	Conno	cticut Don	artment of	Dublic L	Joalth	Dri	nkina	11/2	tor	Sa	ction	
	Comile	ecticut Depa					_				CUOII	
		Water Qua	ility Monit	oring an	a Con	_						
PWS ID	PWS Nam									Owr		Primary Source
CT1691153		NGREGATIONAL C	HURCH OF WOOL				NC	25			Р	GW
Local Address (cable)		Service Connections	Residen	tial Co	ommercia	al Ind	dustria	al	Combine	d Agricultural
543 ROUTE 169		214		Connections	1							
Towns Served:	WOODSTOC	J.K										
Matax Custon	. Facility	DICTRIBUTION		oring Requ	iireme	nts						
-		DISTRIBUTION S	SYSTEIVI (WSF IL	J: 00600)							tion (DT)	
Total Colifor	• •	oling Point ID)			Monitori	na Bor	ind C	ollectio				per quarter
		of Active Samplin	g Points		<i>Monitori</i> 7/1/19 -			леси	JII PEI	iou		omplete
Select II o	iii iiiveiitoi y	of Active Samplin	groints		7/1/19 - 10/1/19 -							omplete omplete
					1/1/20 -							omplete
					4/1/20 -						C	σπριετε
					7/1/20 -							
Physical Para	ameters (P	PS)							1	rou	tine (RT)	per quarter
Sampling	Point (Samp	oling Point ID)			Monitori	ng Per	riod Co	ollectio	on Per	riod	Comp	liance Status
Select fro	m Inventory	of Active Samplin	g Points		7/1/19 -	9/30/2	19				С	omplete
					10/1/19 -	12/31,	/19				С	omplete
					1/1/20 -	3/31/2	20				С	omplete
					4/1/20 -	6/30/2	20					
					7/1/20 -	9/30/2	20					
Water Systen	n Facility:	ENTRY POINT (WSF ID: 00700)									
Nitrate And	- '	=									-	RT) per year
		oling Point ID)			Monitori			ollectio	on Per	riod		liance Status
ENTRY PC	DINT (3)				1/1/19 -							omplete
					1/1/20 -						С	omplete
					1/1/21	12/31/	/21					
					1/1/21 -					mei	atc	
	Mor	nthly Water S	System Facili	ity (WSF)			toring	Requ	uirei	IIICI	11.5	
Water Systen		nthly Water S		ity (WSF)			toring	Requ	uirei	iii Ci	11.5	
Water Systen Analyte		ENTRY POINT (V			Level N			Requ	uirei			Req/Month
•		ENTRY POINT (V Monitoring Requ	VSFID: 00700)	ary Type)	Level N	lonit		Requ	uirei		Samples I	Req/Month aily
Analyte	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	ary Type)	Level N	fonit	Limit 7.0 PH	Requ			Samples I	aily
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	ary Type)) Complia Monitor	Ope Mini ance Historing Perio	fonit	Limit 7.0 PH Op- Cor		g Limi	t	Samples I D Monito	aily
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	ary Type)) Complia Monitor 10/1/20	Oper Mini ance Historing Perio 19 - 10/3:	rating mum: ory:	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20	Ope Mini ance Historing Perio 19 - 10/3:	rating mum: ory: d	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20 11/1/20 12/1/20	Ope Mini ance Historing Perio 19 - 10/3: 19 - 11/30 19 - 12/3:	fonit rating mum: ory: d 1/2019 0/2019	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202	Ope Mini ance Histo ing Perio 19 - 10/3: 19 - 12/3: 0 - 1/31/2	rating mum: ory: d	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH	n Facility: I	ENTRY POINT (V Monitoring Requ	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202	Ope Mini ance Histo 19 - 10/3: 19 - 11/3: 19 - 12/3: 0 - 1/31/2 0 - 2/29/2	rating mum: pry: dd 1/2019 1/2019 1/2019 1/2019 1/2019 1/2019 1/2020 1/2020	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH Start Date:	n Facility: I	ENTRY POINT (V	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20 11/1/20 12/1/20 1/1/202	Ope Mini ance Histo 19 - 10/3: 19 - 11/3: 19 - 12/3: 0 - 1/31/2 0 - 2/29/2	rating mum: pry: dd 1/2019 1/2019 1/2019 1/2019 1/2019 1/2019 1/2020 1/2020	Limit 7.0 PH Opcor	eratin	g Limi	t	Samples I D Monito	aily oring
Analyte pH Start Date:	6/1/2017	ENTRY POINT (V Monitoring Requ Entry Point pH M	VSFID: 00700) uirement (Summa	Complia Monitor 10/1/20 11/1/20 12/1/20 2/1/202	Open Mini ance Historing Perio 19 - 10/3: 19 - 12/3: 0 - 1/31/2 0 - 2/29/2 Sched	rating mum: ory: d 1/2019 1/2019 1/2019 1/2020 1/2020 1/2020 1/2020 1/2020 1/2020	Limit 7.0 PH Opcor	eratin mpliar	g Limi	it atus:	Samples I D Monito Compli	aily oring
Analyte pH Start Date:	6/1/2017	ENTRY POINT (Nonitoring Requestry Point ph Monitoring Requestry Point Po	VSFID: 00700) uirement (Summa nonitoring (PHRD)	Compliance	Open Mini ance Historing Perio 19 - 10/3: 19 - 11/3(19 - 1/31/2) 0 - 1/31/2 0 - 2/29/2 Sched	rating mum: ory: d 1/2019 0/2019 1/2019 0/200 0/20 ules 0/20 0/20 0/20 0/20 0/20 0/20 0/20 0/2	Limit 7.0 PH Opcor	eratin mpliar	g Limi ace Sta	it atus:	Samples I D Monito Compli	aily oring
Analyte pH Start Date:	6/1/2017	ENTRY POINT (Nonitoring Requestry Point ph Monitoring Requestry Point Po	VSFID: 00700) uirement (Summa	Compliance	Open Mini ance Historing Perio 19 - 10/3: 19 - 11/3(19 - 1/31/2) 0 - 1/31/2 0 - 2/29/2 Sched	rating mum: ory: d 1/2019 0/2019 1/2019 0/200 0/20 ules 0/20 0/20 0/20 0/20 0/20 0/20 0/20 0/2	Limit 7.0 PH Opcor	eratin mpliar	g Limi ace Sta	it atus:	Samples I D Monito Compli	aily oring
Analyte pH Start Date: Compliance Sc CROSS CONNE	6/1/2017 chedule Activ	ENTRY POINT (V Monitoring Requestry Point pH M Entry Point pH M Vity IPTION Water S	Other Co	Compliance 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202 compliance	Open Mini ance Historing Perio 19 - 10/3: 19 - 11/3: 19 - 12/3: 0 - 1/31/2: 0 - 2/29/2: Sched	rating mum: ory: d 1/2019 0/2019 1/2019 0/200 0/20 ules 0/20 0/20 0/20 0/20 0/20 0/20 0/20 0/2	Limit 7.0 PH Opp Cor 9 9 9 115 To	eratin mpliar	g Limi ace Sta Achie	t atus:	Samples I D Monito Compli	aily oring iance Status:
Analyte pH Start Date: Compliance Sc CROSS CONNE Water System Wa:	6/1/2017	ENTRY POINT (V Monitoring Requestry Point pH M Entry Point pH M Vity IPTION Water S	Other Co	Compliance Type) Compliance 10/1/20 11/1/20 12/1/202 2/1/202 compliance ty and Sai	Open Mini ance Historing Perio 19 - 10/3: 19 - 11/3: 19 - 12/3: 0 - 1/31/2: 0 - 2/29/2: Sched	// Indistracting mum: ory: dd 1/2019 1/2019 1/2019 1/20200 1/2020 1/2020 1/2020 1/2020 1/2020 1/2020 1/2020 1/2020 1/2020	Limit 7.0 PH Opcore Oor	eratin mpliar ntor tal form	g Limi ace Sta Achie Y Lead (vved I	Samples I D Monito Compli	aily pring iance Status:
Analyte pH Start Date: Compliance Sc CROSS CONNE Water System Water Facility ID	6/1/2017 chedule Activ	ENTRY POINT (Note of the content of	Other Co	Compliance 10/1/20 11/1/20 12/1/20 1/1/202 2/1/202 compliance	Open Mini ance Historing Perio 19 - 10/3: 19 - 12/3: 0 - 1/31/2 0 - 2/29/2 Sched In a specific property of the manual man	// Indistracting mum: ory: d	Limit 7.0 PH Opi Cor 9 9 9 15 To Coliji	eratin mpliar	g Limi ace Sta Achie Y Lead (vved I	Samples I D Monito Compli	aily oring iance Status:

	Water Quality Monitoring and Compliance Schedule							
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1691153	FIRST CONGREGATIONAL CHURCH OF WOOD	STOCK			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
543 ROUTE 169		Connections	1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: WOODSTOCK

Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
	4-1	Kitchen	Α	Υ				
	4-2	Nursery	Α	Υ				
	4-3	Women s Restroom	Α	Υ				
	4-4	Men s Restroom	Α	Υ				
	4-5	Servery	Α	Υ				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
10711 WELL	2	WELL	Α					
60574 TREATMENT PLANT								

60574 TREATM	ENT PLANT								
				Contact Inf	ormation				
Name				Organization	l			Job Titl	e
Mr. Edward C. Brad	dley		First Congregational Church				Sexton		
Mailing Address Lin	ie One		Mailing	Address Line Two			City	State	Zip Code
543 Route 169			РО Вох	147		Woodsto	ock	CT	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-928-7405		860-928-6	795		860-942-4036	hillchurc	h5@gmail.com		
Contact Role(s): A	dministrative	Contact							
Name				Organization	l			Job Titl	e
Mr. Bruce Lyman				First Congres	gational Church Of		Moderator		
	_								

Mailing Address Line One Mailing Address Line Two					City	State	Zip Code	
543 Route 169			РО Вох	(147		Woodstock	СТ	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

860-928-7405 btlyman1@gmail.cm
Contact Role(s): Legal Contact

Please note the following:

