Connecticut Department of Public	Health Drinki	ng Water S	ection				
Water Quality Monitoring a	nd Complianc	e Schedule					
PWS ID PWS Name	*		vner Type Primary Source				
CT0070154 SVEA SOCIAL CLUB	NC	25	P GW				
Local Address (where applicable) Service	Residential Comm	ercial Industrial	Combined Agricultural				
999 KENSINGTON ROAD Connection	ns 1						
Towns Served: BERLIN							
Monitoring Re	guirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	<b></b>						
Total Coliform (3100)		1 r	outine (RT) per month				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	d Compliance Status				
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete				
	8/1/25 - 8/31/25		Complete				
	9/1/25 - 9/30/25		Complete				
	10/1/25 - 10/31/25		Complete				
	11/1/25 - 11/30/25		Complete				
	12/1/25 - 12/31/25						
	1/1/26 - 1/31/26	1/1/26 - 1/31/26					
	2/1/26 - 2/28/26	2/1/26 - 2/28/26					
	3/1/26 - 3/31/26						
	4/1/26 - 4/30/26						
	5/1/26 - 5/31/26						
	6/1/26 - 6/30/26						
Physical Parameters (PPS)			outine (RT) per month				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	•				
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete				
	8/1/25 - 8/31/25		Complete				
	9/1/25 - 9/30/25		Complete				
	10/1/25 - 10/31/25		Complete				
	11/1/25 - 11/30/25		Complete				
	12/1/25 - 12/31/25						
	1/1/26 - 1/31/26						
	2/1/26 - 2/28/26						
	3/1/26 - 3/31/26						
		4/1/26 - 4/30/26					
	5/1/26 - 5/31/26 6/1/26 - 6/30/26						
Water System Facility: ENTRY POINT (WSF ID: 00700)	0/1/20 - 0/30/20						
Nitrate And Nitrite (NOX)		•	1 routine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	• • • •				
ENTRY POINT (3)	1/1/24 - 12/31/24	Concerion i criot	Complete				
	1/1/25 - 12/31/25		Complete				
	1/1/26 - 12/31/26		complete				
Water System Facility and S		ventorv					
Water		Total Lead and	d				
System Water System Facility Sampling Point Sampling I	Point	Coliform Copper					
Facility ID ID Description			er Asbestos WQP 2 DBPR				
00600 DISTRIBUTION SYSTEM 4 DISTRIBUT	ON SYSTEM A	Υ					

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

Schedule Generation Date: 12/12/2025

	Water Quality	y Monitoring and	d Con	npl	liance S	Schedul	le	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0070154	SVEA SOCIAL CLUB			NC	25	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial Commerc		al Industri	al Combin	ed Agricultural
999 KENSINGT	Connections		1					
Towns Served	· BERLIN							·

Connecticut Department of Public Health Drinking Water Section

Wate	r System	ı Facil	ity and S	Sampling Poi	nt Ir	nvento	ry				
Water System Water System Facility		_	Sampling I			Total Coliform	Lead and Copper		Stage		
Facility ID		D	Description State			Rule	Rule Tier	Asbestos	WQP 2 DBPR		
	DOWNS	STREAM	WITHIN 5	SERVICE CON	Α						
	UPST	REAM	WITHIN 5	SERVICE CON	Α						
00700 ENTRY POINT		3	ENTRY POINT		Α						
55105 WELL 2		2	WELL 2		Α						
		Con	ntact Info	ormation							
Name		0	rganization					Job Title			
Mr. Christopher Dirga		S۱	vea Social Cl	ub Inc		Pre	sident				
Mailing Address Line One	Mailing	Addres	ress Line Two				City		Zip Code		
PO Box 113			Berlin					СТ	06037		
Business Phone Extension	Fax	Mob	obile Phone Emergency Phone Email Ac				ddress				
		860-2	280-7190		chrisdirga@gmail.com						
Contact Role(s): Administrative Contact	, Legal Conta	act, Owi	ner		,						
Name		0	rganization					Job Title			
Svea Social Club											
Mailing Address Line One	Mailing	Addres	s Line Two			Ci	ty	State	Zip Code		
P. O. Box 113	999 Kei	nsingtor				Kensington		СТ	06037		
Business Phone Extension	Fax	Mob	ile Phone	Emergency Pho	ne Em	ail Addres	SS				
Contact Role(s): Owner											

