	Connecticut De	<b>^</b>						<u> </u>		ection	1	
	Water Qu	uality M	onit	oring an	d Con	np	liance	Sche	edule			
PWS ID	PWS Name					Cla	ssification	Popu	lation O	wner Type	e Pr	imary Source
CT146049	<b>3</b> JOHANSEN PROPERTIES						NC	5	0	Р		GW
Local Add	ress (where applicable)			Service	Resider	ntial	Commerc	ial In	dustrial	Combir	ned	Agricultural
458 TALCO	OTTVILLE ROAD			Connections			1					
Towns Ser	rved: VERNON											
		Μ	onito	oring Requ	uireme	ents	5					
Water Sy	stem Facility: DISTRIBUTION	N SYSTEM (	WSF II	D: 00600)								
Total Co	liform (3100)								<b>1</b> re	outine (R	T) p	er quarter
Samp	oling Point (Sampling Point ID)				Monitor	ing I	Period (	Collecti	ion Perio	d Con	nplic	ince Status
Selec	t from Inventory of Active Samp	ling Points			7/1/19 -	- 9/3	80/19				Сог	nplete
					10/1/19	- 12/	/31/19				Сог	nplete
					1/1/20 -	- 3/3	31/20				Сог	nplete
					4/1/20 -							
					7/1/20 ·							
-	Parameters (PPS)								<b>1</b> re	outine (R	T) p	er quarter
Samp	pling Point (Sampling Point ID)				Monitor	ing I	Period (	Collecti	ion Perio	d Con	nplic	ince Status
Selec	t from Inventory of Active Samp	ling Points			7/1/19 ·	- 9/3	80/19				Сог	nplete
					10/1/19 -	- 12/	/31/19				Сог	nplete
					1/1/20 -	- 3/3	31/20				Сог	nplete
					4/1/20 -	- 6/3	80/20					
					7/1/20 ·	- 9/3	80/20					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate A	And Nitrite (NOX)									1 routine	e (R	T) per year
Samp	pling Point (Sampling Point ID)				Monitor	ing F	Period (	Collecti	ion Perio	d Con	nplic	ince Status
ENTR	RY POINT (3)				1/1/19 -	12/3	31/19				Сог	nplete
					1/1/20 -	12/3	31/20				Сог	nplete
					1/1/21 -	12/3	31/21					
		Oth	er Co	ompliance	e Scheo	dule	es					
Compliand	ce Schedule Activity					Due	Date		Achieve	d Date		
RESPOND	TO SANITARY SURVEY				ç	9/13	/2019					
		Public	: Not	ification <b>F</b>	Require	em	ents					
			Co	ompliance	Notice	2	Public N	lotifica	ition	PN	Certi	fication
Violation/	/Situation			Period	Tier		Required		formed	Due to D		Received
Total Colif	form M&R Violation		4/1/	17 - 6/30/17	3		9/26/2018			10/6/20		
Physical Pa	arameters M&R Violation		4/1/	17 - 6/30/17	3		9/26/2018			10/6/20		
	Water	<sup>r</sup> System I	Facili	ty and Sa	mpling		oint Inve	ento	'V			
Water								otal	Lead an	d		
System	Water System Facility	Sampling	Point	Sampling Po	int			liform	Coppe			Stage
Facility ID		. J		Description				Rule			os	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTIO	N SYSTEM	1	A	Y				
		DOWNST	REAM	WITHIN 5 SEI			А					
		UPSTRE		WITHIN 5 SEI			А					
00700	ENTRY POINT	3		ENTRY POINT			А					
20026	WELL	2		WELL			A					
56057	BLADDER TANK	-										
50057												

	vvu	ici quu	mey mom			npn	unce	Juncuu			
PWS ID	PWS Name					Class	ification	Population	Owner Typ	e Prin	nary Source
СТ1460493	JOHANSEN PRO	PERTIES					NC	50	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial (	Commerci	ial Industri	al Combi	ned /	Agricultural
458 TALCOTTVIL	LE ROAD			Connectio	ns		1				
Towns Served: V	ERNON										
			Со	ntact Info	ormation	า					
Name			(	Organization					Job Ti	tle	
Mr. Ed Johanser	1			Johansen Proj	perties						
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	e Z	Zip Code
458 Talcottville F	۲d						Verno	n	СТ		06066
Business Phon	e Extension	Fax	Mol	bile Phone	Emergenc	y Phor	e Email /	Address	·		
			860	-729-5669			edjoha	nsen1@hot	mail.com		
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ov	vner							
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. 2.