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

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

End of schedule

Connecticut Depar	tment of	Public H	lealth	Dı	rinkir	ng W	ater	Se	ction	
Water Quali	ty Monit	oring an	d Con	_			1			
PWS ID PWS Name				Clas	ssification	n Popu	lation	Own	er Type Pr	imary Source
CT1696282 WOODSTOCK TOWN HALL					NC	3	39		L	GW
Local Address (where applicable)		Service	Resident	tial	Commer	cial Ir	ndustria	al (Combined	Agricultural
415 ROUTE 169		Connections			2					
Towns Served: WOODSTOCK										
	Monito	oring Requ	uireme	nts						
Water System Facility: DISTRIBUTION SYS	TEM (WSF I	D: 00600)								
Total Coliform (3100)							1	rout	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	ion Pei	riod	Compli	ance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 -	9/30	0/19				Cor	mplete
		_	10/1/19 -	10/3	31/19				Cor	mplete
			1/1/20 -	3/3:	1/20					
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Total Coliform (3100)								3 re	peat (RP)	per period
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	ion Pei			ance Status
Select from Inventory of Active Sampling Po	oints		10/10/19							mplete
Total Coliform (3100)					•	3 tem	porar	v rou		per month
Sampling Point (Sampling Point ID)			Monitori	na P	eriod	Collect	•	-		ance Status
Select from Inventory of Active Sampling Po	oints		11/1/19 -							mplete
Physical Parameters (PPS)			· ·		•		1	rout		er quarter
Sampling Point (Sampling Point ID)			Monitori	na P	eriod	Collect				ance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 -							mplete
Select from inventory of heave sampling is	511105		10/1/19 -							mplete
			1/1/20 -							IIpiete
			4/1/20 -							
			7/1/20 -							
Water System Facility: ENTRY POINT (WS	E ID: 00700)		7/1/20	<i>3</i> / <i>3</i> (0/20					
, , , , , , , , , , , , , , , , , , , ,	1 10.00700)							1	outing /D	T) 2011 11001
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitori	na D	ariad	Collect	ion Po		-	T) per year
ENTRY POINT (3)			1/1/19 - :			Conect	ion rei	iou		mplete
ENTRY POINT (S)			1/1/19 - 1						COI	lipiete
					-					
Mater Custom Facility TOWALLIAL MICH	/MCE ID. 22	010\	1/1/21 - :	12/3	01/21					
Water System Facility: TOWN HALL WELL	(WSF ID: 23	018)							. />	
E. Coli (3014)				_						per period
Sampling Point (Sampling Point ID)			Monitori			Collect	ion Pei	riod		ance Status
TOWN HALL (2)			10/9/19 -		•				Cor	mplete
Water Sys	tem Facili	ity and Sai	mpling	Po	int Inv	ento	ry			
Water						Total	Lead			
		Sampling Poi	nt			oliform			A a b a a t = =	Stage
Facility ID	ID	Description			<u>Status</u>	Rule	киіе	rier	ASDESTOS	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
		WITHIN 5 SEF			A					
	UPSTREAM	WITHIN 5 SEF		1	Α					
00700 ENTRY POINT	3	ENTRY POINT	•		Α					
23018 TOWN HALL WELL	2	TOWN HALL			Α					
56845 TREATMENT PLANT										

102	WOODSTOCK TOWN HALL	NC	20	1	CM
	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public nearth	אווואווועוו	g water	Section	

Connecticut Department of Dublic Health Drinking Water Section

CT1696282	WOODSTOCK TOWN HALL				NC	39		L	GV	V
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industr	ial	Combine	d Agric	cultural
415 ROUTE 169		Connections			2					

Towns Served: WOODSTOCK

PWS ID

Water System Facility and Sampling Point Inventory

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier Asbes	tos WQP 2 DBPR

Facility ID			IL	Description	on Sta	tus Ru	ie Kuie Lier	Aspestos	WQP 2 DBPR
				Contact Info	ormation				
Name				Organization	l			Job Title	
Mr. Michael Alberts	s			Woodstock E	Board of Selectmen		First Selectma	n	
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
Board of Selectmen	, Woodstock 7	Γown Hall	415 Rou	te 169		Woodsto	ock	СТ	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-928-6595									

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

Schedule Generation Date: 3/10/2020

Page 4

	Co		it Departm er Quality									ection		
DIAKS ID	DVA		er Quality	MOIII	oring an	iu Con	_					T	Dudana a ma C	
PWS ID		/S Name	CV BOATHOUG	F \A/F! !			Clas	ssificati	on Po	40	on Ow	ner Type		
CT169002			CK - BOAT HOUS	E WELL	Comico	Dooidon	4:-1	NC	oneiel		tuin!	-	GW d Assist	
		re applicable)			Service Connections	Residen	lidi	Comm		Indus	lildi	Combine	d Agricu	ılturai
42 CAMP Towns Ser		ODSTOCK			Commedians	,		1						
TOWIIS SEI	iveu. wot	JUSTOCK				•								
Water Sy	stem Fac	cility: DISTRI	BUTION SYSTEI		oring Req D: 00600)	uireme	nts							
Total Co	liform (3	3100)									1 ro	utine (RT) per qua	arter
Sam	pling Poin	t (Sampling Po	int ID)			Monitori	ng P	eriod	Colle	ection I	Period	l Comp	liance St	atus
Selec	ct from Inv	entory of Activ	e Sampling Point	S		7/1/19 -	9/30	0/19					omplete	
						10/1/19 -	12/3	31/19					omplete	
						1/1/20 -	3/3	1/20				C	omplete	
						4/1/20 -	6/30	0/20						
						7/1/20 -	9/30	0/20						
Physical	Paramet	ters (PPS)									1 ro	utine (RT	per qua	arter
Samp	pling Poin	t (Sampling Po	int ID)			Monitori	ng P	eriod	Colle	ection I	Period	l Comp	liance St	atus
Selec	ct from Inv	entory of Activ	e Sampling Point	S		7/1/19 -	9/30	0/19				C	omplete	
						10/1/19 -	12/3	31/19				C	omplete	
						1/1/20 -	3/3	1/20				C	omplete	
						4/1/20 -	6/30	0/20						
						7/1/20 -	9/30	0/20						
Water Sy	stem Fac	cility: ENTRY	POINT (WSF II	D: 00700)										
		te (NOX)									1	routine	RT) per	year
		t (Sampling Po	int ID)			Monitori			Colle	ection I	Period	l Comp	liance St	atus
ENTR	RY POINT (3)				1/1/19 -		-					omplete	
						1/1/20 -						C	omplete	
						1/1/21 -	12/3	1/21						
		\	Nater Syste	m Facili	ity and Sa	mpling	Po	int In	vent	ory				
Water									Tota	l Led	nd and	1		
System	-	stem Facility	Samp	_	Sampling Po	oint			Colifor		pper			Stage
Facility ID				ID	Description			<u>Status</u>	Rule	Ru	le Tie	r Asbesto	s WQP 2	DBPR
00600	DISTRIBU	JTION SYSTEM		4	DISTRIBUTIO			Α	Υ					
					WITHIN 5 SE			Α						
			UPS	STREAM	WITHIN 5 SE		١	Α						
00700	ENTRY P	OINT		3	ENTRY POIN	Т		Α						
22657	BOAT HO	OUSE WELL		2	WELL			Α						
54824	BOAT HO	OUSE TREATME	NT											
				Con	tact Infor	mation								
Name				O	rganization							Job Title		
Mr. Harol	d Sparrov	V		YN	MCA Greater I	Hartford			C	Ceo				
Mailing Ad	ddress Lin	e One	Maili	ng Addres	s Line Two					City		State	Zip Co	de
YMCA of C	Greater Ha	artford	50 St	ate House	Sq. 2Nd Floor	r		Har	rtford			СТ	0610	3
Business	s Phone	Extension	Fax	Mobi	le Phone E	mergency	Pho	ne Em	ail Add	ress				
860-52	2-9622		860-522-1314					har	old.spa	arrow@	ghyn	nca.org		
Contact R	ole(s): Le	gal Contact			•									

	Connectic	ut Depa	rtment c	of Public	Health	Drir	iking '	Water S	Section	
	Wa	ter Qua	lity Moni	itoring a	nd Com	plia	nce So	chedule		
PWS ID	PWS Name					Classifi	cation Po	opulation O	wner Type	Primary Source
CT1690024	CAMP WOODST	ОСК - ВОАТ	HOUSE WELL			N	С	40	Р	GW
Local Address (wl	here applicable)			Service	Resident	ial Co	mmercial	Industrial	Combine	d Agricultura
42 CAMP ROAD				Connectio	ns		1			
Towns Served: W	OODSTOCK			,		,			·	
Name				Organization					Job Title	
YMCA of Metrop	olitan-Hartford,	Inc.								
Mailing Address L	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
160 Jewell Street				Hartford CT					06103	
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	dress		
860-522-4183										
Contact Role(s):	Owner		·							
Name				Organization					Job Title	
Mr. Anthony Gro	onski		•	YMCA Camp V	Noodstock			Executive D	irector	
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
42 Camp Road							Woodsto	ck	СТ	06282
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	dress		
860-974-1336	11	860-974-0)754		860-990-2	2143	tony.gro	nski@ghymo	a.org	
Contact Role(s):	Administrative	Contact	·							

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

	Cor		•	artment of lity Monit					_			ction		
DIAIC ID	DVAC		ter Qua	ility Mollin	.or mg a	iiu Coii						T D		
PWS ID		Name	OCK / DATH	CHOWED WELL							Owr		rimary Sour	rce
CT1690034			OCK / BATH	SHOWER WELL	C	D!-l		NC	2		. 1	P	GW	1
	ress (where	applicable)			Service Connectio	Residen	itiai C	ommei	rciai in	dustria	31	Combined	Agricultu	rai
42 CAMP F		CTOCK			Connectio	ns 3								
Towns Ser	ved: WOOD	STOCK												
					oring Re	quireme	nts							
•			IBUTION S	YSTEM (WSF	D: 00600)									
	liform (31	-											per quarte	
_	oling Point (Monitori			Collecti	ion Per	riod		ance Statu	S
Select	t from Inver	ntory of Acti	ive Sampling	g Points		7/1/19 -						Cc	mplete	
						4/1/20 -								
						7/1/20 -	- 9/30/	20						
-	Parametei	• •											per quarte	
_	oling Point (Monitori			Collecti	ion Per	riod	-	ance Statu	S
Select	t from Inver	ntory of Acti	ive Sampling	g Points		7/1/19 -						Сс	mplete	
						4/1/20 -								
						7/1/20 -	- 9/30/	20						
Water Sys	stem Facili	ty: ENTR	POINT (\	WSF ID: 00700)										
	And Nitrite	• •									1 1	-	RT) per yea	
_	oling Point (oint ID)			Monitori			Collecti	ion Per	riod		ance Statu	S
ENTR	Y POINT (3)				1/1/19 -						Cc	mplete		
						1/1/20 -								
						1/1/21 -	12/31/	/21						
				Other C	omplian	ce Sched	dules							
Compliand	ce Schedule	Activity					Due Do	ate		Achie	ved l	Date		
SEASONAL	START UP (COMPLETIO	N				6/1/20	20						
			Water S	ystem Facil	ity and S	ampling	Poir	nt Inv						
Water	Mater Suct	tem Facility		Sampling Point	Samplina l	Doint			Total	Lead			Char	~~
System Facility ID		em rucinty		ID	Description		C.		oliform Rule	Copp Rule		Ashestos	Stag WQP 2 DB	
		ION SYSTEM	<u> </u>	4		ION SYSTEM		atus A	Y	nuic	1101	7.000000		***
00000	DISTRIBUTI	ION SISILIV		ч ВН01	SINK 1 (FR		•	A	Ϋ́	2				
				BH02	SINK 2 (FR	-		A	Υ	2				
				BH03	SINK 2 (FR	-		A	Y	2				
				BH04	SINK 4 (FR	•		Α	Ϋ́	2				
				DOWNSTREAM	-	-	N	Α	•	_				
				UPSTREAM		SERVICE COI		A						
00700	ENTRY POI	NT		3	ENTRY POI			A						
22658	BATH SHO			2	WELL			A						
54850		WER TREATI	MENT		VVLLL									
34030	DATTI SHO	VVER INCAL	*141VI	Com	tost list-	v v o ti o v								
					itact Info	rmation	1					=: :		
Name					rganization							Job Title		
Mr. Harolo		_			MCA Greate	r Hartford			Ceo			1_		
	ddress Line (Mailing Addres					Ci	ty		State	Zip Code	
	Greater Hart			50 State House				Hart				СТ	06103	
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	e Emai	II Addres	SS				

