	Conn		Departmen						_			ction	
		Water	Quality M	onit	coring a	nd Com	plia	ance	Sch	edul	e		
PWS ID	PWS Nar	ne					Classi	ification	Popu	ulation	Own	er Type P	rimary Source
CT134021			ROUND-SYSTEM	#1:WE				NC		50		Р	GW
	ress (where app				Service	Resident	ial C	commer	cial I	ndustria	al (	Combined	Agricultural
	PRINGFIELD ROA				Connection	1							
Towns Sei	rved: STAFFORD										_		
			M	onit	oring Req	luiremer	nts						
Water Sy	stem Facility:	DISTRIBUT	TION SYSTEM (	WSF I	D: 00600)								
<b>Total Co</b>	liform (3100)									1	rou	tine (RT)	per quarter
Sam	pling Point (San	npling Point l	ID)			Monitorin	ig Pei	riod	Collect	tion Per	iod	Compli	iance Status
Selec	ct from Inventor	y of Active Sa	ampling Points			7/1/19 - 9	9/30/	/19				Co	mplete
						4/1/20 -	6/30/	<b>′</b> 20					
						7/1/20 - 9	9/30/	<b>′</b> 20					
-	Parameters (	-								1	rou		per quarter
	pling Point (San	<u> </u>				Monitorin			Collect	tion Per	riod		iance Status
Selec	ct from Inventor	y of Active Sa	ampling Points			7/1/19 -						Со	mplete
						4/1/20 -							
						7/1/20 -	9/30/	′20					
Water Sy	stem Facility:	ENTRY PO	INT (WSF ID: 0	0700)									
	And Nitrite(N	•									1 r	=	RT) per year
	pling Point (San	npling Point I	ID)			Monitorin			Collect	tion Per	riod		iance Status
ENTF	RY POINT (3)					1/1/19 - 1		-		1-9/30		Сс	mplete
						1/1/20 - 1		-		1-9/30			
						1/1/21 - 1		-	4/	1-9/30			
			Oth	er C	ompliand	e Sched	ules	•					
Complian	ce Schedule Act	ivity				D	ue Do	ate		Achie	ved [	Date	
SEASONA	L START UP CON	/IPLETION				4/	/15/20	020					
			Public	Not	ification	Require	mer	าts					
					ompliance	Notice		Public	Notific	ation		PN Cer	<u>tification</u>
Violation,	/Situation				Period	Tier	R	Required	d Pe	rformed	d D	ue to DPH	-
REVISED T	TOTAL COLIFORM	∕I RULE (RTCF	₹)	4/16	5/17 - 4/15/18	8 3	10,	/13/201	18		10	)/23/2018	
		Wa	ter System	Facil	ity and Sa	ampling	Poir	nt Inv	ento	ry			
Water			•		<b>-</b>				Total	Lead (	and		
System	Water System	Facility	Sampling	Point	Sampling P	oint		Co	oliform				Stage
Facility ID	)		ID		Description		St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION	SYSTEM	4		DISTRIBUTION	ON SYSTEM		Α	Υ				
			DOWNST	REAM	WITHIN 5 SI	ERVICE CON		Α					
			UPSTRE	AM	WITHIN 5 SI	ERVICE CON		Α					
00700	ENTRY POINT		3		ENTRY POIN	JT		Α					
20031	WELL		2		WELL			Α					
60797	ATM TANK												
				Con	tact Info	rmation							
Name					rganization							Job Title	
	ael J. Minor				ın Valley Bea	ch Club, Inc			Vic	e Presio	dent/		
	ddress Line One		Mailing A		s Line Two	,				ity	,	State	Zip Code
51 Springf					-			Staff	ord Spr			СТ	06076
		ension	Fax	Mobi	le Phone	Emergency	Phone					-	
					-	<u> </u>							

	Connectic	ut Department	of Public H	leaith	וע ו	rinking	g water	Section	
	Wa	ter Quality Mon	itoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1340212	SUN VALLEY CAI	MPGROUND-SYSTEM #1:\	NELL194			NC	50	Р	GW
Local Address (	where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural
51 OLD SPRING	FIELD ROAD		Connections	1					
Towns Served:	STAFFORD						·		
860-684-586	51	860-684-2635							

an arek of Dublic Hoolth Duinling Water Cook

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

	Co	nnectic	•						Ŭ				ction		
			ter Qua	iiity ivi	OIIIU	coring a	na Coi	_							
PWS ID		'S Name										Owr	ner Type P		
CT1340282		AFFORD PROF	ESSIONAL S	SUITES					IC	3			Р	G۱	
		e applicable)				Service	Resider	ntial Co	mmercia	ıl In	dustria	al	Combined	l Agri	cultural
5 MAGAUF						Connectio	ns 2								
Towns Serv	ved: STAF	FORD													
				M	onit	oring Re	quireme	nts							
Water Sys	stem Fac	ility: DISTR	IBUTION S	SYSTEM (	WSF I	D: 00600)									
Total Col	iform (3	100)									1	rou	tine (RT)	per q	uarter
Samp	ling Poin	t (Sampling P	oint ID)				Monitor	ing Peri	od Co	llecti	on Per		Compl		
Select	t from Inv	entory of Acti	ive Samplin	g Points			7/1/19	- 9/30/1	.9				Co	mplet	e
							10/1/19	- 12/31/	'19				Co	mplet	e
							1/1/20	- 3/31/2	.0				Co	mplet	e
							4/1/20	- 6/30/2	.0						
							7/1/20	- 9/30/2	.0						
Physical	Paramet	ers (PPS)									1	rou	tine (RT)	per q	uarter
Samp	ling Poin	t (Sampling P	oint ID)				Monitor	ing Peri	od Co	llecti	on Per	riod	Compl	iance S	Status
Select	t from Inv	entory of Acti	ive Samplin	g Points			7/1/19	- 9/30/1	.9				Co	mplet	e
							10/1/19	- 12/31/	<b>'</b> 19				Co	mplet	e
							1/1/20	- 3/31/2	:0				Co	omplet	е
							4/1/20	- 6/30/2	.0						
							7/1/20	- 9/30/2	.0						
Water Sys	stem Fac	ility: ENTR	Y POINT (\	WSF ID: 0	0700)										
Nitrate A	nd Nitri	te (NOX)										1	routine (I	RT) pe	r year
Samp	ling Poin	t (Sampling P	oint ID)				Monitor	ing Peri	od Co	llecti	ion Per	riod	Compl	iance S	Status
ENTR	Y POINT (	3)					1/1/19 -	12/31/	19				Co	omplet	e
							1/1/20 -	12/31/	20				Co	omplet	e
							1/1/21 -	12/31/	21						
				Oth	ner C	omplian	ce Sche	dules							
Complianc	e Schedu	le Activity						Due Da	te		Achie	ved l	Date		
CROSS CO	NNECTION	N EXEMPTION						3/1/201	18						
			Water S	vstem	Facil	ity and S	ampling	Poin	t Invei	ntor	v				
Water				•		•				tal	Lead	and			
System	Water Sy	stem Facility		Sampling	Point	Sampling I	Point		Colif	orm	Сорр	oer			Stage
Facility ID				ID		Description	n	Sta	itus Ri	ıle	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4		DISTRIBUT	ION SYSTEN	1 /	۷ ،	Y					
				DOWNST	REAM	WITHIN 5	SERVICE CO	N A	4						
				UPSTRI	EAM	WITHIN 5	SERVICE CO	N /	4						
00700	ENTRY PO	DINT		3		ENTRY POI	NT	,	4						
10593	WELL #1			2		WELL #1		,	4						
57683	BLADDER	TANKS													
					Con	tact Info	rmation	1							
Name						rganization							Job Title		
Mr. Phil Ta	artsinis					afford Profe	essional Suit	:es		Its N	Membe	er			
Mailing Ad		e One		Mailing A		s Line Two		-		Ci			State	Zip (	Code
855 Sulliva						gement Cor	p.		South V				CT	060	
Business		Extension	Fax			ile Phone	Emergenc	/ Phone						- 500	
			. 3/				2.30.70	,			-				