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.

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	Connectic	ut Depa	rtment of	f Public H	lealth	Drii	nking	Water	r Se	ction	
	Wat	ter Qua	lity Monit	oring an	d Com	plia	nce Se	chedu	le		
PWS ID	PWS Name		-			Classif	ication P	opulation	Owr	ner Type P	rimary Source
CT1460024	NEWHOCA LODO	GE				N	IC	25		Р	GW
Local Address (	where applicable)			Service	Resident	ial Co	mmercial	Industr	ial	Combined	Agricultural
195 GRIER ROA	D			Connections			1				
Towns Served:	VERNON										
			Monite	oring Requ	uiremer	nts					
Water System	Facility: DISTR	IBUTION SY	YSTEM (WSFI	D: 00600)							
Total Coliforn	m (3100)							:	1 rou	itine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)			Monitorin	ng Peri	od Col	llection Pe	eriod	Compli	ance Status
Select fron	n Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9			Co	mplete
					10/1/19 -	12/31/	′19			Co	mplete
					1/1/20 - 1						
					4/1/20 -						
					7/1/20 -	9/30/2	0				
-	meters (PPS)										per quarter
	Point (Sampling P	oint ID)			Monitorin	-		llection Pe	eriod		ance Status
DISTRIBUT	ION SYSTEM (4)				7/1/19 - 9						mplete
					10/1/19 - 1/1/20 - 1						mplete
					4/1/20 -						
					7/1/20 - 2						
Water System	Facility: ENTRY	POINT (W	VSE ID: 00700)		//1/20 -	5/ 50/ 2	.0				
Nitrate And N									1	routine (F	RT) per year
	Point (Sampling P	oint ID)			Monitorin	na Peri	od Col	llection Pe		-	ance Status
ENTRY POI		,			1/1/19 - 1	-					mplete
					1/1/20 - 1						
					1/1/21 - 1	12/31/2	21				
			Other C	ompliance	Sched	ules					
Compliance Sch	hedule Activity			•		) Due Da	te	Achie	eved	Date	
	ANITARY SURVEY				7/	/17/20	19				
		Water S	ystem Facili	ity and Sa				tory			
Water		Water 5	Stern raem	ity and Sa		1 0111	Tot	-	and		
	er System Facility		Sampling Point	Sampling Poi	int		Colife				Stage
Facility ID			ID	Description		Sta	itus Ru			Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	l	4	DISTRIBUTIO	N SYSTEM		A Y	,			
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON		4				
			UPSTREAM	WITHIN 5 SEF	RVICE CON		4				
00700 ENT	RY POINT		3	ENTRY POINT	Γ		٩				
22428 WEL	L		2	WELL			۹				
			Con	tact Infor	mation						
			0	rganization						Job Title	
Name								Director			
Name Mr. Martin D. S	Sitler		Ve	ernon-Parks &	Recreation	n Dept		Director			
			Ve Mailing Addres		Recreation	n Dept		City		State	Zip Code
Mr. Martin D. S	s Line One				Recreation	n Dept	Vernon			State CT	Zip Code 06066
Mr. Martin D. S Mailing Address	s Line One et ne Extension	Fax 860-870-3	Mailing Address Mobi	s Line Two	Recreation mergency 860-306-4	Phone	Vernon Email Ad	City		СТ	

