

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0740034	810 BANTAM ROAD			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
810 BANTAM ROAD		Connections		1			
Towns Served: LITCHFIELD							

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		
	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		
	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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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				
21270	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Samantha Tilley				Mockingbird Kitchen & Bar			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
810 Bantam Rd						Bantam		CT	06750
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-361-6730				917-741-8444			sam@themkb.com		
Contact Role(s): Administrative Contact, Legal Contact, 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
CT0740034	810 BANTAM ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
810 BANTAM ROAD				1			

Towns Served: LITCHFIELD

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

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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
CT0740094	COZY HILLS CAMPGROUND - WELL 1			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)		Connections		1			
Towns Served: LITCHFIELD							

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 - WELL 1 (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 1 (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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	A				
21275	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization			Job Title		
Ms. Lelah Campo				Cozy Hills Campground			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1311 Bantam Road						Bantam		CT	06750
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-567-2119			860-567-8117			860-281-4051	lcampo@cozyhills.com		
Contact Role(s): Administrative Contact, Legal Contact, 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
CT0740094	COZY HILLS CAMPGROUND - WELL 1			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)		Connections		1			
Towns Served: LITCHFIELD							

Towns Served: LITCHFIELD

Please note the following:

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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
CT0740144	GOOSEBORO DRIVE-IN			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1293 BANTAM ROAD		Connections		1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 (WSF ID: 00700)**

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	12/4/2009		12/14/2009	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
21279	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title	
Mr. Robert Hammer		Gooseboro Drive-In		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
30 Revere Road				Washington	CT 06793
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-567-9356		860-567-4267		860-868-2533	judith.hammer@snet.net
Contact Role(s): 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
CT0740144	GOOSEBORO DRIVE-IN	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1293 BANTAM ROAD			1			

Towns Served: LITCHFIELD

Name	Organization	Job Title
Mr. John Hammer	Gooseboro Drive-In	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 3723		Danbury	CT	06813

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-567-9356				203-744-1791	

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

Name	Organization	Job Title
Ms. Judith Hammer		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1293 Bantam Rd		Bantam	CT	06750

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

Name	Organization	Job Title
Mr. William Downes		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1293 Bantam Rd	Box 251	Bantam	CT	06750

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-567-9356					

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

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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
CT0740194	920 BANTAM ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate M&R Violation	7/1/19 - 9/30/19	3	12/8/2020		12/18/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
21283	WELL	2	WELL	A				
56908	TREATMENT PLANT							

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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
CT0740194	920 BANTAM ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

Contact Information

Name				Organization			Job Title		
Mr. Joel Pondelik				C/O/ Jackie's Restaurant			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
162 Spring Valley Road						Ridgefield		CT	06877
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-438-8221						203-438-8221	pondelik@juno.com		

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

Please note the following:

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

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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	
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD					4			
Towns Served: LITCHFIELD								

Monitoring Requirements

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

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
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

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
	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		
	7/1/26 - 7/31/26		

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 SURVEY REPORT	3/1/2026	

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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	
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)	NC		25	P	GW	
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD		Connections		4			
Towns Served: LITCHFIELD							

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LOURDES 001	KITCHEN SINK	A	Y			
		LOURDES 002	DISH ROOM SINK	A	Y			
		LOURDES 003	SACRISTY SINK	A	Y			
		LOURDES 004	RM 217 BATH SINK	A	Y			
		LOURDES 005	RM 212 BATH SINK	A	Y			
		LOURDES 006	RM 208 BATH SINK	A	Y			
		LOURDES 007	RM 226 BATH SINK	A	Y			
		LOURDES 008	WING LAVATORY SINK	A	Y			
		LOURDES 009	RM 218 BATH SINK	A	Y			
		LOURDES 010	FLOOR 3 BATH SINK	A	Y			
		LOURDES 011	RM 303 BATH SINK	A	Y			
		LOURDES 012	LAUNDRY ROOM SINK	A	Y			
		LOURDES 013	RM 213 BATH SINK	A	Y			
		LOURDES 014	RM 219 BATH SINK	A	Y			
		LOURDES 015	OFFICE BATH SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21286	WELL	2	WELL	A				
56112	ATMOSPHERIC TANK							
56116	BOOSTER PUMPS							

