	Connectic	ut Depa	rtme	ent of	Public	Health	Dri	nking	g W	ater S	ection	
	Wa	ter Qual	litv N	lonit	oring a	nd Com	nolia	ance S	Sch	edule		
PWS ID	PWS Name	- Q 01011			011118			fication			ner Type F	Primary Source
CT1330014	SALT ROCK CAM	PGROUND						NC		54	S	GW
Local Address (w	vhere applicable)				Service	Resident	tial C	ommerci	ial Ir	ndustrial	Combined	d Agricultural
120 SCOTLAND I	ROAD				Connectio	ns		1				_
Towns Served: S	PRAGUE				-	'						
			N	/lonite	oring Re	quireme	nts					
Water System	Facility: DISTR	IBUTION SY				•						
Total Coliform	n (3100)									1 ro	utine (RT)	per quarter
Sampling F	Point (Sampling P	oint ID)				Monitorii	ng Per	riod C	ollect	ion Period	l Comp	liance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/	19			C	omplete
						4/1/20 -						
						7/1/20 -	9/30/	20				
Physical Parar	= = =											per quarter
	Point (Sampling P					Monitorii			ollect	ion Period		liance Status
Select from	Inventory of Act	ive Sampling	Points			7/1/19 -					C	omplete
						4/1/20 -						
						7/1/20 -	9/30/	20				
-	Facility: ENTR	POINT (W	/SF ID:	00700)								
Nitrate And N	• •										=	RT) per year
	Point (Sampling P	oint ID)				Monitorii			ollect	ion Period	•	liance Status
ENTRY POII	NT (3)					1/1/19 - 1					C	omplete
						1/1/20 - 1						
			-		••	1/1/21 - 1						
			Ot	her Co	omplian	ce Sched	ules					
Compliance Sch	edule Activity						Due Do			Achieved	Date	
SEASONAL STAR	T UP COMPLETIO	N					1/1/20)20				
		Water Sy	/stem	Facili	ty and S	ampling	Poir	nt Inve	nto	ry		
Water	C		c !!	a Datat	Communities of	Detet			otal	Lead and	1	
System Water Facility ID	er System Facility	3	sampıın Il	_	Sampling I Description				iform Rule	Copper	r Achastas	Stage WQP 2 DBPR
	RIBUTION SYSTEM	<u> </u>				ION SYSTEM	St	atus h A	Y	Kule He	ASDESIOS	WQF 2 DBFK
00000 01311	NIBOTION STSTEN					SERVICE CON	ı	A	ī			
			UPSTI			SERVICE CON		A				
00700 ENTR	Y POINT		3		ENTRY POI			A				
22224 WELL			2		WELL	141		A				
ZZZZ+ VVLL						rmation		^				
						rmation					p to see a	
Name					ganization				-		Job Title	
Mr. David Coole			Mailia -		eep-Enginee	ering Unit				ov Civil Eng		7in Cada
Mailing Address			iviaiiing	Auaress	s Line Two			Dortla		ity	State	Zip Code
163 Great Hill Ro		Fave		N/ah:	lo Dhone	Emorgone	Dhon	Portla		rr.	СТ	06480
Business Phon		Fax	1560		le Phone	Emergency						
860-342-2215		860-344-2			05-7552	860-424-3	3333	uavia.	Looiey	@ct.gov		
Contact Role(s):	Administrative	contact, Leg	ai conta	ict, UWI	ier							

Schedule Generation Date: 3/10/2020 Page 1

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

		8		F				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1330014	SALT ROCK CAMPGROUND				NC	54	S	GW
Local Address (v	where applicable)	Service	Residen	ntial (Commerci	al Industri	al Combine	ed Agricultural
120 SCOTLAND	ROAD	Connections			1			

Towns Served: SPRAGUE

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

Page 2

Schedule Generation Date: 3/10/2020

Connecticut De	partment of	Public Health	Drink	ing Wa	ater Se	ction
	-	oring and Com		_		
PWS ID PWS Name	2011cy 1-10111c		Classificat			ner Type Primary Soul
CT1330034 SPRAGUE ROD AND GUN	CLUR		NC	2		P GW
Local Address (where applicable)	CLOD	Service Residentia			_	Combined Agricultu
90 BUSHNELL HOLLOW ROAD		Connections	1		austriai	Combined //gricultu
Towns Served: SPRAGUE				-		
Towns served Striviose	Monito	oring Requiremen	ts			
Water System Facility: DISTRIBUTION						
Total Coliform (3100)	•	•			1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Statu
Select from Inventory of Active Samp	ling Points	7/1/19 - 9				Complete
		10/1/19 - 1	2/31/19			Complete
		1/1/20 - 3				·
		4/1/20 - 6				
		7/1/20 - 9	/30/20			
Physical Parameters (PPS)			<u> </u>		1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Statu
Select from Inventory of Active Samp	ling Points	7/1/19 - 9	/30/19			Complete
		10/1/19 - 1	2/31/19			Complete
		1/1/20 - 3	/31/20			
		4/1/20 - 6	/30/20			
		7/1/20 - 9	/30/20			
Water System Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate (1040)					1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Statu
ENTRY POINT (3)		7/1/19 - 9				Complete
()		10/1/19 - 1	-			Complete
		1/1/20 - 3				
		4/1/20 - 6				
		7/1/20 - 9				
Nitrite (1041)		,,,			1	routine (RT) per yea
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Statu
ENTRY POINT (3)		1/1/19 - 12	2/31/19			Complete
, ,		1/1/20 - 12				•
		1/1/21 - 12	2/31/21			
Water	System Facili	ity and Sampling F	oint Ir	nventor	У	
Water	•			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stag
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DB
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
	UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT	3	ENTRY POINT	Α			
22225 WELL	2	WELL	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.

