coll	lection Peri		ance Status		
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Со	mplete		
	1	.0/1/19 -	12/31/19			Со	mplete		
		1/1/20 -	3/31/20						
		4/1/20 -	6/30/20						
		7/1/20 -	9/30/20						
Water System Facility: ENTRY POINT (WSF ID: 007	700)								
Nitrate (1040)					1	routine (RT)	per quarter		
Sampling Point (Sampling Point ID)	1	Monitorii	ng Period	Coll	lection Peri	iod Compli	ance Status		
ENTRY POINT (3)		7/1/19 -	9/30/19						
	1	.0/1/19 -	12/31/19			Co	mplete		
		1/1/20 - 3/31/20							
		4/1/20 - 6/30/20							
		7/1/20 - 9/30/20							
Nitrate And Nitrite (NOX)						1 routine (R	T) per year		
Sampling Point (Sampling Point ID)	1	Monitorii	ng Period	Coll	lection Peri	iod Compli	ance Status		
ENTRY POINT (3)		1/1/19 - 1	12/31/19			Со	mplete		
		1/1/20 - 1	12/31/20						
		1/1/21 - 1	12/31/21						
Public I	Notification R	equire	ments						
	Compliance	Notice	Publ	ic Noti	<u>ification</u>	PN Cert	<u>ification</u>		
Violation/Situation	Period	Tier	Requir	ed	Performed	Due to DPH	Received		
Nitrate M&R Violation	7/1/19 - 9/30/19	3	12/8/2	020		12/18/2020			
Water System Fa	acility and San	npling	Point In	ven	tory				
Water				Tota	al Lead a	ınd			
	oint Sampling Poir	nt		Coliform Copper		er	Stage		
Facility ID ID	Description		Status	Rul	e Rule 1	Tier Asbestos	WQP 2 DBPR		
00600 DISTRIBUTION SYSTEM 4	4 DISTRIBUTIO								
DOWNSTREAM WITHIN 5 SE			l A						
UPSTREA	M WITHIN 5 SER	VICE CON	l A						
00700 ENTRY POINT 3	ENTRY POINT	ENTRY POINT A							
<u> </u>									

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
СТ0740194	920 BANTAM ROAD				NC	25	Р	GW			
Local Address	(where applicable)	Service	Residen	ntial (Commercia	al Industri	al Combine	ed Agricultural			
		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR				
21283	WELL	2	WELL	Α									
56908	TREATMENT PLANT												

Contact Information											
			Organization	1		Job Title					
			C/O/ Jackie's	Restaurant		Owner					
e One		Mailing Ad	ldress Line Two			City	State	Zip Code			
oad					Ridgefiel	d	СТ	06877			
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	mail Address					
				203-438-8221							
	oad	oad	e One Mailing Ac	Organization C/O/ Jackie's e One Mailing Address Line Two	Organization C/O/ Jackie's Restaurant e One Mailing Address Line Two bad Extension Fax Mobile Phone Emergency Phone	Organization C/O/ Jackie's Restaurant e One Mailing Address Line Two ad Ridgefiel Extension Fax Mobile Phone Emergency Phone Email Ad	Organization C/O/ Jackie's Restaurant Owner e One Mailing Address Line Two City Coad Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title C/O/ Jackie's Restaurant e One Mailing Address Line Two City State ad Ridgefield CT Extension Fax Mobile Phone Emergency Phone Email Address			

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

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

End of schedule

	Connecticut De	partment of	Fublic Health	Drink	ing Wa	ater Se	ction	
		•	oring and Com					
PWS ID	PWS Name	dancy Monic		<u> </u>			er Tyne [Primary Source
CT0740224	LOURDES OF LITCHFIELD	(UPPER&LOWER)		NC	2		P	GW
	ss (where applicable)	(0.1.2.10.20112.11)	Service Resident				Combined	
83 MONTFO	* * * * * * * * * * * * * * * * * * * *		Connections	4				
	ed: LITCHFIELD							
		Monite	oring Requireme	nts				
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Colif	form (3100)					1 rou	tine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)		Monitorii	ng Period	Collecti	on Period	Comp	liance Status
Select f	from Inventory of Active Samp	ling Points	7/1/19 -	9/30/19			C	omplete
			10/1/19 -	12/31/19			C	omplete
			1/1/20 -	3/31/20			C	omplete
			4/1/20 -					
			7/1/20 -	9/30/20				
-	arameters (PPS)							per quarter
	ng Point (Sampling Point ID)	l: 5 · ·	Monitorii		Collecti	on Period		liance Status
Select t	from Inventory of Active Samp	ling Points	7/1/19 -					omplete
			10/1/19 -					omplete
			1/1/20 - 4/1/20 -				C	omplete
			7/1/20 -					
Water Syst	em Facility: ENTRY POINT	. (/WSE ID: 00700)		9/30/20				
-	d Nitrite (NOX)	(113) 15. 007007				1 .	routine (RT) per year
	ng Point (Sampling Point ID)		Monitorii	na Period	Collecti	on Period	-	liance Status
	POINT (3)		1/1/19 - 1					omplete
	- (-)		1/1/20 - 1					omplete
			1/1/21 - 1					<u>'</u>
		Other C	ompliance Sched	ules				
Compliance	Schedule Activity		<u>-</u>	Due Date		Achieved L	Date	
•	NECTION SURVEY REPORT			3/1/2020				
	Water	r System Facili	ity and Sampling		nventor	v		
Water	Water	i System i dem	ity and sampling	· Oiiic ii	Total	Lead and		
	Vater System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule		Asbestos	WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A				
		UPSTREAM	WITHIN 5 SERVICE CON	I A				
00700 E	NTRY POINT	3	ENTRY POINT	Α				
21286 V	VELL	2	WELL	Α				
56112 A	TMOSPHERIC TANK							
	LADDER TANKS							
56116 B	OOSTER PUMPS							
		Con	tact Information					
		0	rganization				Job Title	
Name								
Name Mr. Ronald	Verdosci	C/	O Lourdes of Litchfield		Mai	intenance		

	Connectic	ut Depa	rtment	ot	Public	Health	ı Dr	inking	g Water	Se	ction		
	Wa	ter Qual	lity Mon	ito	oring a	nd Con	npli	ance S	Schedul	e			
PWS ID	PWS Name						Class	sification	Population	Own	er Type	Prima	ry Source
CT0740224	LOURDES OF LIT	CHFIELD(UPI	PER&LOWER))				NC	25		Р		GW
Local Address (w	here applicable)				Service	Resider	ntial	Commerci	al Industri	al	Combine	ed Ag	gricultural
83 MONTFORT R	OAD				Connections 4								
Towns Served: LI	TCHFIELD					·			·				
PO Box 667								Litchfie	eld		CT	067	59-0667
Business Phone	e Extension	Fax	Mo	Mobile Phone Emergence			y Phor	ne Email A	Address				
860-567-1041		860-567-9	9670										
Contact Role(s):	Administrative	Contact											
Name				Org	ganization						Job Title	9	
Missionaries of 1	The Co of Mary o	f Connec											
Mailing Address	Line One		Mailing Addr	ess	Line Two				City		State	Zip	o Code
83 Montfort Rd								Litchfie	eld		СТ	0	6750
Business Phone	e Extension	Mo	obile	e Phone	Emergency	y Phor	ne Email A	Address					
6			'			•							

Contact Role(s): Legal Contact, Owner

Please note the following:

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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 Departmen Water Quality M				_					
PWS ID PWS Name CT0740284 NORTHFIELD BIBLE CHURCH		C	lassification NC	Population 25	Owner Type Pr	imary Source GW			
Local Address (where applicable)	Service	Residentia	al Commerc	cial Industria	al Combined	Agricultural			
10 CAMP HILL ROAD	Connections		1						
Towns Served: LITCHFIELD									
M	onitoring Requ	iremen	ts						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform (3100)	,			1	routine (RT) p	er quarter			
Sampling Point (Sampling Point ID)		Monitoring	g Period (Collection Per		ance Status			
Select from Inventory of Active Sampling Points		7/1/19 - 9	/30/19		Сог	mplete			
		1/1/20 - 3	/31/20			_			
		4/1/20 - 6	/30/20						
		7/1/20 - 9	/30/20						
Total Coliform (3100)					3 repeat (RP)	per period			
Sampling Point (Sampling Point ID)		Monitoring	g Period (Collection Per	riod Complic	ance Status			
Select from Inventory of Active Sampling Points		9/20/19 - 9	9/25/19		Сог	mplete			
Total Coliform (3100)				3 temporary	y routine (TR)	per month			
Sampling Point (Sampling Point ID)		Monitoring	g Period (Collection Per	riod Complic	ance Status			
Select from Inventory of Active Sampling Points		10/1/19 - 1	0/31/19		Cor	mplete			
Physical Parameters (PPS)				1	1 routine (RT) per q				
Sampling Point (Sampling Point ID)		Monitoring		Collection Per	-	ance Status			
Select from Inventory of Active Sampling Points		7/1/19 - 9				mplete			
		10/1/19 - 1			Сог	nplete			
		1/1/20 - 3							
		4/1/20 - 6							
		7/1/20 - 9	/30/20						
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					•			
Nitrate And Nitrite (NOX)				- " - " -	1 routine (R				
Sampling Point (Sampling Point ID)		Monitoring		Collection Per	-	ance Status			
ENTRY POINT (3)		1/1/19 - 12			Cor	nplete			
		1/1/20 - 12							
Mater Customs Facility WIFLL (MCF ID: 21202)		1/1/21 - 12	2/31/21						
Water System Facility: WELL (WSF ID: 21292)				4.					
E. Coli (3014)		Manitarin	n Dorland		riggered (TG)	•			
Sampling Point (Sampling Point ID) WELL (2)		Monitoring 9/19/19 - 9		Collection Per		nnce Status mplete			
					COI	пріесе			
	er Compliance				15.1				
Compliance Schedule Activity			ie Date	Achiev	ved Date				
RESPOND TO SANITARY SURVEY			4/2013						
Public	Notification R	equiren	nents						
	Compliance	Notice		<u>Notification</u>	PN Cert				
Violation/Situation	Period	Tier	Required			Received			
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/18/200		11/28/2004				
Distribution Turbidity MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005				
Distribution Color MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005				
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/27/2006		5/7/2006				

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
CT0740284	NORTHFIELD BIBLE CHURCH			NC	25	Р	GW					
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultural					
10 CAMP HILL	ROAD		1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

Public Notification Requirements													
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>													
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received							
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/2006		7/25/2006								
Distribution Color MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006								
Distribution Color MCL Violation	1/1/06 - 3/31/06	2	8/23/2006		9/2/2006								
Distribution Color MCL Violation	4/1/07 - 6/30/07	2	8/18/2007		8/28/2007								

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21292	WELL	2	WELL	Α									

				Contact Inf	ormation							
Name Organization Job Title												
Mr. Brian McGray Northfield Bible Church												
Mailing Address Line One Mailing Address Line Two City State Zip												
10 Camp Hill Road						Northfie	ld	СТ	06778			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress					
860-283-9598												
Contact Role(s): Ac	lministrative C	ontact, Leg	al Cont	act								
Name Organization Job Title												