Contact Information

Name				Organization				Job Title		
Mr. Ronald Verdosci				C/O Lourdes of Litchfield				Maintenance		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
PO Box 667							Litchfield		CT	06759-0667
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-567-1041			860-567-9670					lourdesshrinct@gmail.com		

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

Name				Organization				Job Title		
Missionaries of The Co of Mary of Connec										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
83 Montfort Rd							Litchfield		CT	06750
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		

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

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Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD		Connections		4			
Towns Served: LITCHFIELD							

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CT0740284	NORTHFIELD BIBLE CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
10 CAMP HILL ROAD			Connections		1			
Towns Served: LITCHFIELD								

Monitoring Requirements

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

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

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/18/2004		11/28/2004	
Distribution Turbidity MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005	
Distribution Color MCL Violation	1/1/05 - 3/31/05	2	5/13/2005		5/23/2005	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/27/2006		5/7/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/2006		7/25/2006	
Distribution Color MCL Violation	4/1/06 - 6/30/06	2	8/23/2006		9/2/2006	
Distribution Color MCL Violation	1/1/06 - 3/31/06	2	8/23/2006		9/2/2006	
Distribution Color MCL Violation	4/1/07 - 6/30/07	2	8/18/2007		8/28/2007	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
21292	WELL	2	WELL	A				

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	
CT0740284	NORTHFIELD BIBLE CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
10 CAMP HILL ROAD			Connections		1			
Towns Served: LITCHFIELD								

Contact Information

Name				Organization		Job Title	
Mr. Brian McGray				Northfield Bible Church			
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
10 Camp Hill Road					Northfield	CT	06778
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-283-9598					pastormcgray@att.net		

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

Name				Organization		Job Title	
Northfield Congregational Society							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
10 Camp Hill Rd					Litchfield	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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

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

<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	
CT0740344	PEACHES N CREAM			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
632 TORRINGTON ROAD					1			
Towns Served: LITCHFIELD								

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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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				
21298	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David Redente				Peaches 'n' Cream			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
632 Torrington Rd						Litchfield		CT	06759
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-496-7536			860-482-8661			860-496-7536			
Contact Role(s): 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
CT0740344	PEACHES N CREAM	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
632 TORRINGTON ROAD			1		
Towns Served: LITCHFIELD					
Name		Organization		Job Title	
Ms. Katerina Karavasili					
Mailing Address Line One		Mailing Address Line Two		City	State
632 Torrington Rd				Litchfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-496-7536					
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

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

<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	
CT0740354	SAINT PAULS EPISCOPAL CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
802 BANTAM ROAD			Connections		1			
Towns Served: LITCHFIELD								

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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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				
21299	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Father Brett Figlewski				St. Pauls Church			Rector		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 449			802 Bantam Road			Bantam		CT	06750
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-567-8838						office@saintpaulsbantam.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
CT0740354	SAINT PAULS EPISCOPAL CHURCH			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
802 BANTAM ROAD				1			
Towns Served: LITCHFIELD							

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
CT0740374	491 BANTAM ROAD			NC	34	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
						6	

Towns Served: LITCHFIELD

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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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				
21301	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title		
Mr. Rickard T. Evangelisti				Litchfield West		Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
491 Bantam Rd						Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-567-8771					btmelec@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, 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
CT0740374	491 BANTAM ROAD			NC	34	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
						6	

Towns Served: LITCHFIELD

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	
CT0740414	STONYBROOK GOLF CLUB			NC	32	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
263 MILTON ROAD				1	1			
Towns Served: LITCHFIELD								

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 SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	Stage WQP 2 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				
21304	WELL	2	WELL	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	
CT0740414	STONYBROOK GOLF CLUB			NC	32	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
263 MILTON ROAD				1	1			

