	Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source					
СТ0740034	MOCKINGBIRD KITCHEN & BAR			NC	25	Р	GW						
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural					
810 BANTAM	ROAD	Connections			1								
Towns Served	: LITCHFIELD					·							
	Mo	nitoring Requ	iireme	nts									

TOWIS Served. LITCHFIELD			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
Public Notif	ication Requirements		

Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Required Performed		Received					
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024						
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024						
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024						
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024						
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	3/14/2025		3/24/2025						
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	3/14/2025		3/24/2025						
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	3/14/2025		3/24/2025						

	Wa	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21270	WELL	2	WELL	Α					

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	MOCKINGBIRD KITCHEN & BAR			NC	25	Р	GW
Local Address (Local Address (where applicable)			itial Commerc	ial Industri	al Combine	ed Agricultural
810 BANTAM R	Connections		1				

			C	ontact Inf	ormation					
Name		Organization			Job Title					
Ms. Samantha Tille	У	Mockingbird	Kitchen & Bar		Owner					
Mailing Address Lin	e One	ress Line Two			City	State	Zip Code			
810 Bantam Rd						Bantam		СТ	06750	
Business Phone Extension Fax			N	lobile Phone	Emergency Phone	Email Ad	ddress			
860-361-6730			9:	17-741-8444		sam@themkb.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 schedule.

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

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

End of schedule

COZY HILLS CAMPGROUND - WELL 1 Local Address (where applicable) TOOZY HILL (ROUTE 202) Service Connections Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points April (1/2-5-3/31/2-5-3		Conn	ecticut Dena	artment o	f Public F	lealth	Dri	nking	Water	r Se	ction	
PMS ID PMS Name CD27 HILLS CAMPGROUND - WELL 1		John	•					_			CCIOII	
CTOT40094 COZY HILLS CAMPGROUND - WELL 1 Service Connections Service Connections Conne	PWS ID	PWS Nar		incy worm	toring an	u con					ner Type P	rimarv Source
Total Coliform (Sampling Point ID) Monitoring Requirements Select from Inventory of Active Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point 1/1/25 - 3/31/25 Complete 1/1/25 - 3/31/25	CT074009			- WELL 1								
Total Coliform (Sampling Point ID) Monitoring Requirements Select from Inventory of Active Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point (Sampling Point ID) Monitoring Point 1/1/25 - 3/31/25 Complete 1/1/25 - 3/31/25	Local Add	Iress (where app	olicable)		Service	Residen	tial Co	mmercial	Industr	ial	Combined	Agricultural
Monitoring Requirements Monitoring Requirements Monitoring Requirements			· · · · · · · · · · · · · · · · · · ·		Connections			1				
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Campling Point (Sampling Point ID) Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Point ID Monitoring Period Collection Period Complete Complete 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Sampling Point Sampling Point Inventory Water System Facility Water System Facility Water System Facility Water System Facility Sampling Point Inventory Active Rule Rule Tier Asbestos WQP 2 0BPI Status Rule Rule Tier Asbestos WQP 2 0BPI Status Rule Rule Tier Asbestos WQP 2 0BPI Status Active Rule Rule Tier Asbestos WQP 2 0BPI Status Active Rule Rule Tier Asbestos WQP 2 0BPI One Complete Complete Complete Complete Complete Complete Complete Active Rule Rule Complete												
Total Coliform (3100) Monitoring Period Collection Period Compliance Status Complete C				Monit	oring Requ	uireme	nts					
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Select from Inventory of Active Sampling Points 7/1/25 - 3/31/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Water System Facility and Sampling Point Inventory Water System Vater System Facility Water System Facility ID Description Water System Facility Sampling Point Sampling Point ID Description System Water System Facility Water System Water System Facility Sampling Point Service CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN	Water Sy	stem Facility:	DISTRIBUTION S	YSTEM (WSF	ID: 00600)							
Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 11/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points T/1/24 - 9/30/24 Complete Collection Period Complete 10/1/24 - 12/31/25 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Water System Facility Downstream WiThin 5 Service CON A DOWNSTREAM WIT	Total Co	liform (3100)								1 rou	tine (RT)	per quarter
Toutine (RT) per quarter Sampling Point (Sampling Point 1D) Sampling Point (Sampling Point 1D) Monitoring Period Collection Period Compliance Status	Sam	pling Point (San	npling Point ID)			Monitori	ng Peri	iod Col	lection Pe	eriod	Compli	ance Status
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points T/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 11/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Facility DOWNSTREAM WITHIN 5 SERVICE CON A DOWNST	Seled	ct from Inventor	y of Active Sampling	g Points		7/1/24 -	9/30/2	24			Cc	mplete
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points T/1/24 - 9/30/24 10/1/24 - 12/31/24 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) EP - WELL 1 (3) 1/1/25 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Water System Facility Water System Facility Sampling Point Sampling Point Inventory Water System Water System Facility BiD Description Status Rule Rule						10/1/24 -	12/31,	/24			Co	mplete
Physical Parameters (PPS)						1/1/25 -	3/31/2	25				
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 10/1/24 - 12/31/24 10/1/25 - 3/31/25 10/1/25 - 3/31/25 10/1/25 - 3/31/25 10/1/25 - 3/31/25 10/1/25 - 3/31/25 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Compliance Status Compliance Status 1 routine (RT) per year Compli						4/1/25 -	6/30/2	25				
Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 Complete 11/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/25 1/1/26 - 12/31/26 Water System Facility Water System Facility and Sampling Point Inventory Water System Water System Facility Description Sampling Point Inventory Water System Water System Facility DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT - WELL 1 3 EP - WELL 1 A 21275 WELL 1 2 WELL 1 A Contact Information Name Organization Organization Oomor Mailing Address Line One Mailing Address Line Two City State Zip Code	Physical	Parameters (PPS)							1 rou	tine (RT)	per quarter
10/1/24 - 12/31/25 Complete 1/1/25 - 3/31/25	Sam	pling Point (San	npling Point ID)			Monitori	ng Peri	iod Col	lection Pe	eriod	Compli	ance Status
1/1/25 - 3/31/25 4/1/25 - 6/30/25	Seled	ct from Inventor	y of Active Sampling	g Points		7/1/24 -	9/30/2	24			Co	mplete
Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Provided Type of the Complex of t						10/1/24 -	12/31,	/24			Co	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Monitoring Period Collection Period Compliance Status EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Sampling Point Description Sampling Point Sampling Point Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPI DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A DOTONO ENTRY POINT - WELL 1 2 WELL 1 A Contact Information Name Organization Organization Owner Mailing Address Line One Mailing Address Line Two City State Status Status Job Title State State State State State State State State Owner						1/1/25 -	3/31/2	25				
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Water System Facility Mater System Facility ID Description Status Total Lead and Coliform Copper Copper Stage Facility ID Description Status Name Compliance Status 1/1/26 - 12/31/26 Total Lead and Coliform Copper Copper Stage Rule Rule Tier Asbestos WQP 2 DBPI DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A DOTOO ENTRY POINT - WELL 1 3 EP - WELL 1 A 2 WELL 1 A Total Lead and Coliform Copper Asbestos WQP 2 DBPI A Y Copper Status NAME Copper Status NAME Copper Copper Copper Copper Copper Copper Copper Copper Status NAME DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A DOTOO ENTRY POINT - WELL 1 3 EP - WELL 1 A Total Lead and Coliform Copper Copper Status NAME Copper Status NAME Copper Copper Status NAME Copper Copper Status Copper Status Copper Status Copper Status Copper Status Copper						4/1/25 -	6/30/2	25				
Sampling Point (Sampling Point ID) EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPI DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 1/25 - 12/31/25 1/1/26 - 12/31/26 Total Lead and Coliform Copper Stage Rule Tier Asbestos WQP 2 DBPI A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT - WELL 1 3 EP - WELL 1 A Contact Information Name Organization Organization Mailing Address Line One Mailing Address Line One Mailing Address Line One Mailing Address Line Two Collection Period Conlection Period Complex (Collection Period Collection Period Complex (Collection Period Complex (Collection Period Complex (Collection Period Collection Period Collection Period Complex (Collection Period Complex (Collection Period Collection Period C	Water Sy	stem Facility:	ENTRY POINT - \	WELL 1 (WSF I	D: 00700)							
EP - WELL 1 (3) 1/1/24 - 12/31/24 1/1/25 - 12/31/25 1/1/26 - 12/31/26 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Status Status Rule Rule Tier Asbestos WQP 2 DBPI O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 21275 WELL 1 2 WELL 1 A Contact Information Name Organization Mailing Address Line One Mailing Address Line One Mailing Address Line Two Over Stage Rule Tier Asbestos WQP 2 DBPI A Y Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBPI A Y DOWNSTREAM WITHIN 5 SERVICE CON A OPPORT SERVICE CON A OOTO ENTRY POINT - WELL 1 A DOWNSTREAM WITHIN 5 SERVICE CON A O	Nitrate A	And Nitrite (N	IOX)							1	routine (F	RT) per year
1/1/25 - 12/31/25	Sam	pling Point (San	npling Point ID)			Monitori	ng Peri	iod Col	lection Pe	eriod	Compli	iance Status
Water System Facility and Sampling Point Inventory Water System Water System Facility Description A Y DOWNSTREAM WITHIN 5 SERVICE CON A DOYONO ENTRY POINT - WELL 1 DOYONO EN	EP - '	WELL 1 (3)				1/1/24 -	12/31/	24				
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point ID Sampling Point Coliform Status Balance Status A DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT - WELL 1 A DOWNSTREAM WITHIN 5 SERVICE CON A 21275 WELL 1 COntact Information Name Organization Cozy Hills Campground Mailing Address Line One Mailing Address Line Two Coty Malling Address Line Two Coty Malling Address Line Two Coty Malling Address Line Two Coliform Copper Stage Rule And Copper Asbestos WQP 2 DBPI Copper Stage Rule Tier Asbestos WQP 2 DBPI A Y A SERVICE CON A O Y A SERVICE CON A O Y A DOWNSTREAM WITHIN 5 SERVICE CON A O O TO DEVEL 1 A DOWNSTREAM WITHIN 5 SERVICE CON A O O O O DEVEL TO D						1/1/25 -	12/31/	25				
Water System Water System Facility Sampling Point ID Description A Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBPI O600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 21275 WELL 1 WELL 1 WELL 1 WELL 1 Organization Cozy Hills Campground Mailing Address Line One Mailing Address Line One Name Contact Information Copper Stage Co						1/1/26 -	12/31/	26				_
Water System Water System Facility Sampling Point ID Description A Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBPI O600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 21275 WELL 1 WELL 1 WELL 1 WELL 1 Organization Cozy Hills Campground Mailing Address Line One Mailing Address Line One Name Contact Information Copper Stage Co			Water S	ystem Facil	ity and Sai	mpling	Poin	t Inven	tory			
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPI O0600 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT - WELL 1 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT - WELL 1 CONTACT Information Name Organization Cozy Hills Campground Mailing Address Line One Mailing Address Line Two City State Zip Code	Water			•					=	d and		
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 Organization Cozy Hills Campground Mailing Address Line One Mailing Address Line Two City State Zip Code	System	Water System	Facility	Sampling Point	Sampling Poi	int		Colife	orm Cop	per		Stage
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 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	Facility IE)		ID	Description		Sto	atus Ru	le Rule	e Tier	Asbestos	WQP 2 DBPR
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	00600	DISTRIBUTION	SYSTEM	4	DISTRIBUTIO	N SYSTEM	۱ ،	A Y				
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				DOWNSTREAM	I WITHIN 5 SEF	RVICE COI	۱ ،	A				
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				UPSTREAM	WITHIN 5 SEF	RVICE COI	۱ ،	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	00700	ENTRY POINT	· WELL 1	3	EP - WELL 1			A				
Name Organization Job Title Ms. Lelah Campo Cozy Hills Campground Owner Mailing Address Line One Mailing Address Line Two City State Zip Code	21275	WELL 1		2	WELL 1			Α				
Ms. Lelah Campo Cozy Hills Campground Owner Mailing Address Line One Mailing Address Line Two City State Zip Code				Cor	ntact Infor	mation)					
Ms. Lelah Campo Cozy Hills Campground Owner Mailing Address Line One Mailing Address Line Two City State Zip Code	Name				Drganization						Job Title	
Mailing Address Line One Mailing Address Line Two City State Zip Code		Campo				ground			Owner			
									City		State	Zip Code
								Bantam				