	Connecticut Department o	of I ublic I.	icaiui	עו.	3111X1111	z water	Section	
	Water Quality Moni	toring an	d Con	npl	liance S	Schedu	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type P	rimary Source
CT1340282	STAFFORD PROFESSIONAL SUITES				NC	33	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combined	Agricultural
5 MAGAURAN	DRIVE	Connections	2					
Towns Served						·		
860-644-45	83 860-644-5598							
Contact Role(s	s): Administrative Contact, Legal Contact							

Connecticut Department of Public Health Drinking Water Section

# 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 4

	Connecticut Depa	artmont	of Public F	Jaalth I	rinkir	ng Water (	Section	
	•		nitoring an			_		
D) 4 (C 1 D		ality Moi	iitoi iiig aii					
PWS ID	PWS Name			С		n Population C		
CT1340054	DRP PROPERTIES LLC		<u> </u>		NC	30	Р	GW
	where applicable)		Service Connections	Residentia	I Comme	rcial Industrial		Agricultural
255 EAST STREE			Connections				1	
Towns Served:	STAFFORD							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			nitoring Requ	uirement	ts			
•	Facility: DISTRIBUTION S	SYSTEM (WS	SF ID: 00600)				(5=)	
Total Coliforn	•						routine (RT)	•
	Point (Sampling Point ID)			Monitoring		Collection Peri	od Compli	ance Status
Select fror	m Inventory of Active Samplin	g Points		7/1/19 - 9/		-		_
				10/1/19 - 12				
				1/1/20 - 3,				
				4/1/20 - 6,				
				7/1/20 - 9,	/30/20			
•	meters (PPS)						outine (RT)	· -
	Point (Sampling Point ID)			Monitoring		Collection Peri	od Compli	ance Status
Select fror	m Inventory of Active Samplin	g Points		7/1/19 - 9/				
				10/1/19 - 12				
				1/1/20 - 3,				
				4/1/20 - 6,	/30/20			
				7/1/20 - 9,	/30/20			
Water System	Facility: ENTRY POINT (	WSF ID: 0070	00)					
Nitrate And I	Nitrite (NOX)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Perio	od Compli	ance Status
ENTRY PO	INT (3)			1/1/19 - 12	/31/19			
				1/1/20 - 12	/31/20			
				1/1/21 - 12	/31/21			
		Public N	lotification F	Requiren	nents			
			Compliance	Notice	Public	Notification	PN Cert	<u>ification</u>
Violation/Situa	ntion		Period	Tier	Require	d Performed	Due to DPH	Received
Physical Param	eters M&R Violation	-	1/1/17 - 3/31/17	3	6/5/201	.8	6/15/2018	
Total Coliform	M&R Violation	-	1/1/17 - 3/31/17	3	6/5/201	.8	6/15/2018	
Total Coliform	M&R Violation	-	1/1/19 - 3/31/19	3	6/10/202	20	6/20/2020	
Physical Param	eters M&R Violation	-	1/1/19 - 3/31/19	3	6/10/202	20	6/20/2020	
	Water S	System Fa	cility and Sa	mpling P	oint Inv	ventory		
Water						Total Lead a	nd	
System Wat Facility ID	er System Facility	Sampling Po ID	int Sampling Po Description	int		Coliform Coppe Rule Rule T	er ier Asbestos	Stage
_	DIDITION SVSTENA		DISTRIBUTIO	NI CVCTENA	Status ^	Y Nuie 1	וכו אשנטנטט	VVQF Z DDFN
00600 DIST	RIBUTION SYSTEM	4 DOWNSTRE			A	ĭ		
			AM WITHIN 5 SEI		A			
00700 5::-	DV DOINT	UPSTREAN			A			
	RY POINT	3	ENTRY POINT		A			
22232 WEL	L	2	WELL		Α			

56847

TREATMENT PLANT

	Water Quality Monite	oring an	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1340054	DRP PROPERTIES LLC				NC	30	Р	GW
ocal Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industria	al Combine	ed Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: STAFFORD

255 EAST STREET

			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Dean R. Paloze	j			Drp Properti	es		Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
255 East Street						Stafford	Springs	СТ	06076
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-539-2219						dpalozej	@hotmail.co	om	

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

1

Schedule Generation Date: 3/10/2020

Page 6

Connecticut Depa	artment of	Dublic L	[oalth	Drink	ing M	ator C	oction	
•							ection	
Water Qua	ility Monit	oring and	d Com	ipliand	e Sch	edule		
PWS ID PWS Name				Classificat	-		vner Type P	rimary Source
CT1340074 MINERAL SPRINGS CAMPG	ROUND-SYSTEM	#1		NC		25	Р	GW
Local Address (where applicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural
135 LEONARD ROAD		Connections		1	L			
Towns Served: STAFFORD								
		oring Requ	iremei	nts				
Water System Facility: <b>DISTRIBUTION S</b>	SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitorii		Collect	ion Perio		ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 -					mplete
		:		12/31/19			Сс	mplete
			4/1/20 -	· ·				
			7/1/20 -	9/30/20				
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitorii		Collect	ion Perio		ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 -					mplete
				12/31/19			Co	mplete
			4/1/20 -					
			7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT (	WSF ID: 00700)							
Nitrate (1040)						1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Perio	d Compli	ance Status
ENTRY POINT (3)			7/1/19 -	9/30/19			Сс	mplete
			10/1/19 -	12/31/19			Сс	mplete
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Nitrite (1041)						:	1 routine (F	T) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Collect	tion Period	d Compli	ance Status
ENTRY POINT (3)			1/1/19 - 1	12/31/19			Co	mplete
			1/1/20 - 1	12/31/20				
			1/1/21 - 1	12/31/21				
	Other C	ompliance	Sched	ules				
Compliance Schedule Activity			E	Due Date		Achieve	d Date	
CROSS CONNECTION SURVEY REPORT			3	3/1/2020				
SEASONAL START UP COMPLETION			4	/1/2020				
Water S	ystem Facili	ity and Sar	npling	Point In	nvento	ry		
Water					Total	Lead an	d	
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SER	VICE CON	l A				
	UPSTREAM	WITHIN 5 SER	VICE CON	l A				
00700 ENTRY POINT	3	ENTRY POINT		Α				