Towns Served: LITCHFIELD

Contact Information

Name				Organization			Job Title		
Mr. Jon Philips				Stonybrook Golf Club					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
263 Milton Road						Litchfield		CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-921-1576					jon.philips@icloud.com				

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

Please note the following:

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

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

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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
CT0740424	DA CAPO RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
625 TORRINGTON ROAD		Connections		1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		Complete
	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		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		Complete
	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		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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: **WELL (WSF ID: 21305)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete

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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
CT0740424	DA CAPO RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
625 TORRINGTON ROAD		Connections		1			
Towns Served: LITCHFIELD							

Monitoring Requirements

Water System Facility: **WELL (WSF ID: 21305)**

E. Coli (3014)

1 routine (RT) per month

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

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	Stage WQP 2 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				
21305	WELL	2	WELL	A				
TP01	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title		
Mr. Nicholas Alimonos									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
625 Torrington Road						Litchfield		CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-482-6246		860-489-7212			nickalimonos@ymail.com				

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

Please note the following:

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

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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
CT0740504	WHITE MEMORIAL CAMPGROUND			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NORTH SHORE ROAD				1			

Towns Served: LITCHFIELD

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
	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
	4/1/26 - 6/30/26	5/1-6/30	

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 SURVEY REPORT	3/1/2025	

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		PF1	SPIGOT PUMP HOUSE	A	Y			
		PF10	SPIGOT WOMENS	I	Y			
		PF11	SPIGOT outhouse BACK	I	Y			
		PF2	SPIGO SITE 5	A	Y			
		PF3	SPIGOT SITE 10A	A	Y			
		PF4	SPIGOT SITE 14	A	Y			
		PF5	SPIGOT END	A	Y			
		PF6	SPIGOT SITE 27	A	Y			
		PF7	SPIGOT DUMP STATION	A	Y			
		PF8	SPIGOT SILVER TANK	A	Y			
		PF9	SPIGOT MENS	I	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21313	WELL	2	WELL	A				
56213	ATMOSPHERIC TANK							

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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	
CT0740504	WHITE MEMORIAL CAMPGROUND			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
NORTH SHORE ROAD			Connections		1			
Towns Served: LITCHFIELD								

Contact Information

Name				Organization		Job Title	
Mr. Lukas Hyder				White Memorial Foundation		Executive Director	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
P.O. Box 368					Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-0857	12	860-567-2611	860-921-6938		lukas@whitememorialcc.org		

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

Please note the following:

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

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

<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	
CT0740514	WHITE MEMORIAL CONF. CTR & MUSEUM			NC	36	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
71 WHITEHALL ROAD			Connections		5			
Towns Served: LITCHFIELD								

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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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				
21314	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Keith Cudworth				White Memorial Foundation			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P O Box 368						Litchfield		CT	06759
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-567-0857			860-567-2611			860-567-5924	INFO@WHITEMEMORIALCC.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
CT0740514	WHITE MEMORIAL CONF. CTR & MUSEUM	NC	36	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
71 WHITEHALL ROAD			5		
Towns Served: LITCHFIELD					
Name		Organization		Job Title	
Mr. Lukas Hyder		White Memorial Foundation		Executive Director	
Mailing Address Line One		Mailing Address Line Two		City	State
P.O. Box 368				Litchfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-567-0857	12	860-567-2611	860-921-6938		lukas@whitememorialcc.org
Contact Role(s): Administrative Contact, Legal Contact, Owner					

Please note the following:

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

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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	
CT0740524	WISDOM HOUSE			NC	31	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
					1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 - WELLS 2, 3, & 4 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2, 3, & 4 (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 2, 3, & 4 (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily	
Start Date: 8/1/2016	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			
	10/1/2025 - 10/31/2025			
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	Stage WQP 2 DBPR
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	
CT0740524	WISDOM HOUSE			NC	31	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
					1			