Mobile Phone

Business Phone

860-567-2119

Extension

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

Fax

860-567-8117

Schedule Generation Date: 1/3/2025 Page 3

Emergency Phone Email Address

lcampo@cozyhills.com

860-281-4051

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

	Water Quarry From	eor mg am	a don	phanee	o cii c a a		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740094	COZY HILLS CAMPGROUND - WELL 1			NC 25		Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
11 COZY HILL (R	OUTE 202)	Connections		1			
Towns Served: L	ITCHFIELD						

Please note the following:

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

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

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

End of schedule

	Connecticut Dep Water Ou	partment of ality Moni				Ŭ			ction	
PWS ID	PWS Name		8						er Type Pr	imary Sourc
CT0740144	GOOSEBORO DRIVE-IN				NO		25		Р	GW
ocal Addre	ess (where applicable)		Service	Residentia	al Cor	nmercia	Industri	al (Combined	Agricultura
L293 BANT	TAM ROAD		Connections			1				
Γowns Serv	ved: LITCHFIELD		,		•			·		
		Moni	toring Requ	uiremen	ts					
Nater Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)							
Total Coli	iform (3100)						1	l rout	ine (RT) p	er quarter
Samp	ling Point (Sampling Point ID)			Monitoring	g Perio	d Co	llection Pe	riod	Compli	ance Status
Select	from Inventory of Active Sampli	ng Points		7/1/24 - 9	/30/24	1			Со	mplete
				10/1/24 - 1	2/31/2	24			Со	mplete
				4/1/25 - 6	/30/25	5				
•	Parameters (PPS)									er quarter
	ling Point (Sampling Point ID)			Monitoring			llection Pe	riod		ance Status
Select	from Inventory of Active Sampli	ing Points		7/1/24 - 9				_		mplete
				10/1/24 - 1			10/1-10/3	1	Со	mplete
N-+ C	the Facility CALTRY POINT	/MCE ID: 0070/	2)	4/1/25 - 6	/30/25)				
	stem Facility: ENTRY POINT	(WSF ID: 00700	וע					4 .	/5	-\
	and Nitrite (NOX)			Monitorina	. Dovic	d Co	llection Pe		· -	T) per year
	Iing Point (Sampling Point ID) Y POINT (3)			<i>Monitoring</i> 1/1/24 - 12			nection Pe	riou		mplete
LININ	T POINT (3)			1/1/24 - 12					CO	iipiete
				1/1/26 - 12						
		Public No	otification F							
		T done ite	Compliance	Notice	_		tification		DN Cort	ification
Violation/S	Situation		Period	Tier		quired	Performe	d Du	rn cert ie to DPH	Received
	rameters M&R Violation	7/	1/08 - 9/30/08	3		4/2009	reijonne		/14/2009	песенец
•		System Faci					ntory			
Water		•	•			Tot	•	and		
System	Water System Facility	Sampling Poin	nt Sampling Po	int		Colif	orm Cop	per		Stage
Facility ID		ID	Description		Stat	tus Ru	le Rule	Tier .	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	. Y	′			
		DOWNSTREAM	M WITHIN 5 SE	RVICE CON	Α					
		UPSTREAM	WITHIN 5 SE		Α	ı				
	ENTRY POINT	3	ENTRY POIN	Γ	Α	ı				
21279	WELL	2	WELL		Α					
		Co	ntact Infor	mation						
Name			Organization						Job Title	
Mr. Robert	t Hammer		Gooseboro Driv	e-In			Owner			
Mailing Ad	dress Line One	Mailing Addre	ess Line Two				City		State	Zip Code
		1				I a contract to the contract t			The second second	

Mobile Phone

Washington

judith.hammer@snet.net

Emergency Phone Email Address

860-868-2533

 CT

06793

30 Revere Road

Business Phone

860-567-9356

Contact Role(s): Legal Contact

Extension

Fax

860-567-4267

C	Connectic	ut Depa	rtmen	t of	Public	Health	Drii	ıking	z W	Vater	Sec	tion	
	Wa	ter Qua	lity Mo	nito	oring a	nd Con	nplia	nce S	Scł	nedul	e		
PWS ID P	WS Name						-		_			r Type	Primary Source
CT0740144 G	OOSEBORO DE	RIVE-IN					N	IC		25		Р	GW
Local Address (wh	ere applicable)				Service	Residen	ntial Co	mmerci	ial	Industria	al C	ombine	d Agricultural
1293 BANTAM RO	AD				Connectio	ns		1					
Towns Served: LIT	CHFIELD						,		'				
Name				Or	ganization						J	lob Title	2
Mr. John Hamme	ſ			Go	oseboro Dr	rive-In			О)wner			
Mailing Address Li	ne One		Mailing Ac	ddress	Line Two					City		State	Zip Code
PO Box 3723								Danbu	ıry			CT	06813
Business Phone	Extension	Fax		Mobil	obile Phone Emergency Phone Email Address					ress			
860-567-9356						203-744	-1791						
Contact Role(s):	Legal Contact,	Owner											
Name				Or	ganization						J	lob Title	2
Ms. Judith Hamm	er												
Mailing Address Li	ne One		Mailing Ac	ddress	Line Two					City		State	Zip Code
1293 Bantam Rd								Bantar	n			СТ	06750
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email /	Addı	ress			
Contact Role(s):	Legal Contact												
Name				Org	ganization							lob Title	2
Mr. William Dowr	nes												
Mailing Address Li	ne One		Mailing Ac	ddress	Line Two					City		State	Zip Code
1293 Bantam Rd Box 251					Bantam			СТ	06750				
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email /	Addı	ress			
860-567-9356													

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 schedule.

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

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

End of schedule

	Connecticut Depa Water Qua									
PWS ID	PWS Name	ility ivit		oring and		Classificati				rimary Source
CT0740194	920 BANTAM ROAD					NC		25	P	GW
	l			Comico	Dasidant				-	
Local Address (w	/here applicable)			Service Connections	Resident			ndustrial	Combined	Agricultural
Towns Served: L	ITCHFIELD			Connections		1				
	5 (1)			oring Requ	iiremer	nts				
-	Facility: DISTRIBUTION S	YSTEM (\	WSF II	D: 00600)						
Total Coliform										per quarter
	Point (Sampling Point ID)				Monitorin		Collect	tion Perio		ance Status
Select from	Inventory of Active Sampling	g Points			7/1/24 -				Со	mplete
					10/1/24 -					
					1/1/25 -	3/31/25				
					4/1/25 -	6/30/25				
Physical Parar	meters (PPS)							1 rc	outine (RT)	per quarter
Sampling P	oint (Sampling Point ID)				Monitoring Period			tion Perio	d Compli	ance Status
Select from	Inventory of Active Sampling	g Points			7/1/24 - 9/30/24				Co	mplete
					10/1/24 -	12/31/24				
					1/1/25 -	3/31/25				
					4/1/25 -	6/30/25				
Water System	Facility: ENTRY POINT (\	NSF ID: 00	0700)							
Nitrate (1040)							1 rc	outine (RT)	per quarter
-	oint (Sampling Point ID)				Monitorin	ng Period	Collect	tion Perio		ance Status
ENTRY POII					7/1/24 -					mplete
					10/1/24 -					<u> </u>
					1/1/25 -	_				
					4/1/25 -					
Nitrate And N	itrite (NOX)				7/1/23	0, 30, 23			1 routine (F	RT) per year
	Point (Sampling Point ID)				Monitorin	na Period	Collect	tion Perio	-	ance Status
ENTRY POII					1/1/24 - 1		Coneci	ion reno		mplete
ENTRI POII	VI (3)				1/1/24 - 1				CC	ilipiete
		Public	Not	ification R	1/1/26 - 1 equire					
				ompliance	Notice		ic Notific	ation	DN Cer	tification
Violation/Situat	tion			Period	Tier	Requir	_	rformed	Due to DPH	Received
Nitrate M&R Vio			7/1/	19 - 9/30/19	3	12/8/2		ijorineu	12/18/2020	Neceived
THE GOLD TO STATE OF THE STATE		vstem F		ty and Sar				r\/	12/10/2020	
Water	vvater 3	youdin	aciii	ty and Jai	piiiig	. Onit in	Total	Lead an	nd	
	er System Facility	Samplina	Point	Sampling Poi	nt		Coliform			Stage
Facility ID	. System radiney	ID		Description 1		Ctat	Rule			WQP 2 DBPR
	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	<u>Status</u> A	Y			
00000 01311			RFAN/I	WITHIN 5 SER			•			
		UPSTRE		WITHIN 5 SER						
00700 ENTR	V DOINT	0F31KE	~\IVI	ENITRY DOINT		^				

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

TREATMENT PLANT

21283

56908

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C NI	Cl:f:+:	Damidaktan	O	ъ.,

		 <u> </u>			<u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0740194	920 BANTAM ROAD				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Comme	cial Industr	al Combine	ed Agricultural
			Connections		1			

			C	Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Joel Pondelik				C/O/ Jackie's	Restaurant	Owner			
Mailing Address Lin	e One		Mailing Add	dress Line Two		City		State	Zip Code
162 Spring Valley Ro	oad					Ridgefie	ld	СТ	06877
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ddress	·	
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 schedule.