 Northfield Congregational Society

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

 10 Camp Hill Rd
 Litchfield
 CT
 06750

 Business Phone
 Extension
 Fax
 Mobile Phone
 Emergency Phone
 Email Address

Contact Role(s): Owner

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End of schedule

Contact Ro	ole(s): Le	gal Contact													
860-496	5-7536		860-482-86	561			860-496-	753	6						
Business	Phone	Extension	Fax		Mobil	e Phone	Emergency	Pho	one Em	ail Add	dress				
632 Torring	gton Rd								Lite	chfield				СТ	06759
Mailing Ad	dress Lin	e One	N	Mailing Ac	ldress	Line Two					City			State	Zip Code
Mr. David	Redente				Pe	aches 'n' Cr	eam				Owne	r			
Name					Or	ganization								Job Title	
					Con	tact Info	rmation								
21298	WELL			2		WELL			Α						
	ENTRY P	OINT		3		ENTRY POI	NT		Α						
				UPSTREA	M	WITHIN 5 S		V	Α						
			D			WITHIN 5 S			Α						
00600	DISTRIBU	JTION SYSTEM		4		DISTRIBUTI			Α	Υ					
Facility ID				ID		Description			Status	Rule	e F	Rule T	ier	Asbestos	WQP 2 DBF
	Water S	ystem Facility	Si	ampling F	Point	Sampling P	Point			Colifor		сии и Сорре			Stage
Water			trater by		JUIL	cy and 5	- Indinig		,,,,t, 11	Tota		ead a	nd		
			Water Sys	stem F	acili	ty and S				went	torv	,			
							1/1/21 -								
LIVIII	i i Olivi (.5)					1/1/20 -								impiete
	Y POINT (יוויוטן				1/1/19 -			COII	ectivi	1 1211	Ju		mplete
		te (NOX) t (Sampling Po	oint ID)				Monitori	ina l	Period	Coll	ection	n Peri			RT) per yea iance Status
		-	TOINT (W	JF 1D. 00	700)								1	outine /	OT\ nor
Mator Sug	stam Fac	cility: ENTRY	/ DOINT /\A	SE ID: 00	700\		7/1/20-	J/ 3	50/20						
							4/1/20 - 7/1/20 -								
							1/1/20 -								
							10/1/19 -							Cc	mplete
Select	t from Inv	entory of Acti	ve Sampling F	Points			7/1/19 -								mplete
		t (Sampling Po					Monitori			Coll	ectio	n Peri	od		iance Status
-		ters (PPS)													per quarte
							7/1/20 -	9/3	30/20						
							4/1/20 -	6/3	30/20						
							1/1/20 -	3/3	31/20						
							10/1/19 -			_			_	_	mplete
		entory of Acti		Points			7/1/19 -	_		20.11		3,71			mplete
Total Col	•	t (Sampling Po	oint ID)				Monitori	ina l	Period	Coll	ectio	ı E 1 Peri			per quarte iance Status
		cility: DISTR	IBUTION SYS	STEIVI (V	VSF IL	J: 00600)						4.		in a (DT)	
Mator Cus	tom For	silitur DICTRI	IDLITION CV				quii eiiie	1163	•						
TOWNS SET	ved. Erre			NAC	nito	oring Red	nuiromo	nto	•						
Towns Serv						comiccio			1						
								tial			Indi	ustrial	(Combined	Agricultur
			AM .			<u> </u>								-	
PWS ID		/S Name						Cla		on Po		tion C	Own		rimary Sourc
		Wat	ter Quali	ity Mo	nit	oring a	nd Con								
	Co		•							_				ction	
CT0740344	PW 1 PE ess (whe	VS Name ACHES N CREA re applicable)	ter Quali				nd Con	np Cla	lianc	on Po	hed opulat 25	dule) Own		GW

'	Connectic	ut Depa	i differit c	of I ublic	Health	ווועו	אוואו	3 vvaler	360	Luon	
	Wat	ter Qual	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owne	er Type	Primary Source
CT0740344	PEACHES N CREA	M					С	25		Р	GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmerci	al Industri	al C	ombine	d Agricultural
632 TORRINGTO	N ROAD			Connection	ıs		1				
Towns Served: LI	TCHFIELD				·			·			
Name				Organization						Job Title	9
Ms. Katerina Kar	avasili										
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
632 Torrington R	d						Litchfie	eld		CT	06759
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address			
860-496-7536											
			• • •								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

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	Conne		it Departi er Quality					`				ction	
PWS ID	PWS Nam	ne					Classi	ification	Popu	lation	Owr	er Type I	Primary Source
CT0740354	SAINT PA	ULS EPI	SCOPAL CHURC	Н				NC	2	25		Р	GW
Local Address	(where appl	icable)			Service	Residen	tial C	Commerc	ial Ir	ndustria	al	Combined	d Agricultura
802 BANTAM	ROAD				Connection	ns		1					
Towns Served	: LITCHFIELD)					·		·				
				Moni	toring Red	quireme	nts						
Water Syste	m Facility:	DISTRI	BUTION SYSTE	M (WSF	ID: 00600)	•							
Total Colifo	rm (3100)									1	rou	tine (RT)	per quarte
Samplin	g Point (Sam	pling Po	oint ID)			Monitori	ng Pei	riod (Collect	ion Per	riod	Comp	liance Status
Select fr	om Inventory	of Activ	e Sampling Poir	nts		7/1/19 -	9/30/	/19				С	omplete
						10/1/19 -	12/31	1/19				С	omplete
						1/1/20 -	3/31/	/20					
						4/1/20 -	6/30/	/20					
						7/1/20 -	9/30/	/20					
Physical Pa	rameters (F	PPS)								1	rou	tine (RT)	per quarte
Samplin	g Point (Sam	pling Po	oint ID)			Monitori	ng Pei	riod (Collect	ion Per	riod	Comp	liance Status
Select fr	om Inventory	of Activ	e Sampling Poi	nts		7/1/19 -	9/30/	/19				С	omplete
						10/1/19 -	12/31	1/19				С	omplete
						1/1/20 -	3/31/	/20					
						4/1/20 -	6/30/	/20					
						7/1/20 -	9/30/	/20					
Water Syste	m Facility:	ENTRY	POINT (WSF	ID: 00700)								
Nitrate And	l Nitrite (N	OX)									1	routine (RT) per yeaı
Samplin	g Point (Sam	pling Po	int ID)			Monitori	ng Pei	riod (Collect	ion Per	riod	Comp	liance Status
ENTRY P	OINT (3)					1/1/19 -	12/31,	/19				С	omplete
						1/1/20 -	12/31,	/20					
						1/1/21 -	12/31,	/21					
		١	Water Systo	em Faci	lity and S	ampling	Poir						
Water System W	ater System i	Eacility	Sam	nlina Poin	t Sampling P	Point			otal liform	Lead			Ctaa
Facility ID	uter System i	rucinty	Sum	pillig Polli ID	Description		٠.		njorm Rule			Ashestos	Stage WQP 2 DBF
_	STRIBUTION :	SYSTEM		4	-	ON SYSTEM		t atus ' A	Y	narc	1101	713503103	WQI ZDDI
00000 Di	STRIBOTION.	JIJILIVI	DOV		WITHIN 5 S			Α	'				
				PSTREAM	WITHIN 5 S			Α					
00700 EN	ITRY POINT		OI	3	ENTRY POI		•	A					
	ELL			2	WELL	* 1		A					
ZIZJJ VV	LLL							Λ					
					ntact Info	rmation							
Name					Organization	1			C.I			Job Title	
Reverend Par			8.5		St. Paul's Chur	cn			Cle			Chil	7:- 0 1
Mailing Addre	ess Line One		Mai	iing Addre	ss Line Two			. .		ity		State	Zip Code
PO Box 449		.	_		11 - 12	_	D.	Banta				СТ	06750
Business Ph		nsion	Fax	Mol	oile Phone	Emergency	Phon				11		
860-567-88								ottices	stpauls	@opto	nlin	e.net	
Contact Role((s): Legal Co	ntact											

			lity Monit				_			_	
PWS ID P	WS Name	cr qua	incy Monne	oring a	na don	_				e Pri	imary Source
CT0740354 S	AINT PAULS EPI	SCOPAL CH	URCH				NC	25	P		GW
Local Address (wh	ere applicable)			Service	Residen	tial	Commerci	al Industri	al Combir	ned	Agricultural
802 BANTAM ROA	۷D			Connection	ns		1				
Towns Served: LIT	CHFIELD				'				1		
Name			Oı	rganization					Job Tit	le	
Ms. Ann Combs			St	. Paul's Chur	ch			Sr. Warde	en		
Mailing Address L	ne One		Mailing Address	s Line Two				City	State	!	Zip Code
802 Bantam Rd			P.O. Box 449				Bantan	n	СТ		06750
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Email A	Address	·		
860-567-8838					860-567-	881	5 offices	tpauls@opt	online.net		
Contact Role(s):	Administrative (Contact	,								

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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End of schedule

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Connecticut Departme				_			ction	
Water Quality N	nonitoring an					_		
PWS ID PWS Name		Cla	assification	on Po		Own		rimary Source
CT0740374 491 BANTAM ROAD			NC		34		Р	GW
Local Address (where applicable)	Service	Residential	Commo	ercial	Industri	al	Combined	Agricultural
	Connections						6	
Towns Served: LITCHFIELD								
r	Monitoring Requ	uirement	S					
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliform (3100)					1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period	Colle	ection Pe			iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3						mplete
, , ,	_	10/1/19 - 12						mplete
		1/1/20 - 3/3						mplete
		4/1/20 - 6/3						•
		7/1/20 - 9/3						
Physical Parameters (PPS)		· · · ·	•		1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ction Pe			iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3						mplete
, 1 5		10/1/19 - 12,						mplete
		1/1/20 - 3/3	-					•
		4/1/20 - 6/3						
		7/1/20 - 9/3	-					
Water System Facility: ENTRY POINT (WSF ID:	00700)	., _,	20, 20					
Nitrate And Nitrite (NOX)						1 1	routine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring I	Period	Colle	ection Pe		=	iance Status
ENTRY POINT (3)		1/1/19 - 12/		Conc	etion i e	1100		mplete
Livini Folivi (5)		1/1/20 - 12/						mplete
		1/1/21 - 12/						mpiete
Motor Custom	Facility and Car							
water system	Facility and Sai	mpling Po	oint in	vent	-			
Water								
	on Detect. Committees Det			Total				
System Water System Facility Samplin	ng Point Sampling Poi	int		Colifor	т Сор	per	Achastas	Stage
System Water System Facility Samplin Facility ID	D Description		Status	Colifor Rule	т Сор	per	Asbestos	
System Water System Facility Sampling Facility ID II 00600 DISTRIBUTION SYSTEM	D Description DISTRIBUTION	N SYSTEM	Status A	Colifor	т Сор	per	Asbestos	
System Water System Facility Sampling Facility ID 00600 DISTRIBUTION SYSTEM DOWNS	D Description DISTRIBUTION TREAM WITHIN 5 SER	N SYSTEM RVICE CON	Status A A	Colifor Rule	т Сор	per	Asbestos	
System Water System Facility Samplin Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST	Description DISTRIBUTION THE WITHIN 5 SER	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule	т Сор	per	Asbestos	
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT	D Description DISTRIBUTION TREAM WITHIN 5 SER REAM WITHIN 5 SER B ENTRY POINT	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule	т Сор	per	Asbestos	Stage WQP 2 DBPR
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT	D Description DISTRIBUTION STREAM WITHIN 5 SER REAM WITHIN 5 SER B ENTRY POINT WELL	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule	т Сор	per	Asbestos	
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT	D Description DISTRIBUTION TREAM WITHIN 5 SER REAM WITHIN 5 SER B ENTRY POINT	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule	т Сор	per	Asbestos	
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT	D Description DISTRIBUTION STREAM WITHIN 5 SER REAM WITHIN 5 SER B ENTRY POINT WELL	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule	т Сор	per	Asbestos Job Title	
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT 21301 WELL	D Description DISTRIBUTION DIST	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule Y	т Сор	per		
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT 21301 WELL Name Mr. Rickard T. Evangelisti	Description DISTRIBUTION DISTRI	N SYSTEM RVICE CON RVICE CON	A A A A	Colifor Rule Y	m Copp	per		
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT 21301 WELL Name Mr. Rickard T. Evangelisti	Description DISTRIBUTION DISTRI	N SYSTEM RVICE CON RVICE CON	A A A A A	Colifor Rule Y	m Copp Rule	per	Job Title	WQP 2 DBPR
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT 21301 WELL Name Mr. Rickard T. Evangelisti Mailing Address Line One Mailing	Description Description DISTRIBUTION DISTRIB	N SYSTEM RVICE CON RVICE CON	A A A A Litto	Colifor Rule Y	Owner City	per	Job Title State	WQP 2 DBPR
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM DOWNS UPST 00700 ENTRY POINT 21301 WELL Name Mr. Rickard T. Evangelisti Mailing Address Line One 491 Bantam Rd	Description Description DISTRIBUTION DISTRIB	N SYSTEM RVICE CON RVICE CON mation	A A A A Litto	Colifor Rule Y	Owner City	oer Tier	Job Title State	WQP 2 DBPR