Α

WELL

2

22234 WELL

	Connecticut	Department o	I Public F	leaith	Dr	inking	vvater	Section	l	
	Wate	r Quality Moni	toring an	d Con	npli	ance S	Schedul	le		
PWS ID	PWS Name				Class	sification	Population	Owner Type	Primar	y Source
CT1340074	MINERAL SPRINGS	CAMPGROUND-SYSTEM	l #1			NC	25	Р	G	W
Local Address	(where applicable)		Service	Residen	tial (	Commercia	al Industri	al Combin	ed Agr	icultural
135 LEONARD	ROAD		Connections			1				
Towns Served	: STAFFORD									
		Cor	ntact Inform	matior	1					
Name		C	Organization					Job Tit	e	
Ms. Frances G	ioodale	N	Mineral Springs	Fmly Can	npgrn	d	Owner, Tr	easurer		
Mailing Addre	ss Line One	Mailing Addre	ss Line Two				City	State	Zip	Code
135 Leonard F	Road					Stafford	d Springs	СТ	06	076

Connecticut Department of Dublic Health Drinking Wester Section

Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	!
Mr. Leonard Bragde	on			Mineral Spri	ngs Campground		Campground	Manager	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
135 Leonard Rd						Stafford	Springs	СТ	06076
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-684-2993									

Emergency Phone Email Address

860-684-2993

**Mobile Phone** 

Contact Role(s): Administrative Contact

Extension

#### Please note the following:

**Business Phone** 

860-684-2993

- 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.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

Page 8

	Connecticut	•					`	_			ection	
		r Quality M	lonit	coring an	ia Com							
PWS ID	PWS Name						fication	-		Owi		rimary Sou
CT1340084	MINERAL SPRINGS	CAMPGROUND-S	YSTEM				NC		25		Р	GW
	where applicable)			Service	Residen	tial C	ommerc	cial I	Industri	al	Combined	l Agricultu
135 LEONARD F				Connections	5		1					
Towns Served:	STAFFORD									_		
		N	lonit	oring Req	uireme	nts						
Water System	Facility: DISTRIBU	JTION SYSTEM	(WSF I	D: 00600)								
<b>Total Coliforn</b>	m (3100)								1	l rou	ıtine (RT)	per quart
Sampling	Point (Sampling Point	t ID)			Monitori	ng Per	riod (	Collec	tion Pe	riod	Comp	iance Statu
Select fron	m Inventory of Active S	Sampling Points			7/1/19 -	9/30/	19				C	omplete
					10/1/19 -	12/31	/19				C	omplete
					4/1/20 -	6/30/	20					
					7/1/20 -	9/30/	20					
<b>Physical Para</b>	meters (PPS)								1	l rou	ıtine (RT)	per quart
Sampling	Point (Sampling Point	t ID)			Monitori	ng Per	riod (	Collec	tion Pe	riod	Comp	iance Statu
Select fror	m Inventory of Active S	Sampling Points			7/1/19 -						C	omplete
					10/1/19 -						C	omplete
					4/1/20 -							
					7/1/20 -	9/30/	20					
Water System	Facility: ENTRY PO	OINT (WSF ID: 0	0700)									
Nitrate And N	Nitrite (NOX)									1	routine (	RT) per ye
Sampling	Point (Sampling Point	t ID)			Monitori	ng Per	riod (	Collec	tion Pe	riod	Comp	iance Statu
ENTRY PO	INT (3)				1/1/19 -						C	omplete
					1/1/20 - :							
					1/1/21 - :	12/31/	/21					
		Ot	her C	ompliance	e Sched	ules						
Compliance Sch	hedule Activity				L	Due Do	ate		Achie	eved	Date	
CROSS CONNEC	CTION SURVEY REPOR	Т			3	3/1/20	20					
SEASONAL STAI	RT UP COMPLETION				4	4/1/20	20					
	W	ater System	Facil	ity and Sa	mpling	Poir	nt Inve	ento	ory			
Water		•		•				otal	Lead	and		
	er System Facility	Samplin	g Point	Sampling Po	int			liforn				Sta
Facility ID		IE	)	Description		St		Rule			Asbestos	WQP 2 DE
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTIO	N SYSTEM		Α	Υ				
		DOWNS	TREAM	WITHIN 5 SE	RVICE CON	1	Α					
		UPSTR	EAM	WITHIN 5 SE	RVICE CON	J	Α					
00700 ENTI	RY POINT	3		ENTRY POIN	Т		Α					
22235 WEL	L	2		WELL			Α					
			Con	tact Infor	mation							
Name			0	rganization							Job Title	
Ms. Frances Go	oodale			lineral Springs	Fmly Cam	pgrnd		٥١	wner, Tı	reası	ırer	
Mailing Address	s Line One	Mailing		s Line Two					City		State	Zip Code
135 Leonard Ro							Staffo	rd Sp	rings		СТ	06076
Business Pho	ne Extension	Fax	Mobi	ile Phone E	mergency	Phone						
860-684-299	93				860-684-							
Contact Role(s)	: Legal Contact											
-		•		-								

PWS ID	PWS Name	71 Quici	1109 1 1011	itoring ar	10. 0011					Primary Source
CT1340084	MINERAL SPRINGS	CAMPGR	OUND-SYSTEM	Л #2		١	IC	25	Р	GW
Local Address (	(where applicable)			Service	Residen	tial Co	mmercia	l Industri	al Combin	ed Agricultura
135 LEONARD	ROAD			Connections	S		1			
Towns Served:	STAFFORD				·	·		·	·	
Name				Organization					Job Titl	e
Mr. Leonard B	ragdon			Mineral Springs	s Campgro	und		Campgrou	und Manager	
			0.4 :1: 0.1.1	an Lina Tura				City	State	Zip Code
	ss Line One		Mailing Addre	ess line Two					010.00	Zip couc
Mailing Addres			Mailing Addre	ess line Two			Stafford	l Springs	СТ	06076
Mailing Addres	d	Fax			Emergency	/ Phone		l Springs		-