	Connect	icut Depa	ırtme	ent of	Public	Health	Drin	ıking	, Water	Sect	tion	
	V	/ater Qua	lity N	Monito	oring a	nd Com	plia	nce S	Schedul	le		
PWS ID	PWS Name						Classifi	cation	Population	Owner	Type F	Primary Source
CT1690034	CAMP WOO	OSTOCK / BATH	SHOWE	R WELL			N	С	25	Р	,	GW
Local Address (w	here applicat	ole)			Service	Resident	ial Co	mmerci	al Industri	al Co	ombined	d Agricultural
42 CAMP ROAD					Connection	ns 3						
Towns Served: W												
860-522-9622		860-522-	1314					harold.	sparrow@g	nymca.	org	
Contact Role(s):	Legal Conta	et										
Name				Or	ganization					Jo	ob Title	
YMCA of Metrop	oolitan-Hartfo	ord, Inc.										
Mailing Address	Line One		Mailing	g Address	Line Two				City		State	Zip Code
160 Jewell Street	t							Hartfor	⁻ d		CT	06103
Business Phone	e Extensio	n Fax		Mobile	e Phone	Emergency	Phone	Email A	ddress			
860-522-4183												
Contact Role(s):	Owner											
Name				Org	ganization					Jo	ob Title	
Mr. Anthony Gro	onski			ΥIV	1CA Camp V	Voodstock			Executive	Directo	or	
Mailing Address	Line One		Mailing	g Address	Line Two				City		State	Zip Code
42 Camp Road								Woods	tock		СТ	06282
Business Phone Extension Fax				Mobile	e Phone	Emergency	Phone	Email A	ddress			
860-974-1336	11	860-974-	0754			860-990-2	2143	tony.gr	onski@ghyr	nca.org	3	
Contact Role(s):	Δdministrat	ive Contact										-

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

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End of schedule

		ıt Departme								
	Wat	er Quality M	Ionit	toring a	ind Com	plian	ice Sc	hedule		
PWS ID	PWS Name				(Classifica	ation Po	pulation O	wner Type	Primary Source
CT1690044	CAMP WOODSTO	OCK - ROSKIN WELL				NC		40	Р	GW
Local Address	(where applicable)			Service	Residenti	al Com	mercial	Industrial	Combine	d Agricultura
42 CAMP ROA	AD			Connectio	ns		1			
Towns Served	: WOODSTOCK									
					quiremen	its				
•	m Facility: DISTRI	BUTION SYSTEM	(WSF I	D: 00600)						
Total Colifo										per quarter
	g Point (Sampling Po				Monitorin		d Colle	ection Perio		liance Status
Select fro	om Inventory of Activ	ve Sampling Points			7/1/19 - 9					omplete
					10/1/19 - 1		9			omplete
					1/1/20 - 3				C	omplete
					4/1/20 - 6					
					7/1/20 - 9	9/30/20				
-	rameters (PPS)								- '	per quarter
	g Point (Sampling Po				Monitorin	_	d Colle	ection Perio	•	liance Status
Select fr	om Inventory of Activ	ve Sampling Points			7/1/19 - 9					omplete
					10/1/19 - 1		9			omplete
					1/1/20 - 3				C	omplete
					4/1/20 - 6					
					7/1/20 - 9	9/30/20				
,	m Facility: ENTRY	POINT (WSF ID:	00700)							
	Nitrite (NOX)									RT) per year
	g Point (Sampling Po	oint ID)			Monitorin	_		ection Perio		liance Status
ENTRY P	OINT (3)				1/1/19 - 1					omplete
					1/1/20 - 1				C	omplete
					1/1/21 - 1					
	1	Water System	Facil	ity and S	Sampling I	Point	Invent	ory		
Water							Total			
•	ater System Facility	•	_	Sampling			Colifor			Stage
Facility ID		II		Description		Statu	_{is} Rule	Rule III	er Asbesto.	s WQP 2 DBP
	SKIN WELL	2		ROSKIN W		Α				
00600 DIS	STRIBUTION SYSTEM	2			ION SYSTEM	Α	Υ			
					SERVICE CON	Α				
		UPSTI			SERVICE CON	Α				
00700 EN	TRY POINT	3		ENTRY POI	NT	Α				
			Con	itact Info	ormation					
Name			0	rganization					Job Title	
Mr. Harold S	parrow		ΥI	MCA Greate	r Hartford		C	Ceo		
Mailing Addre	ess Line One	Mailing	Addres	s Line Two				City	State	Zip Code
YMCA of Grea	iter Hartford	50 State	e House	Sq. 2Nd Flo	or	F	lartford		СТ	06103
Business Ph	one Extension	Fax	Mob	ile Phone	Emergency F	Phone E	mail Add	ress		
860-522-96	522	860-522-1314				h	arold.spa	arrow@ghy	mca.org	
Contact Role(s): Legal Contact									

	Connectic	ut Depa	rtment o	of Public	Health	Drir	nking '	Water	Secti	ion	
	Wa	ter Qual	lity Moni	toring a	nd Con	nplia	nce So	chedule	e		
PWS ID	PWS Name					Classif	ication Po	opulation	Owner ⁻	Туре Рі	rimary Source
CT1690044	CAMP WOODST	OCK - ROSKII	N WELL			N	С	40	Р		GW
Local Address (wl	here applicable)			Service	Residen	tial Co	mmercial	Industria	l Con	nbined	Agricultural
42 CAMP ROAD				Connectio	ns		1				
Towns Served: W	OODSTOCK								'		
Name			(Organization					Jok	Title	
YMCA of Metrop	olitan-Hartford,	Inc.									
Mailing Address L	Line One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
160 Jewell Street							Hartford			СТ	06103
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	Phone	Email Ad	dress	·		
860-522-4183											
Contact Role(s):	Owner										
Name				Organization					Job	o Title	
Mr. Anthony Gro	onski		\	YMCA Camp \	Woodstock			Executive (Director	-	
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
42 Camp Road							Woodsto	ock		СТ	06282
Business Phone	Extension	Mol	bile Phone	Emergency	Phone	Email Ad	dress				
860-974-1336	11	860-974-0)754		860-990-	2143	tony.gro	nski@ghym	nca.org		
Contact Role(s):	Administrative	Contact									

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

	Co	onnecticu	ıt Departm	ent of	Public	Health	Dr	inki	ng V	Vatei	r Se	ection	
			er Quality N						_				
PWS ID	PW	/S Name					_				1	ner Type	Primary Sourc
CT169005	4 CA	MP WOODSTO	CK - UPPER MAIN	CAMP				NC		346		Р	GW
Local Addr	ess (whe	re applicable)			Service	Residen	tial	Comme	ercial	Industr	ial	Combine	d Agricultura
42 CAMP F	ROAD				Connection	ns		3					
Towns Ser	ved: WO	ODSTOCK											
			ı	Monit	oring Red	quireme	nts						
Water Sys	stem Fac	cility: DISTRI	BUTION SYSTEM	(WSF I	D: 00600)								
Total Col	liform (3	3100)								;	1 rou	utine (RT) per quarter
Samp	oling Poin	t (Sampling Po	int ID)			Monitori	ng P	eriod	Colle	ection Pe	eriod	Comp	liance Status
Selec	t from Inv	entory of Activ	e Sampling Points			7/1/19 -	9/30	0/19					Complete
						10/1/19 -							Complete
						1/1/20 -						C	Complete
						4/1/20 -		-					
	_	(222)				7/1/20 -	9/30	0/20			_	/	
-		ters (PPS) t (Sampling Po	int ID)			Monitori	na D	eriod	Colle	ection Pe		=) per quarter Diance Status
		• • •	re Sampling Points			7/1/19 -			Cone	CLIOII FE	iiou		Complete
Jeiec	t ii Oiii iii	rentory of Activ	e sampling i onits			10/1/19 -		-					Complete
						1/1/20 -							Complete
						4/1/20 -							ompiete
						7/1/20 -							
Water Sys	stem Fac	cility: ENTRY	POINT (WSF ID:	00700)		., _, _	,,,,	-,					
Nitrate A	nd Nitri	te (NOX)									1	routine	(RT) per year
Samp	oling Poin	t (Sampling Po	int ID)			Monitori	ng P	eriod	Colle	ection Pe			liance Status
ENTR	Y POINT (3)				1/1/19 - :	12/3	1/19				C	Complete
						1/1/20 - :	12/3	1/20				C	Complete
						1/1/21 - :	12/3	1/21					
		1	Nater System	n Facili	ity and S	ampling	Poi	int In	vent	ory			
Water									Tota			1	
System	_	stem Facility	•	_	Sampling P				Colifor	-	per		Stage
Facility ID		ITION SYSTEM		ID .	Description			Status	Rule	Rule	: Her	Aspesto	s WQP 2 DBP
00600	DISTRIBU	JTION SYSTEM		4 STDE 4.4.4		ON SYSTEM		A	Υ				
					WITHIN 5 S			A					
00700	CNTDV D	OINT		REAM	WITHIN 5 S		V	Α					
	ENTRY P			3	ENTRY POI	VI		A					
		1AIN CAMP WE 1AIN CAMP TRE		2	WELL			Α					
34620	UPPER IV	TAIN CAIVIP TRE	ATIVIENT	Con	to at lafa								
N					tact Info	rmation							
Name	d Coonno				rganization	. Hartford				`~~		Job Title	!
Mr. Harolo Mailing Ad			Mailin		MCA Greater s Line Two	เาสเนเบเน			C	City		State	Zip Code
YMCA of G					Sq. 2Nd Floo	nr .		Наг	tford	City		CT	06103
Business		Extension	Fax		le Phone	Emergency	Pho			ress		CI	20103
860-522		LACCIONI	860-522-1314	141001	ic i none	Linergency	1 110			arrow@	ghvm	ica.org	
		gal Contact		1				1101	2.2.000		J J		
		=											

	Connectic	ut Depa	rtment c	of Public	: Health	Dri	nking '	Water :	Section	n	
	Wa	ter Qua	lity Moni	itoring a	and Con	nplia	nce So	chedule	9		
PWS ID	PWS Name					Classif	ication Po	opulation C	Owner Typ	e Pr	imary Source
CT1690054	CAMP WOODST	OCK - UPPER	MAIN CAMP			N	IC	346	Р		GW
Local Address (wl	here applicable)			Service	Residen	ntial Co	mmercial	Industrial	Combi	ned	Agricultural
42 CAMP ROAD				Connectio	ons		3				
Towns Served: W	OODSTOCK								1		
Name				Organization					Job Ti	tle	
YMCA of Metrop	olitan-Hartford,	Inc.									
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	9	Zip Code
160 Jewell Street							Hartford		СТ		06103
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email Ad	dress	·	·	
860-522-4183											
Contact Role(s):	Owner		·								
Name				Organization					Job Ti	tle	
Mr. Anthony Gro	onski		,	YMCA Camp '	Woodstock			Executive D	Director		
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	е	Zip Code
42 Camp Road							Woodsto	ck	СТ		06282
Business Phone	Extension	Mol	bile Phone	Emergency	/ Phone	Email Ad	dress				
860-974-1336	11	860-974-0)754		860-990-	-2143	tony.gro	nski@ghym	ca.org		
Contact Role(s):	Administrative	Contact	·								