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
83 MONTFORT I	ROAD	Connections			4			

Towns Served: LITCHFIELD

Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)	·	1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 7/31/24		Complete
Total Coliform (3100)		1 rou	tine (RT) per montl
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		
	3/1/25 - 3/31/25		
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
Total Coliform (3100)		3 rej	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/24 - 8/6/24		Complete
	9/10/24 - 9/15/24		Complete
	9/10/24 - 9/15/24		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		
	3/1/25 - 3/31/25		
	4/1/25 - 4/30/25		-
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		

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 o	n i ubiic i	lealth	וועו	mking	vvater	Section	
	Water Quality Moni	toring an	d Con	npli	ance S	chedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)				NC	25	Р	GW
Local Address	where applicable)	Service	Resider	ntial (Commercia	al Industria	al Combine	ed Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

83 MONTFORT ROAD

WELL (2)

Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
Water System Facility: WELL (WSF ID: 21286)			
E. Coli (3014)		1 trigge	ered (TG) per period
Samplina Point (Samplina Point ID)	Monitorina Period	Collection Period	Compliance Status

Other Compliance Schedules

7/31/24 - 8/6/24

9/9/24 - 9/15/24

9/9/24 - 9/15/24

Complete

Complete

Complete

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2025

	1	Vater System Facili	ty and Sampling P	oint Ir	nventoi	У		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		LOURDES 001	KITCHEN SINK	Α	Υ			
		LOURDES 002	DISH ROOM SINK	Α	Υ			
		LOURDES 003	SACRISTY SINK	Α	Υ			
		LOURDES 004	RM 217 BATH SINK	Α	Υ			
		LOURDES 005	RM 212 BATH SINK	Α	Υ			
		LOURDES 006	RM 208 BATH SINK	Α	Υ			
		LOURDES 007	RM 226 BATH SINK	Α	Υ			
		LOURDES 008	WING LAVATORY SINK	Α	Υ			
		LOURDES 009	RM 218 BATH SINK	Α	Υ			
		LOURDES 010	FLOOR 3 BATH SINK	Α	Υ			
		LOURDES 011	RM 303 BATH SINK	Α	Υ			
		LOURDES 012	LAUNDRY ROOM SINK	Α	Υ			
		LOURDES 013	RM 213 BATH SINK	Α	Υ			
		LOURDES 014	RM 219 BATH SINK	Α	Υ			
		LOURDES 015	OFFICE BATH SINK	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21286	WELL	2	WELL	Α				
56112	ATMOSPHERIC TANK							

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.

	Gommoodicat 2 opai imoni (,				
	Water Quality Monitoring and Compliance Schedule									
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source									
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)				NC	25	Р	GW	/	
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agric	ultural	
83 MONTFORT	3 MONTFORT ROAD Connections 4									

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Towns Served: LITCHFIELD

		vvater 3	ysteilia	cility alla	Samping i on	ic ilive		ı y		
Water System Water S Facility ID	ystem Facility		Sampling Po	oint Sampling Description	on	Col	otal liform Rule		Asbesto	Stage s WQP 2 DBPI
56116 BOOSTE	R PUMPS									
			С	ontact Inf	ormation					
Name				Organization	1				Job Title	!
Mr. Ronald Verdos	ci			C/O Lourdes	of Litchfield		Ma	intenance		
Mailing Address Lin	ie One		Mailing Add	ress Line Two			С	ity	State	Zip Code
PO Box 667						Litchfi	eld		СТ	06759-0667
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phon	e Email	Addre	!SS		
860-567-1041		860-567-	9670			lourde	esshrir	nect@gmail.	com	
Contact Role(s): A	dministrative	Contact	·							
Name				Organization	1				Job Title	!
Missionaries of The	e Co of Mary o	f Connec								
Mailing Address Lin	ie One		Mailing Add	dress Line Two			С	ity	State	Zip Code
83 Montfort Rd						Litchfi	eld		CT	06750
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phon	e Email	Addre	!SS		
Contact Role(s): Le	egal Contact, C)wner								
<u>'</u>	·	·	·	·	·	· ·		·	· ·	·

Please note the following:

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

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

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

End of schedule

	Connecticut Department	t of Public H	lealth	Dr	inking	Water	Section				
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source										
СТ0740284	NORTHFIELD BIBLE CHURCH				NC	25	Р	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined								ed Agricultural			
10 CAMP HILL ROAD Connections 1											

Fowns	Served:	LITCHFIELD
--------------	---------	------------

Monitor	ing Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	<u> </u>						
Total Coliform (3100)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete				
	10/1/24 - 12/31/24						
	1/1/25 - 3/31/25						
	4/1/25 - 6/30/25						
Physical Parameters (PPS)		1 routine (RT) per qu					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete				
	10/1/24 - 12/31/24						
	1/1/25 - 3/31/25						
	4/1/25 - 6/30/25						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete				
	1/1/25 - 12/31/25						
	1/1/26 - 12/31/26		_				

Public Notification Requirements												
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
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							

	W	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21292	WELL	2	WELL	Α					

	Water Quality Monito	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name		Classification		Population	Owner Type	Primary Source	
СТ0740284	NORTHFIELD BIBLE CHURCH			NC	25	Р	GW	
Local Address (w	here applicable)	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
10 CAMP HILL R	Connections			1				

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization				Job Title		
Mr. Brian McGray				Northfield Bi	ble Church					
Mailing Address Lin	e One		Mailing Addr	ess Line Two	s Line Two		City	Zip Code		
10 Camp Hill Road						Northfie	nfield CT 0			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress			
860-283-9598						pastorm	cgray@att.r	net		
Contact Role(s): A	dministrative (Contact, Leg	al Contact							
Name				Organization				Job Title		
Northfield Congreg	ational Society	/								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
10 Camp Hill Rd						Litchfield	chfield CT		06750	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Email Address			
Contact Role(s): O	wner									

Please note the following:

Towns Served: LITCHFIELD

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

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

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

End of schedule

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 1 Industrial Combined Agricultura 632 TORRINGTON ROAD Connections 1 Toutine (RT) per quarter 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 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/25 4/1/25 - 6/30/25 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 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 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 1/1/25 - 12/31/25 Monitoring Period Collection Period Compliance Status 1/1/25 - 1/31/25 4/1/25 - 1/31/25 Complete														
PWS ID PWS Name CT0740344 PEACHES N CREAM NC 25 P GW Local Address (where applicable) Service CONNECTOR Residential Commercial Industrial Combined Agricultura 632 TORRINGTON ROAD CONNECTOR Service CONNECTOR Residential Commercial Industrial Combined Agricultura 632 TORRINGTON ROAD TOWNS SERVED: UTCHFIELD Monitoring Requirements		Conn	ecticut Depa	irtment o	f Public H	Health	Dri	inking	Wa	ater S	Secti	on		
CTO740344 PEACHES N CREAM Local Address (where applicable) Service G32 TORRINGTON ROAD Towns Served: LITCHFIELD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Monitoring Period 1/1/24 - 12/31/24 1/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points Total Coliform (Sampling Point (Sampling Point ID) Monitoring Period 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points Total Coliform Period Total Coliform Period Collection Period Collection Period Complete 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Collection Period Complete Troutine (RT) per quarter Collection Period Complete 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete			Water Qua	lity Moni	toring an	d Com	iplia	ance S	Sche	edule				
Local Address (where applicable) 632 TORRINGTON ROAD Connections Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Monitoring Period 1/1/24 - 12/31/24 1/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Collection Period Compliance Status Select from Inventory of Active Sampling Points 1/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete Collection Period Collection Period Compliance Status 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete	PWS ID	PWS Na	me				Class	ification	Popul	ation C	wner T	ype P	rimary	Source
Towns Served: LITCHFIELD Monitoring Requirements	СТ074034	14 PEACHE	S N CREAM					NC	2.	5	Р		G۷	N
Towns Served: LITCHFIELD Monitoring Requirements	Local Add	ress (where ap	olicable)		Service	Resident	tial C	Commerci	al In	dustrial	Con	nbined	Agric	cultural
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Compliance Status 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points Monitoring Period Monitoring Period Collection Period Compliance Status 1 routine (RT) per quarter Collection Period Compliance Status 1 routine (RT) per quarter Complete 1 routine (RT) per quarter Complete 1 1/1/24 - 12/31/24 1 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status 1 routine (RT) per year Collection Period Compliance Status Complete	632 TORR	INGTON ROAD			Connections			1						
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Select from Inventory of Active Sampling Points Monitoring Period 1 routine (RT) per quarter Collection Period Complete 10/1/24 - 9/30/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1 routine (RT) per quarter 1/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Complete	Towns Ser	rved: LITCHFIEL	D				'		'		'			
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/24 - 9/30/24 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 10/1/24 - 12/31/24 10/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete Complete 1 routine (RT) per year Complete Complete Complete Complete Complete Complete Complete Complete				Monit	oring Requ	uireme	nts							
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Point ID) Monitoring Period Collection Period Complete 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 10/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Lampling Point (Sampling Point ID) Monitoring Period Collection Period Complete	Water Sy	stem Facility:	DISTRIBUTION S	YSTEM (WSF	ID: 00600)									
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Select from Inventory of Active Sampling Point ID) Monitoring Period Collection Period Complete 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 10/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Lampling Point (Sampling Point ID) Monitoring Period Collection Period Complete	Total Co	liform (3100)								1 r	outine	(RT)	per qı	uarter
10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/24 Complete		- · · · · · · · · · · · · · · · · · · ·				Monitori	ng Pe	riod Co	ollecti					
1/1/25 - 3/31/25 4/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Monitoring Period Collection Period Compliance Status 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/24 Complete	Selec	ct from Invento	ry of Active Sampling	Points		7/1/24 -	9/30/	/24				Со	mplet	e
A/1/25 - 6/30/25 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 routine (RT) per quarter Collection Period Compliance Status 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Collection Period Compliance Status 1/1/24 - 12/31/24 Complete			-			10/1/24 -	12/32	1/24						
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Complete Complete Complete 1/1/24 - 12/31/24 Complete						1/1/25 -	3/31/	/25						
Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 Complete 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 Complete						4/1/25 -	6/30/	/25						
Select from Inventory of Active Sampling Points 7/1/24 - 9/30/24 10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/24 - 12/31/24 Complete	Physical	Parameters	(PPS)							1 r	outine	(RT)	per qu	Jarter
10/1/24 - 12/31/24 1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Compliance Status 1/1/24 - 12/31/24 Complete	Sam	pling Point (Sai	mpling Point ID)			Monitori	ng Pe	riod C	ollecti	on Perio	od (Compli	iance S	tatus
1/1/25 - 3/31/25 4/1/25 - 6/30/25 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Collection Period Compliance Status 1/1/24 - 12/31/24 Complete	Selec	ct from Invento	ry of Active Sampling	g Points		7/1/24 -	9/30/	/24				Co	mplet	e
Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 4/1/25 - 6/30/25 1 routine (RT) per year Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 Complete						10/1/24 -	12/32	1/24						
Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 Complete						1/1/25 -	3/31/	/25						
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1 routine (RT) per year Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 Complete						4/1/25 -	6/30/	/25						
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusENTRY POINT (3)1/1/24 - 12/31/24Complete	Water Sy	stem Facility:	ENTRY POINT (V	VSF ID: 00700)									
ENTRY POINT (3) 1/1/24 - 12/31/24 Complete	Nitrate A	And Nitrite (N	NOX)								1 rout	tine (F	RT) pe	r year
	Sam	pling Point (Sai	mpling Point ID)			Monitorii	ng Pe	riod Co	ollecti	on Perio	od (Compli	iance S	tatus
1/1/25 - 12/31/25	ENTR	RY POINT (3)				1/1/24 - :	12/31	/24				Co	mplete	e
-, -,, ,						1/1/25 - :	12/31	/25						_
1/1/26 - 12/31/26						1/1/26 - :	12/31	./26						
Water System Facility and Sampling Point Inventory			Water S	ystem Faci	lity and Sai	mpling	Poir	nt Inve	ntor	У				
Water Total Lead and	Water							To	tal	Lead a	nd			
	-	-	r Facility	Sampling Point		int		Coli	form	Coppe	r			Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPI	Facility ID)		ID	Description		St	tatus R	ule	Rule Ti	er Ask	pestos	WQP	2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	00600	DISTRIBUTION	I SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
DOWNSTREAM WITHIN 5 SERVICE CON A				DOWNSTREAM	1 WITHIN 5 SEF	RVICE CON	1	Α						
UPSTREAM WITHIN 5 SERVICE CON A				UPSTREAM	WITHIN 5 SEF	RVICE CON	ı	Α						
00700 ENTRY POINT 3 ENTRY POINT A	00700	ENTRY POINT		3	ENTRY POINT	Γ		Α						
21298 WELL 2 WELL A	21298	WELL		2	WELL			Α						
Contact Information				Coi	ntact Infori	mation								
Name Organization Job Title	Name				Organization						Job	Title		
Mr. David Redente Peaches 'n' Cream Owner	Mr. David	d Redente				ım			Owr	ner				
Mailing Address Line One Mailing Address Line Two City State Zip Code	Mailing Ad	ddress Line One	9	Mailing Addre	ss Line Two				Cit	ty	St	ate	Zip C	ode
632 Torrington Rd Litchfield CT 06759	632 Torrir	ngton Rd						Litchfie	ld		(СТ	067	'59