Towns Served: LITCHFIELD

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	Stage WQP 2 DBPR
		WISDOMH001	HAND WASH SINK	A	Y			
		WISDOMH002	KITCHENETTE 1	A	Y			
		WISDOMH003	KITCHENETTE 2	A	Y			
		WISDOMH004	TEA ROOM	A	Y			
		WISDOMH005	LOBBY BATH	A	Y			
		WISDOMH006	1 OFFICE BATH	A	Y			
		WISDOMH007	VISITATION 3 BATH	A	Y			
		WISDOMH008	ELEVATOR BATH	A	Y			
		WISDOMH009	OFFICE 2 BATH	A	Y			
		WISDOMH010	417 BATH	A	Y			
00701	ENTRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	A				
2	WELL 4	2	WELL 4	A				
21315	WELL 3	2	WELL 3	A				
53521	WELL 2	2	WELL 2	A				
54061	TREATMENT PLANT							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 54061)

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

Contact Information

Name				Organization			Job Title		
Daughters of Wisdom, Inc.									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
229 East Litchfield Road						Litchfield		CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-567-3163									
Contact Role(s):		Owner							
Name				Organization			Job Title		
Ms. Deborah Kelly				Daughters of Wisdom, Inc			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
229 East Litchfield Road						Litchfield		CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-567-3163				860-567-3164	dk@wisdomhouse.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
CT0740524	WISDOM HOUSE			NC	31	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

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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
CT0740534	WOODS PIT BBQ AND MEXICAN			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
123 BANTAM LAKE ROAD		Connections		1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	10/19/2005		10/29/2005	
GROUNDWATER RULE TT Violation	12/17/22 - 5/9/23	2	6/8/2023		6/18/2023	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
21316	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Ms. Elizabeth Biancardi		Rocky & Ole Buffalo Inc.			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
123 Bantam Lake Road					Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-9869					woodspitgals@gmail.com		

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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
CT0740534	WOODS PIT BBQ AND MEXICAN			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
123 BANTAM LAKE ROAD				1			
Towns Served: LITCHFIELD							

Towns Served: LITCHFIELD

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
CT0740574	COZY HILLS CAMPGROUND - WELL 2			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)		Connections	1				
Towns Served: LITCHFIELD							

Monitoring Requirements

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

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
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 2 (3)	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	
	1/1/27 - 12/31/27	4/1-10/31	

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
22786	WELL 2	2	WELL 2	A				

Contact Information

Name		Organization			Job Title		
Ms. Lelah Campo		Cozy Hills Campground			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1311 Bantam Road					Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-2110		860-567-8117		860-281-4051	lcampo@cozyhills.com		

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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	
CT0740574	COZY HILLS CAMPGROUND - WELL 2			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)				1				
Towns Served: LITCHFIELD								
800-507-2119		800-507-8117		800-261-4051		lcampo@cozynms.com		
Contact Role(s):	Administrative Contact, Legal Contact, Owner							

Please note the following:

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

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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	
CT0740604	BANTAM CINEMA			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
99 BANTAM LAKE ROAD			Connections		1			
Towns Served: LITCHFIELD								

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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23053	WELL #1	2	WELL #1	A				

Contact Information

Name				Organization			Job Title		
Dr. Jodiann Tenney				Spinning Reels/Bantam Cinema			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 262						Litchfield		CT	06759
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-733-2108							execdir@bantamcinema.com		
Contact Role(s): Administrative 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
CT0740604	BANTAM CINEMA			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
99 BANTAM LAKE ROAD		Connections		1			
Towns Served: LITCHFIELD							

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

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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	
CT0740614	EBNER CAMPS, INC (CAMP CHINQUEKA)			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1519 BANTAM ROAD			Connections				1	
Towns Served: LITCHFIELD, WASHINGTON								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25	8/1-8/30	Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

Water System Facility: WELL #1 (WSF ID: 47963)

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2029	

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	001	KITCHEN HAND SINK	A	Y			
		002	3 BAY SINK KITCHEN	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
47963	WELL #1	2	WELL	A				
57072	ATMOSPHERIC STORAGE TANK							
57074	TRANSFER PUMP							
60260	TREATMENT PLANT							

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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	
CT0740614	EBNER CAMPS, INC (CAMP CHINQUEKA)			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1519 BANTAM ROAD			Connections				1	
Towns Served: LITCHFIELD, WASHINGTON								