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

End of schedule

	Co			rtment of					0			ction		
		Wa	ter Qual	lity Monit	oring a	ınd Con	npl	liance	Sch	edul	e			
PWS ID	PW	/S Name					Cla	ssification	Popu	ılation	Owr	ner Type F	rimary	Source
CT169006	4 CH	AMBERLAIN	LAKE CAMPG	ROUND				NC	8	31		Р	G'	W
Local Add	ress (whe	e applicable)			Service	Residen	tial	Commer	cial Ir	ndustri	al	Combined	d Agri	cultural
1397 ROU	TE 197				Connectio	ns		1						
Towns Ser	ved: WO	DDSTOCK												
				Monito	oring Re	quireme	nts	•						
Water Sy	stem Fac	ility: DISTR	RIBUTION SY	STEM (WSF I	D: 00600)									
	liform (3	=										tine (RT)		
		t (Sampling P				Monitori			Collect	tion Pe	riod	Comp		
Selec	t from Inv	entory of Act	ive Sampling	Points		7/1/19 -							omplet	_
						10/1/19 -						C	omplet	е
						4/1/20 -								
	_	(222)				7/1/20 -	9/3	0/20				(>=)		
•		ers (PPS)	nation (D)			0.4 a mile a mi		Daviad	Callage			tine (RT)		
_		t (Sampling P		Daints		<i>Monitori</i> 7/1/19 -			Collect	ion Pe	rioa	Comp		
Selec	L ITOITI IIIV	entory of Act	ive sampling	Points		10/1/19 -		•					omplet omplet	
						4/1/20 -						C	Jilipiei	E
						7/1/20 -		-						
Water Sv	stem Fac	ility: FNTR	V POINT (W	/SF ID: 00700)		7/1/20	<i>J</i> / <i>J</i>	0,20						
		te (NOX)	TTOINT (VI	731 10.00700)							1	routine (DT) no	rvoor
		te (NOA) t (Sampling P	oint ID)			Monitori	ina F	Period	Collect	ion Pe		Compl		-
	RY POINT (1/1/19 -			conce		1104		omplet	
	(110111)	<i>5</i> ,				1/1/20 -							Jilipict	
						1/1/21 -								
				Other Co	omplian	ce Sched		•						
Complian	ce Schedu	le Activity				ı	Due	Date		Achie	ved	Date		
SEASONAI	L START U	P COMPLETIC	N				4/1/	2020						
			Water Sy	stem Facili	ty and S	Sampling	Po	int Inv	ento	ry				
Water									Total	Lead				
System	_	stem Facility		Sampling Point	Sampling I Description				oliform			0-64	14/00	Stage
Facility ID		ITIONI CVCTEN	•	ID	•			Status	Rule	Kuie	Her	Asbestos	WQP	2 DBPR
00600	DISTRIBL	ITION SYSTEN		4 DOMNISTREAM		ION SYSTEM		A	Υ					
				DOWNSTREAM UPSTREAM		SERVICE COI SERVICE COI		Α						
00700	ENTRY P	OINT			ENTRY POI		N .	Α						
53837	BLADDER			3	ENTRY POI	INI		Α						
55129	WELL 2	N IAINK		2	WELL 2			^						
55131		HERIC STORA	CE	2	VVELL Z			Α						
55386	PRESSUR		GE											
55380	PRESSUR	ETAINK												
						ormation								
Name					rganization							Job Title		
Mr. Micha						Lake Campg	rour	nd		ner				
Mailing Ad		e One		Mailing Address	s Line Two					ity		State		Code
P.O. Box 3		E.A. 1	_		I- Di-	F	. D!		dstock			СТ	06281	-0353
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Emai	Addre	!SS				

	Connectic	ut Departme	ent of	Public H	lealth	ı Dı	rinking	g Water	Section			
	Wa	ter Quality N	Monito	oring and	d Con	npl	iance S	Schedul	le			
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source		
CT1690064	690064 CHAMBERLAIN LAKE CAMPGROUND NC 81 P GW											
Local Address (w	vhere applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
1397 ROUTE 197	7			Connections			1					
Towns Served: V	WOODSTOCK											
860-974-0567	7				860-917	-6286	5 michae	el.reed@cha	mberlainlake	campground.ne		
Contact Role(s):	ntact Role(s): Administrative Contact, Legal Contact, Owner											

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

End of schedule

		ut Departm er Quality l					•	_			ction	
PWS ID	PWS Name					Class	ification	Popu	lation	Owr	ner Type I	Primary Source
CT1690084	EVANGELICAL CO	VENANT CHURCH					NC	2	25		Р	GW
Local Address (w	vhere applicable)			Service	Residen	tial C	Commerc	ial Ir	ndustria	al	Combined	d Agricultura
24 CHILD HILL R	OAD			Connections	5		1					
Towns Served: V	WOODSTOCK							'				
			Monit	oring Req	uireme	nts						
Water System	Facility: DISTRI	BUTION SYSTEM										
Total Coliform	•								1	rou	tine (RT)	per quarter
Sampling P	Point (Sampling Po	oint ID)			Monitori	ng Pe	riod (Collect	ion Per	riod	Comp	liance Status
Select from	Inventory of Activ	ve Sampling Points			7/1/19 -	9/30/	/19				C	omplete
					10/1/19 -	12/31	1/19				С	omplete
					1/1/20 -	3/31/	/20				С	omplete
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Physical Parar												per quarter
	Point (Sampling Po				Monitori			Collect	ion Per	riod	Comp	liance Status
Select from	Inventory of Activ	ve Sampling Points			7/1/19 -							omplete
					10/1/19 -							omplete
					1/1/20 -						С	omplete
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Water System	Facility: ENTRY	POINT (WSF ID	: 00700)									
Nitrate And N	itrite (NOX)									1	routine (RT) per year
Sampling P	Point (Sampling Po	oint ID)			Monitori			Collect	ion Per	riod	Comp	liance Status
ENTRY POI	NT (3)				1/1/19 -		•				С	omplete
					1/1/20 -	12/31	./20					
					1/1/21 -	12/31	/21					
	'	Water Systen	n Facil	ity and Sa	mpling	Poir	nt Inve	ento	ry			
Water								otal	Lead (
•	er System Facility		ng Point ID	Sampling Po	oint			liform			Ashaata	Stage
Facility ID	NOUTE ON SYSTEM			Description	AL CYCTER A		tutus	Rule	Kuie	Her	Aspestos	WQP 2 DBPI
00600 DISTF	RIBUTION SYSTEM	DOMA	4	DISTRIBUTIO			A	Υ				
				WITHIN 5 SE			A					
00700 FNTD	V POINT	UPS	REAM	WITHIN 5 SE		N .	Α					
	Y POINT		3	ENTRY POIN	I		A					
22662 WELL	_		2	WELL			Α					
				tact Infor	mation							
Name				rganization							Job Title	
Ms. Julie Creme		Т		angelical Cov	enant Chu	rch						
Mailing Address		Mailin	g Addres	s Line Two					ity		State	Zip Code
24 Child Hill Roa				T			Wood				СТ	06281
Business Phon		Fax	Mobi	le Phone E	mergency	Phon						
860-928-0486							julie@	wood	stockco	ven	ant.org	
Contact Role(s):	Administrative C	Contact										

C	onnectic	ut Depa	rtment o	f Public	Health	ı D	rinking	g Water	· Se	ection	
	Wa	ter Qua	lity Moni	toring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name					Cla	ssification	Population	Owi	ner Type	Primary Source
CT1690084 EV	/ANGELICAL CO	OVENANT CH	HURCH				NC	25		Р	GW
Local Address (who	ere applicable)			Service	Resider	ntial	Commerci	ial Industri	ial	Combine	d Agricultural
24 CHILD HILL ROAD Connections 1											
Towns Served: WC	ODSTOCK			·	·			·	·		·
Name			О	rganization						Job Title	<u> </u>
Pastor Leon Engm	an		E	vangelical Co	venant Chu	ırch		Senior Pa	stor		
Mailing Address Li	ne One		Mailing Addres	ss Line Two				City		State	Zip Code
Senior Pastor			24 Child Hill Ro	ad			Woods	stock		CT	06281
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Ph	one Email <i>i</i>	Address			
860-928-0486							julie@	woodstockc	oven	nant.org	
Contact Role(s): L	egal Contact		•	"			•				

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End of schedule

	Connecticut D	•							
	Water (Quality Mo	onitoring and	d Com	oliai	nce So	chedule	<u> </u>	
PWS ID	PWS Name			C	lassific	cation P	opulation C	wner Type P	rimary Source
CT1690094	HARRISVILLE GOLF COL	JRSE			NO	2	29	Р	GW
Local Addre	ess (where applicable)		Service	Residentia	al Cor	nmercial	Industrial	Combined	Agricultural
125 HARRIS	SVILLE ROAD		Connections			1			
Towns Serv	ved: WOODSTOCK								
		M	onitoring Requ	iremen	ts				
	tem Facility: DISTRIBUTION	ON SYSTEM (WSF ID: 00600)						
	iform (3100)							outine (RT)	
	ling Point (Sampling Point ID			Monitoring			lection Perio		iance Status
Select	from Inventory of Active San	npling Points		7/1/19 - 9					mplete
			:	10/1/19 - 1					mplete
				1/1/20 - 3				Co	mplete
				4/1/20 - 6, 7/1/20 - 9,					
Physical I	Parameters (PPS)			. , - 0	-,=		1 r	outine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		Monitoring	, Perio	d Col	lection Perio	od Compl	iance Status
Select	from Inventory of Active San	npling Points		7/1/19 - 9	/30/19)		Co	mplete
			:	10/1/19 - 1	2/31/1	19		Co	mplete
				1/1/20 - 3	/31/20)		Co	mplete
				4/1/20 - 6	/30/20)			
				7/1/20 - 9	/30/20)			
Water Sys	tem Facility: ENTRY POIN	IT (WSF ID: 00	0700)						
	nd Nitrite (NOX)							=	RT) per year
	ling Point (Sampling Point ID)		Monitoring			lection Perio		iance Status
ENTR	Y POINT (3)			1/1/19 - 12					mplete
				1/1/20 - 12	-			Co	mplete
				1/1/21 - 12	2/31/2	1			
		Public	Notification R	equiren	nent	S			
	···		Compliance	Notice			<u>tification</u>		<u>tification</u>
Violation/S			Period	Tier		quired	Performed	Due to DPH	Received
	orm MCL Violation		8/1/13 - 8/31/13	2		5/2013		10/16/2013	
Total Collic	orm MCL Violation		9/1/13 - 9/30/13	2	-	8/2013		10/28/2013	
	Wate	er System F	acility and Sar	npling P	oint	Inven	itory		
Water	Markey Contains 5 - 111	C- !!	Defeat Com # 5 1			Tot			
-	Water System Facility	Sampling ID	Point Sampling Poil Description	nt		Colife			Stage
Facility ID	DICTRIBUTION CVCTCA 4			I CVCTC* 4	Stat			er ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOM/NET	DISTRIBUTION		A				
		UPSTRE	REAM WITHIN 5 SER AM WITHIN 5 SER		A A				
00700	CNITDY DOINT								
	ENTRY POINT WELL	3	ENTRY POINT		A				
22663	VVELL	2	WELL		A				
			Contact Inform	mation					
Name	10 "		Organization					Job Title	
Mr. Michae			Woodstock Golf,	LLC	1		6		7: 0 1
	dress Line One		ddress Line Two			147 - 1 1	City	State	Zip Code
Harrisville (Golf Course	125 Harri	sville Road		la a c	Woodsto	OCK	СТ	06281

Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address 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.