		<b>L</b>				P					
PWS ID	PWS Name					Class	sification	Population	Owner 1	уре	Primary Source
CT1460024	NEWHOCA LOD	GE					NC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial (	Commerc	ial Industri	al Con	nbine	d Agricultural
195 GRIER ROAD	)			Connection	S		1				
Towns Served: V	ERNON			÷		·			·		
Contact Role(s):	Administrative	Contact									
Name				Organization					Job	) Title	!
Mr. Michael Pur	caro		•	Town of Verno	n			Town Adr	ministrate	or	
Mailing Address	Line One		Mailing Addre	ess Line Two				City	St	tate	Zip Code
Memorial Buildir	ıg		14 Park Place				Verno	n		СТ	06066
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phor	ne Email	Address			
860-870-3670	)						mpurc	aro@vernor	n-ct.gov		
Contact Role(s):	Legal Contact										
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured at t	the same locatio	n and time	as each	n total colif	form sample.			
2. If a Collection	Period is specified	, all water qua	lity samples mu	st be collected d	uring the sp	pecified	d period.				
	results, additional ce sent by the DW	-						-		-	

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

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	Connecticut Dep	oartment of	f Public	Health	Drir	nking	Water S	ection	
	· · · · · · · · · · · · · · · · · · ·	ality Monit				0			
PWS ID	PWS Name		0		<b>•</b>				Primary Source
CT1460104	500 EAST PLAZA				N		25	P	GW
Local Address (	where applicable)		Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural
500 TALCOTTVI	LLE ROAD		Connection	ns		1			
Towns Served:	VERNON								
		Monit	oring Re	quiremer	nts				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)						
<b>Total Coliform</b>	• •						1 ro	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitorin	-		lection Perio		iance Status
Select from	n Inventory of Active Sampli	ng Points		7/1/19 - 9					omplete
				10/1/19 - 1					omplete
				1/1/20 - 3				Co	omplete
				4/1/20 - 6					
Physical Para	meters (PPS)			7/1/20 - 9	5/50/2	.0	1	outing (PT)	per quarter
-	Point (Sampling Point ID)			Monitorin	a Peri	od Col	L ro lection Perio		iance Status
	n Inventory of Active Sampli	ng Points		7/1/19 - 9	-				omplete
	<u> </u>	0		10/1/19 - 1					omplete
				1/1/20 - 3	3/31/2	0		C	omplete
				4/1/20 - 6	5/30/2	0			
				7/1/20 - 9	9/30/2	0			
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And N	Nitrite (NOX)							1 routine (	RT) per year
	Point (Sampling Point ID)			Monitorin	-		lection Perio		iance Status
ENTRY PO	INT (3)			1/1/19 - 1					omplete
				1/1/20 - 1				Co	omplete
			_	1/1/21 - 1		21			
		Other C	omplian	ce Schedi	ules				
Compliance Sch	-				ue Dat		Achieve	d Date	
RESPOND TO SA	ANITARY SURVEY			7/	27/20	14			
	Water	System Facil	ity and S	ampling	Point	t Inven	tory		
Water						Tot			
System Wat Facility ID	er System Facility	Sampling Point ID	Sampling F Description			Colife			Stage WQP 2 DBPR
	RIBUTION SYSTEM	4		ON SYSTEM	<u>Sta</u>	ius -		er Asbestos	WQF 2 DDFN
00000 DIST	RIBOTION STSTEIVI	4 DOWNSTREAM				ч г 4			
		UPSTREAM		SERVICE CON		4			
00700 ENT	RY POINT	3	ENTRY POI			۰ ۹			
22434 WEL		2	WELL						
		Con		rmation					
Name			rganization					Job Title	
Mr. Frederick P	P. Konon		ew 500 East	. LLC			Owner	100 1100	
Mailing Address		Mailing Addres					City	State	Zip Code
44 Caisson Roa						Colchest		СТ	06415-2100
Business Pho	ne Extension Fa	nx Mobi	le Phone	Emergency	Phone	Email Ad	ldress	I	
860-537-884	4					r-kon@s	bcglobal.net		

						P-					
PWS ID	PWS Name					Clas	sification	Population	Owne	er Type	Primary Source
CT1460104	500 EAST PLAZA						NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al C	ombine	ed Agricultural
500 TALCOTTVIL	LE ROAD			Connection	S		1				
Towns Served: V	ERNON										
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name				Organization					J	lob Title	ē
New 500 East LL	С										
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
44 Caisson Rd							Colche	ster		СТ	06415
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	y Pho	ne Email /	Address			
Contact Role(s):	Owner										
Please note the	following:										
1. The residual d	isinfectant concen	tration must b	e measured at t	the same locatio	n and time a	as eac	h total colif	orm sample.			
2. If a Collection	Period is specified	all water qua	lity samples mu	ist be collected d	uring the sp	pecifie	d period.				
	results, additional ce sent by the DWS	0	· ·								
conesponden	ce sent by the DW.		ie generation u	are or tills scheu		e prec	evence ove	what is com	lameu I		neuule.