Contact Information

Name				Organization			Job Title		
Ms. Kristin Ebner-Martin				Ebner Camps, Inc.			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
326 West Street						Morris		CT	06763
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-626-8300						860-307-4043	kris@ebnercamps.com		

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

Name				Organization			Job Title		
Mr. Darren Ley				Ebner Camps, Inc.			Facilities Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
326 West Street						Morris		CT	06763
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-6500					darren@ebnercamps.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

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

<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	
CT0745124	WEST SHORE SEAFOOD LLC			NC	30	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
442 BANTAM LAKE ROAD			Connections		2			
Towns Served: LITCHFIELD								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	10/1/09 - 12/31/09	2	4/1/2010		4/11/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WQP 2 DBPR</i>	<i>Stage</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53106	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization		Job Title		
Ms. Susan F. Bertaccini		West Shore Seafood LLC		Member		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
449 Bantam Lake Rd.				Morris	CT	06763
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-567-8000		860-567-8828		860-201-7014	susie@westshoreseafood.com	

Contact Role(s): **Administrative 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
CT0745124	WEST SHORE SEAFOOD LLC	NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
442 BANTAM LAKE ROAD			2		
Towns Served: LITCHFIELD					
Name		Organization		Job Title	
Ms. Linda E Bertaccini		442 Batam Rd			
Mailing Address Line One		Mailing Address Line Two		City	State
442 Bantam Rd				Litchfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

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

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

<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
CT0740624	COZY HILLS CAMPGROUND - WELL 3			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)		Connections		1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

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
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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
EP - WELL 3 (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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	EP - WELL 3	A				
54792	WELL 3	2	WELL 3	A				

Contact Information

Name		Organization			Job Title		
Ms. Lelah Campo		Cozy Hills Campground			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1311 Bantam Road					Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-2110		860-567-8117		860-381-4051	lcampo@cozyhills.com		

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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	
CT0740624	COZY HILLS CAMPGROUND - WELL 3	NC		25	P	GW	
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)			1				
Towns Served: LITCHFIELD							
800-507-2119		800-507-8117		800-261-4051		lcampo@cozynms.com	
Contact Role(s):		Administrative Contact, Legal Contact, Owner					

Please note the following:

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

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

<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
CT0745134	NORTHLAND PROPERTIES, LLC			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
583 BANTAM RD		Connections				1	
Towns Served: LITCHFIELD							

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		
	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	10/25/2020	

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	Stage WQP 2 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				
05501	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization			Job Title		
Mr. Mark Zappone				Northland Country Living, LLC			Land Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 10						Bantam		CT	06750
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-567-3660			860-361-6133		203-525-6202		markzappone@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact, 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
CT0745134	NORTHLAND PROPERTIES, LLC	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
583 BANTAM RD					1
Towns Served: LITCHFIELD					
Name		Organization		Job Title	
North Land Properties LLC					
Mailing Address Line One		Mailing Address Line Two		City	State
583 Bantam Rd				Litchfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
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

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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	
CT0745144	COZY HILLS CAMPGROUND WELL #4			NC	70	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1311 BANTAM RD			Connections				1	
Towns Served: LITCHFIELD								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

Total Coliform (3100)		3 repeat (RP) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/21/25 - 10/26/25		Complete	

Physical Parameters (PPS)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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: **WELL (WSF ID: 61291)**

E. Coli (3014)		1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
WELL (2)	10/20/25 - 10/26/25		Complete	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
L1 ASSESSMENT (MULTIPLE TC+)	11/23/2025	

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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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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
CT0745144	COZY HILLS CAMPGROUND WELL #4			NC	70	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1311 BANTAM RD		Connections				1	
Towns Served: LITCHFIELD							

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61291	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Ms. Lelah Campo		Cozy Hills Campground		Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
1311 Bantam Road				Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-567-2119		860-567-8117		860-281-4051	lcampo@cozyhills.com	

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

Please note the following:

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

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

End of schedule

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