	Wa	ter Quality M	Ionite	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1690094	HARRISVILLE GO	LF COURSE					NC	29	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultura
125 HARRISVILLE	ROAD			Connections			1			
Towns Served: W	/OODSTOCK						,		,	
business Phone Extension Pax Iviobile Phone Emergency Phone Email Address										
860-928-6098		860-963-9016								
		2								

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

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

End of schedule

	Co	onnectic	*	irtment lity Mon									ection		
PWS ID	DVA	/S Name	ter Qua	IILY MOI	пш	ing a	iiu Coi		assification				ner Type P	rimary	Cource
CT169010		N AT WOODS	TOCK HILL					Cla	NC	וון פס	145	1 Ow	P P	rimary G\	
		re applicable)	TOCK HILL		c	Service	Resider	atial	_	orcial	Industi	rial	Combined	_	cultural
94 PLAINE						Connection		itiai	2		muusti	lai	Combined	Agii	Cultural
Towns Ser					`		.5		2						
TOWITS SET	veu. wot	JUSTUCK			•.		•	_							
Water Sys	stem Fac	ility: DISTR	IBUTION S				quireme	ent	S						
Total Col	liform (3	3100)										1 ro	utine (RT)	per q	uarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitor	ing	Period	Colle	ction P	eriod	Compl	iance S	Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/3	30/19				Co	mplet	e
							10/1/19	- 12	/31/19				Co	mplet	e
							1/1/20	- 3/3	31/20				Co	mplet	e
							4/1/20	- 6/3	30/20						
							7/1/20	- 9/3	30/20						
Physical	Paramet	ers (PPS)										1 ro	utine (RT)	per qı	uarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitor	ing	Period	Colle	ction P	eriod	Compl	iance S	Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/3	30/19				Co	mplet	e
							10/1/19	- 12	/31/19				Co	mplet	e
							1/1/20	- 3/3	31/20				Co	mplet	e
							4/1/20	- 6/3	30/20						
							7/1/20	- 9/3	30/20						
Water Sy:	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 0070	00)										
Nitrate A	And Nitri	te (NOX)										1	routine (F	RT) pe	r year
Samp	oling Poin	t (Sampling P	oint ID)				Monitor	ing	Period	Colle	ction P	eriod	Compl	iance S	Status
ENTR	RY POINT (3)					1/1/19 -	12/	/31/19				Co	mplet	e
							1/1/20 -	12/	/31/20						
							1/1/21 -	12/	/31/21						
				Other	Co	mplian	ce Sche								
Compliand									e Date				Date		
RESPOND	TO SANIT	ARY SURVEY					1	.2/2	6/2019		2,	/7/20	20		
Water			Water S	ystem Fac	cility	y and S	ampling	g Po	oint In	vent Total	-	d and	1		
System	Water Sy	stem Facility		Sampling Poi	int S	ampling P	Point			Colifor		oper			Stage
Facility ID	_	•		ID		Description			Status	Rule	-	•	Asbestos	WQP	_
00600	DISTRIBL	ITION SYSTEM	1	4	D	DISTRIBUTI	ON SYSTEN	/	А	Υ					
				DOWNSTREA	AM V	VITHIN 5 S	ERVICE CO	N	Α						
				UPSTREAM	1 V	VITHIN 5 S	ERVICE CO	N	Α						
00700	ENTRY PO	TNIC		3	Е	NTRY POI	NT		Α						
22664	WELL			2	٧	VELL			Α						
59485	HYDROPI	NEUMATIC TA	NK												
				Co	onta	act Info	rmation	า							
Name					Orga	anization							Job Title		
Mr. Rober	rt Reger Jr	•			Thel	len, Reid 8	k Priest			P	residen	t			
Mailing Ac	ddress Line	e One		Mailing Add	ress L	ine Two					City		State	Zip C	Code
875 Third	Ave								Nev	v York			NY	10022	-6225
Business	s Phone	Extension	Fax	M	obile	Phone	Emergence	y Ph	one Ema	ail Add	ress				

(Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity M	lonit	oring a	ano	d Con	npl	liance S	Schedul	le	
PWS ID F	PWS Name							Cla	ssification	Population	Owner Type	Primary Source
CT1690104	NN AT WOODS	TOCK HILL							NC	145	Р	GW
Local Address (wh	nere applicable)				Service		Residen	itial	Commerci	al Industri	al Combin	ed Agricultura
94 PLAINE HILL RO	4 PLAINE HILL ROAD Connections 2											
Towns Served: W	OODSTOCK											,
212-603-2204		212-603-	2361				212-535-	-728	4 RREGE	R@THELEN	RIED.COM	
Contact Role(s):	Legal Contact, C	Owner										
Name				Or	rganization						Job Titl	е
Mr. Richard Naur	mann			Th	ne Inn At W	ood/	stock Hil	II		Partner		
Mailing Address L	ine One		Mailing	Address	s Line Two					City	State	Zip Code
94 Plaine Hill Roa	d								Woods	stock	СТ	06281-2912
Business Phone	Extension	Fax		Mobi	le Phone	En	nergency	/ Pho	one Email A	Address		
860-928-0528		860-928-	3236				860-377-	-376	3 R3773	763@hotma	il.com	
Contact Role(s):	Administrative	Contact, Ow	ner									

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

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

End of schedule

	Connecticut Depa						_			ection	
	Water Qua	ility Monit	oring and	d Con	ıpli	iance	e Sch	nedu	ıle		
PWS ID	PWS Name				Class	sificatio	n Pop	oulation	n Ow	ner Type I	Primary Source
CT1690124	SWEET EVALINAS STAND					NC		42		Р	GW
Local Address (where applicable)		Service	Residen	tial(Comme	ercial	Indust	rial	Combined	d Agricultural
688 ROUTE 169			Connections			1					
Towns Served:	WOODSTOCK										
		Monito	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)								
Total Coliforn	m (3100)								1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction P	eriod	Comp	liance Status
Select fror	n Inventory of Active Samplin	g Points		7/1/19 -	9/30	/19	_			C	omplete
			-	10/1/19 -	12/3	1/19				С	omplete
				1/1/20 -	3/31	/20				С	omplete
				4/1/20 -	6/30	/20					
				7/1/20 -	9/30	/20					
•	meters (PPS)								1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction P	eriod	Comp	liance Status
Select fror	n Inventory of Active Samplin	g Points		7/1/19 -							omplete
				10/1/19 -							omplete
				1/1/20 -						С	omplete
				4/1/20 -							
				7/1/20 -	9/30	/20					
Water System	Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And N	Nitrite (NOX)								1	=	RT) per year
	Point (Sampling Point ID)			Monitori			Colle	ction P	eriod	Comp	liance Status
ENTRY PO	INT (3)			1/1/19 - :	-	-				С	omplete
				1/1/20 - :	12/31	1/20				С	omplete
				1/1/21 - :	12/31	1/21					
Water System	Facility: WELL (WSF ID:	22666)									
E. Coli (3014)								1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction P	eriod	Comp	liance Status
WELL (2)				7/1/19 -	9/30	/19				С	omplete
				10/1/19 -	12/3	1/19				С	omplete
				1/1/20 -						С	omplete
				4/1/20 -			_				
				7/1/20 -		·					
	Water S	ystem Facili	ty and Sar	npling	Poi	nt In	vent	ory			
Water							Total		d and		_
•	er System Facility	Sampling Point ID	Sampling Poli Description	nt			Coliforn	-	pper	Ashasta	Stage 2 DRDD
Facility ID	DIDLITION CYCTEM			L CVCTER A		tatus	Rule	KUI	e Her	Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION			A	Y				
		4-1	DISTRIBUTION			A	Y				
		4-2	DISTRIBUTION			A	Y				
		4-3	DISTRIBUTION			A	Y				
		4-4	DISTRIBUTION			A	Υ				
		DOWNSTREAM UPSTREAM	WITHIN 5 SER			Α Δ					
00700 [NT	DV DOINT			VICE CON	V	Α					
00700 ENTI	RY POINT	3	ENTRY POINT			Α					

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
CT1690124	SWEET EVALINAS STAND			NC	42	Р	GW					
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combin	ed Agricultural					
688 ROUTE 16	9	Connections		1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: WOODSTOCK

	V	Nater System Facili	ity and Samplii	ng Point In	vento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
22666	WELL	2	WELL	Α					
56835	UV TREATMENT								

		Co	ontact Inf	ormation							
			Organization	Job Title							
n			Sweet Evalin	a's Stand		Property Owner					
e One		Mailing Add	Iress Line Two			City		Zip Code			
					Woodsto	ock	СТ	06281			
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac						
	2206		860-377-3835	thayden	756@yahoo.	com					
lministrative (Contact, Leg	al Contact, O	wner								
			Organization	1			Job Title	ļ			
1			Sweet Evalin	a's Stand		Property Ov	vner				
e One		Mailing Add	ress Line Two			City	State	Zip Code			
Road					Woodsto	ock	СТ	06281			
Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress					
860-974-1871											
	Extension Iministrative One Road	Extension Fax 860-928-2 Iministrative Contact, Leg e One Road	Extension Fax Model 860-928-2206 Iministrative Contact, Legal Contact, One Mailing Address One Mailing Address Road	Organization Sweet Evalin e One Mailing Address Line Two Extension Fax Mobile Phone 860-928-2206 Iministrative Contact, Legal Contact, Owner Organization Sweet Evalin e One Road	Extension Fax Mobile Phone Emergency Phone 860-928-2206 860-377-3835 Iministrative Contact, Legal Contact, Owner Organization Sweet Evalina's Stand One Mailing Address Line Two Road	Organization Sweet Evalina's Stand One Mailing Address Line Two Woodste Extension Fax Mobile Phone Emergency Phone Email Act 860-928-2206 860-377-3835 thayden Iministrative Contact, Legal Contact, Owner Organization Sweet Evalina's Stand One Mailing Address Line Two Road Woodste	Organization Sweet Evalina's Stand Property Over One Mailing Address Line Two City Woodstock Extension Fax Mobile Phone Emergency Phone Email Address 860-928-2206 860-377-3835 thayden756@yahoo. Iministrative Contact, Legal Contact, Owner Organization Sweet Evalina's Stand Property Over One Road Mailing Address Line Two City Woodstock	Organization Sweet Evalina's Stand Property Owner One Mailing Address Line Two City State Woodstock CT Extension Fax Mobile Phone Emergency Phone Email Address 860-928-2206 Road Organization Sweet Evalina's Stand Property Owner Organization Sweet Evalina's Stand Property Owner City State Organization City State Cone Mailing Address Line Two City State Road Cone Moodstock CT			

