

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550054	CHURCH OF CHRIST	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
5 OLD MIDDLE STREET (ROUTE 63)	Connections		2		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX) 1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20923	WELL	2	WELL	A			
62955	TREATMENT PLANT						

Contact Information

Name	Organization				Job Title
Church of Christ Congregational					
Mailing Address Line One	Mailing Address Line Two			City	State
5 Old Middle Street	P O Box 216			Goshen	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-491-2793					
Contact Role(s):	Owner				

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550054	CHURCH OF CHRIST	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
5 OLD MIDDLE STREET (ROUTE 63)	Connections		2		

Towns Served: GOSHEN

Name		Organization			Job Title		
Pastor Sara L. Krhla		Church of Christ Cong'l					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
5 Old Middle Street		PO Box 216			Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-491-2793					pastorsara.goshenchurch@gmail.com		

Contact Role(s): **Legal Contact**

Name		Organization			Job Title		
Ms. Tammie Valentine		Church of Christ Cong'l			Office Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
5 Old Middle Street		PO Box 216			Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-491-2793					uccgoshen@gmail.com		

Contact Role(s): **Administrative Contact**

Name		Organization			Job Title		
Mr. Mark Beeman		Church of Christ Cong'l			Moderator		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
5 Old Middle Street					Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-481-2793					beeman.mark@yahoo.com		

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

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

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

End of schedule

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.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550084	EDMUND D. STRANG SCOUT RESERVATION	NC	300	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
278 WEST SIDE ROAD	Connections		6		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2028	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
20926	WELL	2	WELL	A					
55305	ATMOSPHERIC TANKS								

Contact Information

Name	Organization				Job Title		
Housatonic Council, Bsa							
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
326 Derby Avenue				Derby		CT	06418
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
Contact Role(s):	Owner						

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0550084	EDMUND D. STRANG SCOUT RESERVATION				NC	300	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
278 WEST SIDE ROAD				6				
Towns Served: GOSHEN								
Name			Organization			Job Title		
Ms. Carole Cafaro			Edmund D. Strang Scout Reser			District Assistant		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
111 New Haven Avenue					Derby	CT	06418	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-734-3329	0				carole.cafaro@scouting.org			

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.
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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550094	GOSHEN VOLUNTEER FIRE DEPT	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
181 GOSHEN SHARON TURNPIKE (ROUTE 4)	Connections		1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20927	WELL	2	WELL	A				
62237	TREATMENT SYSTEM							

Contact Information

Name	Organization			Job Title		
Ms. Erin Hurlburt	Goshen Volunteer Fire Dept			Maintance		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
PO Box 193				Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-491-2526					eshurlburt@gmail.com	
Contact Role(s):	Administrative Contact, Legal Contact					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550094	GOSHEN VOLUNTEER FIRE DEPT	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
181 GOSHEN SHARON TURNPIKE (ROUTE 4)	Connections		1		

Towns Served: GOSHEN

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550194	HEMLOCK HILL COOPERATIVE CAMP RESORT INC	NC	190	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
118 HEMLOCK HILL RD	Connections		1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25	10/1-10/31	Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT-HAGNAR WELL (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-HAGNAR WELL (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: ENTRY POINT-CENTER (WSF ID: 00701)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-CENTER (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/19/2026	
RESPOND TO SANITARY SURVEY	2/19/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/20 - 4/23/21	2	1/22/2021		2/1/2021	

Water System Facility and Sampling Point Inventory

Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
				Rule	Rule Tier	
00600 DISTRIBUTION SYSTEM	4-CAMP	DISTRIBUTION SYSTEM	A	Y		
	4-OFFICE	DISTRIBUTION SYSTEM	A	Y		
	DOWNSTREAM	WITHIN 5 SERVICE CON	A			
	UPSTREAM	WITHIN 5 SERVICE CON	A			
00700 ENTRY POINT-HAGNAR WELL	3	ENTRY POINT-HAGNAR W	A			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550194	HEMLOCK HILL COOPERATIVE CAMP RESORT INC	NC	190	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
118 HEMLOCK HILL RD			1		

Towns Served: GOSHEN

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00701	ENTRY POINT-CENTER	3	ENTRY POINT-CENTER	A				
20936	CENTER WELL	2-OFFICE	WELL-OFFICE	A				
58939	HAGNAR WELL	2	HAGNAR WELL	A				

Contact Information

Name	Organization	Job Title
Hemlock Hill Camp Resort Coop Assn, Inc.		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
18 Hemlock Hill Road		Goshen CT 06756
Business Phone	Extension	Fax
860-567-2267		
Mobile Phone		Emergency Phone
		Email Address
Contact Role(s):	Owner	
Name	Organization	Job Title
Mr. Francis Macero	Board of Directors	Secretary
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
118 Hemlock Hill Rd		Litchfield CT 06759
Business Phone	Extension	Fax
203-278-7203		
Mobile Phone		Emergency Phone
		Email Address
		203-278-7203 hemlockhillcampcooperative@gmail.com

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550234	NODINES SMOKEHOUSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
39 NORTH STREET			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/3/2016	
RESPOND TO SANITARY SURVEY	9/23/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/17/2004		11/27/2004	
Physical Parameters M&R Violation	7/1/20 - 9/30/20	3	1/6/2022		1/16/2022	
Total Coliform M&R Violation	7/1/20 - 9/30/20	3	1/6/2022		1/16/2022	
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	11/30/2023		12/10/2023	
Total Coliform M&R Violation	10/1/21 - 12/31/21	3	11/30/2023		12/10/2023	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
					Rule	Rule Tier	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550234	NODINES SMOKEHOUSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
39 NORTH STREET			1		