Connecticut Department of Dublic Health Drinking Water Section

## Contact Role(s): Administrative Contact

## Please note the following:

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

	Conne	ecticut Departmer				_			
		Water Quality M	onitoring an	d Con	ıpl	iance S	schedule	9	
PWS ID	PWS Nam	ie			Clas	ssification	Population C	Owner Type P	rimary Source
CT1340104	ROARING	BROOK CAMPGROUND				NC	35	Р	GW
Local Address (	(where appl	icable)	Service	Residen	tial	Commerci	al Industrial	Combined	Agricultural
8 SOUTH ROAD	)		Connections			400			
Towns Served:	STAFFORD								
		M	onitoring Requ	ıireme	nts				
Water System	n Facility:	DISTRIBUTION SYSTEM (	WSF ID: 00600)						
<b>Total Colifor</b>	m (3100)						1 :	routine (RT)	per quarter
Sampling	Point (Sam	pling Point ID)		Monitori	ng P	eriod C	ollection Peri	od Compl	iance Status
Select fro	m Inventory	of Active Sampling Points		7/1/19 -	9/30	0/19		Co	mplete
			<del>-</del>	10/1/19 -	12/3	31/19		Co	mplete
				4/1/20 -					
				7/1/20 -					
Physical Para	ameters (F	PPS)		-	-		1 :	routine (RT)	per guarter
-	-	pling Point ID)		Monitori	ng P	eriod C	ollection Peri		ance Status
		of Active Sampling Points		7/1/19 -					mplete
	•	, ,		10/1/19 -			10/1-10/13		mplete
				4/1/20 -			· · ·		•
				7/1/20 -					
Water System	n Facility:	ENTRY POINT (WSF ID: 0	0700)	1, 2, 20	-,-	-,			
Nitrate And		-	<i>-</i>					1 routing /	RT) per year
	·=	pling Point ID)		Monitori	na D	Period C	ollection Peri	=	iance Status
ENTRY PO		pinig rome ibj		1/1/19 -			onection rem		mplete
LIVINITO	/1141 (3)			1/1/20 -					приссе
				1/1/21 -					
	Moi	nthly Water System	Facility (M/SF)				Requirem	nants	
Water System		ENTRY POINT (WSFID: 00		LCVCI IV	101	ntoring	Requirem	iciics	
Analyte	,	Monitoring Requirement (	-	One	ratin	ng Limit		Samples R	ea/Month
Chlorine		Entry Point RDC (EPRD)	, , , , , , , , , , , , , , , , , , ,			n: 0.6 MG/	<b>′</b> 1	-	ily
Start Date:	6/1/2014	Littly Former NDC (LF ND)	Complia	nce Histo		·			•
344.024.00	0, 2, 202 :		•	ing Perio	•		erating Limit mpliance Stat		ince Status:
				19 - 10/3:			Y	ius.	
				19 - 11/30	•				
				19 - 12/3:					
				0 - 1/31/2					
				0 - 1/31/2 0 - 2/29/2					
		Oth	er Compliance						
Compliance Sci	hedule Actio					Date	Achiev	ed Date	
CROSS CONNE						2020	Active		
SEASONAL STA						<sup>2020</sup>			
51, 55, WE STA	5. 55141		Notification R						
			Compliance	Notice			otification	PN Cer	tification
Violation/Situa	ation		Period	Tier		Required	Performed	· ·	
Total Coliform		ion	4/1/13 - 4/30/13	2		5/1/2015	10/29/2015		
				-					

С	onnectic	ut Depa	rtment of	f Public	Health	Dr	inkin	g W	/ater	Se	ction	
			lity Monit					U				
PWS ID P\	WS Name	ter Qua	irey Monie	or mg a	na don	_	ification	T			er Tyne F	rimary Source
	DARING BROO	K CAMPGRO	LIND				NC	ТОР	35	OVVI	P	GW
Local Address (whe		K CAIVII GILO	OND	Service	Residen		Commerc	cial	Industri	al	Combined	_
8 SOUTH ROAD	не аррпсавіе)			Connection		tiai C	400	ciai	muustii	aı	Combined	Agricultural
Towns Served: STA	EEODD			33111331131			400					
Towns Served. STA	-											
		Water Sy	stem Facili	ity and S	ampling	Poi	nt Inv	ento	ory			
Water								Total	Lead			
	ystem Facility		Sampling Point					liforn				Stage
Facility ID		_	ID	Description			lulus	Rule	Kule	Her	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4	DISTRIBUTI			Α	Υ				
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 S	ERVICE CON	N	Α					
00700 ENTRY F	POINT		3	ENTRY POI	VT		Α					
22237 WELL #1	<u> </u>		2	WELL #1			Α					
22238 WELL #2	238 WELL#2 2 WELL#2 A											
58462 WELL# 3	3		2	WELL# 3			Α					
58465 TREATM	IENT PLANT											
58466 ATMOSI	PHERIC STORA	GE TANKS										
60988 WELL #4	1		2	WELL #4			Α					
			Certified	Operato	r Inform	atio	n					
Water System Fa	cility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)								
Facility Classificati	on: SMALL WA	ATER SYSTEM										Certification
Operator Name			Operator Typ	e	Certificatio	n(s)						Expiration
NIGRO, JR., VICTOF	R N.		CHIEF OPERATO	DR	WATER TRE	ATM	ENT PLAI	NT OF	PERATOR	6/30/2021		
					DISTRIBUTION SYSTEM OPERATOR - CLASS III						6/30/2020	
NIGRO, SCOTT A.			ASSIGNED OPER	RATOR	DISTRIBUTI	ON SY	STEM O	PERA	TOR - CL	ASS		6/30/2022
					WATER TRE	EATM	ENT PLAI	NT OF	ERATO	R - CL	ASS II	6/30/2020
			Con	tact Info	rmation							
Name			Oi	rganization							Job Title	
Mr. Eugene M. Du	mont			paring Brook	Campgroui	nd		Vi	ce Presi	dent		
Mailing Address Lir			Mailing Address		1.0				City		State	Zip Code
8 South Road			. 0				Staffo				СТ	06076
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phon						
860-684-7086 860-684-7125						7108			ions@g	mail.	com	
Contact Role(s): L	egal Contact. (						1.0.00					
Name	-8		Q	rganization							Job Title	
Mr. Gregg R. Goldl		Brook Campground Facilities Manager										
Mailing Address Line One Mailing Address Line Two										Zip Code		
8 South Road				2			Staffo				CT	06076
Business Phone	Extension	Fax	Mohi	le Phone	Emergency	/ Phon					Ç.	000.0
200 004 7000	LACCISION	100	141001	ic i none	ace are	7400	Lillali	Addi				

860-818-7108

rbcgoperations@gmail.com

860-684-7125

860-684-7086

Contact Role(s): Administrative Contact

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

						1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1340104	ROARING BROOK CAN	/IPGRO	UND		NC	35	Р	GW	
Local Address (v	Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
8 SOUTH ROAD				Connections		400			