Contact Role(s): Legal Contact, Owner

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End of schedule

Connecticut Departmen				`	_			ction	
Water Quality M	onitoring and	d Com			_				
PWS ID PWS Name			Class	sification	Popul	ation	Own	er Type Pr	imary Source
CT1690134 MEADOWSIDE OF WOODSTOCK INC.				NC	10	00		Р	GW
Local Address (where applicable)	Service	Residen	tial(Commerc	ial In	dustria	ıl ı	Combined	Agricultural
25 ROUTE 197	Connections			1					
Towns Served: WOODSTOCK									
M	Ionitoring Requ	ireme	nts						
Water System Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)								
Total Coliform (3100)						1	. roı	utine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod C	Collecti	on Per			nce Status
Select from Inventory of Active Sampling Points		4/1/20 -						· ·	
, , ,		5/1/20 -	-				_		_
		6/1/20 -							
		7/1/20 -							
		8/1/20 -							
		9/1/20 -							
Physical Parameters (PPS)						1	rou	utine (RT)	per month
Sampling Point (Sampling Point ID)	ı	Monitori	ng Pe	eriod (Collecti	on Per			nce Status
Select from Inventory of Active Sampling Points		4/1/20 -	4/30	/20					
		5/1/20 -	5/31	/20					
		6/1/20 -	6/30	/20					
		7/1/20 -	7/31	/20					
		8/1/20 -	8/31	/20					
		9/1/20 -	9/30	/20					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And Nitrite (NOX)							1 r	routine (R	T) per year
Sampling Point (Sampling Point ID)	1	Monitori	ng Pe	eriod C	Collecti	on Per		=	nce Status
ENTRY POINT (3)		1/1/19 -	12/31	L/19	4/1	-9/30		Cor	mplete
		1/1/20 -	12/31	L/20	4/1	-9/30			
		1/1/21 -	12/31	L/21	4/1	-9/30			
Oth	ner Compliance	Sched	lule	S					
Compliance Schedule Activity	•		Due D			Achiev	red L	Date	
RESPOND TO SANITARY SURVEY		1	.0/2/2	2015					
SEASONAL START UP COMPLETION			/15/2						
Public	c Notification R								
	Compliance	Notice		Public N	lotifica	tion		PN Certi	ification
Violation/Situation	Period	Tier		Required		formed	D	ue to DPH	Received
Physical Parameters M&R Violation	9/1/17 - 9/30/17	3	1	L/8/2019				/18/2019	
Total Coliform M&R Violation	9/1/17 - 9/30/17	3	1	1/8/2019			1	/18/2019	
Water System	Facility and Sar	npling	Poi	nt Inve	entor	v			
Water		1 0			otal	Lead o	and		
	Point Sampling Poin	nt			liform	Сорр			Stage
Facility ID ID					Rule			Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM		A	Υ				
DOWNST	REAM WITHIN 5 SER	VICE CON	١	Α					
UPSTR	EAM WITHIN 5 SER	VICE CON	١	Α					
00700 ENTRY POINT 3	ENTRY POINT			Α					

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

PWS ID	PWS Name			Classificatio	n P	opulation	Owner Type	Primary Source
CT1690134	MEADOWSIDE OF WOODSTOCK INC.			NC		100	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Comme	rcial	Industri	al Combin	ed Agricultural
25 ROUTE 197		Connections		1				

Towns Served: WOODSTOCK

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
22667	WELL	2	WELL	Α									
54210	ATMOSPHERIC STORAGE TANKS												
54212	GALV PRESSURE TANK												

Contact Information											
Name				Organization				Job Title	!		
Mr. George Auger				Meadowside	of Woodstock Inc	Treasurer					
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
25 Route 197			Unit #68			Woodsto	ock	СТ	06281		
Business Phone Extension Fax N				lobile Phone	Emergency Phone	Email Ad	ldress				
352-348-6509						geoauge	r@hotmail.co	m			

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.
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End of schedule

	Co		•	rtment o								ction	
DIA/C ID	DV		ter Qua	iity Moiii	toring a	iiu Coii	-				1	T D	
PWS ID CT169018		VS Name	/ COLF COLL)CF			Clas	NC	on Pop	25	Owr	P P	rimary Source
		SELAND PARI	K GOLF COOI	(3E	Consiss	Docidon	+ial	Commo	oreial		ial	-	GW
		re applicable)			Service Connectio	Residen	Itidi			Industri	ldl	Combined	Agricultural
204 ROSE					Connectio	113		1					
Towns Ser	rveu. wo	ODSTOCK				•							
Water Sy	stem Fac	cility: DISTR	IBUTION S	IVIONIT STEM (WSF	oring Re	quireme	nts						
Total Co	liform (3	3100)									1 ro	utine (RT)	per month
	_	t (Sampling P	oint ID)			Monitori	ing Pe	eriod	Colle	ction Pe			iance Status
		entory of Act		Points		10/1/19 -							mplete
		·				4/1/20 -	- 4/30	0/20					·
						5/1/20 -		-					
						6/1/20 -							
						7/1/20 -							
						8/1/20 -							
						9/1/20 -							
Physical	Parame	ters (PPS)					•				1 ro	utine (RT)	per month
-		t (Sampling P	oint ID)			Monitori	ing Pe	eriod	Colle	ction Pe			iance Status
	_	entory of Act		Points		10/1/19 -							mplete
		·				4/1/20 -	4/30	0/20					<u> </u>
						5/1/20 -	- 5/31	L/20					
						6/1/20 -							
						7/1/20 -							
						8/1/20 -							
						9/1/20 -							
Water Sy	stem Fac	cility: ENTR	Y POINT (V	/SF ID: 00700)		<u>, </u>	<u>, </u>					
		te (NOX)	•		,						1	routine (F	RT) per year
		t (Sampling P	oint ID)			Monitori	ing Pe	eriod	Colle	ction Pe		=	iance Status
	RY POINT		•			1/1/19 -							mplete
		107				1/1/20 -							
						1/1/21 -							
			Water S	ystem Faci	lity and S				vent	ory			
Water									Total				
System		ystem Facility		Sampling Point					Colifori		-		Stage
Facility ID				ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		ION SYSTEM		Α	Υ				
				DOWNSTREAM				Α					
				UPSTREAM	WITHIN 5 S	SERVICE CON	N	Α					
00700	ENTRY P	OINT		3	ENTRY POI	NT		Α					
22672	WELL			2	WELL			Α					
				Coi	ntact Info	ormation	1						
Name				C	Organization							Job Title	
	of Roselar	nd Park Golf C	ourse										
Mailing Ad				Mailing Addre	ss Line Two					City		State	Zip Code
3				P O Box 152				Wo	odstoc			СТ	06281
Business	s Phone	Extension	Fax	1	ile Phone	Emergency	/ Pho					1	
960.06		33.10101.	377	11.70.0		- 8							

Schedule Generation Date: 3/10/2020

860-963-7690

Connect	cicut Depa	rtment	t of P	ublic F	Health	Drir	king '	Water S	Section	1	
V	Vater Qua	lity Mo	nitor	ing an	d Com	plia	nce So	chedule	!		
PWS ID PWS Name						Classifi	cation P	opulation C	wner Type	Primary S	ource
CT1690184 ROSELAND P	ARK GOLF COU	RSE				N	С	25	Р	GW	
Local Address (where applical	ole)		Sei	rvice	Resident	ial Co	mmercial	Industrial	Combin	ed Agricu	ıltural
204 ROSELAND PARK ROAD			Со	nnections			1				
Towns Served: WOODSTOCK			·			·			·	·	
Contact Role(s): Owner											
Name			Organ	ization					Job Tit	e	
Ms. Christine Sosik											
Mailing Address Line One	ess Line One Mailing Address Line Two City State Zip Code								de		
Harrisville Golf Course		125 Harris	ville Road	d			Woodsto	ock	СТ	0628	1
Business Phone Extension	n Fax	N	Mobile Pl	hone E	mergency	Phone	Email Ad	dress	·		
860-928-6098	860-963-9	9016					mjsosik@	charter.net			
Contact Role(s): Administrat	ive Contact	·		·							
Name			Organ	ization					Job Tit	е	
Mr. John Rauh			Truste	es of Rose	eland Park	Golf		Trustee			
Mailing Address Line One		Mailing Ad	dress Lin	ie Two				City	State	Zip Co	de
324 Pomfret Street							Pomfret	Center	СТ	0625	9
Business Phone Extension	on Fax	N	Mobile Pl	hone E	mergency	Phone	Email Ad	dress			
860-428-6063	860-963-9	9016					jrauh@c	ableworksus	sa.com		
Contact Role(s): Legal Conta	ct										

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

End of schedule

	Commontiant Domonton	at of Dulalia II	مالمام	Dada lab		Matar	Coation	
	Connecticut Departmen				_			
	Water Quality M	onitoring an	d Com	ipliance	e So	chedule	9	
PWS ID	PWS Name			Classification	n P	opulation C	Owner Type Pi	rimary Source
CT1690214	SOUTH WOODSTOCK BAPTIST CHURC	Н		NC		25	Р	GW
Local Address ((where applicable)	Service	Resident	ial Comme	ercial	Industrial	Combined	Agricultural
23 ROSELAND I	PARK ROAD	Connections		1				
Towns Served:	WOODSTOCK							
	M	onitoring Requ	iremei	nts				
Water System	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorir	ng Period	Col	lection Peri	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/31/19			Со	mplete
			11/1/19 -	11/30/19			Co	mplete
		:	12/1/19 -	12/31/19			Со	mplete
			1/1/20 -	1/31/20			Со	mplete
			2/1/20 -	2/29/20			Со	mplete
			3/1/20 -	3/31/20				
			4/1/20 -	4/30/20				
			5/1/20 -	5/31/20				
			6/1/20 -	6/30/20				
			7/1/20 -	7/31/20				
			8/1/20 -	8/31/20				
			9/1/20 -	9/30/20				
Physical Para	ameters (PPS)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorir	ng Period	Col	lection Peri	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points	:	10/1/19 -	10/31/19			Со	mplete
		:	11/1/19 -	11/30/19			Co	mplete
			12/1/19 -	12/31/19			Со	mplete
			1/1/20 -	1/31/20			Co	mplete
			2/1/20 -	2/29/20			Со	mplete
			3/1/20 -	3/31/20				
			4/1/20 -					
			5/1/20 -	5/31/20				
			6/1/20 -	6/30/20				
			7/1/20 -	7/31/20				
			8/1/20 -	8/31/20				
			9/1/20 -	9/30/20				
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)						
	Nitrite (NOX)						1 routine (R	
	Point (Sampling Point ID)		Monitorir	_	Col	lection Peri		ance Status
ENTRY PO	INT (3)		1/1/19 - 1				Со	mplete
			1/1/20 - 1					
			1/1/21 - 1					
	Public	Notification R	equire	ments				
		Compliance	Notice	Publi	c Not	<u>tification</u>	PN Cert	<u>ification</u>
Violation/Situ		Period	Tier	Require	ed	Performed	Due to DPH	Received
Total Coliform	MCL Violation	10/1/10 - 12/31/10	2	12/15/20	010		12/25/2010	
Total Coliform	MCL Violation	10/1/14 - 12/31/14	2	3/7/203	15		3/17/2015	
DEVUSED TOTAL		12/21/16 11/7/17	2	7/00/00	4.7		0/4/0047	