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

		8		P				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0740374	491 BANTAM ROAD				NC	34	Р	GW
Local Address (where applicable)	Service	Residen	ntial C	Commercia	al Industri	al Combine	ed Agricultural
		Connections					6	

Towns Served: LITCHFIELD

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End of schedule

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	Conne	cticut Depa	rtment o	f Public	Health	D	rinkir	ng V	Vater	Se	ection		
		Water Qua	lity Moni	toring a	nd Con	ıpl	liance	Scl	hedul	le			
PWS ID	PWS Name	9				Cla	ssificatio	n Pop	pulation	Owi	ner Type	Primary So	ource
CT074041		OOK GOLF CLUB					NC		32		Р	GW	
	ess (where applic	cable)		Service	Residen	tial	Comme	rcial	Industri	al	Combine	d Agricu	ltural
263 MILTO				Connection	ns 1		1						
Towns Ser	ved: LITCHFIELD					_				_			
				oring Red	quireme	nts	S						
Water Sy:	stem Facility: I	DISTRIBUTION S	YSTEM (WSF	ID: 00600)									
	iform (3100)								1	l rou	=) per qua	
	ling Point (Samp				Monitori			Colle	ction Pe	riod	Comp	oliance Sta	ıtus
Selec	t from Inventory	of Active Sampling	Points		7/1/19 -							Complete	
					10/1/19 -						(Complete	
					1/1/20 -								
					4/1/20 -								
					7/1/20 -	9/3	0/20						
-	Parameters (PI	•						- "			=) per qua	
	ling Point (Samp		.		Monitori			Colle	ction Pe	riod		oliance Sta	itus
Selec	t from inventory	of Active Sampling	Points		7/1/19 -							Complete	
					10/1/19 -		-					Complete	
					1/1/20 - 4/1/20 -								
					7/1/20 -								
Mator Sv	stom Eacility: I	ENTRY POINT (V	VSE ID: 00700	١	7/1/20-	<i>3</i> 3	0/20						
	and Nitrite (NO		V31 1D. 00700	J						1	routino	(RT) per y	400r
	oling Point (Samp	•			Monitori	na F	Period	Colle	ction Pe			oliance Sta	-
	Y POINT (3)	mig i omic ib)			1/1/19 -			Conc	ction i c	1100	<u> </u>	Complete	icus
LIVIII	110111 (3)				1/1/20 -							ompiete	
					1/1/21 -								
		Water St	ystem Faci	lity and Sa				<i>i</i> ent	orv				
Water		Trace: 5	ystem raem	iity ana o	ab9			Total		and			
System	Water System Fo	acility	Sampling Point	t Sampling P	Point		C	olifori				S	tage
Facility ID	-	-	ID	Description	1		Status	Rule		Tier	Asbesto	s WQP 2	_
00600	DISTRIBUTION SY	YSTEM	4	DISTRIBUTI	ON SYSTEM		Α	Υ					
			DOWNSTREAM	1 WITHIN 5 S	ERVICE CON	١	Α						
			UPSTREAM	WITHIN 5 S	ERVICE CON	١	Α						
00700	ENTRY POINT		3	ENTRY POIN	NT		Α						
21304	WELL		2	WELL			Α						
			Coi	ntact Info	rmation								
Name			C)rganization							Job Title	:	
Mr. Rober	t J. Ferrarotti			tonybrook Go	olf Club			С)wner				
Mailing Ac	ldress Line One		Mailing Addres	-					City		State	Zip Cod	de
263 Miltor	n Rd						Litch	field			СТ	06759	9
Business	Phone Exten	sion Fax	Mob	ile Phone	Emergency	Pho	one Ema	il Add	ress				
860-567	7-9977	860-689-	1004		860-485-	843	4 BFEF	RRARC	TTI@FA	IRVIE	EWGOLFC	OURSE.CC	M
Contact De	alo(s). Administr	ativa Contact Los	al Contact Ow	nor									

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

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

					_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0740414	STONYBROOK GOLF CLUE	3			NC	32	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
263 MILTON RO	AD		Connections	1	1			
					· · · · · · · · · · · · · · · · · · ·	· ·	· · · · · · · · · · · · · · · · · · ·	

Towns Served: LITCHFIELD

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

	Connecticut Department				_			ction	
	Water Quality Mo	nitoring an	d Com	plianc	e Sc	hedul	e		
PWS ID	PWS Name		C	Classificati	ion Po	pulation	Owne	er Type Pi	rimary Source
CT0740424	DA CAPO RESTAURANT			NC		25		Р	GW
Local Address (v	where applicable)	Service	Residentia	al Comm	ercial	Industria	al C	Combined	Agricultural
625 TORRINGTO		Connections		1	-				
Towns Served:							_		
		nitoring Requ	iiremen	ts					
•	Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)							
Total Coliforn	•								per quarter
	Point (Sampling Point ID)		Monitoring		Coll	ection Per	iod		ance Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9						mplete
	(2.22)		10/1/19 - 1	2/31/19					mplete
Total Coliforn			0.4 a mila mina	a Davia d	C-11				per month
	Point (Sampling Point ID)		Monitoring		Coll	ection Per	ioa		ance Status
Select from	n Inventory of Active Sampling Points		1/1/20 - 1 2/1/20 - 2						mplete mplete
			3/1/20 - 3					CO	IIIpiete
			4/1/20 - 4						
			5/1/20 - 5	•					
			6/1/20 - 6						
			7/1/20 - 7						
			8/1/20 - 8						
			9/1/20 - 9						
Physical Para	meters (PPS)					1	rout	ine (RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitoring	g Period	Coll	ection Per	iod	Compli	ance Status
Select fron	n Inventory of Active Sampling Points		7/1/19 - 9	/30/19				Co	mplete
			10/1/19 - 1	2/31/19				Co	mplete
Physical Para	meters (PPS)					1	l rou	tine (RT)	per month
Sampling I	Point (Sampling Point ID)		Monitoring	g Period	Coll	ection Per	iod	Compli	ance Status
Select fron	n Inventory of Active Sampling Points		1/1/20 - 1						mplete
1			2/1/20 - 2					Со	mplete
			3/1/20 - 3						
			4/1/20 - 4	•					
			5/1/20 - 5						
			6/1/20 - 6	-					
			7/1/20 - 7				_		
			8/1/20 - 8						
Water System	Facility: ENTRY POINT (WSF ID: 00)	700)	9/1/20 - 9	/30/20					
		700)					1 -	outine /D	T) nor was:
Nitrate And N	IITrite (NOX) Point (Sampling Point ID)		Monitoring	a Period	Coll	ection Per		=	RT) per year ance Status
ENTRY POI			1/1/19 - 12		COII	ection ref	iou		mplete
LIVINITO	(5)		1/1/20 - 12						mplete
			1/1/21 - 12						pictc
			_, _, _ 14	_,,					

Monitoring Period

1/1/20 - 1/31/20

Schedule Generation Date: 3/10/2020

E. Coli (3014)

Water System Facility: WELL (WSF ID: 21305)

Sampling Point (Sampling Point ID)

1 routine (RT) per month

Compliance Status

Complete

Collection Period

	C 1: 1 D		יו ווי די	r 1,1	D :	1 .	TAT						
	Connecticut De	•					_		ection				
	Water Q	uality Monit	oring an	d Con	nplia	ince	Sch	edule					
PWS ID	PWS Name				Classi	fication	Popu	lation Ov	vner Type P	rimary Source			
CT0740424	DA CAPO RESTAURANT				1	١C	2	25	Р	GW			
Local Addre	ess (where applicable)		Service	Residen	tial Co	ommero	cial Ir	ndustrial	Combined	Agricultural			
625 TORRIN	NGTON ROAD		Connections			1							
Towns Serv	ed: LITCHFIELD												
		Monito	oring Requ	iireme	nts								
Water Sys	tem Facility: WELL (WSF	ID: 21305)											
E. Coli (3	014)							1 r	outine (RT)	per month			
Sampl	ing Point (Sampling Point ID)			Monitori	ng Per	iod (Collect	ion Period	d Compli	ance Status			
				2/1/20 -	2/29/2	20			Co	mplete			
				3/1/20 -	3/31/2	20							
				4/1/20 -	4/30/2	20							
				5/1/20 -	5/31/2	20							
	6/1/20 - 6/30/20												
				7/1/20 -	7/31/2	20							
				8/1/20 -	8/31/2	20							
				9/1/20 -	9/30/2	20							
E. Coli (3	014)							1 ro	utine (RT)	per quarter			
Sampl	ing Point (Sampling Point ID)			Monitori	ng Per	iod (Collect	ion Perio	d Compli	ance Status			
WELL	(2)			7/1/19 -	9/30/	19			Co	mplete			
				10/1/19 -	12/31	/19			Co	mplete			
	Wate	r System Facili	ity and Sai	npling	Poin	t Inv	ento	ry					
Water						7	Total	Lead and	d				
	Water System Facility	Sampling Point		nt		Со	liform			Stage			
Facility ID		ID	Description		St	atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	l	Α	Υ						
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	N	Α							
		UPSTREAM	WITHIN 5 SEF	VICE CON	N	Α							
00700	ENTRY POINT	3	ENTRY POINT			Α							
21305	WELL	2	WELL			Α							
TP01	TREATMENT PLANT												
		Con	tact Infori	nation	1								
Name		0	rganization						Ioh Title				