Towns Served: STAFFORD

## 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

	Connect	icut Depa	rtmen	t of	Public	Health	Driv	nkin	σΜ	ater	Sec	rtion	
		ater Qual							_				
PWS ID	PWS Name	ater Quar	ity Mo	11110	Ji ilig a	iiiu Coii						er Tyne P	rimary Source
CT1340124		CAMPGROUND-	SYSTEM #2	2:WEL	L 56			IC	2		OVVIII	P	GW
	ess (where applicab				Service	Residen		mmer		dustria	1 (	Combined	_
51 SPRINGF					Connectio			1					- Greenen
	ed: STAFFORD												
			Mo	nito	ring Re	quireme	nts						
Water Sys	tem Facility: DIS	TRIBUTION SY	STEM (W	VSF IC	): 00600)								
	form (3100)									1	rout		per quarter
	ling Point (Sampling	-				Monitori			Collecti	on Peri	iod		iance Status
Select	from Inventory of A	Active Sampling	Points			7/1/19 -					_	Cc	mplete
						4/1/20 -							
	. (550)					7/1/20 -	9/30/2	20				. ()	
-	Parameters (PPS)		Monitori	na Dori	ad	Collect				per quarter			
	from Inventory of A	-	Points			<i>Monitori</i> 7/1/19 -	_		Collecti	on Peri	iod		iance Status omplete
Select	nom miventory of A	active sampling	i UIIILS									CC	mpiete
			4/1/20 - 6/30/20 7/1/20 - 9/30/20										
Water Syst	tem Facility: <b>EN</b>	TRY POINT (W	/SF ID: 00	700)		771720	3/30/2						
•	nd Nitrite (NOX)			700,							1 r	outine (F	RT) per year
	ling Point (Sampling	a Point ID)				Monitori	na Peri	od	Collecti	on Peri		-	iance Status
	POINT (3)	,				1/1/19 -			4/1	-9/30			mplete
	. ,					1/1/20 -			-	-9/30			
						1/1/21 -	12/31/	21		-9/30			
			Othe	er Co	mplian	ce Sched	lules						
Compliance	Schedule Activity				-		Due Da	te		Achiev	red D	ate	
SEASONAL	START UP COMPLET	TION				4	/15/20	20					
		Water Sy	/stem Fa	acili	ty and S	Sampling	Poin	t Inv	entor	у			
Water									Total	Lead o	ind		
- /	Water System Facil	lity	Sampling P						oliform	Сорр			Stage
Facility ID			ID		Descriptio			itus	Rule	Rule 1	ier	Asbestos	WQP 2 DBPR
00600 1	DISTRIBUTION SYST		4			TON SYSTEM		Δ	Υ				
		l	UPSTREA			SERVICE CON		<b>Δ</b>					
00700 E	ENTRY POINT		3		ENTRY PO	SERVICE CON		<u>Α</u>					
	WELL 56		2		WELL 56	IIN I		4 4					
	ATM TANK				WELL 30			٦					
00/99 /	ATIVI TAINK			C = -		• •							
						ormation							
Name					ganization	1 61 7 1						Job Title	
Mr. Michae			n a - :1:			ach Club, Inc	C			e Presid	ient/		7:- 0 1
	dress Line One		Mailing Ad	iaress	Line I wo			C+~tt	Ci and Spri	•		State	Zip Code
51 Springfie Business		n Fax		Mobil	e Phone	Emergency	Dhono		ord Spri			СТ	06076
860-684-		860-684-2		IVIUDIII	e riiolle	Emergency	rnone	EIIIdli	Audres	55			
000-084-	-2001	000-084-2	.033										

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

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

PWS ID PWS Name C							Population	Owner Type	Primary Source
CT1340124	CT1340124 SUN VALLEY CAMPGROUND-SYSTEM #2:WELL 56							Р	GW
Local Address (v	Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
51 SPRINGFIELD ROAD			Connections		1				

Towns Served: STAFFORD

#### 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 Puhlic	Health	Drir	nking	<b>\</b> \\/:	ter (	Section	n	
							_				/11	
		ter Quality I	MOIII	toring a								
PWS ID	PWS Name										oe P	rimary Source
		MPGROUND-SYSTE	∕I #3:WE			N	_	2		Р		GW
	vhere applicable)			Service Connectio	Resident	ial Co		al In	dustrial	Comb	ined	Agricultural
51 SPRINGFIELD				Connectio	1115		1					
Towns Served: S	TAFFORD										_	
		l	Monit	oring Re	quireme	nts						
Water System	Facility: <b>DISTR</b>	RIBUTION SYSTEM	(WSF I	D: 00600)								
<b>Total Coliform</b>	n (3100)								1 r	outine (	RT)	per quarter
Sampling P	Point (Sampling P	oint ID)			Monitorin	ng Perio	od Co	llecti	on Perio	od Co	mpli	ance Status
Select from	Inventory of Act	ive Sampling Points			7/1/19 -	9/30/1	9				Со	mplete
					4/1/20 -							
					7/1/20 -	9/30/2	0					
<b>Physical Parar</b>	= =								1 r	-	-	per quarter
	Point (Sampling P				Monitorin			ollecti	on Perio	od Co		ance Status
Select from	Inventory of Act	ive Sampling Points			7/1/19 -						Со	mplete
					4/1/20 -							
					7/1/20 -	9/30/2	0					
Water System	Facility: ENTR	Y POINT (WSF ID:	00700)									
Nitrate And N	itrite (NOX)									1 routir	ne (R	T) per year
Sampling P	Point (Sampling P	Point ID)			Monitorir	ng Perio	od Co	llecti	on Perio	od Co	mpli	ance Status
ENTRY POI			1/1/19 - 1	L2/31/1	19	4/1	-9/30		Со	mplete		
					1/1/20 - 1	12/31/2	20	4/1	-9/30			
					1/1/21 - 1	12/31/2	21	4/1	-9/30			
		0	ther C	omplian	ce Sched	ules						
Compliance Sch	edule Activity				D	ue Dat	te		Achieve	ed Date		
SEASONAL STAR	T UP COMPLETIC	N			4,	/15/202	20					
		Water System	r Facil	ity and S	Sampling	Point	t Inve	ntor	У			
Water								tal	Lead a			
- /	er System Facility	•	_	Sampling			-	form	Coppe			Stage
Facility ID			D	Descriptio		Sta	tus	ule	Rule Ti	er Asbe	stos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM		4 		ION SYSTEM	Α		Y				
					SERVICE CON							
00700 7::	V POINT		REAM		SERVICE CON							
	Y POINT		3	ENTRY PO	IN I	A						
22241 WELL			2	WELL 40		Α	4					
	AGE TANK											
	STER PUMP											
56335 BLAD	DER TANKS											
			Con	tact Info	ormation							
Name			0	rganization						Job T	itle	
Mr. Michael J. N	/linor				ach Club, Inc			Vice	Preside	ent/Sec		
Mailing Address	Line One	Mailing		s Line Two				Cit	ty	Stat	te	Zip Code
							Stafford	d Sprii	ngs	СТ	-	06076
51 Springfield Ro	oad						Starrort				1	
51 Springfield Ro Business Phon		Fax	Mob	ile Phone	Emergency	Phone						
	e Extension	Fax 860-684-2635	Mob	ile Phone	Emergency	Phone						

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

		0 0 0						
PWS ID	PWS Name	Class	ification	Population	Owner Type	Primary Source		
CT1340134	1340134 SUN VALLEY CAMPGROUND-SYSTEM #3:WELL 40						Р	GW
Local Address (w	Local Address (where applicable)			ntial C	Commercia	al Industri	al Combine	ed Agricultural
51 SPRINGFIELD	Connections			1				