Emergency Phone Email Address

860-496-7536

Mobile Phone

Business Phone

860-496-7536

Contact Role(s): Legal Contact

Extension

Fax

860-482-8661

(onnecticu	т рера	irtment (of Public	Health	Drir	ıkıng	g vvater	Section	1	
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Sour	
CT0740344 P	EACHES N CREA	И				N	C	25	Р	GW	
Local Address (wh	ere applicable)			Service	Resider	itial Commercia		al Industri	Industrial Combined Agricu		
632 TORRINGTON	ROAD			Connection	ns		1				
Towns Served: LIT	CHFIELD				'			1	'		
Name				Organization					Job Tit	le	
Ms. Katerina Kara	ıvasili										
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code	
632 Torrington Ro							Litchfie	nfield CT 06			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Address				
860-496-7536											
Contact Role(s):	Administrative C	ontact Led	al Contact								

Connecticut Department of Public Health Drinking Water Costion

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 schedule.

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

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

End of schedule

Co	onnectic	ut Departm	ent of	Public	Health	Drir	nking	Wate	er Se	ection	
	Wa	ter Quality l	Monit	oring ar	nd Con	nolia	nce S	ched	ule		
PWS ID PV	VS Name	Contract of the contract of th		8 8						ner Type	Primary Source
CT0740354 SA	INT PAULS EP	ISCOPAL CHURCH				N		25		Ρ ,,	GW
Local Address (whe				Service	Residen	tial Co	mmercial	Indu	strial	Combine	d Agricultura
802 BANTAM ROAD				Connection	ıs		1				
Towns Served: LITC											
			Monit	oring Req	Juireme	nts					
Water System Fac	cility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3	3100)								1 ro	utine (RT	per quarter
Sampling Poin	-	Point ID)			Monitori	ng Perio	od Col	llection		-	liance Status
Select from Inv	entory of Act	ive Sampling Points			7/1/24 -	9/30/2	4			(Complete
		-			10/1/24 -	12/31/	24				Complete
					1/1/25 -	3/31/2	5				
					4/1/25 -	6/30/2	.5				
Physical Parame	ters (PPS)								1 ro	utine (RT	per quarter
Sampling Poin	• •	Point ID)			Monitori	ng Perio	od Col	llection			liance Status
Select from Inv	entory of Act	ive Sampling Points			7/1/24 -	9/30/2	4				Complete
	·				10/1/24 -	12/31/	24			C	omplete
					1/1/25 -	3/31/2	.5				
					4/1/25 -						
Water System Fac	cility: ENTR	Y POINT (WSF ID	: 00700)								
Nitrate And Nitri	-	•							1	routine	RT) per year
Sampling Poin		Point ID)			Monitori	ng Peri	od Col	llection			liance Status
ENTRY POINT		,			1/1/24 -						Complete
	· ·				1/1/25 -						•
					1/1/26 -						-
		Water System	n Facili	ity and Sa	ampling	Point	t Inven	tory			
Water							Tot	al Le	ad and	1	
System Water S	ystem Facility	y Sampli	ng Point	Sampling Po			Colife	orm C	Copper		Stage
Facility ID			ID	Description		Sta	tus Ru	le R	ule Tiei	Asbesto	s WQP 2 DBPI
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM	I /	Y 4				
		DOWN	STREAM	WITHIN 5 SI	ERVICE CO	N A	A				
		UPS	TREAM	WITHIN 5 SI	ERVICE CO	N A	4				
00700 ENTRY P	OINT		3	ENTRY POIN	JT	F	4				
21299 WELL			2	WELL		A	4				
			Con	tact Info	rmation)					
Name			0	rganization						Job Title	
Father Brett Figlew	ski		St	. Pauls Churc	:h			Rector			
Mailing Address Lin	e One	Mailin	g Addres	s Line Two				City		State	Zip Code
P,O. Box 449		802 Ba	ntam Ro	ad			Bantam			СТ	06750
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ac	ldress			
	1	1	1				1				

office@saintpaulsbantam.org

860-567-8838

Contact Role(s): Administrative Contact, Legal Contact

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

	Tracor Quarrey From	or mg am	u u u	TP.	idii co c	onean	. —	
PWS ID	PWS ID PWS Name						Owner Type	Primary Source
CT0740354	SAINT PAULS EPISCOPAL CHURCH		NC		25	Р	GW	
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
802 BANTAM R	802 BANTAM ROAD				1			

Please note the following:

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

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

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

End of schedule

	Co			rtment o				_				tion	
PWS ID	PW	/S Name	Q 0.101.		8 0		Classifi					r Type P	rimary Source
CT074037		L BANTAM R	OAD				N		-	34	F		GW
		e applicable)			Service	Resident		mmerci		dustrial		ombined	
2000171001	1000 (11110)	с аррпсавіс)			Connection					i a a s ci i a i		6	7.8.1001001
Towns Ser	rved: LITC	HFIELD											
				Monit	oring Rec	quiremer	nts						
Water Sy	stem Fac	ility: DISTE	RIBUTION SY	YSTEM (WSF	D: 00600)								
	liform (3	•			<u> </u>					1 :	routi	ne (RT)	per quarter
	=	t (Sampling P	Point ID)			Monitorin	ng Perio	od C	Collecti	ion Peri			ance Status
		entory of Act		Points							mplete		
		<u> </u>			7/1/24 - 9/30/24 10/1/24 - 12/31/24								mplete
						1/1/25 -							
						4/1/25 -	6/30/2	5					
Physical	Paramet	ers (PPS)								1 :	routi	ne (RT)	per quarter
Samp	pling Poin	t (Sampling P	Point ID)			Monitorin	ng Perio	od C	ollecti	ion Peri	od	Compli	ance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		7/1/24 -	9/30/2	4				Co	mplete
						10/1/24 -	12/31/	24				Co	mplete
						1/1/25 -	3/31/2	5					·
						4/1/25 -	6/30/2	5					·
Water Sy	stem Fac	ility: ENTR	Y POINT (W	VSF ID: 00700									
Nitrate A	And Nitri	te (NOX)									1 ro	utine (F	RT) per year
Sam	pling Poin	t (Sampling P	Point ID)			Monitorin	ng Perio	od C	Collecti	ion Peri	od	Compli	iance Status
ENTR	RY POINT (3)				1/1/24 - 1	12/31/2	24				Co	mplete
						1/1/25 - 1	12/31/2	25					
						1/1/26 - 1	12/31/2	26					
			Water Sy	ystem Facil	ity and Sa	ampling	Point	Inve	ntor	ſy			
Water					-			To	otal	Lead a	nd		
System	Water S	stem Facility	,	Sampling Point	Sampling P	oint		Col	iform	Сорре	er		Stage
Facility ID)			ID	Description	1	Sta	tus F	Rule	Rule T	ier A	Sbestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEN	1	4	DISTRIBUTI	ON SYSTEM	Α	١	Υ				
				DOWNSTREAM	WITHIN 5 S	ERVICE CON	Α	١					
				UPSTREAM	WITHIN 5 S	ERVICE CON	Δ.	١					
00700	ENTRY P	TNIC		3	ENTRY POIN	NT	Α	١					
21301	WELL			2	WELL		Α	١					
				Cor	ntact Info	rmation							
Name				О	rganization						J	ob Title	
Mr. Ricka	rd T. Evan	gelisti		Li	tchfield Wes	t			Ow	ner			
Mailing Ad	ddress Lin	e One		Mailing Addres	ss Line Two				Ci	ty		State	Zip Code
491 Banta	ım Rd							Litchfie				СТ	06759
Business	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email /	Addres	SS			

btmelec@gmail.com

860-567-8771

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

Makey Ovality Manikaying and Complian as Calcadula	1
Water Quality Monitoring and Compliance Schedule	

		<u> </u>	<u> </u>		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0740374	491 BANTAM ROAD				NC	34	Р	GW
Local Address (w	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
			Connections				6	

Please note the following:

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

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

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

End of schedule

	Connecticut Department	of Public H	lealth	Dr	inking	g Water	Se	ection			
	Water Quality Mon	nitoring an	d Con	npl	iance S	Schedu	le				
PWS ID	PWS Name			_		Population	Ow	ner Type P	rimary Sourc		
СТ0740414	STONYBROOK GOLF CLUB				NC	32		Р	GW		
Local Address ((where applicable)	Service	Residen	tial	Commerci	al Industr	ial	Combined	Agricultura		
263 MILTON R	OAD	Connections	1		1						
Towns Served:	LITCHFIELD										
	Mon	itoring Requ	iireme	nts							
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)									
Total Colifor	m (3100)						1 ro	utine (RT)	per quarter		
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	eriod	Compl	iance Status		
Select from Inventory of Active Sampling Points			7/1/24 - 9/30/24					Co	Complete		
			10/1/24 -	- 12/3	31/24						
			1/1/25 -	- 3/3:	1/25						
			4/1/25	- 6/30	0/25						
Physical Para	ameters (PPS)						1 ro	utine (RT)	per quarter		
Sampling	Point (Sampling Point ID)		Monitoring Period			ollection Pe	eriod	Compl	iance Status		
Select fro	m Inventory of Active Sampling Points		7/1/24 - 9/30/24					Co	omplete		
			10/1/24 -	- 12/3	31/24						
			1/25								
			4/1/25 -	- 6/30	0/25						
Water Systen	n Facility: ENTRY POINT (WSF ID: 0070	00)									
Nitrate And	Nitrite (NOX)						1	routine (F	RT) per year		
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	eriod	Compl	iance Status		
ENTRY PC	OINT (3)		1/1/24 -	12/3	1/24			Co	omplete		
			1/1/25 -	12/3	1/25						
			1/1/26 -	12/3	1/26						
	Other	Compliance	Sched	lule	es						
Compliance Sc	hedule Activity			Due	Date	Achi	eved	Date			
CROSS CONNE	CTION SURVEY REPORT			3/1/2	2018						
CROSS CONNE	CTION SURVEY REPORT			3/1/2	2019						
CROSS CONNE	CTION SURVEY REPORT			3/1/2	2020						
CROSS CONNE	CTION SURVEY REPORT			3/1/2	2021						
	CTION SURVEY REPORT			3/1/	2022						

CROSS CO	NNECTION SURVEY REPO	RT	3/	1/2024							
	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 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21304	WELL	2	WELL	Α							

3/1/2023

CROSS CONNECTION SURVEY REPORT

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			Clas	sification	Population	Owner Type	Primary Source
CT0740414	STONYBROOK GOLF CLUB				NC	32	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
263 MILTON RO	AD	Connections	1		1			

			C	ontact Inf	ormation				
Name			Organization	1		Job Title			
Mr. Jon Philips			Stonybrook	Golf Club					
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code	
263 Milton Road						Litchfield		CT	06759
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address			
860-921-1576						jon.philip	s@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 schedule.