Please note the following:

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

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

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

End of schedule

	C	onnectic	ut Depa	artme	nt o	f Public	Healt	h D	rin	nkin	g W	ater	Se	ction			
		Wa	ter Qua	lity M	onit	oring a	nd Co	mp	lia	nce	Sch	edul	e				
PWS ID	PW		_			_	1		er Type P	rimary Source							
CT007020	4 SAFARI GOLF									С		25		P	GW		
Local Add	ress (whe	re applicable)				Service	Resid	ential	Coi	mmerc	cial I	ndustria	al	Combined	Agricultural		
		S HIGHWAY				Connection	ns			1							
Towns Sei	rved: BERI	LIN					l										
				N	lonit	oring Re	auirem	ent	S								
Water Sy	stem Fac	cility: DISTR	IBUTION S				<b>-</b>										
<b>Total Co</b>	liform (3	3100)											1 ro	utine (RT)	per month		
		t (Sampling P					Monit	oring	Perio	od (	Collec	tion Pei	riod	Compl	iance Status		
Selec	ct from Inv	entory of Act	ive Sampling	g Points			7/1/25 - 7/31/25								Complete		
							8/1/2							Co	mplete		
							9/1/2								mplete		
							10/1/2							Co	mplete		
							4/1/2										
							5/1/2										
							6/1/2	6 - 6/	30/2	6							
-		ters (PPS)													per month		
		t (Sampling P					Monit				Collec	tion Pei	riod		iance Status		
Selec	ct from Inv	entory of Act	ive Sampling	g Points			7/1/2								mplete		
							8/1/2								mplete		
							9/1/2								mplete		
							10/1/2							Сс	mplete		
								4/1/26 - 4/30/26 5/1/26 - 5/31/26									
							6/1/2	6 - 6/	30/2	6							
•		cility: ENTR	Y POINT (V	WSF ID: 0	0700)												
		te (NOX)												=	RT) per year		
		t (Sampling P	oint ID)			Monitoring Period					Collection Period Cor						
ENTF	RY POINT (	3)					1/1/24 - 12/31/24 1/1/25 - 12/31/25							mplete			
														Сс	mplete		
							1/1/26	-									
			Water S	ystem	Facil	ity and S	amplir	ng Po	oint	t Inve	ento	ry					
Water											Total	Lead	and				
System	_	stem Facility				Sampling F					liform				Stage		
Facility IE			_	ID		Description			Sta	LUS	Rule	Rule	Tier	Asbestos	WQP 2 DBPR		
00600	DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTI			Δ.		Υ						
						WITHIN 5 S			Δ								
				UPSTR	EAIVI	WITHIN 5 S		ON	Δ								
00700	ENTRY P	OINT		3		ENTRY POI	NI		Δ								
20145	WELL			2		WELL			Δ	١							
					Con	tact Info	rmatio	on									
Name					0	rganization								Job Title			
Mr. Tom I	Bukowski				Sa	afari Golf, Ind	с.				Ov	vner - P	resid	ent			
Mailing A	ddress Lin	e One		Mailing /	Addres	s Line Two					C	City		State	Zip Code		
78 Wildwo	ood Lane	T	T							Kensir	ngton			СТ	06037		
	s Phone	Extension	Fax		Mobi	ile Phone	Emerger										
060.00	0 0000	1	1				060.01	000	40	4-1-00	0F @	مماا مما					

960.939.0900

960.939.9649 tch0905@amail.com

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	Connecticut Departmen	c of i ablic i	carci	עו.	1 111121111	5 Water	beetion	L	
	Water Quality Mo	nitoring an	d Con	np]	liance S	Schedul	le		
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source	
СТ0070204	SAFARI GOLF		NC		25	Р	GW		
Local Address	Service	Resider	ntial Commerc		al Industri	al Combin	ed Agricultural		
2340 WILBUR	Connections			1					
Towns Served									
000-020-30	300		000-020	-004	o isbuou	Jeginan.co	Ш		
		_							

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

Schedule Generation Date: 12/12/2025