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Nicholas Alimo	nos									
Mailing Address Line One Mailing Add				ddress Line Two			City	State	Zip Code	
625 Torrington Roa	d					Litchfield		CT	06759	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-482-6246 860-489-7212						nickalim	onos@ymail.co	m		
		_		_	·					

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 22

	Connectic	ut Depart	ment of	Public H	lealth	Drin	nking	Wat	er Se	ection	
	Wa	ter Qualit	y Monit	oring an	d Com	plia	nce So	ched	ule		
PWS ID	PWS Name				(- Classifi	cation P	opulati	on Ow	ner Type F	Primary Source
CT074044	4 TOLL GATE HILL	INN & RESTAUR	ANT			N	С	25		Р	GW
Local Addr	ress (where applicable)			Service	Residenti	al Co	mmercial	Indu	strial	Combined	Agricultural
571 TORRI	NGTON ROAD			Connections			3				
Towns Ser	ved: LITCHFIELD										
			Monito	oring Requ	uiremen	ts					
Water Sy:	stem Facility: DISTR	IBUTION SYST	EM (WSF I	D: 00600)							
Total Col	liform (3100)								1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling P	oint ID)			Monitorin	g Perio	od Col	lection	Period	Compl	iance Status
Selec	t from Inventory of Acti	ive Sampling Po	ints		7/1/19 - 9	9/30/1	9			Co	omplete
					10/1/19 - 1	12/31/	19			Co	omplete
					1/1/20 - 3	3/31/2	0				
					4/1/20 - 6						
					7/1/20 - 9	9/30/2	0				
Physical	Parameters (PPS)								1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling P	oint ID)			Monitorin	g Perio	od Col	lection	Period	Compl	iance Status
Selec	t from Inventory of Act	ive Sampling Po	ints		7/1/19 - 9	9/30/1	9			Co	omplete
					10/1/19 - 1					Co	omplete
					1/1/20 - 3						
					4/1/20 - 6	5/30/2	0				
					7/1/20 - 9	9/30/2	0				
Water Sy:	stem Facility: ENTR	Y POINT (WSF	ID: 00700)								
	And Nitrite (NOX)								1	=	RT) per year
	oling Point (Sampling P	oint ID)			Monitorin			lection	Period		iance Status
ENTR	Y POINT (3)				1/1/19 - 1					Co	omplete
					1/1/20 - 1						
					1/1/21 - 1	2/31/2	21				
			Other Co	ompliance	Sched	ules					
Compliand	ce Schedule Activity				D	ue Dat	te	Ac	hieved	Date	
RESPOND	TO SANITARY SURVEY				7/	31/201	19				
CORRECTI	VE ACTION/CORRECTIV	E ACTION PLAN			10,	/29/20	19	1	.0/22/2	019	
		Water Syst	em Facili	ty and Sar	mpling I	Point	t Inven	tory			
Water							Tot		ad and	1	
System	Water System Facility	San	-	Sampling Poi	int		Colife		opper		Stage
Facility ID		•	ID	Description		Sta			uie Tiei	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4	DISTRIBUTION		Δ.					
				WITHIN 5 SER		Α					
00700	ENITRY COUNT	L	IPSTREAM	WITHIN 5 SER		Α					
00700	ENTRY POINT		3	ENTRY POINT		Α					
21307	WELL STANKS		2	WELL		Α	\				
56296	BLADDER TANKS										
				tact Inform	mation					= .	
Name				ganization						Job Title	
Mr. John F				ll Gate Hill Inn	ı, LLC			Memb	er		
	Idress Line One		ailing Address	s Line Two				City		State	Zip Code
571 Torrin	gton Road	P.C	D. Box 160				Litchfield	d .		СТ	06759

	Conn	necticu	ıt Depa	rtme	nt of	Public	Health	ı Dri	nking	g Water	Se	ection		
		Wat	er Qual	ity M	lonito	oring a	nd Cor	nplia	ance S	Schedul	e			
PWS ID	PWS Na	ame						Class	fication	Population	Ow	ner Type	Prima	ary Source
СТ0740444	TOLL G	ATE HILL I	NN & RESTA	URANT					NC	25		Р		GW
Local Address (w	ocal Address (where applicable) Service						Resider	ntial C	ommerci	al Industri	al	l Combined		gricultural
571 TORRINGTON ROAD Connections									3					
Towns Served: LI	_	LD					·	·		·				
Business Phone	e Ext	tension	Fax		Mobile	bile Phone Emergency Phone Email Address				Address				
860-567-1233			860-567-1	.230					alicia@	tollgatehill.	com	1		
Contact Role(s):	Admin	istrative (Contact											
Name					Org	ganization						Job Title	9	
571 Torrington F	Rd LLC													
Mailing Address	Line On	е		Mailing	Address	Line Two				City		State	Zi	p Code
571 Torrington R	ld								Litchfi	eld		СТ	C	06750
Business Phone	e Ext	tension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email <i>i</i>	Address				
Contact Role(s):	Legal C	Contact, O	wner											
			The state of the s			,	,			The state of the s				

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	epartment of	F Public H	lealth	Drin	king V	Vater So	ection				
	Water 0	uality Monit	oring and	d Com	nlia	nce Sc	hedule					
PWS ID	PWS Name	gereality i rolling	011118 0111		_			ner Type P	rimary Source			
CT074046	4 TOPSMEAD STATE PARI	C/CHASE HOUSE			N		25	S	GW			
Local Addı	ress (where applicable)		Service	Resident	ial Cor	mmercial	Industrial	Combined	l Agricultura			
BUELL ROA	AD		Connections	2								
Towns Ser	ved: LITCHFIELD				'	,						
Monitoring Requirements												
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)						1 ro	utine (RT)	per quarter			
Samp	oling Point (Sampling Point ID)			Monitorin	ng Perio	od Colle	ection Period	Compl	iance Status			
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19	9		Co	omplete			
				4/1/20 -								
				7/1/20 -	9/30/20)						
-	Parameters (PPS)								per quarter			
	oling Point (Sampling Point ID)			Monitorin	_		ection Period		iance Status			
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9				Co	omplete			
				4/1/20 -	• •							
Matar Cu	store Facility FAITDY DOIN	T (MCF ID: 00700)		7/1/20 - 9	9/30/20	J						
•	stem Facility: ENTRY POIN	1 (WSF ID: 00700)							DT\			
	And Nitrite (NOX) pling Point (Sampling Point ID)			Monitorin	a Doric	nd Call	1 ection Period	=	RT) per year iance Status			
	Y POINT (3)			<i>Monitorin</i> 1/1/19 - 1			ection Period		omplete			
LIVIII	AT FORM (3)			1/1/20 - 1				Cl	mpiete			
				1/1/21 - 1								
	Wate	er System Facili					orv					
Water	vvacc	er System racin	ity and Sai	iibiiiig	Oiiii	Tota	•	,				
System	Water System Facility	Sampling Point	Samplina Poi	nt		Colifor		1	Stage			
Facility ID		ID	Description		Star	tus Rule		r Asbestos	WQP 2 DBPI			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A							
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А	L						
		UPSTREAM	WITHIN 5 SER	VICE CON	А	.						
00700	ENTRY POINT	3	ENTRY POINT		А							
21309	WELL	2	WELL		А							
		Con	tact Inforr	nation								
Name		0	rganization					Job Title				
Mr. David	Cooley	De	eep-Engineerin	g Unit		9	Supv Civil Eng	gineer				
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City	State	Zip Code			

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

Extension

Please note the following:

163 Great Hill Road

Business Phone

860-342-2215

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

Mobile Phone

860-205-7552

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

Fax

860-344-2560

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.

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

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

End of schedule

06480

CT

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	<u>.</u>				U				ction			
		iality Monit	oring an	d Com									
PWS ID	PWS Name				Classifi	ication	Popu	lation	Owne	er Type P	rimary Sou	irce	
CT0740504	WHITE MEMORIAL CAMP	GROUND			N	_		.5		Р	GW		
	ss (where applicable)		Service	Resident	tial Co	mmercia	al In	dustria	I C	ombined	Agricultu	ıral	
NORTH SHO	RE ROAD		Connections			1							
Towns Serve	ed: LITCHFIELD												
		Monito	oring Requ	ıiremei	nts								
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)										
Total Colif	orm (3100)					1	routi	ine (RT)	per quart	er			
Samplii	ng Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Per	iod	Compl	iance Statu	IS	
Select f	rom Inventory of Active Samp	ing Points		7/1/19 -	7/31/1	9				Co	mplete		
Total Colif	orm (3100)							1	l rout	tine (RT	per mon	th	
Samplii	ng Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Per	iod	Compl	iance Statu	IS	
Select f	rom Inventory of Active Samp	ing Points		5/1/20 -	5/31/2	0							
	·			6/1/20 -	6/30/2	0							
				7/1/20 -									
				8/1/20 -	8/31/2	0							
				9/1/20 -	9/30/2	0							
Physical Pa	arameters (PPS)							1	routi	ine (RT)	per quart	er	
Samplii	ng Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Per	iod	Compliance Status			
Select f	rom Inventory of Active Samp	ing Points		7/1/19 -	9/30/1	9	Complet						
Physical Pa	arameters (PPS)							1	1 routine (RT) per month				
Samplii	ng Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Per	iod	Compl	iance Statu	IS	
Select f	rom Inventory of Active Samp	ing Points		5/1/20 -	5/31/2	0							
				6/1/20 -	6/30/2	0							
			7/1/20 - 7/31/20										
				8/1/20 -	8/31/2	0							
				9/1/20 -	9/30/2	0							
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)											
Nitrate An	d Nitrite (NOX)								1 rc	outine (I	RT) per ye	ar	
Samplii	ng Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollecti	ion Per	iod	Compl	iance Statu	IS	
ENTRY	POINT (3)			1/1/19 - 3	12/31/1	19				Co	mplete		
				1/1/20 - 3	12/31/2	20							
				1/1/21 - 3	12/31/2	21							
		Other Co	ompliance	Sched	ules								
Compliance	Schedule Activity				Due Dat	te		Achiev	red D	ate			
-	NECTION SURVEY REPORT				3/1/202								
	TART UP COMPLETION				5/1/202								
		System Facili	ity and Sar				ntoı	ГУ					
Water							tal	Lead o	and				
System W Facility ID	Vater System Facility	Sampling Point ID	Sampling Poil Description	nt	Sta		form ule	Copp Rule 1		Asbestos	Stag WQP 2 DE	_	
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM			Υ						
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	I A	A							
		PF1	SPIGOT PUMP	HOUSE	Δ	4	Υ						
		PF10	SPIGOT WOM	IENS	I	l	Υ						
		PF11	SPIGOT OUTH	IOUSE BA	CK I	1	Y						

	Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name Classification Population Owner Type Primary Sour													
CT0740504	WHITE MEMORIAL CAMPGROUND		NC	25	Р	GW							
Local Address (where applicable)	Residen	itial Commerc	ial Industri	al Combin	ed Agricultural							
NORTH SHORE	NORTH SHORE ROAD Connections 1												

Connecticut Department of Public Health Drinking Water Section

Water System Facility and Sampling Point Inventory													
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
	PF2	SPIGO SITE 5	А	Υ									
	PF3	SPIGOT SITE 10A	Α	Υ									
	PF4	SPIGOT SITE 14	Α	Υ									
	PF5	SPIGOT END	Α	Υ									

		PF3	SPIGOT SITE 10A	Α	Υ
		PF4	SPIGOT SITE 14	Α	Υ
		PF5	SPIGOT END	Α	Υ
		PF6	SPIGOT SITE 27	Α	Υ
		PF7	SPIGOT DUMP STATION	Α	Υ
		PF8	SPIGOT SILVER TANK	Α	Υ
		PF9	SPIGOT MENS	1	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α	
00700	ENTRY POINT	3	ENTRY POINT	Α	
21313	WELL	2	WELL	Α	
EC242	ATNACCOLIEDIC TANIK				

56213 ATMOSPHERIC TANK

56215 BLADDER TANK

Towns Served: LITCHFIELD

				Contact In	formation					
Name				Organizatio	n			Job Title		
Mr. Keith Cudwort	h			White Men	norial Foundation		Executive Director			
Mailing Address Lin	e One		Mailing A	Address Line Two	0	City State		Zip Code		
P O Box 368						Litchfield	eld CT		06759	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
860-567-0857		860-567-2	2611		860-567-5924	INFO@V	VHITEMEMO	DRIALCC.ORG		
Contact Role(s): O	wner									
Name				Organizatio	n			Job Title		
Mr. Lukas Hyder				White Men	norial Foundation		Asst. Superintendent			
Mailing Address Lin	e One		Mailing A	Address Line Two	0	City		State	Zip Code	
P.O. Box 368						Litchfield	t	СТ	06759	
Business Phone	Extension	Fax		Mobile Phone	10bile Phone					
860-567-4885	12	860-567-2	2611			lukas@v	vhitememor	ialcc.org		

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

End of schedule

	Connectic	ut Depa	rtment o	of Public	Health	Drin	nking	Wat	er Se	ection			
	Wa	ter Qual	ity Mon	itoring a	nd Con	nplia	nce S	chec	lule				
PWS ID	PWS Name									ner Type	Primary Source		
CT0740514	WHITE MEMORI	AL CONF. CT	R & MUSEUN]			IC	36		P	GW		
Local Address (w				Service	Residen	ntial Co	mmercia	I Indu	ıstrial	Combine	d Agricultural		
71 WHITEHALL R				Connectio			5				0 11 11		
Towns Served: LI													
			Moni	toring Re	auireme	nts							
Water System F	acility: DISTR	IBUTION SY			90								
Total Coliform	(3100)								1 ro	utine (RT)	per quarter		
Sampling Po	oint (Sampling P	oint ID)			Monitor	ing Peri	iod Co	llection	Period	Comp	liance Status		
Select from	Inventory of Act	ive Sampling	Points		7/1/19	- 9/30/1	<u>.</u> 9			С	omplete		
					10/1/19	- 12/31/	/19			C	omplete		
					1/1/20	- 3/31/2	20			С	omplete		
					4/1/20								
					7/1/20								
Physical Param	neters (PPS)				-,-,	-,,-			1 roi	ıtine (RT)	per quarter		
•	oint (Sampling P	oint ID)			Monitor	ina Peri	iod Co	llection	Period		liance Status		
	Inventory of Act		Points		7/1/19					<u> </u>	omplete		
Sciede ii Siii	mventory or rice		. 011163		10/1/19						omplete		
					1/1/20						omplete		
					4/1/20						ompiete		
					7/1/20								
Water System F	acility: ENTD	V DOINT /\A	SE ID: 0070	n)	7/1/20	- 3/30/2							
-	•	T POINT (W	3F ID. 0070	J)							D=\		
Nitrate And Ni	• •									-	RT) per year		
	oint (Sampling P	oint ID)			Monitor			llection	Period		liance Status		
ENTRY POIN	1 (3)				1/1/19 -					C	omplete		
					1/1/20 -								
					1/1/21 -								
		Water Sy	stem Fac	ility and S	ampling	Poin	t Inver	ntory					
Water							Tot		ead and	1			
*	System Facility	S		nt Sampling I			Colif		Copper		Stage		
Facility ID			ID	Description			atus Ru		lule Tier	Asbestos	WQP 2 DBPR		
00600 DISTR	IBUTION SYSTEM		4		ION SYSTEM		A Y	1					
		[DOWNSTREA	M WITHIN 5 S	SERVICE CO	N A	A						
			UPSTREAM	WITHIN 5	SERVICE CO	N A	A						
00700 ENTRY	POINT		3	ENTRY POI	NT	A	A						
21314 WELL			2	WELL		A	A						
56217 BLADE	DER TANKS												
			Co	ntact Info	ormation	1							
Name				Organization						Job Title			
Mr. Keith Cudwo	Wr. Keith Cudworth White Memorial Foundation Executive Director												
Mailing Address I	Line One		Mailing Addre	ess Line Two				City		State	Zip Code		
P O Box 368							Litchfiel			СТ	06759		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	ddress					
860-567-0857		860-567-2			860-567				/IEMOR	ALCC.ORG			
Contact Role(s):	Owner	I			I.								
.,	T.												

Connecticut Department of Public Health Drinking water Section														
Water Quality Monitoring and Compliance Schedule														
PWS ID P	PWS ID PWS Name Classification Population Owner Type Primary Source													
CT0740514 V	HITE MEMOR	IAL CONF. CT	R & MU	JSEUM				NC	36	Р	GW			
Local Address (wh	ere applicable)			9	Service	Residen	ntial C	ommercia	l Industri	al Combin	ned Agricultural			
71 WHITEHALL RO	AD			ns		5								
Towns Served: LIT	CHFIELD					'	'				'			
Name				Org	anization					Job Tit	le			
Mr. Lukas Hyder				Whi	ite Memor	ial Foundat	ion		Asst. Supe	erintendent				
Mailing Address Li	ne One		Mailing	Address I	ine Two				City	State	Zip Code			
P.O. Box 368								Litchfiel	d	СТ	06759			
Business Phone	Extension	Fax		Mobile	Phone	Emergency	/ Phon	e Email A	ddress					
860-567-4885	860-567-4885 12 860-567-2611 lukas@whitememorialcc.org													
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact													

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

	Conne		partment of								ection	
		Water Q	uality Monit	oring and	d Con	npli	ance	e Scł	hedu	le		
PWS ID	PWS Nam	е				Class	ificatio	on Pop	oulation	Owi	ner Type	Primary Source
CT0740524	WISDOM	HOUSE					NC		31		Р	GW
Local Address	(where appli	cable)		Service	Residen	tial C	Comme	ercial	Industr	ial	Combine	d Agricultural
				Connections			1					
Towns Served	: LITCHFIELD											
			Monito	oring Requ	ireme	nts						
Water Syste	m Facility:	DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
Total Colifo	rm (3100)								:	1 rou	itine (RT) per quarter
Sampling	g Point (Samp	oling Point ID)			Monitori	ng Pe	riod	Colle	ction Pe	riod	Comp	liance Status
Select fro	om Inventory	of Active Samp	oling Points		7/1/19 -	9/30/	/19				C	Complete
				:	10/1/19 -	12/32	1/19	_				Complete
					1/1/20 -	3/31/	/20				C	Complete
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Physical Par	rameters (P	PS)							:	1 rou	itine (RT	per quarter
Sampling	g Point (Samp	oling Point ID)			Monitori			Colle	ction Pe	eriod	Comp	liance Status
Select fro	om Inventory	of Active Samp	oling Points		7/1/19 -							Complete
					10/1/19 -						C	Complete
					1/1/20 -						C	Complete
					4/1/20 -							
					7/1/20 -	9/30/	/20					
Water Syste	m Facility:	ENTRY POIN	Γ - WELLS 2, 3, & 4	(WSF ID: 00	701)							
Nitrate And	Nitrite (NC	OX)								1		RT) per year
		oling Point ID)			Monitori			Colle	ction Pe	eriod		liance Status
EP - WEL	LS 2, 3, & 4 (3	3)			1/1/19 -	-	-					Complete
					1/1/20 -						C	Complete
					1/1/21 -	12/31	./21					
	Mor	nthly Wate	er System Facil	ity (WSF) l	.evel N	/loni	itorii	ng Re	quire	me	nts	
Water Syste	m Facility:	ENTRY POINT	- WELLS 2, 3, & 4	(WSFID: 007	01)							
Analyte		Monitoring R	equirement (Summa	ary Type)	Ope	rating	Limit				Samples	Req/Month
рН		Entry Point pl	H Monitoring (PHRD)	Mini	imum:	7.0 P	Ή			. D	aily
Start Date	e: 8/1/2016		- '	Complia	nce Histo	ory:		Opera	ting Lim	nit	Monit	oring
				Monitor	ing Perio	d		-	liance S		_	iance Status:
				10/1/20	19 - 10/3:	1/201	9					
				11/1/20	19 - 11/30	0/201	9					
				12/1/20	19 - 12/3:	1/201	9					
				1/1/202	0 - 1/31/2	2020						
				2/1/202) - 2/29/2	2020						
			Other Co	ompliance	Sched	lules	5					
Compliance S	chedule Activ	vity				Due D	ate		Achie	eved	Date	
CROSS CONNI					3	3/1/20	020					
		Wate	r System Facili	ty and Sar	npling	Poi	nt In	vent	ory			
	ater System F	acility	Sampling Point		nt			Total Colifori	т Сор	per	Achest-	Stage
Facility ID 00600 DIS	STRIBUTION S	YSTEM	1D 4	Description DISTRIBUTION	I SYSTEM		tatus A	Rule Y	KUIE	ııer	ASDESTO.	s WQP 2 DBPR
22300 010			•		L.WI			•				