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

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

End of schedule

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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0740424	DA CAPO RESTAURANT				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
625 TORRINGTO	N ROAD	Connections			1			

Towns Served: LITCHFIELD			
Monito	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		
	3/1/25 - 3/31/25		
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		·
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		
	3/1/25 - 3/31/25		
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
()	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
Water System Facility: WELL (WSF ID: 21305)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	8/1/24 - 8/31/24		Complete
• /	9/1/24 - 9/30/24		Complete
	-,-,,	_	

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.

10/1/24 - 10/31/24

Complete

	Connecticut Department of Public Health	Drinking	g water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
WS ID	PWS Name	Classification	Population	Owner Type	Primary S

PWS ID	PWS Name			Classification	Popula	ation C	Owner Type	Primary Source
CT0740424	DA CAPO RESTAURANT			NC	25	5	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commer	cial Inc	lustrial	Combine	ed Agricultural
625 TORRINGTO	ON ROAD	Connections		1				

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - - C

Towns Served: LITCHFIELD

Monito	ring Requirements		
Water System Facility: WELL (WSF ID: 21305)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	11/1/24 - 11/30/24		Complete
	12/1/24 - 12/31/24		
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		
	3/1/25 - 3/31/25		
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		

	W	ater System Facili	ty and Sampling P	oint Ir	iventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21305	WELL	2	WELL	Α					
TP01	TREATMENT PLANT								

Contact Information												
Name				Organization	1		Job Title					
Mr. Nicholas Alimo	nos											
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code			
625 Torrington Roa	d					Litchfield		СТ	06759			
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	il Address					
860-482-6246		860-489-7	7212			nickalim	onos@ymail.	com				
0 1 1 0 1 ()				_	-							

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 schedule.

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Cla	Classification Population C		Owner Type	Primary Source					
CT0740504	WHITE MEMORIAL CAMPGROUND				NC	25	Р	GW				
Local Address (\	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
NORTH SHORE	ROAD	Connections			1							

TOWNS SERVED. ETTCHFILLD			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25	5/1-6/30	
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
Other Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
CROSS CONNECTION SURVEY REPORT	3/1/2025									
SEASONAL START UP COMPLETION	5/1/2025									

JEAJOIVA	L START OF CONFEETION		3/ 1	/2023				
	Wa	ter System Facili	ty and Sampling Po	oint Ir	vento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		PF1	SPIGOT PUMP HOUSE	Α	Υ			
		PF10	SPIGOT WOMENS	1	Υ			
		PF11	SPIGOT OUTHOUSE BACK	1	Υ			
		PF2	SPIGO SITE 5	Α	Υ			
		PF3	SPIGOT SITE 10A	Α	Υ			
		PF4	SPIGOT SITE 14	Α	Υ			
		PF5	SPIGOT END	Α	Υ			
		PF6	SPIGOT SITE 27	Α	Υ			
		PF7	SPIGOT DUMP STATION	Α	Υ			
		PF8	SPIGOT SILVER TANK	Α	Υ			
		PF9	SPIGOT MENS	1	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21313	WELL	2	WELL	Α				
56213	ATMOSPHERIC TANK							

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	

				1			
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740504	WHITE MEMORIAL CAMPGROUND		NC	25	Р	GW	
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
NORTH SHORE	ROAD	Connections		1			

			Contact IIII	ormation					
			Organization	1		Job Title			
			White Memo	orial Foundation		Executive Director			
e One	Address Line Two			City	State	Zip Code			
					Litchfield	ł	СТ	06759	
Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	il Address			
12	860-567-2	2611	860-921-6938		lukas@v	hitememor			
	Extension	Extension Fax	Extension Fax	White Memore One Mailing Address Line Two Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	White Memorial Foundation e One Mailing Address Line Two Litchfield Extension Fax Mobile Phone Emergency Phone Email Address Line Two	White Memorial Foundation Executive Definition Executive Definit	White Memorial Foundation Executive Director e One Mailing Address Line Two City State Litchfield CT Extension Fax Mobile Phone Emergency Phone Emergency Phone Email Address	

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 schedule.

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

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

End of schedule

	C	onnostis	ut Danar	atm ont	of Dublic	Hoolth	Dwiz	alring '	Matan	Coation	
	C	onnectic						U			
			ter Quan	ity Mor	nitoring a	ına Con					T
PWS ID		NS Name							-		Primary Source
CT074051		HITE MEMORI	AL CONF. CTR	R & MUSEU				IC	36	Р	GW
		ere applicable)			Service	Residen	tial Co	mmercial	Industria	l Combin	ed Agricultural
71 WHITE					Connectio	ons		5			
Towns Se	rved: LIT	CHFIELD									
					itoring Re	quireme	nts				
		cility: DISTR	IBUTION SYS	STEM (WS	SF ID: 00600)						
	oliform (-								=	Γ) per quarter
		nt (Sampling P				Monitori			lection Per		pliance Status
Sele	ct from Ir	ventory of Act	ive Sampling F	Points		7/1/24 -					Complete
						10/1/24 -					
						1/1/25 -	3/31/2	25			
						4/1/25 -	6/30/2	25			
Physical	l Parame	ters (PPS)							1	routine (R	Γ) per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod Com	pliance Status
Sele	ct from Ir	ventory of Act	ive Sampling F	Points		7/1/24 -	9/30/2	24			Complete
						10/1/24 -	12/31/	/24			
						1/1/25 -	3/31/2	25			
						4/1/25 -	6/30/2	25			
Water Sy	ystem Fa	cility: ENTR	Y POINT (W	SF ID: 0070	00)						
		ite (NOX)									(RT) per year
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod Com	pliance Status
ENT	RY POINT	(3)				1/1/24 -	12/31/2	24			Complete
						1/1/25 -	12/31/	25			
						1/1/26 -	12/31/	26			
			Water Sys	stem Fa	cility and S	Sampling	Poin	t Inven	tory		
Water								Tot	al Lead o	and	
System		System Facility	S	ampling Po	int Sampling			Colife			Stage
Facility II)			ID	Descriptio	n	Sta	itus Ru	le Rule	Tier Asbest	os WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM		4	DISTRIBUT	TON SYSTEM	1 /	A Y			
				OWNSTREA	AM WITHIN 5	SERVICE CO	N /	A			
				UPSTREAM	MWITHIN 5	SERVICE COI	N /	A			
00700	ENTRY I	POINT		3	ENTRY PO	INT	1	A			
21314	WELL			2	WELL		1	A			
				С	ontact Info	ormation					
Name					Organization					Job Tit	e
Mr. Keith	Cudwor	:h			White Memo	rial Foundat	ion		Executive		
Mailing A	ddress Li	ne One	N	Mailing Add	ress Line Two				City	State	Zip Code
P O Box 3								Litchfield	<u> </u>	СТ	06759
Busines	s Phone	Extension	Fax	М	obile Phone	Emergency	Phone	Email Ad	ldress		
						3 -7					

860-567-5924

860-567-2611

860-567-0857

Contact Role(s): Owner

INFO@WHITEMEMORIALCC.ORG

	Connectic	ut Depa	rtmer	nt of	f Public	Health	Dri	nking	Water	Section	l		
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	nplia	ance S	chedul	e			
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary So	ource	
CT0740514 V	VHITE MEMORI	AL CONF. CT	R & MUS	EUM			I	NC	36	Р	GW		
Local Address (wh	ere applicable)				Service	Resider	ntial C	ommercia	l Industri	al Combin	ed Agricu	ltural	
71 WHITEHALL RC	AD				Connection	IS		5					
Towns Served: LIT	CHFIELD								,				
Name				0	Organization				Job Title				
Mr. Lukas Hyder				W	White Memorial Foundation Exe					Executive Director			
Mailing Address L	ine One		Mailing A	ddres	s Line Two				City	State	Zip Cod	de	
P.O. Box 368								Litchfie	ld	СТ	06759	Э	
Business Phone	Extension	Fax		Mobi	ile Phone	Emergenc	y Phone	e Email A	nail Address				
860-567-0857	12	860-567-	2611	860-9	921-6938			lukas@	lukas@whitememorialcc.org				
Contact Role(s):	Δdministrative	Contact Leg	al Contac	t Owr	ner								

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 schedule.

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

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

End of schedule

Conne	ecticut Department of	f Public H	lealth D	rinki	ng W	ater :	Secti	on	
	Water Quality Monit	coring and	d Comp	lianc	e Sch	edule	9		
PWS ID PWS Nan								ype Pri	mary Source
CT0740524 WISDOM	HOUSE			NC		31	Р		GW
Local Address (where app	licable)	Service	Residential	Comm	ercial	Industria	l Com	bined	Agricultural
		Connections		1					
Towns Served: LITCHFIELD)								
	Monit	oring Requ	iirements	•					
Water System Facility:	DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)						1	routine	(RT) p	er quarter
Sampling Point (Sam	pling Point ID)		Monitoring I	Period	Collec	tion Peri	od C	omplia	nce Status
Select from Inventory	y of Active Sampling Points		7/1/24 - 9/3	0/24				Cor	nplete
			10/1/24 - 12/	/31/24				Cor	nplete
			1/1/25 - 3/3	1/25					
			4/1/25 - 6/3	0/25					
Physical Parameters (•					1			er quarter
Sampling Point (Sam	· · ·		Monitoring F	Period	Collec	tion Peri	od C	omplia	nce Status
Select from Inventory	y of Active Sampling Points		7/1/24 - 9/3						nplete
			10/1/24 - 12/					Cor	nplete
			1/1/25 - 3/3						
			4/1/25 - 6/3	0/25					
Water System Facility:	ENTRY POINT - WELLS 2, 3, & 4	(WSF ID: 00	701)						
Nitrate And Nitrite (N	•							-	Γ) per year
Sampling Point (Sam			Monitoring I		Collec	tion Peri	od C		nce Status
EP - WELLS 2, 3, & 4 ((3)		1/1/24 - 12/					Cor	nplete
			1/1/25 - 12/						_
			1/1/26 - 12/						
Мо	nthly Water System Facil	lity (WSF) I	Level Mo	nitorii	ng Re	quiren	nents		
Water System Facility:	ENTRY POINT - WELLS 2, 3, & 4	(WSFID: 007	01)						
Analyte	Monitoring Requirement (Summ	ary Type)	Operati	ng Limit			Sam	oles Re	q/Month
рН	Entry Point pH Monitoring (PHRI	D)	Minimu	m: 7.0 F	РН			Dail	У
Start Date: 8/1/2016		Complia	nce History:		Operat	ing Limit	M	onitori	ng
		Monitor	ing Period		-	ance Sta		mpliar	nce Status:
		8/1/202	4 - 8/31/2024	1					
		9/1/202	4 - 9/30/2024	4					
			24 - 10/31/20						
		• • •	24 - 11/30/20						
		12/1/20	24 - 12/31/20	024					
	Other C	ompliance	Schedule	es					
Compliance Schedule Acti	ivity		Due	Date		Achiev	ed Date		
CROSS CONNECTION SURV	VEY REPORT		3/1/	/2025					
	Water System Facil	ity and Sar	mpling Po	int In	vento	ry			
Water					Total	Lead a	nd		
System Water System	Facility Sampling Point		nt		Coliforn	1 Сорр	er		Stage
Facility ID	ID	Description		Status	Rule	Rule T	ier Asb	estos	NQP 2 DBPR
00600 DISTRIBUTION	SYSTEM 4	DISTRIBUTION	N SYSTEM	Α	Υ				
	DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α					
	UPSTREAM	WITHIN 5 SER	RVICE CON	Α					