Towns Served: STAFFORD

#### 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 Departmen	t of	Public	Health	Drin	nking	, Wa	ater S	ection	
	Wat	ter Quality Mo	onito	oring a	nd Com	plia	nce S	Sche	edule		
PWS ID	PWS Name				(	Classifi	cation	Popul	ation Ov	wner Type F	Primary Source
CT1340154	SUN VALLEY CAN	MPGROUND-SYSTEM #	4:WELI	L 214		N	С	2.	5	Р	GW
Local Addr	ess (where applicable)			Service	Residenti	al Co	mmerci	al In	dustrial	Combined	d Agricultural
51 OLD SPF	RINGFIELD ROAD			Connectio	ns 1						
Towns Serv	ved: STAFFORD		,			'					
					quiremen	its					
	stem Facility: DISTR	IBUTION SYSTEM (V	NSF ID	: 00600)							
	iform (3100)										per quarter
	ling Point (Sampling P				Monitorin			ollecti	on Period		liance Status
Select	from Inventory of Acti	ve Sampling Points			7/1/19 - 9					C	omplete
					4/1/20 - 6						
					7/1/20 - 9	9/30/2	0				
-	Parameters (PPS)										per quarter
	ling Point (Sampling P				Monitorin	_		ollecti	on Period		liance Status
Select	from Inventory of Acti	ve Sampling Points			7/1/19 - 9					C	omplete
					4/1/20 - 6						
					7/1/20 - 9	9/30/2	0				
Water Sys	stem Facility: ENTRY	POINT (WSF ID: 00	700)								
	nd Nitrite (NOX)								:	-	RT) per year
Samp	ling Point (Sampling P	oint ID)			Monitorin			ollecti	on Perio	d Comp	liance Status
ENTR	Y POINT (3)				1/1/19 - 1			4/1	-9/30	C	omplete
					1/1/20 - 1	2/31/2	20	4/1	-9/30		
					1/1/21 - 1	2/31/2	21	4/1	-9/30		
		Oth	er Co	mplian	ce Schedu	ıles					
Compliance	e Schedule Activity				D	ue Dat	te		Achieved	d Date	
	START UP COMPLETIO	N			4/	15/202	20				
		Water System F	acilit	y and S	ampling I	Point	t Inve	ntor	У		
Water		-					To	tal	Lead and	d	
System	<b>Water System Facility</b>	Sampling	Point S	Sampling I	Point		Coli	form	Copper	•	Stage
Facility ID		ID		Description	n	Sta	tus R	ule	Rule Tie	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	I	DISTRIBUT	ION SYSTEM	A	4	Υ			
		DOWNSTF	REAM \	WITHIN 5	SERVICE CON	A	4				
		UPSTRE	AM \	WITHIN 5 S	SERVICE CON	Α	4				
00700	ENTRY POINT	3	l	ENTRY POI	NT	A	4				
22787	WELL 214	2	,	WELL 214		Α	١				
60801	ATMOSPHERIC STORAG	GE TANK									
			Cont	act Info	rmation						
Name			Org	ganization						Job Title	
Mr. Micha	el J. Minor				ach Club, Inc.			Vice	Presider	nt/Sec	
Mailing Ad	dress Line One	Mailing A		-				Cit	ty	State	Zip Code
51 Springfi							Staffor	d Sprii	ngs	СТ	06076
Business		Fax	Mobile	e Phone	Emergency I	Phone		-		I	
860-684	-5861	860-684-2635									
			_		I.		1				

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

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIAIC Name	Classification	Damulatian	O	Dr

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WEL	L 214		NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
51 OLD SPRINGF	FIELD ROAD	Connections	1				

Towns Served: STAFFORD

## 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

	Connecticu	ıt Departr	nent of	f Public	: Health	Drir	nking	g Wa	ater S	ection	
		er Quality					`	_			
PWS ID	PWS Name	ci Quality	MOIII	or mg c	ina com			1		mer Type [	Primary Source
CT134016		CH CLUB				N		2		P	GW
	ress (where applicable)	CIT CLOB		Service	Resident		mmerc	1	dustrial	Combined	_
	PRINGFIELD ROAD			Connection					aastriai	Combine	, ignocarearar
	rved: STAFFORD				-						
			Monit	oring Re	quireme	nts					
Water Sy	stem Facility: <b>DISTRI</b>	BUTION SYSTE	M (WSF I	D: 00600)	•						
<b>Total Co</b>	liform (3100)								1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Po	int ID)			Monitorii	ng Perio	od C	Collecti	ion Period	l Comp	liance Status
Selec	ct from Inventory of Activ	e Sampling Poir	its		7/1/19 -	9/30/1	.9			C	omplete
					4/1/20 -	6/30/2	.0				
					7/1/20 -	9/30/2	.0				
Physical	Parameters (PPS)								1 ro	utine (RT)	per quarter
	pling Point (Sampling Po				Monitorii			Collecti	ion Period	l Comp	liance Status
Selec	ct from Inventory of Activ	e Sampling Poir	its		7/1/19 -					C	omplete
					4/1/20 -						
					7/1/20 -	9/30/2	:0				
Water Sy	stem Facility: <b>ENTRY</b>	POINT (WSF I	D: 00700)	1							
	And Nitrite (NOX)								1	=	RT) per year
Samı	pling Point (Sampling Po	int ID)			Monitorii			Collecti	ion Period	l Comp	liance Status
ENTR	RY POINT (3)				1/1/19 - 1			4/1	9/30	C	omplete
					1/1/20 - 3				9/30		
					1/1/21 - 3	12/31/2	21	4/1	9/30		
			Other C	omplian	ce Sched	ules					
-	ce Schedule Activity					Due Dat			Achieved	Date	
SEASONAI	L START UP COMPLETION					/15/20					
	1	<b>Nater Syste</b>	em Facil	ity and S	Sampling	Point	t Inve	entor	γ		
Water							T	otal	Lead and	H	
System	Water System Facility	Sam	_	Sampling				liform	Copper		Stage
Facility ID			ID	Descriptio		Sta	itus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4		TON SYSTEM	. <i>F</i>		Υ			
					SERVICE CON						
22722	ENTRY ROUNT	UF	STREAM		SERVICE CON						
00700	ENTRY POINT		3	ENTRY PO	INI	F					
22788	WELL		2	WELL		P	4				
56337	BLADDER TANK										
56340	BOOSTER PUMP										
			Con	tact Info	ormation						
Name			0	rganization						Job Title	
Mr. Micha	ael J. Minor		Sı	ın Valley Be	ach Club, Inc			Vice	e Presider	it/Sec	
Mailing Ad	ddress Line One	Mai	ling Addres	s Line Two				Ci	ty	State	Zip Code
51 Springf	field Road						Staffor			СТ	06076
Busines	s Phone Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email A	Addres	SS		
860-68		860-684-2635									
Contact R	ole(s): Administrative C	ontact									