	0		. 5		CD 111	xx 1.1	D .	1	A		
	C		•	rtment of						ection	
		Wa	ter Qua	lity Monit	coring a	nd Con	nplia	nce Sc	hedule		
PWS ID	PV	VS Name					Classifi	cation Po	pulation Ov	vner Type F	rimary Source
CT0740524	4 W	ISDOM HOUS	E				N	С	31	Р	GW
Local Addr	ess (whe	re applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combined	l Agricultural
					Connection	ns		1			
Towns Serv	ved: LITC	HFIELD									
			Water Sy	ystem Facil	ity and S	ampling	Point	Invent	ory		
Water								Tota		d	
System		ystem Facility	'	Sampling Point				Colifor			Stage
Facility ID				ID	Description		Sta		Rule Tie	r Asbestos	WQP 2 DBPR
				DOWNSTREAM				1			
				UPSTREAM	WITHIN 5 S						
				WISDOMH001		-	Α				
				WISDOMH002			Α	. Y			
				WISDOMH003	_		Α				
				WISDOMH004			Α	•			
				WISDOMH005			Α	•			
				WISDOMH006			Α	•			
				WISDOMH007			Α				
				WISDOMH008			Α				
				WISDOMH009		ATH	Α				
				WISDOMH010	417 BATH		Δ	. Y			
00701	ENTRY P	OINT - WELLS	2, 3, & 4	3	EP - WELLS	2, 3, & 4	Δ	١			
2	WELL 4			2	WELL 4		Δ.	1			
21315	WELL 3			2	WELL 3		Д	١			
53521	WELL 2			2	WELL 2		Α	1			
54058	HYDROP TANK	NEUMATIC ST	ORAGE								
54061	TREATM	ENT PLANT									
				Con	itact Info	rmation	1				
Name				0	rganization					Job Title	
Daughters	of Wisd	om, Inc.									
Mailing Ad	ldress Lin	e One		Mailing Addres	s Line Two				City	State	Zip Code
229 East Li	itchfield I	Road						Litchfield		СТ	06759
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Add	Iress		
860-567	7-3163										
Contact Ro	ole(s): O	wner									
Name	'			0	rganization					Job Title	
Ms. Debor	ah Kelly			D	aughters of \	Wisdom, In	С	E	Executive Di	ector	
Mailing Ad	ldress Lin	e One		Mailing Addres	s Line Two				City	State	Zip Code
229 East Li	itchfield I	Road						Litchfield		CT	06759
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Add	Iress	1	

860-567-3164

dk@wisdomhouse.org

860-567-3163

Contact Role(s): Administrative Contact, Legal Contact

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

			0						
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT0740524	WISDOM HOUSE					NC	31	Р	GW
Local Address (\	where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
			Connections			1			

Towns Served: LITCHFIELD

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

End of schedule

	Connecticut Dep	artmor	nt of	Dublic E	loalth	Dr	rinlzir	ια Μ	7ator 9	Soction	n			
	*										П			
	Water Qu	ality M	onit	oring an	a Com	_								
PWS ID	PWS Name					Clas					e Pri	mary Source		
CT0740534	WOODS PIT BBQ AND MEX	(ICAN					NC		25	Р		GW		
	where applicable)			Service	Resident	tial	Comme	rcial I	ndustrial	Combi	ned	Agricultural		
123 BANTAM L				Connections			1							
Towns Served:	LITCHFIELD													
		M	onit	oring Requ	iiremei	nts								
Water System	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)										
Total Colifor	m (3100)								1 r	=		er quarter		
	Point (Sampling Point ID)				Monitorii			Collec	tion Perio	od Coi	nplia	ınce Status		
Select from	m Inventory of Active Samplir	ng Points			7/1/19 -						Cor	nplete		
					10/1/19 -						Cor	nplete		
					1/1/20 -		-							
					4/1/20 -		-							
					7/1/20 -	9/30)/20							
•	ameters (PPS)									=		er quarter		
	Point (Sampling Point ID)				Monitorii			Collec	tion Perio	od Coi	•	ince Status		
Select froi	m Inventory of Active Samplir	ng Points			7/1/19 -						Complete			
				10/1/19 -		-				Cor	nplete			
					1/1/20 -									
					4/1/20 -		-							
	- 111				7/1/20 -	9/30	0/20							
-	n Facility: ENTRY POINT ((WSF ID: 0	0700)									-		
	Nitrite (NOX)					_		- "			-	Γ) per year		
	Point (Sampling Point ID)				Monitorii			Collec	tion Perio	od Coi		ince Status		
ENTRY PO	INT (3)				1/1/19 - 1						Cor	nplete		
					1/1/20 - 1									
					1/1/21 - 1		-							
		Oth	er C	ompliance	Sched	lule	S							
Compliance Sci	hedule Activity				L	Due L	Date		Achieve	ed Date				
RESPOND TO S	ANITARY SURVEY				8	8/9/2	2007							
RESPOND TO S	ANITARY SURVEY				1	.0/8/	2017							
		Public	Not	ification R	equire	me	nts							
			C	ompliance	Notice		<u>Public</u>	Notific	<u>cation</u>	PN	<u>Certi</u>	<u>fication</u>		
Violation/Situe				Period	Tier		Require		erformed			Received		
Physical Param	eters M&R Violation			/04 - 3/31/04	3		0/19/20			10/29/2	005			
	Water	System I	Facili	ity and Sar	npling	Poi	int Inv	/ento	ry					
Water								Total	Lead a					
	ter System Facility		Point	Sampling Poi	nt		C	oliform			4 '	Stage 2 DDDD		
Facility ID	EDIDUTION CVCTTA	ID		Description	1.63/6777		Status	Rule	Kule Ti	er Asbes	tos I	WQP 2 DBPR		
00600 DIST	TRIBUTION SYSTEM	4	DE 4.1.	DISTRIBUTION			A	Υ						
				WITHIN 5 SER			A							
00000 =:	DV BOILE	UPSTRE	AIVI	WITHIN 5 SER	VICE CON	N	A							
00700 ENT	RY POINT	3		ENTRY POINT			Α							

Α

WELL

21316 WELL

DIA/C NI	Cl:6:+:	Demonstrations	O	During
Water Quality Monitoring and Con	npliance S	Schedul	le	
Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule				

PWS ID	PWS Name	Clas	ssification	Population	Owner Type	Primary Source	
CT0740534		NC	25	Р	GW		
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
123 BANTAM LA	Connections			1			

Towns Served: LITCHFIELD

Contact Information											
Name			Organization Job Title								
Mr. Paul W. Haas				Wood's Pit Barbeque							
Mailing Address Line One				Mailing Address Line Two			City	State	Zip Code		
123 Bantam Lake Rd				ox 309	Bantam		СТ	06750			
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Address					
860-567-9869						ZIPPYHAAS@AOL.COM					

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

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

End of schedule

	Connecticut Depa	artment o	f Public F	lealth	Drir	nking '	Mate	r Se	ection	
	Water Qua								CUOII	
PWS ID	PWS Name	iney 1.10111	toring an	u don					ner Tyne F	Primary Source
CT0740574	COZY HILLS CAMPGROUND	- WFII 2			N		25	11 000		
	ess (where applicable)		Service	Resident		mmercial	Indust	rial	-	
	LL (ROUTE 202)		Connections	1	ciai co	- Innier olar	maas		Combined	, ignouncer an
	ed: LITCHFIELD			_						
		Monit	oring Requ	uireme	nts					
Water Syst	tem Facility: DISTRIBUTION S									
Total Colif	form (3100)							1 rou	ıtine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitori	ng Peri	od Col	lection I	Period	Compl	iance Status
Select	from Inventory of Active Samplin	g Points		7/1/19 -	9/30/1	9			Co	omplete
				10/1/19 -	12/31/	19			Co	omplete
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0		On Owner Type Primary Source P GW Strial Combined Agricultural 1 routine (RT) per quarter Period Compliance Status Complete Status Complete Complete Complete Complete Status Job Title Job Title		
Physical P	arameters (PPS)							1 rou	ıtine (RT)	per quarter
-	ing Point (Sampling Point ID)			Monitori	ng Perio	od Col	lection F			•
Select	from Inventory of Active Samplin	g Points		7/1/19 -	9/30/1	9			Co	omplete
				10/1/19 - 12/31/19					Co	omplete
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0				
Water Syst	tem Facility: ENTRY POINT - V	WELL 2 (WSF	D: 00700)							
Nitrate Ar	nd Nitrite (NOX)							1	routine (RT) per vear
	ing Point (Sampling Point ID)			Monitori	ng Peri	od Col	lection F		=	
EP - WELL 2 (3)				1/1/19 - 12/31/19			4/1-12/	31		
				1/1/20 - :			4/1-12/31			
				1/1/21 - :			4/1-12/			
		Other (Compliance							
Compliance	Schedule Activity		-		Due Dat	te	Ach	ieved	Date	
RESPOND T	O SANITARY SURVEY			7	/31/200	08				
RESPOND T	O SANITARY SURVEY			9/19/2014						
CORRECTIVI	E ACTION/CORRECTIVE ACTION P	LAN		10/17/2014						
	O SANITARY SURVEY				 0/18/20					
	START UP COMPLETION				1/1/202					
	Water S	ystem Faci	lity and Sar				torv			
Water	330.00.	, ccciii i dei	no, emercen			Tota		d and		
	Nater System Facility	Sampling Poin	t Sampling Poi	int		Colifo				Stage
Facility ID	,	ID	Description		Sta	D. J			Asbestos	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM						
		DOWNSTREAM	1 WITHIN 5 SER	RVICE CON	I /	A				
		UPSTREAM	WITHIN 5 SER	RVICE CON	I /	A				
00700 E	ENTRY POINT - WELL 2	3	EP - WELL 2		Þ	4				
22786 V	WELL 2	2	WELL 2		P	A				
Contact Information										
Name			Drganization						Job Title	
Ms. Lelah C	ampo		Cozy Hills Camp	ground			Owner			
	lress Line One	Mailing Addre		<u> </u>			City		State	Zip Code
1311 Banta		9 223				Bantam	,		CT	06750
		1				+				•

Page 35 Schedule Generation Date: 3/10/2020

donnectical Department of Labore Treatment Dimking Water beetion											
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Cla								Population	Owner Type	Primary Source	
CT0740574 COZY HILLS CAMPGROUND - WELL 2							NC	25	Р	GW	
Local Address (w	Service Resident		itial (Commerci	al Industri	al Combine	ed Agricultural				
11 COZY HILL (RC	Connections 1										
Towns Served: LITCHFIELD											
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										
860-567-2119	860-567-2119 860-567-8117 860-281-4051 admin@cozyhills.com										

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

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	Со		•	artment of ality Monit					U			ction	
PWS ID	PWS	S Name	C C C C C C C C C C				_					ner Type P	rimary Source
CT074060)4 BAN	ITAM CINEM	IA					NC		25		P	GW
Local Add	ress (where	applicable)			Service	Resider	ntial	Comm	ercial	Industr	ial	Combined	Agricultural
99 BANTA	M LAKE RO	AD			Connection	าร		1					
Towns Sei	rved: LITCH	FIELD											
				Monito	oring Red	quireme	ents	S					
Water Sy	stem Facil	lity: DISTR	IBUTION S	SYSTEM (WSF II	D: 00600)								
Total Co	liform (31	100)								:	l rou	itine (RT)	per quarter
Sam	pling Point	(Sampling P	oint ID)			Monitor	ing F	Period	Colle	ction Pe	riod	Compl	iance Status
Selec	ct from Inve	entory of Act	ive Samplin	g Points		7/1/19							mplete
						10/1/19							mplete
						1/1/20						Co	mplete
						4/1/20		•					
Dharainal	D	(DDC)				7/1/20	- 9/3	30/20			•	(DT)	
_	Paramete	ers (PPS) (Sampling P	oint ID)			Monitor	ina l	Period	Colle	ction Pe			per quarter iance Status
		entory of Act		g Points		7/1/19			conce	CHOITTE	Tiou		mplete
00.00				B . Cs		10/1/19							mplete
						1/1/20							mplete
						4/1/20	- 6/3	30/20					
						7/1/20	- 9/3	30/20					
Water Sy	stem Facil	lity: ENTR	Y POINT (WSF ID: 00700)									
Nitrate A	And Nitrite	e (NOX)									1	routine (I	RT) per year
		(Sampling P	oint ID)			Monitor			Colle	ction Pe	riod	Compl	iance Status
ENTF	RY POINT (3)				1/1/19 -						Co	mplete
						1/1/20 -							
						1/1/21 -							
				Other Co	omplian	ce Sche	dul	es					
	ce Schedule							Date		Achie	eved	Date	
	TO SANITA							/2013					
RESPOND	TO SANITA					_		1/2017					
			Water S	System Facili	ity and S	ampling	; Pc	oint In	vent	ory			
Water									Total	Lead			
System Facility ID	=	stem Facility		Sampling Point ID	Description				Coliforn Rule	-	•	Achastas	Stage WQP 2 DBPR
00600		TION SYSTEM	1	4	DISTRIBUTI		1	Status A	Y	Nuie	1161	ASDESTOS	WQF 2 DDFN
00000	DISTRIBUT	IION SISILIV	'	DOWNSTREAM				A	'				
				UPSTREAM	WITHIN 5 S			Α					
00700	ENTRY PO	INT		3	ENTRY POI			Α					
23053	WELL#1			2	WELL #1			Α					
				Con	tact Info	rmation	1						
Name					rganization	3.3.						Job Title	
	eth Merz				inning Reels	s, LLC			V	1ember			
Mailing A	ddress Line	One		Mailing Address	<u>~</u>					City		State	Zip Code
P.O. Box 4	101							Bar	ntam			СТ	06750
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergenc	y Pho	one Em	ail Addr	ess			

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.