	Connecticut D	epartment of	Public H	lealth	Dı	rinkir	ıg W	ater	Section	on	
	Water (Quality Monit	oring an	d Con	npl	iance	Sch	edul	e		
PWS ID	PWS Name				Cla	ssificatio	n Pop	ulation	Owner Ty	pe P	rimary Source
CT0740524	WISDOM HOUSE					NC		31	Р		GW
Local Address	(where applicable)		Service	Residen	itial	Comme	cial	Industria	al Com	bined	Agricultural
			Connections			1					
Towns Served	: LITCHFIELD								'		
	Wat	er System Facili	ity and Sar	npling	Po	int Inv	ento	ory			
Water							Total	Lead (and		
System Wo	ater System Facility	Sampling Point	Sampling Poi	nt		C	oliforn	n Copp	per		Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier Asb	estos	WQP 2 DBPR
		WISDOMH001	HAND WASH	SINK		Α	Υ				
		WISDOMH002	KITCHENETTE	1		Α	Υ				
		WISDOMH003	KITCHENETTE	2		Α	Υ				
		WISDOMH004	TEA ROOM			Α	Υ				
		WISDOMH005	LOBBY BATH			Α	Υ				
		WISDOMH006	1 OFFICE BAT	Н		Α	Υ				
		WISDOMH007	VISITATION 3	BATH		Α	Υ				

54061 TREATMENT PLANT

WELL 4

WELL 3

WELL 2

ENTRY POINT - WELLS 2, 3, & 4

00701

2

21315

53521

Certified	Opera	ator Int	formation
CCICIICA	OPCIC	1001 III	i Oi i i i a ti Oi i

EP - WELLS 2, 3, & 4

Υ

Υ

Υ

Α

Α

Α

Α

WISDOMH008 ELEVATOR BATH

WISDOMH009 OFFICE 2 BATH

WELL 4

WELL 3

WELL 2

WISDOMH010 417 BATH

3

2

2

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	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

			CHIEF OPERATOR	DISTRIBUTION STS	I EIVI OPER	ATOR - CLA	33 I	12/31/202		
				WATER TREATMEN	WATER TREATMENT PLANT OPERATOR - CLASS II					
			Contact Ir	formation						
Name			Organizati	on			Job Title			
Daughters of Wisdo	om, Inc.									
Mailing Address Lin	e One		Mailing Address Line Two			City	State	Zip Code		
229 East Litchfield F	₹oad				Litchfield	ł	СТ	06759		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	Email Address				
860-567-3163										
Contact Role(s): O	wner		•	•	•					
Name			Organizati	on			Job Title			
				of Wisdom, Inc	of Wisdom, Inc Ex					
Mailing Address Line One Mailing Address Line Two			0	City	State	Zip Code				
Mailing Address Lin	e one		. 0							
Mailing Address Lin 229 East Litchfield F			, 0 , , , , , ,		Litchfield	I	СТ	06759		
		Fax		Emergency Phone			СТ	06759		

Maria of all Maria da and Carrella and Cale dala	n
Water Quality Monitoring and Compliance Schedule	

	7. 4.4.4	,		F				
PWS ID	D PWS Name C					Population	Owner Type	Primary Source
CT0740524	WISDOM HOUSE					31	Р	GW
Local Address (Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
		Connections			1			

Please note the following:

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

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

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

End of schedule

	Connecticut De	partmer	nt of	Public H	ealth I)rinki	ng V	Vater S	Section	
	Water Q	uality Mo	onito	oring and	d Comr	olianc	e Scl	nedule	!	
PWS ID	PWS Name	J		0 -					wner Type Pr	imary Source
CT0740534	WOODS PIT BBQ AND M	EXICAN				NC		25	P	GW
Local Address ((where applicable)			Service	Residentia	l Commo	ercial	Industrial	Combined	Agricultural
123 BANTAM L	AKE ROAD			Connections		1				
Towns Served:	LITCHFIELD									
		M	onito	ring Requ	irement	ts				
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (WSF ID): 00600)						
Total Colifor	m (3100)							1 r	outine (RT) _I	er quarter
Sampling	Point (Sampling Point ID)			ı	Monitoring	Period	Colle	ction Perio	od Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points			7/1/24 - 9/	/30/24			Со	mplete
				-	10/1/24 - 12					
					1/1/25 - 3/	/31/25				
					4/1/25 - 6/	/30/25				
	ameters (PPS)							1 r	outine (RT) լ	•
	Point (Sampling Point ID)			ı	Monitoring		Colle	ction Perio	-	ance Status
Select fro	m Inventory of Active Samp	ling Points			7/1/24 - 9/				Со	mplete
					10/1/24 - 12					
					1/1/25 - 3/					
					4/1/25 - 6/	/30/25				
-	n Facility: ENTRY POINT	(WSF ID: 00	0700)							
	Nitrite (NOX)								1 routine (R	
	Point (Sampling Point ID)				Monitoring		Colle	ction Perio		ance Status
ENTRY PO	DINT (3)				1/1/24 - 12	<u> </u>			Со	mplete
					1/1/25 - 12					
					1/1/26 - 12					
		Public		fication R	•					
				mpliance	Notice		_	<u>ication</u>		<u>ification</u>
Violation/Situe				Period	Tier	Require		erformed	Due to DPH	Received
	neters M&R Violation			04 - 3/31/04	3	10/19/2			10/29/2005	
GROUNDWATE	ER RULE TT Violation			/22 - 3/29/23	2	6/8/20			6/18/2023	
	Wate	r System F	Facilit	ty and San	npling P	oint In	vent	ory		
Water							Total			
,	ter System Facility	Sampling ID		Sampling Poil Description	nt		Colifor			Stage
Facility ID	TDIDLITION CVCTCM			-	I CVCTCN4	<u>Status</u>	Rule	Kule II	ier Asbestos	WYY Z DBP
00600 DIST	TRIBUTION SYSTEM	4 DOWNST		DISTRIBUTION WITHIN 5 SER		A	Υ			
		UPSTRE		WITHIN 5 SER		A A				
00700 ENT	RY POINT			ENTRY POINT	VICE CON					
OU/OU ENT	NI FUINI	3		LININT POINT		Α				

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

Α

WELL

2

21316 WELL

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.

T0740534	WOODS PIT BBQ AND MEXICAN	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	

Connections

Residential Commercial

1

Industrial

Combined

Service

123 BANTAM LAKE ROAD
Towns Served: LITCHFIELD

Local Address (where applicable)

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 schedule.

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

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

End of schedule

Agricultural

	Connecticut Department					_			ction	
	Water Quality Mor	nitoring and	d Co	_						
PWS ID	PWS Name					n Po				imary Source
CT0740574	COZY HILLS CAMPGROUND - WELL 2	C i	D!-l	4.1 1	NC		25		P	GW
-	vhere applicable)	Service Connections	Reside		Comme	rciai	Industria	1 (Combined	Agricultural
11 COZY HILL (R Towns Served: L		COTTICCTIONS	1	-						
Towns Served. I		sitawina Danu								
Water System	Facility: DISTRIBUTION SYSTEM (WS	nitoring Requ SF ID: 00600)	ıırem	ents						
Total Coliforn	· · · · · · · · · · · · · · · · · · ·						1	rou	tine (RT)	per month
	Point (Sampling Point ID)		Monito	oring F	Period	Colle	ction Peri			ance Status
Select from	n Inventory of Active Sampling Points		8/1/2	4 - 8/3	1/24				Cor	mplete
			9/1/24	4 - 9/3	0/24				Cor	mplete
		:	10/1/24	4 - 10/	31/24				Cor	mplete
			4/1/25	5 - 4/3	0/25					
			5/1/25	5 - 5/3	1/25					
			6/1/25	5 - 6/3	0/25					
			7/1/25	5 - 7/3	1/25					
Total Coliforn							3	3 rep		per period
	Point (Sampling Point ID)		Monito			Colle	ection Peri	od		ance Status
	Inventory of Active Sampling Points		10/4/2	4 - 10	/9/24					mplete
Physical Para										per month
	Point (Sampling Point ID)		Monito			Colle	ection Peri	od		ance Status
Select from	Inventory of Active Sampling Points		8/1/24		-					mplete
			9/1/2			_			_	mplete
			10/1/24						Cor	mplete
			4/1/25							
			5/1/25							
			6/1/25 7/1/25							
Water System	Facility: ENTRY POINT - WELL 2 (WS	E ID: 00700)	//1/2.	3 - 7/3	1/23					
Nitrate And N	,	10.00700						1	outino (P	T) per year
	Point (Sampling Point ID)		Monito	orina l	Period	Colle	ection Peri		•	nnce Status
EP - WELL 2			1/1/24				/1-10/31	<u> </u>		mplete
LI WELL	- (3)		1/1/25				/1-10/31			Прісте
			1/1/26				/1-10/31			
Water System	Facility: WELL 2 (WSF ID: 22786)		. , -	,			, -			
E. Coli (3014)							1 tı	rigge	ered (TG)	per period
• •	Point (Sampling Point ID)		Monito	oring F	Period	Colle	ection Peri			ance Status
WELL 2 (2)			10/3/2	4 - 10	/9/24				Cor	mplete
	Other	r Compliance	Sche	dule	es					
Compliance Sch		-			Date		Achiev	ed D	ate	
	NITARY SURVEY				/2008					
RESPOND TO SA	NITARY SURVEY				/2014					
CORRECTIVE AC	TION/CORRECTIVE ACTION PLAN				7/2014					
RESPOND TO SA	NITARY SURVEY			10/18	3/2018					

4/1/2025

SEASONAL START UP COMPLETION

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0740574	COZY HILLS CAMPGROUND - WELL 2				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
11 COZY HILL (F	OUTE 202)	Connections	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	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT - WELL 2	3	EP - WELL 2	Α									
22786	WELL 2	2	WELL 2	Α									

				Contact	Info	ormation				
Name				Organiza	ation		Job Title			
Ms. Lelah Campo				Cozy Hill	ls Can	npground		Owner		
Mailing Address Lin	e One		Mailing	Address Line	Two			City	State	Zip Code
1311 Bantam Road							Bantam		СТ	06750
Business Phone	Extension	Fax		Mobile Pho	obile Phone Emergency Phone Email Add			ldress		
860-567-2119		860-567-8	3117			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 schedule.