Page 20

(	Lonnectic	ut Depa	irtme	ent of	Public	Health	U	rinking	g water	Section	1	
	Wa	ter Qua	lity N	<b>Monit</b>	oring a	nd Con	np	liance S	Schedul	le		
PWS ID	PWS Name						Cla	ssification	Population	Owner Type	Pri	imary Source
CT1340164	SUN VALLEY BEA	ACH CLUB						NC	25	Р		GW
Local Address (wh	nere applicable)				Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural
51 OLD SPRINGFI	ELD ROAD				Connection	ns 1						
Towns Served: ST	AFFORD											
Name				Or	ganization					Job Tit	le	
Mr. Robert N. Mi	nor			Su	n Valley Bea	ich Club, In	c.		President			
Mailing Address L	ine One		Mailing	g Address	Line Two				City	State		Zip Code
51 Old Springfield	l Road							Staffor	d Springs	СТ		06076
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	Address	·		
860-684-5861		860-684-2	2635									
Contact Role(s)	Legal Contact (	Jwner						•				

nt of Dublic Hoolth Duinling Motor Cooti

Contact Role(s): 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

Page 21

		Department of								ction		
		r Quality Monit	oring an	d Con					_	1		
PWS ID	PWS Name				Clas	ssification	on Po	pulation	Owr	ner Type P		
CT134024						NC		27		Р	GW	
	ress (where applicable)		Service	Residen	tial	Comm	ercial	Industr	ial	Combined	Agric	cultural
	STREET (ROUTE 19)		Connections			1						
Towns Ser	ved: STAFFORD				_							
Mator Cu	store Fosility DICTRIR		oring Requ	iireme	nts							
	stem Facility: DISTRIB	UTION STSTEIN (WSFTI	ט: טטטטטן						1	+: (DT)		
	liform (3100)	4 (D)		Manitari		outod	Calla			tine (RT)		
	oling Point (Sampling Point from Inventory of Astive			Monitori			Cone	ction Pe	rioa		ance St	
Selec	t from Inventory of Active	Sampling Points		7/1/19 -							mplete mplete	
				10/1/19 -		-				CC	mpiete	:
				1/1/20 -								
				4/1/20 - 7/1/20 -								
Physical	Parameters (PPS)							;	1 rou	tine (RT)	per qu	arter
Sam	oling Point (Sampling Poir	t ID)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compl	ance St	tatus
Selec	t from Inventory of Active	Sampling Points		7/1/19 -	9/30	0/19				Cc	mplete	ڋ
				10/1/19 -	12/3	31/19				Cc	mplete	ڋ
				1/1/20 -	3/3	1/20						
				4/1/20 -	6/30	0/20						
				7/1/20 -	9/30	0/20						
Water Sy	stem Facility: ENTRY P	OINT (WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1	routine (F	RT) per	year
Sam	oling Point (Sampling Poir	t ID)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compl	ance St	tatus
ENTR	Y POINT (3)			1/1/19 -	12/3	1/19				Co	mplete	ڋ
				1/1/20 -	12/3	1/20						
				1/1/21 -	12/3	31/21						
		Other Co	ompliance	Sched	lule	es						
Complian	ce Schedule Activity			ı	Due	Date		Achie	eved I	Date		
RESPOND	TO SANITARY SURVEY			9	)/21/	/2017						
	W	ater System Facili	ty and Sar	npling	Po	int In		•				
Water	Water System Facility	Sampling Point	Samplina Boi	nt			Total					Charac
System Facility ID		Jumping Four	Description	111			Colifor Rule	-	•	Asbestos		Stage 2 DRPR
00600	DISTRIBUTION SYSTEM	3	KITCHEN SINK	·	•	<u>Status</u> A	Y	nunc	7707	7.55005	114, 2	- DDI K
00000	DISTRIBUTION STSTEM	4	DISTRIBUTION		1	A	Y					
		DOWNSTREAM				Α	•					
		UPSTREAM	WITHIN 5 SER			A						
00700	ENTRY POINT	3	ENTRY POINT		•	A						
47857	WELL #1	2	WELL #1			A						
60656	TREATMENT PLANT		., // 1			,,						
00030	TREATIVIEW FEATURE	Con	tact Inforr	mation								
Name			ganization							Job Title		
	R. Goodrich		c's Cafe				N	/lanager	,	300 1100		
	ddress Line One	Mailing Address						City		State	Zip Co	ode
328 East S						Sta	fford S <sub>l</sub>			CT	0607	
										1 1		

Page 22

	Connec	ticut Dep	artm	ent of	Public	Health	Drir	nking	Water	Se	ction		
	1	<b>Vater Qu</b>	ality l	Monit	oring a	nd Cor	nplia	nce S	Schedul	e			
PWS ID	PWS Name						Classif	cation	Population	Own	er Type	Primary Sourc	e
CT1340244	RIC'S PLACE						N	С	27		Р	GW	
Local Address (w	here applica	ıble)			Service	Resider	ntial Co	mmerci	al Industri	al (	Combine	d Agricultura	al
328 EAST STREET	(ROUTE 19				Connectio	ns		1					
Towns Served: S	_						·						
Business Phone	e Extens	on Fa	X	Mobil	Mobile Phone Emerger			one Email Address					
860-851-9911		860-68	7-9959		860-990-9892			scott-g	oodrich@at	t.net			
Contact Role(s):	Administra	tive Contact, L	egal Con	tact									
Name				Or	rganization						Job Title	!	
Circle G Compan	у												
Mailing Address	Line One		Mailin	g Address	s Line Two				City		State	Zip Code	
55 Green Manor	Ave							Windso	or		СТ	06095	
Business Phone	e Extens	on Fa	x	Mobi	le Phone	Emergenc	y Phone	Email A	Address				
Contact Role(s):	Owner												
													$\exists$

# Please note the following:

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

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

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

End of schedule

	Co	nnectic	•							_			ction	
	1		ter Qual	lity M	onit	oring a	nd Cor	_				1		
PWS ID		/S Name						Cla	ssificatio	on Pop	oulation	Owr	ner Type P	rimary Source
CT134132	4 RO	ARING BROO	K CAMPGND	COOP/P	OOL/R	EST/REC			NC		42		Р	GW
Local Add	ress (wher	e applicable)				Service	Reside	ntial	Comme	ercial	Industri	ial	Combined	Agricultura
8 SOUTH F	ROAD					Connection	ns						3	
Towns Ser	ved: STAF	FORD												
				M	lonit	oring Red	quireme	ents	5					
		ility: DISTR	RIBUTION SY											
	liform (3	-												per quarter
		t (Sampling P					Monitor			Colle	ction Pe	riod		iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			1/1/20			_			Co	omplete
							4/1/20 7/1/20		-					
<b>Total Co</b>	liform (3	3100)										1 ro	utine (RT	per month
	-	t (Sampling P	Point ID)				Monitor	ring F	Period	Colle	ction Pe			iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/19	- 10/	/31/19				Co	mplete
Physical	Paramet	ers (PPS)									1	L rou	tine (RT)	per quarter
Sam	oling Poin	t (Sampling P	Point ID)				Monitor	ring F	Period	Colle	ction Pe	riod	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/3	80/19				Co	mplete
							10/1/19	- 12/	/31/19				Co	mplete
							1/1/20	- 3/3	31/20				Co	mplete
							4/1/20	- 6/3	30/20					
							7/1/20	- 9/3	30/20					
Water Sy	stem Fac	ility: ENTR	Y POINT (W	VSF ID: 0	0700)									
Nitrate A	And Nitri	te (NOX)										1	routine (I	RT) per year
Sam	oling Poin	t (Sampling P	Point ID)				Monitor	ring F	Period	Colle	ction Pe	riod	Compl	iance Status
ENTR	RY POINT (	3)					1/1/19 -	12/3	31/19				Co	mplete
							1/1/20 -	12/3	31/20				Co	mplete
							1/1/21 -	12/3	31/21					
				Oth	ner C	omplian	ce Sche	dule	es					
Complian	ce Schedu	le Activity				•		Due	Date		Achie	eved	Date	
-		N SURVEY REP	PORT					3/1/	/2020					
			Water Sy	ystem	Facili	ity and S	ampling			vent	ory			
Water										Total		and		
System	-	stem Facility	,			Sampling P			(	Coliforr				Stage
Facility ID				ID		Description	1		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00501	WELL#1			2		WELL #1			Α					
00600	DISTRIBL	ITION SYSTEM		4		DISTRIBUTI			A					
						WITHIN 5 S			A					
				UPSTR	EAM	WITHIN 5 S		N	Α					
00700	ENTRY PO	DINT		3		ENTRY POI	VT		A					
						tact Info	rmatio	n						
Name						rganization							Job Title	
Mr. Lewis						paring Brook	Campgrou	ınd C	Coop		laintena	nce	1_	
Mailing Ad		e One		Mailing /	Address	s Line Two					City		State	Zip Code
8 South Ro			T							fford Sp			СТ	06076
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergenc	y Pho	one Ema	ail Addr	ress			