	Connectio	ut Depa	rtmen	t of	Public	Health	ı Dr	inking	g Water	Sec	ction	
	Wa	ter Qua	lity Mo	nit	oring a	nd Cor	npli	ance S	Schedul	le		
PWS ID	PWS Name						Class	sification	Population	Owne	er Type F	rimary Source
CT0740604	BANTAM CINEN	ſΑ						NC	25		Р	GW
ocal Address (wi	nere applicable)				Service	Reside	ntial	Commerci	al Industri	al C	ombined	l Agricultural
99 BANTAM LAKE	ROAD				Connectio	ns		1				
Towns Served: LI	TCHFIELD					·						
860-567-1916		860-567-9	9098			860-567	-8332	info@t	pantamciner	na.cor	n	
Contact Role(s):	Administrative	Contact										
Name				Or	ganization						Job Title	
Bantam Supply C	ompany Inc											
Mailing Address L	ine One		Mailing Ad	dress	s Line Two	Line Two			City		State	Zip Code
99 Bantam Rd						Litchfiel			eld		CT	06750
Business Phone	Extension	Fax		Mobil	le Phone	Emergeno	y Phor	ne Email A	Address			
Contact Role(s):	Owner											
Name				Or	ganization						Job Title	
Mr. Peter A Aziz				Ва	ıntam Suppl	ly Co. Inc			President			
Mailing Address I	ine One		Mailing Ad	dress	Line Two				City		State	Zip Code
99 Lake Rd								Bantar	n		CT	06750
Business Phone	Extension	Fax		Mobil	le Phone	Emergeno	y Phor	ne Email A	Address			
Contact Role(s):	Legal Contact	Owner										

Contact Role(s): Legal Contact, Owner

Please note the following:

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

End of schedule

	Connecticut Dej	oartment of	Public H	lealth l	Drink	ing W	ater S	ection	
	Water Qu	iality Monit	oring an	d Com	pliand	ce Sch	nedule		
PWS ID	PWS Name			C	Classificat	ion Pop	ulation O	wner Type Pi	imary Source
CT074061	EBNER CAMPS, INC (CAM	P CHINQUEKA)			NC		25	Р	GW
Local Add	ress (where applicable)		Service	Residentia	al Comn	nercial	Industrial	Combined	Agricultural
1519 BAN	ITAM ROAD		Connections					1	
Towns Sei	rved: LITCHFIELD, WASHINGTON								
		Monite	oring Requ	uiremen	ts				
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 rc	outine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	d Compli	ance Status
Selec	ct from Inventory of Active Sampl	ing Points		7/1/19 - 9	/30/19			Co	mplete
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
-	Parameters (PPS)							outine (RT)	•
	pling Point (Sampling Point ID)			Monitoring		Collec	tion Perio		ance Status
Selec	ct from Inventory of Active Sampl	ing Points		7/1/19 - 9				Со	mplete
				4/1/20 - 6					
				7/1/20 - 9	/30/20				
	stem Facility: ENTRY POINT	(WSF ID: 00700)							
	And Nitrite (NOX)							1 routine (R	
_	pling Point (Sampling Point ID)			Monitoring			tion Perio		ance Status
ENTF	RY POINT (3)			1/1/19 - 12			/1-9/30	Со	mplete
				1/1/20 - 12			/1-9/30		
				1/1/21 - 12	2/31/21	4	/1-9/30		
•	ystem Facility: WELL #1 (WSF	· ID: 47963)							
E. Coli (•							outine (RT)	•
_	pling Point (Sampling Point ID)			Monitoring		Collec	tion Perio		ance Status
WELI	L (2)			7/1/19 - 9				Со	mplete
				4/1/20 - 6					
			1.	7/1/20 - 9					
		Other C	ompliance	Schedu	iles				
-	ce Schedule Activity				ue Date		Achieve	d Date	
	TO SANITARY SURVEY				12/2015				
SEASONA	L START UP COMPLETION				1/2020				
	Water	System Facili	ity and Sar	mpling F	Point li	nvento	ory		
Water						Total	Lead an		
System	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description	ALCVCTE* 4	Status		KUIE TIE	er ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			Α				
00700	CNITDY DOINT	UPSTREAM	WITHIN 5 SER		A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
47963	WELL #1	2	WELL		Α				
57072	ATMOSPHERIC STORAGE TANK								
57074	TRANSFER PUMP								

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TREATMENT PLANT

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source											
CT0740614	EBNER CAMPS, INC (CAMP CHINQUEKA)			NC	25	Р		GW				
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combir	ned	Agricultural				
1E10 DANITAN	F10 PANTAM POAD Connections 1											

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD, WASHINGTON

Contact Information											
Name				Organizatio	n			Job Title			
Mr. Kevin R. Ebner				Ebner Camp	s Inc.		President				
Mailing Address Line	e One		Mailing Ad	dress Line Two)		City	State	Zip Code		
176 Migeon Avenue)					Torringto	on	CT	06790		
Business Phone Extension Fax I				Mobile Phone	Emergency Phone	Email Address					
860-379-4050 860-626-8301 860-459-8473 Kevin@awosting.com											

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

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End of schedule

Co	onnectic	ut Departme	nt o	f Public	Health	n Drink	ing \	Water S	Section	
	Wa	ter Quality N	Ionit	toring a	nd Cor	nplian	ce So	chedule	<u>,</u>	
PWS ID PV	VS Name					_				rimary Source
CT0745124 W	EST SHORE SE	AFOOD LLC				NC		30	P	GW
Local Address (whe	re applicable)			Service	Reside	ntial Comn	nercial	Industrial	Combined	Agricultural
442 BANTAM LAKE	ROAD			Connectio	ns		2			
Towns Served: LITC	HFIELD									
		r	/lonit	oring Re	quireme	ents				
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	ID: 00600)						
Total Coliform (3	3100)							1 r	outine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monito	ring Period	Coll	lection Perio	od Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			7/1/19	- 9/30/19			Co	omplete
					10/1/19	- 12/31/19			Co	omplete
					1/1/20	- 3/31/20			Co	omplete
					4/1/20	- 6/30/20				
					7/1/20	- 9/30/20				
Physical Paramet	ters (PPS)							1 r	outine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitor	ring Period	Coll	ection Perio	od Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			7/1/19	- 9/30/19			Co	omplete
					10/1/19	- 12/31/19			Co	omplete
						- 3/31/20			Co	omplete
					4/1/20	- 6/30/20				
					7/1/20	- 9/30/20				
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)							
Nitrate And Nitri	te (NOX)								1 routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitor	ring Period	Coll	ection Perio	od Compl	iance Status
ENTRY POINT ((3)				1/1/19 -	12/31/19			Co	omplete
					1/1/20 -	12/31/20			Co	omplete
					1/1/21 -	12/31/21				
		Publ	ic No	tification	Requir	ements				
			(Compliance	Notic	e <u>Pub</u>	lic Not	<u>ification</u>	PN Cer	tification
Violation/Situation)			Period	Tier	Requi	ired	Performed	Due to DPH	Received
Total Coliform M&F	R Violation		10/1	/09 - 12/31/	09 2	4/1/2	010		4/11/2010	
		Water System	Facil	ity and S	ampling	Point I	nven	tory		
Water							Tota	al Lead ai	nd	
*	ystem Facility	Samplin	g Point	Sampling I			Colifo			Stage
Facility ID		1)	Description	n	Status	Rul	e Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		ļ	DISTRIBUT	_	Α				
		DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N A				
		UPST	REAM	WITHIN 5 S	SERVICE CO	N A				
00700 ENTRY P	OINT		3	ENTRY POI	NT	Α				
53106 WELL 1			<u> </u>	WELL 1		A				
			Cor	ntact Info	rmatio	n				
Name				rganization					Job Title	
Ms. Susan F. Berta		1		est Shore Se	eafood LLC	T.		Member		
Mailing Address Lin	e One	Mailing	Addres	ss Line Two				City	State	Zip Code
449 Bantam Lake R							orris		СТ	06763
Business Phone	Extension	Fax	Mob	ile Phone		y Phone Er				
960 <u>567</u> 9000		960 <u>567</u> 9979			9E0_201	-701 <i>/</i> 1 cu	سهمنه	actcharacas	food com	