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

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	Water Quality M	onitoring an	d Con	nplian	ce S	chedule	j	
PWS ID	PWS Name	0		Classifica				rimary Source
CT1460134	ITALIAN SOCIAL CLUB OF ROCKVILLE			NC		25	Р	GW
ocal Address	(where applicable)	Service	Residen	tial Comr	nercial	Industrial	Combined	Agricultura
56 SNIPSIC STR	REET	Connections			1			
Fowns Served:	VERNON							
	Μ	onitoring Req	uireme	nts				
Nater Syster	n Facility: <b>DISTRIBUTION SYSTEM</b> (	WSF ID: 00600)						
Total Colifor	rm (3100)					1	routine (RT	) per month
	Point (Sampling Point ID)		Monitori	ing Period	Со	llection Perio	-	iance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/31/19			Co	omplete
			11/1/19 -	11/30/19			 Co	omplete
			12/1/19 -	12/31/19			Co	omplete
			1/1/20 -	1/31/20			Co	omplete
				2/29/20			Co	omplete
				3/31/20				
				4/30/20				
				5/31/20				
				6/30/20				
				7/31/20				
				9/30/20				
Physical Par	ameters (PPS)		9/1/20-	9/30/20		1	routine (RT	) per month
•	Point (Sampling Point ID)		Monitori	ing Period	Со	- Ilection Perio	-	iance Status
	TION SYSTEM (4)			10/31/19				omplete
			11/1/19 -	11/30/19				omplete
			12/1/19 -	12/31/19			Co	omplete
			1/1/20 -	1/31/20			Co	omplete
			2/1/20 -	2/29/20			Co	omplete
				3/31/20				
				4/30/20				
				5/31/20				
				6/30/20				
				7/31/20				
				8/31/20				<u> </u>
Mator System	n Facility: ENTRY POINT (WSF ID: 0	0700)	9/1/20-	9/30/20				
	Nitrite (NOX)	0700					1 routing /	RT) per year
	Point (Sampling Point ID)		Monitori	ing Period	Co	llection Perio	•	iance Status
ENTRY PC				12/31/19			-	omplete
	(-)			12/31/20				
				12/31/21				
	Public	c Notification <b>F</b>						
		Compliance	Notice		lic No	<u>tification</u>	PN Cer	tification
/iolation/Situ	ation	Period	Tier	Requ		Performed		
	L COLIFORM RULE (RTCR) TT Violation	6/3/17 - 5/9/18	2	3/25/2			4/4/2018	
REVISED TOTA	L COLIFORM RULE (RTCR) TT Violation	6/30/17 - 5/9/18	2	3/25/2	2018		4/4/2018	

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

2

3/25/2018

11/30/17 - 5/9/18

**REVISED TOTAL COLIFORM RULE (RTCR) TT Violation** 

4/4/2018

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1460134 ITALIAN SOCIAL CLUB OF ROCKVILLE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 56 SNIPSIC STREET 1 Towns Served: VERNON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT A 2 WFII 22436 WELL Α **Contact Information** Organization Job Title Name Mr. Mike Francis Italian Social Club of Rockvil President Mailing Address Line One Mailing Address Line Two City State Zip Code PO Box 192 06066 Vernon CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-875-5805 860-875-9540 Contact Role(s): Legal Contact Name Organization Job Title Mr. Mark E. Buckland Italian Soc. Club of Rockville President Mailing Address Line One Mailing Address Line Two City State Zip Code P. O. Box 192 Italian Social Club of Rockville Rockville СТ 06066 **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 860-875-9540 860-978-9755 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.