C	onnectic	ut Depa	rtmen	t of	Public	Health	Dri	nking	Water S	Section			
	Wat	ter Qual	lity Mo	nite	oring a	nd Con	nplia	ance S	chedule				
PWS ID P\	WS Name						Classi	fication P	opulation O	wner Type	Primary Source		
CT1341324 RO	OARING BROO	K CAMPGND	COOP/PO	OL/RI	EST/REC		1	NC	42	Р	GW		
Local Address (whe	ere applicable)				Service	Resider	ntial C	ommercial	Industrial	Combin	ed Agricultura		
8 SOUTH ROAD					Connection	ns				3			
Towns Served: STA	FFORD					'					-		
860-684-7086		860-684-7	125	860-8	18-7108			rbc@roa	iringbrook.ne	ecoxmail.co	om		
Contact Role(s): C	Owner												
Name				Or	ganization					Job Titl	e		
Mr. Eugene M. Du	mont			Ro	aring Brook	Campgrou	nd		Vice Preside	nt			
Mailing Address Lir	ne One		Mailing Ad	ddress	Line Two				City	State	Zip Code		
8 South Road						Stafford Springs CT					06076		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	e Email Ad	l Address				
860-684-7086		860-684-7	125			860-818	-7108	rbcgope	rations@gma	ail.com			
Contact Role(s): L	egal Contact, C	)wner	·					·					
Name				Or	ganization					Job Titl	e		
Mr. Gregg R. Goldl	berg			Ro	aring Brook	Campgrou	nd		Facilities Ma	ınager			
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City	State	Zip Code		
8 South Road								Stafford	Springs	СТ	06076		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	e Email Ad	ldress				
860-684-7086		860-684-7	125			860-818	-7108	rbcgope	rations@gma	ail.com			
Contact Role(s): A	dministrative (	Contact	,										

# Please note the following:

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

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

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

End of schedule

Page 25

	Connecticut Dep										ection	
	Water Qu	ality Mo	onit	oring an	d Con	ıpl	lianc	e Sc	hedul	e		
PWS ID	PWS Name					Clas	ssificatio	on Po	pulation	Ow	ner Type Pr	imary Source
CT1341374	STAFFORD SPRINGS KINGD	OM HALL					NC		75		Р	GW
Local Address (	where applicable)			Service	Residen	tial	Commo	ercial	Industria	ı	Combined	Agricultural
79 CRYSTAL LA	KE RD			Connections			1					
Towns Served:	STAFFORD											
		M	onito	ring Requ	uireme	nts	•					
Water System	Facility: DISTRIBUTION	SYSTEM (\	WSF ID	): 00600)								
<b>Total Colifor</b>	m (3100)								1	rοι	ıtine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)				Monitori			Colle	ection Per	iod	Compli	ance Status
Select fro	m Inventory of Active Samplir	ng Points			7/1/19 -	9/3	0/19	_			Co	mplete
					10/1/19 -						Co	mplete
					1/1/20 -		-					
					4/1/20 -							
					7/1/20 -	9/3	0/20					
•	ameters (PPS)											er quarter
	Point (Sampling Point ID)				Monitori			Colle	ection Per	iod	Compli	ance Status
Select froi	m Inventory of Active Samplir	ng Points			7/1/19 -							
					10/1/19 -						Co	mplete
					1/1/20 -							
					4/1/20 -		-					
	- 11.	/a= .= .a			7/1/20 -	9/3	0/20					
-	n Facility: ENTRY POINT (	(WSF ID: 00	J/00)									
	Nitrite (NOX)					_					<del>-</del>	T) per year
	Point (Sampling Point ID)				Monitori			Colle	ection Per	IOd		ance Status
ENTRY PO	INT (3)				1/1/19 -						Col	mplete
					1/1/20 -							
			_	••	1/1/21 -							
		Oth	er Co	mpliance								
Compliance Sc	hedule Activity				L	Due	Date		Achiev	red	Date	
RESPOND TO S	ANITARY SURVEY				13	1/27	7/2019					
		Public	Noti	ification R	Require	eme	ents					
			Co	mpliance	Notice		Publi		<u>fication</u>		PN Cert	<u>ification</u>
Violation/Situe				Period	Tier		Requir		Performed		Due to DPH	Received
-	eters M&R Violation			19 - 9/30/19	3		12/15/2				.2/25/2020	
E. Coli				/19 - 1/9/20	3		12/15/2			1	2/25/2020	
	Water	System F	acilit	ty and Sai	mpling	Po	int In	vent	ory			
Water								Tota				
	ter System Facility			Sampling Poi	nt			Colifor			0-6-1	Stage
Facility ID	EDIDUTION CYCTES	ID		Description			Status	Rule	Rule	ier	Aspestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4		DISTRIBUTION			A	Y				
				WITHIN 5 SEF			A					
00700 5817	DV DOINT	UPSTRE		WITHIN 5 SEF		N	Α					
00700 ENT	RY POINT	3		ENTRY POINT			Α					

Α

WELL#1

61533 WELL#1

	Water Quality Monit	oring an	d Con	npl	iance S	chedul	le	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1341374	STAFFORD SPRINGS KINGDOM HALL				NC	75	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	l Industri	al Combine	d Agricultural
79 CRYSTAL LA	AKE RD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: STAFFORD

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Peter Panciera				Ss Cong. of J	's Witnesses				
Mailing Address Line	e One	Mailing Addr	ess Line Two			City	State	Zip Code	
P.O. Box 231						Stafford	Springs	СТ	06076
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-930-2600					860-930-2600	ppancier	a@yahoo.com		

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

#### Please note the following:

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

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

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

End of schedule