Schedule Generation Date: 3/10/2020 Page 3

	Water Quality Monit				C		e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type I	Primary Source
CT1330034	SPRAGUE ROD AND GUN CLUB				NC	25	Р	GW
Local Address	ocal Address (where applicable) Service Re				Commercia	al Industri	al Combined	d Agricultural

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: SPRAGUE

90 BUSHNELL HOLLOW ROAD

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Ervin Doubleda	ıy			Sprague Rod	l & Gun Club		President		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
90 Bushnell Hollow						Sprague		СТ	06330
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
860-822-6895									

Connections

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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Schedule Generation Date: 3/10/2020

Connecticut Departmen	nt of Public H	lealth	Drinki	ng W	ater S	Section	
Water Quality M	onitoring an	d Com	pliance	e Sch	edule		
PWS ID PWS Name			Classification	n Popu	ulation C	wner Type Pr	imary Source
CT1330044 36 MAIN STREET			NC	:	33	Р	GW
Local Address (where applicable)	Service	Residen	tial Comme	ercial II	ndustrial	Combined	Agricultural
36 MAIN STREET	Connections		1				
Towns Served: SPRAGUE		,					
M	onitoring Requ	ireme	nts				
Water System Facility: DISTRIBUTION SYSTEM (
Total Coliform (3100)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collect	tion Perio		ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Coi	mplete
, , ,		10/1/19 -	12/31/19				mplete
		1/1/20 -					· · · · · · · · · · · · · · · · · · ·
		4/1/20 -					
		7/1/20 -	9/30/20				
Physical Parameters (PPS)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collect	tion Perio		ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19			Coi	mplete
		10/1/19 -	12/31/19			Coi	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: 0	0700)						
Nitrate And Nitrite (NOX)	·					1 routine (R	T) per vear
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collect	tion Perio	=	ance Status
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete						
		1/1/20 - :	12/31/20				
		1/1/21 -	12/31/21				
Oth	er Compliance	Sched	ules				
Compliance Schedule Activity		L	Due Date		Achieve	ed Date	
RESPOND TO SANITARY SURVEY		7	/13/2017				
Public	Notification R	Require	ments				
	Compliance	Notice		c Notific	<u>ation</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Require	ed Pe	rformed	Due to DPH	Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/8/20	004		12/18/2004	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/8/20	005		11/18/2005	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	5/7/200	06		5/17/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	8/10/20	006		8/20/2006	
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/23/20			10/3/2006	
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	8/10/20	11		8/20/2011	
Total Coliform MCL Violation	7/1/11 - 7/31/11	2	9/9/20	11		9/19/2011	
Total Coliform MCL Violation	10/1/13 - 12/31/13	2	11/23/20	013		12/3/2013	
Water System I	Facility and Sar	mpling	Point In	vento	ry		
Water				Total	Lead a	nd	
	Point Sampling Poi	nt	(Coliform			Stage
Facility ID ID	Description		Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM	Α	Υ			

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

Schedule Generation Date: 3/10/2020 Page 5

	Water Qualit	y Monitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1330044	36 MAIN STREET				NC	33	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
36 MAIN STRE	FT	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: SPRAGUE

	Wa	ater System Facili	ty and Sampling P	oint Ir	iventoi	ry			
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
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22226	WELL	2	WELL	Α		·			
		Con	tact Information						

			Contact Inf	ormation					
Name				1		Job Title			
			Stone House	, LLC	Owner				
Mailing Address Line One Mailir			ddress Line Two		City	State	Zip Code		
					Baltic	СТ	06330		
Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
					jimmygaytundra@gr	nail.com			
			e One Mailing A	Organization Stone House e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Stone House, LLC Owner e One Mailing Address Line Two City Baltic Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Stone House, LLC Owner e One Mailing Address Line Two City State Baltic CT		

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

Schedule Generation Date: 3/10/2020