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

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

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		it Departme er Quality N						0		ection	
PWS ID	PWS Name	er quanty r	101110	011119 0						ner Tyne	Primary Sourc
CT1460254		PARK				N		-	25	P	GW
	where applicable)			Service	Residenti		-		ndustrial	Combine	
GRIER ROAD				Connectio			1				
Towns Served: V	/ERNON										
		Π	Aonit	oring Re	quiremen	ts					
Water System	Facility: DISTRI	BUTION SYSTEM			quinemen						
Total Coliform			(00511	2.00000					1 ro	utine (RT	) per quarter
	Point (Sampling Po	int ID)			Monitorin	a Peri	od	Collect	tion Period	-	liance Status
		ve Sampling Points			7/1/19 - 9	_					Complete
					4/1/20 - 6						
					7/1/20 - 9						
<b>Physical Parar</b>	meters (PPS)								1 ro	utine (RT	) per quarter
-	Point (Sampling Po	int ID)			Monitorin	g Peri	od	Collect	tion Period	-	liance Status
Select from	Inventory of Activ	ve Sampling Points			7/1/19 - 9	9/30/1	.9			(	Complete
					4/1/20 - 6	5/30/2	0				
					7/1/20 - 9	9/30/2	20				
Water System	Facility: ENTRY	POINT (WSF ID:	00700)								
Nitrate And N	itrite (NOX)								1	routine	(RT) per year
Sampling P	oint (Sampling Po	int ID)			Monitorin	g Peri	od	Collect	tion Period	Сотр	liance Status
ENTRY POI	NT (3)				1/1/19 - 1	2/31/1	19			(	Complete
					1/1/20 - 1	2/31/2	20				
					1/1/21 - 1	2/31/2	21				
		Ot	her C	omplian	ce Schedu	ıles					
Compliance Sch	edule Activity				D	ue Da	te		Achieved	Date	
SEASONAL STAR	T UP COMPLETION	J			6,	/1/202	20				
	١	<b>Water System</b>	Facil	ity and S	ampling I	Poin	t Inv	/ento	ry		
Water System Wate Facility ID	er System Facility	Samplir I	-	Sampling Descriptio		Sta		Total oliform Rule			Stage s WQP 2 DBP
00600 DISTF	RIBUTION SYSTEM	4	-		ION SYSTEM	A	4	Y			
					SERVICE CON	A	4				
		UPST		_	SERVICE CON		4				
	Y POINT		3	ENTRY POI	NT		4				
22448 WELL	-		2	WELL			4				
			Con	tact Info	ormation						
Name			0	rganization						Job Title	
Mr. Martin D. Si	itler		V	ernon-Parks	& Recreation	Dept		Dir	ector		
Mailing Address		Mailing	Addres	s Line Two				C	ity	State	Zip Code
120 South Stree							Vern			СТ	06066
Business Phon		Fax	Mob	le Phone	Emergency I						
860-870-3520		860-870-3525			860-306-4	753	msit	ler@ver	mon-ct.gov	/	
Contact Role(s):	Administrative C	Contact									
	tion has been movided	to help owners and op	anatom of	nublic	uctome maintain		inner	المتسام مالية	ing water	alita manifa	100 x000100

		<b>~</b>	<i>.</i>	0		1				7
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ1460254	CAMP NEWHOO	A PARK					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resid	ential	Commerc	ial Industr	ial Combin	ed Agricultural
GRIER ROAD				Connecti	ions		1			
Towns Served: V	ERNON									
Name				Organizatio	n				Job Titl	e
Mr. Michael Pur	caro			Town of Ver	non			Town Ad	ministrator	
Mailing Address	Line One		Mailing Addr	ess Line Two	)			City	State	Zip Code
Memorial Buildir	ıg		14 Park Place	9			Verno	n	СТ	06066
Business Phone	e Extension	Fax	Mo	obile Phone	Emerger	ncy Pho	one Email	Address		
860-870-3670							mpurc	aro@verno	n-ct.gov	
Contact Role(s):	Legal Contact									
Please note the	following:									
1. The residual d	isinfectant concen	tration must b	e measured at	the same loca	ition and tim	e as ea	ch total coli	orm 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

