

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

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	10/1/22 - 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	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21270	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740034	MOCKINGBIRD KITCHEN & BAR	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
810 BANTAM ROAD				1			

Towns Served: LITCHFIELD

Contact Information

Name		Organization			Job Title		
Ms. Samantha Tilley		Mockingbird Kitchen & Bar			Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
810 Bantam Rd					Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-361-6730			917-741-8444		sam@themkb.com		

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

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

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 - WELL 1 (WSF ID: 00700)

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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	A				
21275	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Ms. Leleh Campo			Cozy Hills Campground			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1311 Bantam Road						Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-567-2119		860-567-8117		860-281-4051	lcampo@cozyhills.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740094	COZY HILLS CAMPGROUND - WELL 1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)				1			

Towns Served: LITCHFIELD

Please note the following:

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740144	GOOSEBORO DRIVE-IN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1293 BANTAM ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Complete
	4/1/25 - 6/30/25		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24	10/1-10/31	Complete
	4/1/25 - 6/30/25		

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

Nitrate And Nitrite (NOX)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Public Notification Requirements

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21279	WELL	2	WELL	A				

Contact Information

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0740144	GOOSEBORO DRIVE-IN	NC	25	P	GW

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

Towns Served: LITCHFIELD

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

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

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

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

Name	Organization	Job Title
Ms. Judith Hammer		

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

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

Name	Organization	Job Title
Mr. William Downes		

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

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

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740194	920 BANTAM ROAD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 (1040)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Public Notification Requirements

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21283	WELL	2	WELL	A				
56908	TREATMENT PLANT							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740194	920 BANTAM ROAD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			1				

Towns Served: LITCHFIELD

Contact Information

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

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD				4			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 7/31/24		Complete		
Total Coliform (3100)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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 repeat (RP) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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 routine (TR) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24				
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete		
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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)

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD				4			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 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 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/31/24 - 8/6/24		Complete
	9/9/24 - 9/15/24		Complete
	9/9/24 - 9/15/24		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740224	LOURDES OF LITCHFIELD(UPPER&LOWER)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
83 MONTFORT ROAD				4			
Towns Served: LITCHFIELD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
56116	BOOSTER PUMPS						

Contact Information

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

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

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

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

- 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	Classification	Population	Owner Type	Primary Source		
CT0740284	NORTHFIELD BIBLE CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 CAMP HILL ROAD				1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21292	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740284	NORTHFIELD BIBLE CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 CAMP HILL ROAD				1			

Towns Served: LITCHFIELD

Contact Information

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

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

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

Contact Role(s): **Owner**

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740344	PEACHES N CREAM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
632 TORRINGTON ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21298	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. David Redente			Peaches 'n' Cream			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
632 Torrington Rd						Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-496-7536		860-482-8661		860-496-7536				
Contact Role(s): Legal Contact								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0740344	PEACHES N CREAM	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
632 TORRINGTON ROAD				1				
Towns Served: LITCHFIELD								
Name			Organization			Job Title		
Ms. Katerina Karavasili								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
632 Torrington Rd						Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-496-7536								
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.

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740354	SAINT PAULS EPISCOPAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
802 BANTAM ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21299	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Father Brett Figlewski			St. Pauls Church			Rector		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
P.O. Box 449		802 Bantam Road			Bantam	CT	06750	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-567-8838					office@saintpaulsbantam.org			
Contact Role(s): Administrative Contact, Legal Contact								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740354	SAINT PAULS EPISCOPAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
802 BANTAM ROAD				1			

Towns Served: LITCHFIELD

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740374	491 BANTAM ROAD	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
					6		

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21301	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Rickard T. Evangelisti		Litchfield West			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
491 Bantam Rd					Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-8771					btmelec@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740374	491 BANTAM ROAD	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
						6	

Towns Served: LITCHFIELD

Please note the following:

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

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

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21304	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740414	STONYBROOK GOLF CLUB	NC	32	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
263 MILTON ROAD			1	1			

Towns Served: LITCHFIELD

Contact Information

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

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

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740424	DA CAPO RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
625 TORRINGTON ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740424	DA CAPO RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
625 TORRINGTON ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21305	WELL	2	WELL	A				
TP01	TREATMENT PLANT							

Contact Information

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

Please note the following:

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740504	WHITE MEMORIAL CAMPGROUND	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NORTH SHORE ROAD				1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2025	
SEASONAL START UP COMPLETION	5/1/2025	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			PF1 SPIGOT PUMP HOUSE	A	Y			
			PF10 SPIGOT WOMENS	I	Y			
			PF11 SPIGOT OUTHOUSE BACK	I	Y			
			PF2 SPIGO SITE 5	A	Y			
			PF3 SPIGOT SITE 10A	A	Y			
			PF4 SPIGOT SITE 14	A	Y			
			PF5 SPIGOT END	A	Y			
			PF6 SPIGOT SITE 27	A	Y			
			PF7 SPIGOT DUMP STATION	A	Y			
			PF8 SPIGOT SILVER TANK	A	Y			
			PF9 SPIGOT MENS	I	Y			
	UPSTREAM WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
21313	WELL	2	WELL	A				
56213	ATMOSPHERIC TANK							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740504	WHITE MEMORIAL CAMPGROUND	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NORTH SHORE ROAD				1			

Towns Served: LITCHFIELD

Contact Information

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

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0740514	WHITE MEMORIAL CONF. CTR & MUSEUM	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
71 WHITEHALL ROAD				5			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21314	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Keith Cudworth			White Memorial Foundation			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P O Box 368						Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-567-0857		860-567-2611		860-567-5924	INFO@WHITEMEMORIALCC.ORG			
Contact Role(s): Owner								

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

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

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0740524	WISDOM HOUSE	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 - WELLS 2, 3, & 4 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2, 3, & 4 (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Monthly Water System Facility (WSF) Level Monitoring Requirements

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

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily	
Start Date: 8/1/2016		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		8/1/2024 - 8/31/2024		
		9/1/2024 - 9/30/2024		
		10/1/2024 - 10/31/2024		
		11/1/2024 - 11/30/2024		
		12/1/2024 - 12/31/2024		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

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

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740524	WISDOM HOUSE	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			1				

Towns Served: LITCHFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		WISDOMH001	HAND WASH SINK	A	Y			
		WISDOMH002	KITCHENETTE 1	A	Y			
		WISDOMH003	KITCHENETTE 2	A	Y			
		WISDOMH004	TEA ROOM	A	Y			
		WISDOMH005	LOBBY BATH	A	Y			
		WISDOMH006	1 OFFICE BATH	A	Y			
		WISDOMH007	VISITATION 3 BATH	A	Y			
		WISDOMH008	ELEVATOR BATH	A	Y			
		WISDOMH009	OFFICE 2 BATH	A	Y			
		WISDOMH010	417 BATH	A	Y			
00701	ENTRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	A				
2	WELL 4	2	WELL 4	A				
21315	WELL 3	2	WELL 3	A				
53521	WELL 2	2	WELL 2	A				
54061	TREATMENT PLANT							

Certified Operator Information

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

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

Contact Information

Name		Organization			Job Title		
Daughters of Wisdom, Inc.							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
229 East Litchfield Road					Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-3163							

Contact Role(s): **Owner**

Name		Organization			Job Title		
Ms. Deborah Kelly		Daughters of Wisdom, Inc			Executive Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
229 East Litchfield Road					Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-3163				860-567-3164	dk@wisdomhouse.org		

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740524	WISDOM HOUSE	NC	31	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: LITCHFIELD

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

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21316	WELL	2	WELL	A				

Contact Information

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740534	WOODS PIT BBQ AND MEXICAN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
123 BANTAM LAKE ROAD				1			
Towns Served: LITCHFIELD							
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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740574	COZY HILLS CAMPGROUND - WELL 2	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)			1				

Towns Served: LITCHFIELD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	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 repeat (RP) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/4/24 - 10/9/24		Complete

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	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 - WELL 2 (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELL 2 (3)	1/1/24 - 12/31/24	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	
	1/1/26 - 12/31/26	4/1-10/31	

Water System Facility: **WELL 2 (WSF ID: 22786)**

E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/3/24 - 10/9/24		Complete

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/31/2008	
RESPOND TO SANITARY SURVEY	9/19/2014	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	10/17/2014	
RESPOND TO SANITARY SURVEY	10/18/2018	
SEASONAL START UP COMPLETION	4/1/2025	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740574	COZY HILLS CAMPGROUND - WELL 2	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)		1					

Towns Served: LITCHFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
22786	WELL 2	2	WELL 2	A				

Contact Information

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

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

Please note the following:

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740604	BANTAM CINEMA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
99 BANTAM LAKE ROAD				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23053	WELL #1	2	WELL #1	A				

Contact Information

Name			Organization			Job Title		
Dr. Jodiann Tenney			Spinning Reels/Bantam Cinema			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 262						Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-733-2108					execdir@bantamcinema.com			
Contact Role(s): Administrative Contact								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740604	BANTAM CINEMA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
99 BANTAM LAKE ROAD				1			

Towns Served: LITCHFIELD

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0740614	EBNER CAMPS, INC (CAMP CHINQUEKA)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1519 BANTAM ROAD						1	

Towns Served: LITCHFIELD, WASHINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24	8/1-8/30	Complete
	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	
	1/1/26 - 12/31/26	4/1-9/30	

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

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2029	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	001	KITCHEN HAND SINK	A	Y			
		002	3 BAY SINK KITCHEN	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
47963	WELL #1	2	WELL	A				
57072	ATMOSPHERIC STORAGE TANK							
57074	TRANSFER PUMP							
60260	TREATMENT PLANT							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740614	EBNER CAMPS, INC (CAMP CHINQUEKA)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1519 BANTAM ROAD						1	

Towns Served: LITCHFIELD, WASHINGTON

Contact Information

Name		Organization			Job Title		
Mrs. Kristin Ebner-Martin		Ebner Camps, Inc.			Managing Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
176 Migeon Avenue					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-626-8300				860-307-4043	kris@ebnercamps.com		

Contact Role(s): **Owner**

Name		Organization			Job Title		
Ms. Nicole Kelley		Ebner Camps, Inc.			Bookkeeper		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
176 Migeon Avenue					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-626-8300				860-480-2052	nicole@chinqueka.com		

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

Name		Organization			Job Title		
Mr. Edward Stimson		Ebner Camps, Inc.			Facilities Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
176 Migeon Avenue					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-379-6500			860-307-1713	860-567-9678	facilities@ebnercamps.com		

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0745124	WEST SHORE SEAFOOD LLC	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
442 BANTAM LAKE ROAD				2			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Out of Service
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		Out of Service
	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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

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

Water System Facility and Sampling Point Inventory

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

Contact Information

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0745124	WEST SHORE SEAFOOD LLC	NC	30	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
442 BANTAM LAKE ROAD				2				
Towns Served: LITCHFIELD								
Name			Organization			Job Title		
Ms. Linda E Bertaccini			442 Batam Rd					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
442 Bantam Rd						Litchfield	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Legal Contact, Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0740624	COZY HILLS CAMPGROUND - WELL 3	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)				1			
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete	
	9/1/24 - 9/30/24		Complete	
	10/1/24 - 10/31/24		Complete	
	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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete	
	9/1/24 - 9/30/24		Complete	
	10/1/24 - 10/31/24		Complete	
	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - WELL 3 (3)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/31/2008	
RESPOND TO SANITARY SURVEY	9/19/2014	
RESPOND TO SANITARY SURVEY	10/18/2018	
SEASONAL START UP COMPLETION	4/1/2025	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	EP - WELL 3	A				
54792	WELL 3	2	WELL 3	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0740624	COZY HILLS CAMPGROUND - WELL 3	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11 COZY HILL (ROUTE 202)				1			

Towns Served: LITCHFIELD

Contact Information

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

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0745134	NORTHLAND PROPERTIES, LLC	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
583 BANTAM RD						1	
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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 quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/24 - 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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/25/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
05501	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title		
Mr. Mark Zappone		Northland Country Living, LLC			Land Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P.O. Box 10					Bantam	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-567-3660		860-361-6133	203-525-6202		markzappone@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0745134	NORTHLAND PROPERTIES, LLC	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
583 BANTAM RD						1		
Towns Served: LITCHFIELD								
Name			Organization			Job Title		
North Land Properties LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
583 Bantam Rd						Litchfield	CT	06750
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0745144	COZY HILLS CAMPGROUND WELL #4	NC	70	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1311 BANTAM RD						1	
Towns Served: LITCHFIELD							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/24 - 8/31/24		Complete
	9/1/24 - 9/30/24		Complete
	10/1/24 - 10/31/24		Complete
	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/20/2025	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61291	WELL	2	WELL	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0745144	COZY HILLS CAMPGROUND WELL #4	NC	70	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1311 BANTAM RD						1	

Towns Served: LITCHFIELD

Contact Information

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

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

Please note the following:

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