860-567-8000
960-567-8229
960-301-7014
sucia@westsharaseafood.com
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	Connectic	ut Depa	rune	enicor	Public	пеани	ווזעו	IKIIIg	g water	26	CUOII		
	Wa	ter Qual	ity N	Jonit o	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name						Classif	ication	Population	Owr	ner Type	Primary S	ource
CT0745124	WEST SHORE SEA	AFOOD LLC					N	IC	30		Р	GW	
Local Address (w	here applicable)				Service	Residen	itial Co	mmerci	al Industri	al	al Combined		ıltural
442 BANTAM LA	KE ROAD				Connection	ns		2					
	vns Served: LITCHFIELD												
800-307-8000		000-307-0	020			800-201-	-7014	susiew	westsholes	earoc	Ju.com		
Contact Role(s):	Administrative	Contact											
Name				Org	ganization						Job Title	<u> </u>	
Ms. Linda E Bert	accini			442	2 Batam Rd								
Mailing Address	Line One		Mailing	g Address	Line Two				City		State	Zip Co	de
442 Bantam Rd								Litchfie	eld		СТ	0675	0
Business Phone Extension Fax Mo					e Phone	Emergency	/ Phone	Email A	Address				
Contact Role(s):	Legal Contact, C	Owner											

nt of Dublic Hoolth Duinling Motor Cooti

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End of schedule

	Co	nnectic Wa	•			f Public coring a				_			ection	
PWS ID	PW	'S Name						Cla	ssificatio	n Po	pulatio	n Ow	ner Type F	Primary Source
СТ074062	4 CO	ZY HILLS CAM	IPGROUND -	- WELL 3					NC		25		Р	GW
Local Addı	ress (wher	e applicable)				Service	Reside	ential	Comme	rcial	Indust	rial	Combined	d Agricultural
11 COZY H						Connection	IS		1					
Towns Ser	ved: LITCI	HFIELD												
				M	onit	oring Rec	uirem	ent	S					
Water Sy	stem Fac	ility: DISTR	IBUTION S'	YSTEM (WSF I	D: 00600)								
	liform (3	100) t (Sampling P	oint ID)				Monito	orina	Period	Colle	ection P			per quarter
		entory of Acti		Points			7/1/19							omplete
30.00		, , , , , , , , , , , , , , , , , , , ,		,			10/1/19							omplete
							4/1/20							
							7/1/20							
Physical	Paramet	ers (PPS)										1 rou	ıtine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monito	oring	Period	Colle	ection P	eriod	Comp	liance Status
Selec	t from Inv	entory of Acti	ive Sampling	Points			7/1/19	9 - 9/3	30/19				C	omplete
						10/1/19 - 12/31/19							C	omplete
							4/1/20) - 6/3	30/20					
							7/1/20) - 9/3	30/20					
Water Sy	stem Fac	ility: ENTR	Y POINT - V	VELL 3 (\	NSF I	D: 00700)								
	And Nitri	• •										1	-	RT) per year
		t (Sampling P	oint ID)				Monito			Colle	ection P	eriod	-	liance Status
EP - \	WELL 3 (3)						1/1/19						C	omplete
							1/1/20							
							1/1/21		•					
				Oth	er C	ompliand	e Sche	edul	es					
Complian								Due	Date		Ach	ieved	Date	
RESPOND	TO SANIT	ARY SURVEY						7/31	./2008					
		ARY SURVEY							9/2014					
		ARY SURVEY							8/2018					
SEASONAL	L START U	P COMPLETIO	N					4/1,	/2020					
			Water Sy	ystem I	Facili	ity and Sa	amplin	g Po	oint Inv	/ent	ory			
Water										Tota		d and		
System	_	stem Facility		Sampling ID	Point	Sampling Page 19 Description				olifor		pper	Ashastas	Stage WQP 2 DBPR
Facility ID		ITIONI CVCTEN	1	4				N 4	Status	Rule	Kui	e rier	Aspestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM		-	DEANA	DISTRIBUTION SILVER SIL			A					
				UPSTRE		WITHIN 5 SI			A A					
00700	FNTRY P	DINT - WELL 3		3	./\\\\	EP - WELL 3		J1 1	Α					
54792	WELL 3	ZIITI VVLLL J		2		WELL 3			A					
3.732	7, 2, 2, 3				Con		rmo±i-	n	,,					
						tact Info	illatio	11						
Name	Courses					rganization				-			Job Title	
Ms. Lelah		- Onc		Mailia - A		ozy Hills Cam	pground			C	Owner		Ctoto	7in Code
Mailing Ac		e One		ivialling A	aures:	s Line Two			Bant	·am	City		State	Zip Code 06750
Business		Extension	Fax		Mohi	le Phone	Emergen	cy Dh	one Ema		ress		CI	00730
Pasilies:	o i none	LACCIONI	ιαχ		IVIOUI	ic i none	Lineigell	Cy i'il	one Lina	Auu	. 033			

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domined department of 1 ablie freath Diffixing water bection													
	Water Quality Mon	itoring an	d Con	npl	liance S	Schedul	le						
PWS ID	PWS Name			Cla	ssification	Population	Owner	Type	Primary Source				
CT0740624	COZY HILLS CAMPGROUND - WELL 3				NC	25	F	,	GW				
Local Address (Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural												
11 COZY HILL (F	ROUTE 202)	Connections			1								
Towns Served:	LITCHFIELD						·		·				
860-567-211	9 860-567-8117		860-281	-405	1 admin	@cozyhills.c	om						
Contact Role(s)	: Administrative Contact, Legal Contact, O	wner											

Connecticut Department of Public Health Drinking Water Section

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End of schedule

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Connecticu Wat	t Departm er Quality								ection	
PWS ID PWS Name					Classif	ication P	opula	ation Ow	ner Type F	rimary Source
CT0745134 NORTHLAND PRO	PERTIES, LLC				N	С	25	,	Р	GW
Local Address (where applicable)			Service	Resident	tial Co	mmercial	Ind	lustrial	Combined	d Agricultural
583 BANTAM RD			Connections	S					1	
Towns Served: LITCHFIELD										'
		Monit	oring Req	uiremei	nts					
Water System Facility: DISTRI										
Total Coliform (3100)								1 ro		per quarter
Sampling Point (Sampling Po				Monitorii			llectio	n Period		liance Status
Select from Inventory of Activ	e Sampling Points	;		7/1/19 -						omplete
				10/1/19 -						omplete
				1/1/20 -					C	omplete
				4/1/20 -						
<u> </u>				7/1/20 -	9/30/2	0				
Physical Parameters (PPS) Sampling Point (Sampling Po	int ID)			Monitorii	ng Peri	od Col	llectio	1 ro on Period	= =	per quarter
Select from Inventory of Activ		;		7/1/19 -						omplete
•				10/1/19 -	12/31/	19				omplete
				1/1/20 -					С	omplete
				4/1/20 -						·
				7/1/20 -						
Water System Facility: ENTRY	POINT (WSF ID	: 00700)								
Nitrate And Nitrite (NOX)	(,						1	routine (RT) per year
Sampling Point (Sampling Po	int ID)			Monitorii	na Peri	od Col	llectio	n Period	=	liance Status
ENTRY POINT (3)				1/1/19 - 1						omplete
2				1/1/20 - 1						ompiece
				1/1/21 - 1						
١	Water Systen	n Facil	ity and Sa				itory	y		
Water						Tot	al I	Lead and	1	
System Water System Facility	•		Sampling Po	oint		Colife		Copper		Stage
Facility ID		ID	Description		Sta	tus Ru		Rule Tie	r Asbestos	WQP 2 DBPF
00600 DISTRIBUTION SYSTEM		4	DISTRIBUTIO			A Y	•			
	DOWN	ISTREAM	WITHIN 5 SE	RVICE CON	l /	A				
	UPS	TREAM	WITHIN 5 SE	RVICE CON	l /	4				
00700 ENTRY POINT		3	ENTRY POIN	T	-	4				
05501 WELL 1		2	WELL 1		1	4				
		Con	tact Infor	mation						
Name			rganization						Job Title	
Mr. Mark Zappone	ı		orthland Cour	ntry Living,	LLC		Land	Owner		
Mailing Address Line One	Mailin	g Addres	s Line Two				City	/	State	Zip Code
P.O. Box 10			1			Bantam			CT	06750
Business Phone Extension	Fax	Mobi	le Phone E	Emergency	Phone	Email Ac	ddress	5		
860-567-3660	860-361-6133	203-5	525-6202			markzap	pone	@gmail.	com	
Contact Role(s): Administrative C	ontact, Legal Con	tact, Owr	ner							

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	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qual	lity Monit	toring a	nd Con	npli	ance S	Schedul	le				
PWS ID	PWS Name					Class	ification	Population	Owne	r Type	Prir	mary Source	
CT0745134	NORTHLAND PE	OPERTIES, LL	.C				NC	25		Р		GW	
Local Address (w	here applicable)			Service	Residen	tial C	Commerci	al Industri	al C	ombine	ed	Agricultural	
583 BANTAM RD Connections 1													
Towns Served: LI	owns Served: LITCHFIELD												
Name			О	rganization					J	lob Title	e		
North Land Prop	erties LLC												
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State		Zip Code	
583 Bantam Rd							Litchfie	eld		CT		06750	
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phon	e Email A	Address					
Contact Role(s):	ntact Role(s): Owner												

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End of schedule

Connecticut Departmen				_		ection	
Water Quality Mo	onitoring an						
PWS ID PWS Name CT0745144 COZY HILLS CAMPGROUND WELL #4		Cla	nssification NC		lation O	wner Type Pri	GW Source
Local Address (where applicable)	Service	Residential	Commer	cial In	dustrial	Combined	Agricultural
1311 BANTAM RD	Connections					1	
Towns Served: LITCHFIELD							
M	onitoring Requ	uirement	S				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Coliform (3100)					1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points	-	10/1/19 - 10,				Cor	nplete
		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	30/20				
Physical Parameters (PPS)					1 r ion Perio	outine (RT)	
Sampling Point (Sampling Point ID)		Monitoring					
Select from Inventory of Active Sampling Points		10/1/19 - 10/				Cor	nplete
		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					
Water System Facility: ENTRY POINT (WSF ID: 00	7700)	9/1/20 - 9/3	30/20				
Nitrate And Nitrite (NOX)						1 routine (R	T) per vear
Sampling Point (Sampling Point ID)		Monitoring I	Period	Collecti	ion Perio	-	ınce Status
ENTRY POINT (3)		1/1/19 - 12/	31/19			Cor	nplete
		1/1/20 - 12/					•
		1/1/21 - 12/	31/21				
Oth	er Compliance	Schedul	es				
Compliance Schedule Activity		Due	Date		Achieve	d Date	
SEASONAL START UP COMPLETION		4/20	/2020				
Public	Notification F	Requirem	ents				
	Compliance	Notice		<u>Notifica</u>		<u>PN Certi</u>	
Violation/Situation	Period	Tier	Require		formed	Due to DPH	Received
Total Coliform M&R Violation	7/1/19 - 7/31/19	3	12/9/202			12/19/2020	
Physical Parameters M&R Violation	7/1/19 - 7/31/19	3	12/9/202			12/19/2020	
Water System F	acility and Sa	mpling Po	oint Inv	ento	ry		
Water				Total	Lead an		
System Water System Facility Sampling Facility ID	Point Sampling Pol Description	int	Status Co	oliform Rule	Copper Rule Tie	er Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO	N SYSTEM	Α	Υ			
DOWNST	REAM WITHIN 5 SEE	RVICE CON	Α				
UPSTRE	AM WITHIN 5 SE	RVICE CON	Α				

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.

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Class	sification	Population	Owner Type	Primary Source		
CT0745144	COZY HILLS CAMPGROUND WELL #4				NC	70	Р	GW		
Local Address	(where applicable)	Service	Residen	ntial (Commercia	al Industria	al Combine	d Agricultural		
1311 BANTAN	l RD	Connections					1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	Α						
61291	WELL #1	2	WELL #1	Α						
Contact Information										

Contact Information										
Name				Organization	1	Job Title				
Ms. Lelah Campo				Cozy Hills Ca	Cozy Hills Campground					
Mailing Address Line One Mailing Addr				dress Line Two		City		State	Zip Code	
1311 Bantam Road				Ban				СТ	06750	
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
860-567-2119		860-567-8	3117		860-281-4051	admin@cozyhills.com				
Contact Dala/al.		C	-1644	A						

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.

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

End of schedule