PWS ID	PWS Name	ter Quality M	ioiiit						ation Ow	nor Tupo	Drimon	Source
CT1460334	VALLEY FALLS PA	PK				N		2 Popul		L	GW	
	where applicable)			Service	Residen		-		dustrial	Combine		-
ALLEY FALLS R				Connectio			1		aastria	combine	u Agric	uncun
Towns Served: \	-						-					
		Ν	Ionit	oring Re	quireme	nts						
Nater System	Facility: DISTR	IBUTION SYSTEM			4		_		_	_	_	
Total Coliforn			•	-					1 ro	utine (RT	) per qu	artei
	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Co	ollecti	on Period	-	liance St	
		ve Sampling Points			7/1/19 -	-					Complete	
					4/1/20 -	6/30/2	0					
					7/1/20 -	9/30/2	0					
Physical Para	meters (PPS)								1 ro	utine (RT	) per qu	arter
Sampling I	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Co	ollecti	on Period	Сотр	liance St	t <mark>atus</mark>
Select fron	n Inventory of Acti	ve Sampling Points			7/1/19 -	9/30/1	9			(	Complete	•
					4/1/20 -	6/30/2	0					
					7/1/20 -	9/30/2	0					
Nater System	Facility: ENTRY	POINT (WSF ID:	00700)									
Nitrate And N	litrite (NOX)								1	routine	(RT) per	yea
Sampling I	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Co	ollecti	on Period	Сотр	oliance St	t <mark>atus</mark>
ENTRY POI	NT (3)				1/1/19 -	12/31/1	.9			(	Complete	:
					1/1/20 -	12/31/2	20					
					1/1/21 -	12/31/2	21					
		Ot	her C	omplian	ce Sched	ules						
Compliance Sch	edule Activity				l	Due Dat	e		Achieved	Date		
SEASONAL STAF	RT UP COMPLETIO	N			(	5/1/202	0					
		Water System	Facil	ity and S	ampling	Point	t Inve	ntor	'Y			
Water							Тс	tal	Lead and	1		
	er System Facility		-	Sampling				form	Copper			Stage
Facility ID		11		Descriptio		Sta	ius .	ule	Rule Tier	Asbesto	s WQP	2 DBF
00600 DIST	RIBUTION SYSTEM				ION SYSTEM			Y				
					SERVICE CON							
		UPSTF			SERVICE CON							
	RY POINT	3		ENTRY POI	NT	A						
22456 WEL		2		WELL		A	1					
61419 TREA	TMENT PLANT											
			Con	tact Info	ormation							
Name			0	rganization						Job Title	1	
Mr. Daniel Cha	mpagne		Тс	own of Vern	on			May	yor			
Mailing Address	Line One	Mailing	Addres	s Line Two				Cit	ty	State	Zip Co	ode
/ernon Town H	all, Third Floor	14 Park	Place				Vernor			СТ	0606	56
<b>Business Phor</b>	ne Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email A	ddres	S			
860-870-360	0											
Contact Role(s)	Legal Contact, C	)wner										

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

		<b>~</b>	<i>J</i>		0		1				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
CT1460334	VALLEY FALLS PA	ARK						NC	25	L	GW
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	ial Industri	ial Combin	ed Agricultural
VALLEY FALLS RC	AD				Connectio	ns		1			
Towns Served: V	ERNON						·				
Name				Or	ganization					Job Tit	le
Mr. Martin D. Si	tler			Ve	ernon-Parks	& Recreati	on De	pt	Director		
Mailing Address	Line One		Mailing A	Address	s Line Two				City	State	Zip Code
120 South Street								Verno	n	СТ	06066
Business Phone	e Extension	Fax		Mobil	le Phone	Emergenc	y Pho	ne Email	Address		
860-870-3520		860-870-	3525			860-306	-4753	msitle	r@vernon-c	t.gov	
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.

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

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.