Towns Served: GOSHEN

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00700	ENTRY POINT	3	ENTRY POINT	A					
20941	WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title
Ms. Johanne H Nodine	Nodines Smokehouse	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
39 North Street	P O Box 1787	Goshen CT 06756
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-489-3213		860-496-9787 860-489-3213 nodines.smokehouse@snet.net

Contact Role(s): **Legal Contact**

Name	Organization	Job Title
Mrs. Kelly Nodine	Nodine's Smokehouse	Office Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
Nodine's Smokehouse	65 Fowler Ave	Torrington CT 06790
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-489-3213		860-496-9787 860-484-9076 nodineapar01@gmail.com

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

Please note the following:

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550254	ST. THOMAS OF VILLANOVA CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
71 NORTH STREET			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX) 1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20943	WELL	2	WELL	A			
57870	TREATMENT PLANT						

Contact Information

Name	Organization				Job Title		
Reverend Stuart Pinette	St Louis De Montfort Parish				Pastor		
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
PO Box 97				Litchfield		CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-5209		860-567-2052			frstu@stlouisdemontfortparish.org		
Contact Role(s):	Administrative Contact, Legal Contact						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550254	ST. THOMAS OF VILLANOVA CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
71 NORTH STREET	Connections		1		

Towns Served: GOSHEN

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550294	WOODRIDGE LAKE ASSOCIATION	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
260 E HYERDALE DRIVE			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/20/2026	
RESPOND TO SANITARY SURVEY	2/20/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20946	WELL	2	WELL	A				

Contact Information

Name	Organization			Job Title		
Mr. John O'brien	Woodridge Lake Property Owners			General Maager		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
26 East Hyerdale Dr				Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-491-3424					john.obrien@woodridgelake.com	

Contact Role(s): Legal Contact

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.

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0550294	WOODRIDGE LAKE ASSOCIATION				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
260 E HYERDALE DRIVE				1				
Towns Served: GOSHEN								
Name			Organization			Job Title		
Mr. Ed Dutka			Woodridge Lake Property Owners			General Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
260 East Hyerdale Drive					Goshen	CT	06756	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-491-3424			860-307-3081	860-307-3081	ed.dutka@woodridgelake.com			

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.
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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550304	CAMP COCHIPIANEE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
291 BEACH STREET			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22720	WELL	2	WELL	A			
61343	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title
Mr. Robert P. Valentine	Town of Goshen	First Selectman
Mailing Address Line One	Mailing Address Line Two	City
Town Office Building	42A North Street	State Zip Code
		CT 06756-1543

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550304	CAMP COCHIPIANEE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
291 BEACH STREET		1			

Towns Served: GOSHEN

BUSINESS Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-491-2308		860-491-6028			1stselectman@goshenct.gov

Contact Role(s): **Legal Contact**

Name	Organization	Job Title
Ms. Erin Reilly	Town of Goshen- Rec Dept	Recreation Director
Mailing Address Line One 42 A North Street	Mailing Address Line Two	City Goshen
Business Phone 860-491-2249	Extension 2	Fax 860-491-6028 Mobile Phone 860-601-6089 Emergency Phone Email Address erin.reilly@goshenctfire.com

Contact Role(s): **Administrative Contact**

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550354	CHURCH OF LATTER DAY SAINTS	NC	137	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
122 NORTH STREET			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM** (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		1/2/2026

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 2	DBPR	Stage
00501	WELL #1	2	WELL #1	A						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A		Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
59530	TREATMENT PLANT									

Contact Information

Name	Organization				Job Title			
Mr. Roy B. McDaniel	Natural Resources-Special Proj				Manager			
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code			
50 East North Temple St	Mfd 12Th Floor		Salt Lake City	UT	84150			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
801-240-4656		801-240-2913			mcdanielrb@churchofjesuschrist.org			

Contact Role(s): **Owner**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550354	CHURCH OF LATTER DAY SAINTS	NC	137	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
122 NORTH STREET			1		

Towns Served: GOSHEN

Name	Organization	Job Title		
Mr. Andrew Beecher	Chuch of Jesus Christ of Lds	Drinking Water		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 E North Temple St	Attn: Andrew Beecher 12Th Floor	Salt Lake City	UT	84150
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
801-240-1693				435-230-9658
				drinkingwater@churchofjesuschrist.org

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title		
Mr. James Greer	Church of Jesus Christ of Lds	Water Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
50 E North Temple Street		Salt Lake City	UT	84150
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
801-240-0536				drinkingwater@churchofjesuschrist.org

Contact Role(s): **Legal Contact**

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550374	AJS STEAK & PIZZA RESTAURANT	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
171 TORRINGTON ROAD			1		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
60584	WELL 1	2	WELL 1	A			
60588	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title
Mr. Mark Wasdo		
Mailing Address Line One	Mailing Address Line Two	City
30 Deer Run Lane		State
Business Phone	Extension	Zip Code
860-806-0173		06756
Mobile Phone	Email Address	
Emergency Phone		
860-491-4733	MJWASDO@HOTMAIL.COM	

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550374	AJS STEAK & PIZZA RESTAURANT	NC	40	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
171 TORRINGTON ROAD	Connections		1		

Towns Served: GOSHEN

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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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