2

7/22/2017

8/1/2017

12/31/16 - 11/7/17

REVISED TOTAL COLIFORM RULE (RTCR) TT Violation

	Water Quality Mon	itoring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1690214 SOUTH WOODSTOCK BAPTIST CHURCH					NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural
23 ROSELAND	3 ROSELAND PARK ROAD				1			
Towns Served:	WOODSTOCK	·						

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

								- ,				
Water							Total	Lead and	1			
System Wat	er System Facility	9	Sampling Poir	nt Sampling	Point		Colifor	m Copper		Stage		
Facility ID			ID	Descriptio	n	Stat	us Rule	Rule Tier	Asbestos	WQP 2 DBP		
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Υ					
			DOWNSTREA	M WITHIN 5	SERVICE CON	Α						
			UPSTREAM	WITHIN 5	SERVICE CON	Α						
00700 ENTI	RY POINT		3	ENTRY POI	INT	Α						
22675 WEL	L		2	WELL		Α						
			Co	ntact Info	ormation							
Name				Organization					Job Title			
Mr. Jeffrey C. P	aige			South Woods	tock Baptist C	hurch	Т	Trustee				
Mailing Address	s Line One		Mailing Addre	ess Line Two				City State Zip Co				
P.O. Box 86						,	Woodstoc	k	СТ	06281-0086		
Business Pho	ne Extension	Fax	Мо	bile Phone	Emergency F	Phone	Email Add	ress				
860-928-934	1	860-963-7	220		860-928-1	531						
Contact Role(s)	: Legal Contact					<u>'</u>						
Name	'			Organization					Job Title			
Mr. Doug Cout	ure			S. Woodstock	Baptist Churc	ch	Т	rustee				
Mailing Address	s Line One		Mailing Addre	ling Address Line Two City State Zi						Zip Code		
23 Roseland Pa	rk Rd		P.O. Box 86	. Box 86 Woodstock CT					06281-0086			
Business Pho	ne Extension	Fax	Мо	bile Phone	ile Phone Emergency Phone Email Address							
860-928-934	1	860-974-0	0018									
Contact Role(s)	: Administrative (Contact										
	1											

Please note the following:

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

Connecticut Departme Water Quality N						ection			
PWS ID PWS Name		Cl	lassificatio	n Popula	ation O	wner Type Pri	mary Source		
CT1690284 LITTLE RIVER PLAZA			NC	25	5	Р	GW		
Local Address (where applicable)	Service	Residentia	l Comme	rcial Ind	dustrial	Combined	Agricultural		
35 ROUTE 171	Connections		1						
Towns Served: WOODSTOCK									
l l	Monitoring Requ	uirement	ts						
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)								
Total Coliform (3100)					1 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection	on Perio	d Complia	ınce Status		
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			Cor	nplete		
		10/1/19 - 12	2/31/19			Cor	nplete		
		1/1/20 - 3/							
		4/1/20 - 6/							
		7/1/20 - 9/	/30/20						
Physical Parameters (PPS) Sampling Point (Sampling Point ID)		Monitoring	Period	Collection		outine (RT) p d <i>Compli</i> a	er quarter Ince Status		
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			Cor	nplete		
		10/1/19 - 12	2/31/19			Cor	nplete		
		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 rc	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection	on Perio	•			
ENTRY POINT (3)		7/1/19 - 9/	/30/19			Complete			
		10/1/19 - 12				Cor	nplete		
		1/1/20 - 3/							
		4/1/20 - 6/							
		7/1/20 - 9/	/30/20						
Nitrite (1041)						1 routine (R			
Sampling Point (Sampling Point ID)		Monitoring		Collection	on Perio		ince Status		
ENTRY POINT (3)		1/1/19 - 12				Cor	nplete		
		1/1/20 - 12							
		1/1/21 - 12							
Publ	ic Notification F	Requiren							
	Compliance	Notice		Notifica		<u>PN Certi</u>			
Violation/Situation	Period	Tier	Require		ormed	Due to DPH	Received		
Nitrate And Nitrite M&R Violation	10/1/13 - 12/31/13		5/31/201			6/10/2014			
Water System	Facility and Sa	mpling P	oint Inv	entor	У				
	ng Point Sampling Po	int	C	oliform	Lead an Coppe	•	Stage		
Facility ID ID Description Status				Rule	Rule Tie	er Asbestos I	WQP 2 DBPR		
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM									
	STREAM WITHIN 5 SEI		Α						
	REAM WITHIN 5 SEI		Α						
00700 ENTRY POINT	B ENTRY POINT		Α						

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1690284	LITTLE RIVER PLAZA				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
35 ROUTE 171		Connections			1			

Towns Served: WOODSTOCK

Wat	er System Facili	ity and Samplin	g Point in	ventor	'y		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR

22682 WELL			2	WELL		Α			
				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Konstantinos A	ngelis			Angelis Realt	y LLC	Ow	/ner		
Mailing Address Lin	e One		Mailing A	Address Line Two		C	ity	State	Zip Code
51 Richmond Ave						Worcester		MA	01602
Business Phone	Extension	Fax		Mobile Phone	Emergency Phon	e Email Addre	!SS		
508-792-1072									

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

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

End of schedule

Co	onnecticut Department of							tion	
PWS ID PV	Water Quality Monit	toring an		1				r Tuno Dr	imary Source
	AMP WOODSTOCK - NEW DINING WELL			NC	OII PO	304		o Type Pi	GW
Local Address (whe		Service	Resident		orcial	Industria		ombined	Agricultural
42 CAMP ROAD	ere applicable)	Connections	Resident	1		muustna	al Co	ombined	Agricultural
Towns Served: WO	ODSTOCK			1					
Towns Served. WO		i D	.:	.4.					
Water System Fac	cility: DISTRIBUTION SYSTEM (WSF I	oring Requ D: 00600)	ııremer	its					
Total Coliform (3	3100)					1	routi	ne (RT) p	er quarter
Sampling Poin	nt (Sampling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
Select from Inv	ventory of Active Sampling Points		7/1/19 - 9	9/30/19				Cor	mplete
			10/1/19 - 1	12/31/19				Cor	mplete
			1/1/20 - 3	3/31/20				Cor	mplete
			4/1/20 - 6	6/30/20					
7/1/20 - 9/30/20									
Physical Parameters (PPS) 1 routine (RT) per qual									er quarter
Sampling Poin	nt (Sampling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
Select from Inv	ventory of Active Sampling Points		7/1/19 - 9	9/30/19				Cor	mplete
			10/1/19 - 1	12/31/19				Cor	mplete
			1/1/20 - 3/31/20 Com						
		4/1/20 - 6/30/20							
			7/1/20 - 9	9/30/20					
Water System Fac	cility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitri	ite (NOX)						1 ro	utine (R	T) per year
Sampling Poin	nt (Sampling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
ENTRY POINT ((3)		1/1/19 - 1	.2/31/19				Cor	mplete
			1/1/20 - 1	.2/31/20				Cor	mplete
			1/1/21 - 1	.2/31/21					
Water System Fac	cility: WELL (WSF ID: 23031)								
E. Coli (3014)						1	routi	ne (RT) p	er quarter
Sampling Poin	nt (Sampling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
WELL (2)			7/1/19 - 9	9/30/19				Cor	mplete
			10/1/19 - 1	12/31/19				Cor	mplete
			1/1/20 - 3	3/31/20				Cor	mplete
			4/1/20 - 6	6/30/20				_	
			7/1/20 - 9	9/30/20					
	Monthly Water System Facil			lonitori	ng R	equirer	ment	ts	
Water System Fac	cility: DINING HALL TREATMENT PLAI	NT (WSFID: 5	4796)						
Analyte	Monitoring Requirement (Summ		-	ating Limit	t		Sa	imples Re	q/Month
Chlorine	Entry Point Chlorine Residual Mo	• •	•	num: 0.25	MG/L			Dai	ly
Start Date: 8/1	1/2008		nce Histo	-	Oper	ating Limi	t	Monitor	_
			ing Period		Com	oliance Sta	atus:	Complia	nce Status:
			19 - 10/31					_	
			19 - 11/30						
			19 - 12/31						
			0 - 1/31/20						
		2/1/202	0 - 2/29/20	020					

	-					45.11						
	Co	onnectic	ut Depa	rtme	nt o	f Public	Health	Dri	nking	Water S	Section	
		Wa	ter Qual	lity M	oni	toring a	ind Con	nplia	ance So	chedule		
PWS ID	PW	/S Name						Classi	fication P	opulation O	wner Type	Primary Source
CT169044	4 CA	MP WOODST	OCK - NEW D	INING V	VELL			- 1	NC	304	Р	GW
Local Addr	ress (whe	re applicable)				Service	Residen	tial C	ommercial	Industrial	Combine	ed Agricultural
42 CAMP F	ROAD					Connectio	ns		1			
Towns Ser	ved: WO	ODSTOCK										
				Publi	c No	tification	n Require	emer	nts			
						Compliance	Notice		Public Not	ification	PN Ce	ertification
Violation/						Period	Tier		equired	Performed	Due to DP	
Chlorine N	/I&R Viola	tion				L/14 - 6/30/1			/4/2015		8/14/201	5
			Water Sy	/stem	Faci	lity and S	Sampling	Poir	it Inven	tory		
Water									Tot			
System	_	stem Facility		Sampling ID		t Sampling I Description			Colife			Stage s WQP 2 DBPR
Facility ID 00600		ITIONI SVSTEN	•	4		•	ION SYSTEM		atus Ru A Y		er Asbesic	S WQP 2 DBPR
00600	טואונוט	JTION SYSTEM		-	LDEVI	DISTRIBUT 1 WITHIN 5			A Y A			
				UPSTR			SERVICE CO		A			
00700	ENTRY P	OINT		3	LAIVI	ENTRY POI		·	A			
23031	WELL	Olivi		2		WELL	IIVI		A			
54796		HALL TREATM	FNT DI ANT			VVLLL						
	CONTAC		LIVITEAN									
30111		,			Cor	ntact Info	ormation					
Name						Organization	Jilliatioi				Job Title	
Mr. Harolo	d Snarroy	·				MCA Greate	r Hartford			Ceo	JOD TILLE	=
Mailing Ad	-			Mailing		ss Line Two	Tiartioid			City	State	Zip Code
YMCA of G						e Sq. 2Nd Flo	or		Hartford		CT	06103
Business		Extension	Fax	30 State		ile Phone	Emergency	/ Phone			0.	00100
860-522			860-522-1	L314						parrow@ghy	mca.org	
		gal Contact									0	
Name	. ,				C	Organization					Job Title	9
YMCA of N	Metropoli	tan-Hartford,	Inc.									
Mailing Ad	ddress Lin	e One		Mailing	Addre	ss Line Two				City	State	Zip Code
160 Jewell	Street								Hartford		СТ	06103
Business	Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email Ad	dress		
860-522	2-4183											
Contact Ro	ole(s): O	wner		·					·			
Name					C	Organization					Job Title	9
Mr. Antho	ny Grons	ki			Y	MCA Camp \	Woodstock			Executive D	irector	
Mailing Ad	ddress Lin	e One		Mailing	Addre	ss Line Two				City	State	Zip Code
42 Camp R	Road	ı					1		Woodsto		СТ	06282
Business	Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email Ad	dress		
0000	4 4 2 2 6		0000074				0.00.00	~ 4 4 4 ~	1.	1.0 1		