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	Connectic	ut Departme	ent of	f Public	Health	Drir	nking	Wat	ter S	ection	
	Wat	ter Quality N	/lonit	oring an	nd Com	iplia	nce So	che	dule		
PWS ID	PWS Name			0						ner Type	Primary Source
CT1463014	<b>ROCKVILLE FISH</b>	AND GAME - TRAP	AND SKE	ET		Ν	С	37		P	GW
Local Address (	where applicable)			Service	Residen	tial Co	mmercial	Ind	ustrial	Combined	Agricultural
101 FISH AND G				Connection	S		1				
Towns Served:	VERNON										
		Γ	Aonit	oring Req	ujireme	nts					
Water System	n Facility: DISTR	IBUTION SYSTEM		•	Jun enne						
<b>Total Coliforr</b>	m (3100)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lectio	n Period	l Comp	liance Status
Select fror	m Inventory of Acti	ive Sampling Points			7/1/19 -	9/30/1	9			C	omplete
					10/1/19 -	12/31/	19			C	omplete
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
<b>Physical Para</b>	ameters (PPS)								1 ro	utine (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lectio	n Period		liance Status
Select fror	m Inventory of Acti	ive Sampling Points			7/1/19 -	9/30/1	9			C	omplete
					10/1/19 -	12/31/	19			C	omplete
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
Water System	Facility: ENTRY	POINT (WSF ID:	00700)	I							
-	Nitrite (NOX)	•	•						1	routine (	RT) per year
	Point (Sampling P	oint ID)			Monitori	na Peri	od Col	lectio	n Period	-	liance Status
ENTRY PO					1/1/19 -	-					omplete
	(-)				1/1/20 -						- <b>I</b>
					1/1/21 -						
		0	hor C	omplianc							
			ner C	ompilanc							
Compliance Sch						Due Dat		A	chievea	Date	
CROSS CONNEC	CTION EXEMPTION					3/1/202	22				
		Water System	Facili	ity and Sa	ampling	Point	t Inven	tory	1		
Water							Tot	al L	ead and	1	
- /	ter System Facility	Samplir	ng Point	Sampling Po	oint		Colifo		Copper		Stage
Facility ID		I	D	Description		Sta	tus Ru	le I	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	<b>ا</b> ا	1	DISTRIBUTIO	ON SYSTEM	A	4				
		T:	51	MEN'S ROO	M SINK	A	A Y				
		T	52	WOMEN'S F	ROOM SINK	A	A Y				
		T	53	KITCHEN SIN	NK	A	A Y				
00700 ENT	RY POINT		3	ENTRY POIN	IT	A	4				
1	_L1		2	WELL 1		A	4				
60771 WEL			Con	tact Info	rmation						
60771 WEL								1			
60771 WEL Name				rganization						Job Title	
			0			Club		1St V	р	Job Title	
Name	sacek	Mailing	O Ro	rganization		Club		1St V City	•	Job Title State	Zip Code
Name Mr. Peter E Kas	sacek ss Line One	Mailing	O Ro	rganization ockville Fish A		Club	Coventry	City	•		Zip Code 06238
Name <b>Mr. Peter E Kas</b> Mailing Address	<b>sacek</b> Is Line One d	Mailing Fax	O Ro Addres	rganization ockville Fish A s Line Two				City /	•	State	

	-	· · · · ·	- )	0		<b>I</b> <sup>-</sup> -			-		
PWS ID P	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1463014 R	OCKVILLE FISH	AND GAME	EET		Ν	IC	37	Р	GW		
Local Address (where applicable)				Service	Resider	Residential Con		al Industri	al Combine	ed Agricultural	
101 FISH AND GAME ROAD				Connection	S						
Towns Served: VE	RNON										
860-742-7074	4 860-377-8902 860-377-8902 p						peteka	sacek@gma	il.com		
Contact Role(s):	Administrative	Contact									
Name				Organization				Job Title			
Mr. Greg Thomas				Rockville Fish & Game Club Trustee							
Mailing Address Line One Maili			Mailing Addro	lailing Address Line Two			City		State	Zip Code	
P.O. Box 211					Ver			I	СТ	06066	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	mergency Phone		Email Address			
860-610-8150					860-818	-8903	gregthomas686@gmail.com				
Contact Role(s):	egal Contact		· ·	· · · · ·							
Please note the fo	ollowing:										
1. The residual dis	infectant concen	tration must k	e measured at t	the same locatio	n and time a	as each t	otal colifo	orm sample.			
2 If a Callestian D	auto al to our o atilita al			بالمعقدة المحاجب	بيو مراجع مريدا		ام السو				

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.* 

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