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

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

End of schedule

	Co	onnectic	ut Depai	tment of	Public	Health D)rin	king	Water	Se	ction	
		Wa	ter Qual:	ity Monit	oring a	nd Comp	liai	nce So	chedul	le		
PWS ID	PW	/S Name								_	ner Type P	rimary Source
CT0740604	ВА	NTAM CINEM	IA				N	С	25		Р	GW
Local Addres	ss (whe	re applicable)			Service	Residentia	I Cor	mmercial	Industri	al	Combined	Agricultural
99 BANTAM	LAKE R	OAD			Connection	ns		1				_
Towns Serve	ed: LITC	HFIELD										
				Monito	oring Rec	quirement	:S					
Water Syst	em Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Colif	orm (3	3100)							1	l rou	tine (RT)	per quarter
Sampli	ng Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lection Pe	riod	Compl	iance Status
Select f	from Inv	entory of Act	ive Sampling I	Points		7/1/24 - 9/	'30/2 ⁴	4			Co	mplete
						10/1/24 - 12	2/31/2	24				
						1/1/25 - 3/	31/25	5				
						4/1/25 - 6/	30/25	5				
Physical Pa	aramet	ers (PPS)							1	l rou	tine (RT)	per quarter
Sampli	ng Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Col	lection Pe	riod	Compl	iance Status
Select f	from Inv	entory of Act	ive Sampling I	Points		7/1/24 - 9/	'30/2	4			Co	omplete
						10/1/24 - 12	2/31/2	24				
						1/1/25 - 3/	31/25	5				
						4/1/25 - 6/	30/25	5				
Water Syst	em Fac	ility: ENTR	Y POINT (W	SF ID: 00700)								
Nitrate An	d Nitri	te (NOX)								1	routine (F	RT) per year
Sampli	ng Poin	t (Sampling P	oint ID)			Monitoring	Perio	od Col	lection Pe	riod	Compl	iance Status
ENTRY	POINT (3)				1/1/24 - 12	/31/2	4			Co	mplete
						1/1/25 - 12	/31/2	.5				
						1/1/26 - 12	/31/2	.6				
			Water Sy	stem Facili	ity and Sa	ampling P	oint	Inven	tory			
Water								Tot	al Lead	and		
System V	Vater S _y	stem Facility	5	ampling Point	Sampling P	oint		Colife	orm Cop	per		Stage
Facility ID				ID	Description	1	Stat	tus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBL	JTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM	Α	. Y				
				OWNSTREAM	WITHIN 5 S	ERVICE CON	Α					
				UPSTREAM	WITHIN 5 S	ERVICE CON	Α	L				
00700 E	NTRY P	TNIC		3	ENTRY POIN	NT	Α					
23053 V	VELL #1			2	WELL #1		Α					
				Con	tact Info	rmation						
Name				O	rganization						Job Title	
Dr. Jodiann	Tenney			Sp	inning Reels	/Bantam Cine	ma		Executive	Dire	ctor	
Mailing Add	ress Lin	e One	ı	Mailing Address	s Line Two				City		State	Zip Code
P.O. Box 262	2							Litchfield	t		СТ	06759
Business P	hone	Extension	Fax	Mobi	le Phone	Emergency Pl	none	Email Ac	ldress			

execdir@bantamcinema.com

860-733-2108

Contact Role(s): Administrative Contact

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

	Water Quarty 1.10111th	a don	ipmaniee i	Jeneau			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740604	BANTAM CINEMA	NC	25	Р	GW		
Local Address (v	where applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
99 BANTAM LAI	KE ROAD	Connections		1			
Towns Served: I	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 schedule.

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

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

End of schedule

	Connecticut Dep								ction			
	Water Qu	ality Monit	oring and	d Comp	olianc	e Scl	nedi	ıle				
PWS ID	PWS Name			CI		ion Po		n Owr	ner Type Pr	imary Source		
CT074061	, - 1-	CHINQUEKA)			NC		25		Р	GW		
	ress (where applicable)		Service Connections	Residentia	l Comm	nercial	Indust	rial	Combined	Agricultural		
	TAM ROAD		Connections						1			
Towns Ser	ved: LITCHFIELD, WASHINGTON		- win - D - and									
Water Sv	stem Facility: DISTRIBUTION		oring Requ	iirement	.S							
	liform (3100)	31312101 (1131 11	5. 00000 ,					1 ro	utine (RT)	per month		
	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction P			ance Status		
	t from Inventory of Active Sampli	ng Points		8/1/24 - 8/					Co	mplete		
				6/1/25 - 6/	30/25							
				7/1/25 - 7/	31/25							
Physical	Parameters (PPS)							1 ro	utine (RT)	per month		
_	oling Point (Sampling Point ID)			Monitoring		Colle	ction P	Period				
Selec	t from Inventory of Active Sampli	ng Points		8/1/24 - 8/		8	8/1-8/3	0	Co	mplete		
				6/1/25 - 6/								
		(1.1.0. I.S. 0.0.0.)		7/1/25 - 7/	31/25							
	stem Facility: ENTRY POINT	(WSF ID: 00700)								_,		
	And Nitrite (NOX) pling Point (Sampling Point ID)			Monitoring	Dariad	Calla	ction P		-	T) per year ance Status		
	RY POINT (3)			1/1/24 - 12			1/1-9/3			mplete		
LIVII	(1 1 Ont (3)			1/1/25 - 12			i/1-9/3			Прісте		
				1/1/26 - 12	•		i/1-9/3					
Water Sy	stem Facility: WELL #1	(W:	SF ID: 47963)		<u> </u>							
E. Coli (,	•	•					1 rou	tine (RT) p	er quarter		
-	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction P			ance Status		
WELI	_ (2)			7/1/24 - 9/	30/24				Co	mplete		
				4/1/25 - 6/	30/25							
		Other Co	ompliance	Schedul	les							
Complian	ce Schedule Activity			Du	e Date		Ach	ieved	Date			
SEASONA	L START UP COMPLETION				1/2025							
CROSS CO	NNECTION SURVEY REPORT			3/1	L/2029							
	Water	System Facili	ty and Sar	npling P	oint Ir	vent	ory					
Water						Total		d and				
System	Water System Facility	Sampling Point ID	Sampling Poil Description	nt		Colifor		pper	Achastas	Stage		
Facility ID	DISTRIBUTION SYSTEM	001	KITCHEN HAN	ID CIVIN	Status A	Rule Y	KUI	e ner	ASDESIOS	WQP 2 DBPR		
00000	און ונוכ אוחוו חפועונים	001	3 BAY SINK KI		A	Y Y						
		4	DISTRIBUTION		A	Ϋ́						
		DOWNSTREAM			A	•						
		UPSTREAM	WITHIN 5 SER		Α							
00700	ENTRY POINT	3	ENTRY POINT		Α							
47963	WELL #1	2	WELL		Α							
57072	ATMOSPHERIC STORAGE TANK											
57074	TRANSFER PUMP											

60260

TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source				
CT0740614 EBNER CAMPS, INC (CAMP CHINQUEKA)					NC	25	Р	GW				
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
1519 BANTAM ROAD Connections							1					

Connecticut Department of Public Health Drinking Water Section

			Co	ntact Inf	ormation				
Name				Organization	1			Job Title	
Mrs. Kristin Ebner-I	Martin			Ebner Camp	s, Inc.		Managing	Director	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
176 Migeon Avenue	2					Torringto	n	СТ	06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-626-8300					860-307-4043	kris@ebr	nercamps.c	om	
Contact Role(s): O	wner								
Name				Organization	1			Job Title	
Ms. Nicole Kelley				Ebner Camp	s, Inc.		Bookkeepe	er	
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code
176 Migeon Avenue	<u>)</u>					Torringto	n	СТ	06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress	*	
860-626-8300					860-480-2052	nicole@d	chinqueka.c	com	
Contact Role(s): Ac	dministrative	Contact							
Name				Organization	1			Job Title	
Mr. Edward Stimso	n			Ebner Camp	s, Inc.		Facilities D	irector	
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City Sta		State	Zip Code
176 Migeon Avenue	<u> </u>								06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-379-6500			860	0-307-1713	860-567-9678	facilities	@ebnercan	nps.com	
Contact Role(s): Le	gal Contact				-	1			

Please note the following:

Towns Served: LITCHFIELD, WASHINGTON

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

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

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

End of schedule

Co		ut Departmei ter Quality M									tion	
PWS ID PW	/S Name				C	lassifi	cation	Pop	ulation	Owne	r Type P	rimary Source
CT0745124 WI	EST SHORE SEA	AFOOD LLC				N	С		30	ı	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Co	mmer	cial I	ndustria	al C	ombined	Agricultura
442 BANTAM LAKE	ROAD			Connections	5		2					
Towns Served: LITC	HFIELD					'				'		
		M	onit	oring Req	uiremen	ts						
Water System Fac	cility: DISTR	IBUTION SYSTEM (
Total Coliform (3	3100)								1	routi	ne (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od	Collec	tion Per	iod	Compli	ance Status
Select from Inv	entory of Acti	ive Sampling Points			7/1/24 - 9	/30/2	4				Co	mplete
					10/1/24 - 1	2/31/	24				Out	of Service
					1/1/25 - 3	/31/2	5					
					4/1/25 - 6	/30/2	5					
Physical Paramet	• •								1	routi	•	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od	Collec	tion Per	iod	Compli	ance Status
Select from Inv	entory of Act	ive Sampling Points			7/1/24 - 9	/30/2	4				Co	mplete
					10/1/24 - 1	2/31/	24				Out	of Service
					1/1/25 - 3	/31/2	5					
					4/1/25 - 6	/30/2	5					
Water System Fac	cility: ENTR	Y POINT (WSF ID: 0	0700)									
Nitrate And Nitri	te (NOX)									1 rc	outine (R	T) per year
Sampling Poin	t (Sampling P	oint ID)			Monitoring	y Perio	od	Collec	tion Per	iod	Compli	ance Status
ENTRY POINT (3)				1/1/24 - 12	2/31/2	24				Co	mplete
					1/1/25 - 12	2/31/2	25					
					1/1/26 - 12	2/31/2	26				_	
		Public	c Not	ification I	Requiren	nent	ts					
			С	ompliance	Notice	P	Public	Notific	ation		PN Cert	tification
Violation/Situation				Period	Tier		quired		rformed		e to DPH	Received
Total Coliform M&R				/09 - 12/31/09			1/2010			4/:	11/2010	
		Water System	Facili	ity and Sa	mpling P	oint	t Inv	ento	ry			
Water								Total	Lead o			
•	stem Facility			Sampling Po	oint		Co	oliform				Stage
Facility ID		ID		Description		Sta		Rule	Rule	Tier A	Asbestos	WQP 2 DBP
00600 DISTRIBU	JTION SYSTEM			DISTRIBUTIO		P	Ą					
				WITHIN 5 SE		P	4					
		UPSTR	EAM	WITHIN 5 SE		P						
00700 ENTRY P	OINT	3		ENTRY POIN	Т	P						
53106 WELL 1		2		WELL 1		A	4					
			Con	tact Infor	mation							
Name			0	rganization						J	ob Title	
Ms. Susan F. Bertad	cini		W	est Shore Sea	food LLC			M	ember			
Mailing Address Lin	e One	Mailing /	Addres	s Line Two				(City		State	Zip Code
449 Bantam Lake Ro	d.						Morr	is			СТ	06763
Business Phone	Extension	Fax	Mobi	le Phone E	mergency P	hone	Emai	l Addre	ess		-	
860-567-8000		860-567-8828			860-201-70	014	susie	@west	tshorese	eafood	l.com	
Compact Dala/a).		Comboot										

Contact Role(s): Administrative Contact

PWS ID	WS Name				Classif	ication	Population	Owner Type	Primary Source
CT0745124 \	WEST SHORE SEAF	OOD LLC			N	IC	30	Р	GW
Local Address (wh	ere applicable)		Service	Resident	tial Co	mmercia	al Industri	al Combine	ed Agricultura
442 BANTAM LAK	E ROAD		Connection	S		2			
Towns Served: LI7	CHFIELD			·	·				
Name			Organization					Job Title	9
			442 Data Dal						
Ms. Linda E Berta	ccini		442 Batam Rd						
			ess Line Two				City	State	Zip Code
Ms. Linda E Berta Mailing Address L 442 Bantam Rd		,				Litchfie		State CT	Zip Code 06750

CD lelte Heelde Detel to Mare Co

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 schedule.