860-990-2143

tony.gronski@ghymca.org

Schedule Generation Date: 3/10/2020

11

Contact Role(s): Administrative Contact

860-974-0754

860-974-1336

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

				_ <u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1690444	CAMP WOODSTOCK - NEW DINING WELL			NC	304	Р	GW
Local Address (w	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural	
42 CAMP ROAD		Connections		1			

Towns Served: WOODSTOCK

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

End of schedule

Connecticut Departmen				_		ection	
Water Quality Mo	onitoring and	d Com	pliance	Sche	dule		
PWS ID PWS Name		(Classificatio	n Popula	tion Ov	wner Type P	rimary Source
CT1690314 WOODSTOCK VALLEY MARKETPLACE			NC	25		Р	GW
Local Address (where applicable)	Service	Residenti	al Comme	rcial Ind	ustrial	Combined	Agricultural
1484 ROUTE 171	Connections		1				
Towns Served: WOODSTOCK			·	·			
Mo	onitoring Requ	iremen	its				
Water System Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)						
Total Coliform (3100)					1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collectio	n Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	_				mplete
, 1 0		 10/1/19 - 1	-	-			mplete
		1/1/20 - 3					<u>'</u>
		4/1/20 - 6					
		7/1/20 - 9					
Physical Parameters (PPS)					1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collectio	n Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			Co	mplete
	-	10/1/19 - 1	12/31/19			Co	mplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)	•					1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitorin	a Period	Collectio		=	iance Status
ENTRY POINT (3)		1/1/19 - 1	_				mplete
		1/1/20 - 1					
		1/1/21 - 1					
Public	Notification R						
rubiic		_		N-4:6:4	: - · ·	DN Com	tification
Violation/Situation	Compliance Period	Notice Tier		Notificat		Due to DPH	tification Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/8/20			12/18/2004	
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	12/8/20			12/18/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/17/20			3/27/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/7/200			7/17/2005	
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	7/7/200			7/17/2005	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/8/20			11/18/2005	
· ·	1/1/04 - 3/31/04						
Physical Parameters M&R Violation		3	11/8/20			11/18/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/15/20			2/25/2006	
	10/1/04 - 12/31/04	3	6/7/200			6/17/2006	
Water System F	acility and Sar	npling l	Point In	-	<u>'</u>		
Water	natura o di mini				ead an		
	Point Sampling Poil Description	זד		-	Copper		Stage NOR 2 DRDB
. 40	-	L CVCTT:	Status		KUIE IIE	a ASDESTOS	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		A	Y			
	REAM WITHIN 5 SER		A				
UPSTREA	AM WITHIN 5 SER	VICE CON	Α				

ENTRY POINT

00700

ENTRY POINT

	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1690314	CT1690314 WOODSTOCK VALLEY MARKETPLACE				NC			GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
1484 ROUTE 17	Connections			1				
Towns Served:	WOODSTOCK							

Connecticut Department of Public Health Drinking Water Section

	1	Water Sy	stem Fac	ility and S	Sampling Po	int In	vento	ry				
Water System Water Sy Facility ID	stem Facility		Sampling Poi	nt Sampling Descriptio		Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR		
48104 WELL#1			2	WELL #1		Α						
			Co	ontact Info	ormation							
Name				Organization					Job Title			
Mr. Dhananjay Swa	ıdia		Nd Swadia LL	.C		Ow	ner					
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City State Zip Co					
1484 Rt 11						Wo	odstock		CT	06282		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Pho	ne Em	ail Addre	ddress				
860-974-1639					978-996-570	8 Ma	harshi.Sv	arshi.Swadia@gmail.com				
Contact Role(s): Le	gal Contact, O	wner										
Name				Organization				Job Title				
Mr. Maharhi Swadi	а			Woodstock V	alley Market Pla	ce						
Mailing Address Lin	e One		Mailing Addr	ess Line Two			С	ity	State	Zip Code		
1484 Rt 171						Wo	odstock '	Valley	CT	06282		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	ail Addre	SS				
860-974-1639						ma	harshi.sw	adia@gma	il.com			
Contact Role(s): A	dministrative C	ontact										

Please note the following:

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

End of schedule

Connecticut Depa								ction			
Water Qua	ılity Monit	oring an	d Con	ipliand	ce Sc	chedu	ıle				
PWS ID PWS Name	_			Classificat	tion Po	opulation	Owr	ner Type P	rimary Source		
CT1699104 TAYLOR BROOKE WINERY				NC		30		Р	GW		
Local Address (where applicable)		Service	Residen	tial Comn	nercial	Indust	rial	Combined	Agricultura		
848 CT-171		Connections	1		1						
Towns Served: WOODSTOCK											
	Monito	oring Requ	ireme	nts							
Water System Facility: DISTRIBUTION S											
Total Coliform (3100)							1 rou	tine (RT)	per quarter		
Sampling Point (Sampling Point ID)			Monitori	ng Period	Coll	ection P	eriod	Compl	ance Status		
Select from Inventory of Active Sampling	g Points		7/1/19 -	9/30/19				Co	mplete		
			10/1/19 -	12/31/19				Co	mplete		
			4/1/20 -	6/30/20							
			7/1/20 -	9/30/20							
Physical Parameters (PPS)							1 rou	tine (RT)	per quarter		
Sampling Point (Sampling Point ID)			Monitori	ng Period	Coll	ection P	eriod	Compl	ance Status		
Select from Inventory of Active Sampling	g Points		7/1/19 -	9/30/19				Co	mplete		
			10/1/19 -	12/31/19				Co	mplete		
			4/1/20 -	6/30/20							
			7/1/20 -	9/30/20							
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)							1	routine (F	T) per year		
Sampling Point (Sampling Point ID)			Monitori	ng Period	Coll	ection P	eriod	Compl	ance Status		
ENTRY POINT (3)			1/1/19 - :	12/31/19		4/1-12/3	1	Cc	mplete		
			1/1/20 - :	12/31/20		4/1-12/3	1				
			1/1/21 - :	12/31/21		4/1-12/3	1				
Water System Facility: WELL 1 (WSF ID	: 60555)										
E. Coli (3014)							1 rou	tine (RT)	per quarter		
Sampling Point (Sampling Point ID)			Monitoring Period Collection Period						Compliance Status		
WELL 1 (2)			7/1/19 -	9/30/19				Cc	mplete		
			10/1/19 -	12/31/19				Cc	mplete		
			4/1/20 -	6/30/20							
			7/1/20 -	9/30/20							
Water S	ystem Facili	ity and Sai	mpling	Point I	nven	tory					
Water					Tota	al Lead	d and				
System Water System Facility	Sampling Point		nt			rm Co _l	-		Stage		
Facility ID	ID	Description		Status	Rul	e Rul	e Tier	Asbestos	WQP 2 DBP		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION			Υ						
	DOWNSTREAM				Υ						
	UPSTREAM	WITHIN 5 SEF			Υ						
00700 ENTRY POINT	2	ENTRY POINT	•	Α							
60555 WELL 1	WELL 1		Α								
61334 TREATMENT PLANT											
	Con	tact Infori	mation								
Name	O	rganization						Job Title			
Mrs. Linda Auger	Ta	ylor Brooke W	/inery								
Mailing Address Line One	Mailing Address	s Line Two				City		State	Zip Code		
848 Route 171				\٨/	andsta	ck		СТ	06281		

	00111100110110											
	Wat	ter Qual	ity Monite	oring an	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name					Class	ification	Population	Owne	r Type	Prir	mary Source
CT1699104	TAYLOR BROOKE	WINERY					NC	30		Р		GW
Local Address (w	Local Address (where applicable)					ntial C	Commerci	al Industri	al C	ombine	ed	Agricultural
848 CT-171				Connections	15 1		1					
Towns Served: V	VOODSTOCK				·			·				
040 Noute 171							vvoous	tock		Ci		00201
Business Phon	e Extension	Fax	Mobil	e Phone E	Emergenc	y Phon	e Email A	Address				
860-933-6004	l				860-933	-6004	linda@	taylorbrook	ewine	ry.com		

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

Connecticut Depa					Ŭ			ection	
Water Qua	nty Monit	oring and						_	n :
PWS ID PWS Name			С				n Ow		Primary Sour
CT1699114 TAYLOR BROOKE BREWERY		c ·	5 11 11	N		33		Р	GW
Local Address (where applicable)		Service Connections	Residentia	al Co	mmercia	I Indust	riai	Combine	d Agricultui
Tarrian Carria de MOODSTOCK		Connections						1	
Towns Served: WOODSTOCK						_	_		
	Monito	oring Requ	iirement	ts					
Water System Facility: DISTRIBUTION S Y	YSTEM (WSF II	D: 00600)							
Total Coliform (3100)							1 ro	ıtine (RT) per quarte
Sampling Point (Sampling Point ID)			Monitoring	y Perio	od Co	llection P	eriod	Comp	liance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/	/30/1	9			(Complete
			10/1/19 - 12	2/31/	19				Complete
			1/1/20 - 3/	/31/2	0			(Complete
			4/1/20 - 6/	/30/2	0				
			7/1/20 - 9/	/30/2	0				
Physical Parameters (PPS)							1 ro	ıtine (RT) per quarte
Sampling Point (Sampling Point ID)			Monitoring	y Perio	od Co	llection P	eriod	Comp	liance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/	/30/1	9			(Complete
		:	10/1/19 - 12	2/31/	19			(Complete
			1/1/20 - 3/	/31/2	0			(Complete
			4/1/20 - 6/	/30/2	0				
			7/1/20 - 9/	/30/2	0				
Water System Facility: ENTRY POINT (V	VSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	routine	(RT) per yea
Sampling Point (Sampling Point ID)			Monitoring	y Perio	od Co	llection P			liance Status
ENTRY POINT (3)			1/1/19 - 12	2/31/1	19			(Complete
			1/1/20 - 12	2/31/2	20				<u>.</u>
			1/1/21 - 12	2/31/2	21				
Water St	ystem Facili					ntory			
	ystelli i acili	ity and Sai	iipiiiig i	OIII			al assa al		
Water System Water System Facility	Sampling Point	Samplina Poi	nt		Tot Colif		d and pper		Stag
Facility ID	ID	Description 1		Cta	D.			Asbesto	s WQP 2 DB
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Sta 2	A				
	DOWNSTREAM			,		,			
	UPSTREAM	WITHIN 5 SER		Α					
00700 ENTRY POINT	3	ENTRY POINT	WICE COIN		<u>`</u>				
61522 WELL 1	2	WELL 1			<u>`</u>				
OTSZZ WELL I					1				
		tact Inforr	nation						
Name		rganization						Job Title	
Mr. Ralph Fiegel		ıylor Brooke Br	ewery			1			
Mailing Address Line One	Mailing Address	s Line Two				City		State	Zip Code
848 Route 171					Woodst			СТ	06281
Business Phone Extension Fax	Mobi	le Phone Er	nergency P	hone					
442 220 2204					1	1 1	akabr		_
413-329-3201 Contact Role(s): Administrative Contact, Leg					ralph@t	aylorbro	okebi	ewery.cor	<u>n</u>

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

						1				
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT1699114	T1699114 TAYLOR BROOKE BREWERY						NC	33	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural		
				Connections					1	

Towns Served: WOODSTOCK

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