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

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

End of schedule

	Connecticut Dep	nartment of	f Public F	lealth	Dr	inkii	ıσ W	ater S	Sec	tion		
	•	ality Monit					_			CIOII		
PWS ID	PWS Name	diffey Profits	or mg an	u don	_			ulation O		r Type P	rimary	Source
CT0740624	COZY HILLS CAMPGROUN	D - WELL 3				NC		25	F)	GV	٧
Local Address	(where applicable)		Service	Residen	tial	Comme	rcial I	ndustrial	Co	ombined	Agric	cultural
11 COZY HILL ((ROUTE 202)		Connections			1						
Towns Served	: LITCHFIELD		,				,				,	
		Monit	oring Requ	uireme	nts							
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	rm (3100)							1	rout	ine (RT)	per m	nonth
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Perio	od	Compli	ance S	tatus
Select fro	om Inventory of Active Sampl	ing Points		8/1/24 -	8/31	./24				Co	mplete	e
				9/1/24 -	9/30)/24				Co	mplete	e
				10/1/24 -		-				Co	mplete	e
				4/1/25 -	4/30)/25						
				5/1/25 -								
				6/1/25 -								
				7/1/25 -	7/31	./25						
-	rameters (PPS)						- "			ine (RT)	•	
	Point (Sampling Point ID)			Monitori			Collec	tion Perio	od	Compli		
Select from Inventory of Active Sampli		ing Points		8/1/24 -							mplete	
				9/1/24 -		-					mplete	
				10/1/24 -						Co	mplete	9
				4/1/25 -								
				5/1/25 -			_			_		
				6/1/25 -								
Mator Syston	m Facility: ENTRY POINT	(WSE ID: 00700)		7/1/25 -	. //31	1/25						
-	Nitrite (NOX)	(W3F ID. 00700)							1	utino /D	T)	
	Point (Sampling Point ID)			Monitori	ina Da	oriod	Collec	tion Perio		outine (R		-
EP - WEL				1/1/24 -			Conec	tion Feric	Ju		mplete	
LI - VVLL	L 3 (3)			1/1/25 -		-					прісц	
				1/1/26 -		-						
		Other C	ompliance		•							
Compliance Se	chedule Activity		2		Due L			Achieve	ed Dr	ate		
	SANITARY SURVEY				7/31/							
	SANITARY SURVEY				9/19/							
	SANITARY SURVEY					/2018						
	ART UP COMPLETION				4/1/2							
		System Facil	ity and Sai				vento	ry				
Water		-					Total	Lead a	nd			
	nter System Facility	Sampling Point ID	Sampling Poil Description	nt		C Status	Coliform Rule	Coppe	er	Asbestos	WQP	Stage 2 DBP
	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		A						
		DOM/NICTRE A M				^						

WITHIN 5 SERVICE CON

Α

Α

Α

Α

DOWNSTREAM WITHIN 5 SERVICE CON

WELL 3

EP - WELL 3

UPSTREAM

3

2

00700 ENTRY POINT

WELL 3

54792

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	Р	GW
Local Address (where applicable)	Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
11 COZY HILL (F	OUTE 202)	Connections		1			

				Contact Inf	ormation				
Name				Organization	1	Job Title			
Ms. Lelah Campo				Cozy Hills Ca	Cozy Hills Campground				
Mailing Address Line One Mailing Add			Address Line Two		City		State	Zip Code	
1311 Bantam Road						Bantam		СТ	06750
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-567-2119		860-567-8	3117		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 schedule.

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

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

End of schedule

	Connecticut De	epartment of	Public H	ealth l	Orink	ing W	ater Se	ection	
	Water Q	uality Monit	oring and	d Com	plian	ce Sch	edule		
PWS ID	PWS Name			(Classificat	tion Pop	ulation Ow	ner Type P	rimary Source
CT0745134	NORTHLAND PROPERTI	ES, LLC			NC		25	Р	GW
Local Addr	ess (where applicable)		Service	Residenti	al Comr	mercial	Industrial	Combined	Agricultural
583 BANTA	AM RD		Connections					1	
Towns Serv	ved: LITCHFIELD								
		Monito	oring Requ	iremen	ts				
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coli	iform (3100)						1 rou	ıtine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		ı	Monitoring	g Period	Collec	tion Period	Compl	iance Status
Select	from Inventory of Active Sam	pling Points		7/1/24 - 9				Co	mplete
			1	10/1/24 - 1					
				1/1/25 - 3					
				4/1/25 - 6	/30/25				
_	Parameters (PPS)								per quarter
	ling Point (Sampling Point ID)	l:		Monitoring		Collec	tion Period		iance Status
Select	from Inventory of Active Sam	pling Points		7/1/24 - 9				CC	mplete
				1/1/24 - 1 1/1/25 - 3					
				4/1/25 - 6					
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)		4, 1, 23	730723				
Nitrate A	nd Nitrite (NOX)						1	routine (F	RT) per year
	ling Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Period	· ·	iance Status
ENTR	Y POINT (3)			1/1/24 - 1	2/31/24			Cc	mplete
				1/1/25 - 1	2/31/25				
				1/1/26 - 1	2/31/26				
		Other C	ompliance	Schedu	ıles				
Complianc	e Schedule Activity			Di	ue Date		Achieved	Date	
RESPOND 7	TO SANITARY SURVEY			10/	25/2020)			
	Wate	r System Facili	ity and San	npling F	oint I	nvento	ory		
Water						Total	Lead and		
-	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID .	Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
	ENTRY POINT	3	ENTRY POINT		Α				
05501	WELL 1	2	WELL 1		A				
			tact Inforn	nation					
Name			rganization					Job Title	
Mr. Mark 2	Zappone	N	orthland Count	ry Living, L	LC	La	ind Owner	Chaha	

Mailing Address Line One Mailing Address Line Two Zip Code City State P.O. Box 10 Bantam CT 06750 Emergency Phone | Email Address **Business Phone** Extension Fax Mobile Phone 860-567-3660 860-361-6133 203-525-6202 markzappone@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.

	Connectici	ut Depa	irtment (of Public	c Health	Dri	nking	Water	Sect	ion	
	Wat	er Qua	lity Mon	itoring a	and Con	nplia	ince S	chedul	e		
PWS ID	PWS Name					Classif	fication	Population	Owner Type		Primary Source
CT0745134	NORTHLAND PRO	OPERTIES, LI	LC			NC		25	Р		GW
ocal Address (w	here applicable)			Service	Resider	ntial Co	ommercia	al Industri	al Co	mbine	d Agricultural
83 BANTAM RD				Connection	ons					1	
Towns Served: LI	TCHFIELD			·				·			
Name				Organization	1				Jo	b Title	
North Land Prop	erties LLC										
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
83 Bantam Rd							Litchfie	ld		CT	06750
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress			
Contact Role(s):	Owner		•		•						

Please note the following:

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

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

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

End of schedule

	Department of					ction
	r Quality Monit	oring and G				
PWS ID PWS Name						er Type Primary Source
CT0745144 COZY HILLS CAMPO	ROUND WELL #4		NC			P GW
Local Address (where applicable)			sidential Con	nmercial Inc	lustrial	Combined Agricultural
1311 BANTAM RD		Connections				1
Towns Served: LITCHFIELD						
	Monito	oring Require	ements			
Water System Facility: DISTRIB	UTION SYSTEM (WSF II	D: 00600)				
Total Coliform (3100)					1 rou	itine (RT) per month
Sampling Point (Sampling Poin	t ID)	Мо	nitoring Perio	d Collectio	n Period	Compliance Status
Select from Inventory of Active	Sampling Points	8/:	L/24 - 8/31/24	ļ		Complete
		9/:	L/24 - 9/30/24			Complete
		10/	1/24 - 10/31/2	24		Complete
		4/:	L/25 - 4/30/25	;		
		5/:	L/25 - 5/31/25	;		
		6/3	L/25 - 6/30/25	,		
		7/:	L/25 - 7/31/25	,)		
Physical Parameters (PPS)					1 rou	itine (RT) per month
Sampling Point (Sampling Poin	t ID)	Мо	nitoring Perio	d Collectio	n Period	Compliance Status
Select from Inventory of Active	Sampling Points	8/3	L/24 - 8/31/24	ļ		Complete
		9/:	L/24 - 9/30/24	ļ		Complete
		10/	1/24 - 10/31/2	24		Complete
		4/:	L/25 - 4/30/25	;		
		5/:	1/25 - 5/31/25	; ;		
		6/:	L/25 - 6/30/25	<u> </u>		
		7/:	L/25 - 7/31/25)		
Water System Facility: ENTRY P	OINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1 r	outine (RT) per year
Sampling Point (Sampling Poin	t ID)	Мо	nitoring Perio	d Collectio	n Period	Compliance Status
ENTRY POINT (3)		1/1	/24 - 12/31/2	4		Complete
		1/1	/25 - 12/31/2	5		
		1/1	/26 - 12/31/2	6		
	Other Co	ompliance So	hedules			
Compliance Schedule Activity			Due Date	2	Achieved L	Date
SEASONAL START UP COMPLETION			4/20/202	5		
W	ater System Facili	ty and Samp	ling Point	Inventor	/	
Water					Lead and	
System Water System Facility	Sampling Point			Coliform	Copper	Stage
Facility ID	ID	Description	Stat		Kule Tier	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SY		Υ		
		WITHIN 5 SERVIC				
	UPSTREAM	WITHIN 5 SERVIC	E CON A			

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

61291 WELL

Connecticut Department of Public Health Drink	in	g Water	Section	
Water Quality Monitoring and Complian	ce	Schedul	e	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0745144	COZY HILLS CAMPGROUND WELL #4			NC	70	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1311 BANTAM	RD	Connections				1	

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Ms. Lelah Campo				Cozy Hills Ca	Cozy Hills Campground					
Mailing Address Line One Mailing Add			Address Line Two		City		State	Zip Code		
1311 Bantam Road						Bantam		СТ	06750	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-567-2119		860-567-8	3117		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 schedule.

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

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

End of schedule