

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920014	ALCOVE MOTEL	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
87 MAIN STREET		14			

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		2/27/2025

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Stage Copper Rule Tier Asbestos 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		
21608	WELL	2	WELL	A		

Contact Information

Name	Organization	Job Title
Ms. Aruna B. Desai	Shiva-Tap LLC	Manager
Mailing Address Line One	Mailing Address Line Two	City
87 Main St		State
Business Phone	Extension	Zip Code
860-693-8577		
Emergency Phone	Mobile Phone	Email Address
		860-810-7889 anubhas1030@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
CT0920014	ALCOVE MOTEL	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
87 MAIN STREET		14			

Towns Served: NEW HARTFORD

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920024	1165 LITCHFIELD TURNPIKE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/8/2010	
RESPOND TO SANITARY SURVEY	2/11/2021	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21609	WELL	2	WELL	A				

Contact Information

Name	Organization			Job Title		
Mr. Jeffrey Radwick	The Bakersville Mall, LLC			Manager		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
The Bakersville Mall, LLC	P.O. Box 223			New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-294-6826					jeffradwick@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
CT0920024	1165 LITCHFIELD TURNPIKE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: NEW HARTFORD

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920034	107 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Water System Facility: WELL 1 (WSF ID: 48669)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
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					
48669	WELL 1	2	WELL 1	A					
57168	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Ms. Barbara J. Krohner		
Mailing Address Line One	Mailing Address Line Two	City
		State Zip Code

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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
CT0920034	107 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1			

Towns Served: NEW HARTFORD

P.O. Box 206					New Hartford	CT	06057-0206
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-689-4700							

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

Please note the following:

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
791 WEST HILL ROAD			1		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21611	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. David J. Boyajian	Boy Scouts of America	Ranger
Mailing Address Line One	Mailing Address Line Two	City
791 West Hill Road		State
Business Phone	Extension	Zip Code
860-379-2009	860-379-8977	New Hartford
		CT
		06057
Email Address		
		rangerdave.seq@gmail.com

Contact Role(s): Administrative Contact

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
Mr. Joseph Andreo			CT Yankee Council Bsa			Ceo		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
60 Wellington Road		P.O. Box 32			Milford	CT	06461	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			

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

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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
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
791 WEST HILL ROAD			1		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00301	PRESSURE TANKS						
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			
21612	WELL	2	WELL	A			

Contact Information

Name	Organization				Job Title		
Mr. David J. Boyajian	Boy Scouts of America				Ranger		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
791 West Hill Road				New Hartford	CT	06057	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-379-2009		860-379-8977			rangerdave.seq@gmail.com		
Contact Role(s):	Administrative Contact						

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
Mr. Joseph Andreo			CT Yankee Council Bsa			Ceo		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
60 Wellington Road		P.O. Box 32			Milford	CT	06461	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			

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

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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
CT0920084	CAMP SEQUASSEN (NORTH WELL 5)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
791 WEST HILL ROAD			1		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
63349	NORTH WELL 5A	2	NORTH WELL 5A	A			

Contact Information

Name	Organization	Job Title
Mr. David J. Boyajian	Boy Scouts of America	Ranger
Mailing Address Line One	Mailing Address Line Two	City
791 West Hill Road		State
Business Phone	Extension	Zip Code
860-379-2009	860-379-8977	New Hartford
		CT
		06057
Email Address		
		rangerdave.seq@gmail.com

Contact Role(s): Administrative Contact

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0920084	CAMP SEQUASSEN (NORTH WELL 5)				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
Mr. Joseph Andreo			CT Yankee Council Bsa			Ceo		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
60 Wellington Road		P.O. Box 32			Milford	CT	06461	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			

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

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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
CT0920094	CAMP WORKCOEMAN - DINING HALL	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
WEST HILL ROAD	Connections		6		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		
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	12/23/25 - 12/28/25		
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	1/1/26 - 1/31/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

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

Water System Facility: WELL #1 (WSF ID: 21616)

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 #1 (2)	12/22/25 - 12/28/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	3/21/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	

Water System Facility and Sampling Point Inventory

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920094	CAMP WORKCOEMAN - DINING HALL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
WEST HILL ROAD			6		

Towns Served: NEW HARTFORD

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point		Status	Total Coliform	Lead and Copper Rule Tier	Stage WQP 2 Asbestos DBPR
		ID	Description		Rule	WQD	
	CWDCBSINK	DIRECTORS BATHROOM	A	Y			
	CWDCKSINK	DIRECTORS KITCHEN SI	A	Y			
	CWDRESTRM	DOWNSTAIRS RESTROOM	A	Y			
	CWNHLAT	NATHAN HALE LATRINE	A	Y			
	CWPREP2BK	FOOD PREP SINK	A	Y			
	CWRRSINK	RIFLE RANGE SINK	A	Y			
	CWURESTRM	UPSTAIRS RESTROOM	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A			
21616	WELL #1	2	WELL #1	A			

Contact Information

Name	Organization	Job Title		
Mr. Mark D Switzer	Conn. Rivers Council Bsa	Scout Executive/Ceo		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
State House Square	50 State Street 5Th Floor	Hartford	CT	06103
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-913-2710				425-205-5151
				MarkDouglas.Switzer@scouting.org

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

Please note the following:

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

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
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER	NC	200	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
812 STEELE ROAD			3		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	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
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER	NC	200	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
812 STEELE ROAD			3		

Towns Served: NEW HARTFORD

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR Stage
		UPSTREAM	WITHIN 5 SERVICE CON		A		
00700	ENTRY POINT	3	ENTRY POINT	A			
21617	WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Mr. Daniel V. Jerram	Town of New Hartford	First Selectman
Mailing Address Line One	Mailing Address Line Two	City
530 Main Street	P.O. Box 316	State
Business Phone	Extension	Zip Code
860-379-3389		
	860-379-0940	860-480-1377
		djerram@town.new-hartford.ct.us

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920124	SKI SUNDOWN, INC.	NC	600	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
126 RATLUM ROAD			4		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
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					
21619	WELL	2	WELL	A					

Contact Information

Name	Organization				Job Title		
Mr. Robert Switzgable	Ski Sundown				President		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
PO Box 208				New Hartford	CT	06057-0208	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-379-7669	220	860-379-1853		860-379-2840	Bob@skisundown.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
CT0920124	SKI SUNDOWN, INC.	NC	600	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
126 RATLUM ROAD			4		

Towns Served: NEW HARTFORD

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920144	TRINITA	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
595 TOWN HILL ROAD			6		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT		3/1/2027

<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</i>	<i>Lead and Copper Rule</i>	<i>Asbestos Rule Tier</i>	<i>WQP 2 DBPR</i>	<i>Stage</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					
21621	WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title
Mr. Sr John Christopher Langford	M.S.B.T.	General Treasurer
Mailing Address Line One	Mailing Address Line Two	City
3501 Solly Avenue		State
		Zip Code
Business Phone	Extension	Fax
215-335-7502		215-335-7580
Mobile Phone		Emergency Phone
		215-335-7500
Email Address		
		JLANGF422@AOL.COM
Contact Role(s):	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
CT0920144	TRINITA				NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
595 TOWN HILL ROAD				6				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
Mr. Deborah Wilson			Msbt			Team Member		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
595 Town Hill Road					New Hartford	CT	06057	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-4329		860-379-4329		860-738-0337	trinita@charter.net			

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920154	WEST HILL BEACH CLUB, INC.	NC	33	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
730 WEST HILL ROAD	Connections	2	2		

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Water System Facility: **WELL** (WSF ID: 21622)

E. Coli (3014)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)		8/1/25 - 8/31/25		Complete
		9/1/25 - 9/30/25		Complete
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
		7/1/26 - 7/31/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GH1	GRAY HOUSE MASTER BA	A	Y			
		GH2	GRAY HOUSE HALF BATH	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WH1	WHITE HOUSE BATH	A	Y			
		WHBC1	CLUB HOUSE KITCHEN	A	Y			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920154	WEST HILL BEACH CLUB, INC.	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
730 WEST HILL ROAD		2	2		

Towns Served: NEW HARTFORD

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Stage WQP 2 DBPR Asbestos
00700	ENTRY POINT	3	ENTRY POINT	A			
21622	WELL	2	WELL	A			
63302	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title
Mr. Mark K. Stoffer	West Hill Beach Club	Building & Grounds
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 68	130 Town Hill Road	State
Business Phone	Extension	Zip Code
860-593-0645		New Hartford CT 06057
Mobile Phone		Email Address
Fax		mkstoffer@gmail.com

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

Please note the following:

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

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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
CT0920284	CAMP WORKCOEMAN - CAMPSITE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
WEST HILL ROAD	Connections	1			

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN		3/21/2025

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
					Rule	Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		CWBPLAT	BADEN POWELL LATRINE	A	Y				
		CWCAMPWS	CAMP CRAFT WASH STAND	A	Y				
		CWKAHLAT	KAHAGON LATRINE	A	Y				
		CWMAINSHR	MAIN SHOWER BLDG	A	Y				
		CWOUTPOST	OUTPOST LATRINE	A	Y				
		CWSETON	SETON LATRINE	A	Y				
		CWSMCABIN	SCOUTMASTERS CABIN	A	Y				
		CWTEEPEE	TEEPEE LATRINE	A	Y				
		CWTRADING	TRADING POST SINK	A	Y				
		CWTUNXLAT	TUNXIS LATRINE	A	Y				
		CWVISITOR	VISITORS LATRINE	A	Y				
		DOWNSTREAM	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
CT0920284	CAMP WORKCOEMAN - CAMPSITE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
WEST HILL ROAD		1			

Towns Served: NEW HARTFORD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2	DBPR
	UPSTREAM	WITHIN 5 SERVICE CON		A					
00700	ENTRY POINT	3	ENTRY POINT	A					
48806	WELL # 2	2	WELL # 2	A					
61897	ATMOSPHERIC STORAGE TANKS								

Contact Information

Name		Organization			Job Title		
Mr. Mark D Switzer		Conn. Rivers Council Bsa			Scout Executive/Ceo		
Mailing Address Line One		Mailing Address Line Two		City		State	Zip Code
State House Square		50 State Street 5Th Floor		Hartford		CT	06103
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-913-2710				425-205-5151	MarkDouglas.Switzer@scouting.org		

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

Please note the following:

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

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End of schedule

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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
CT0920294	CAMP WORKCOEMAN - BAILEY	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
WEST HILL ROAD		1			

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN		3/21/2025

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		CWBAILDBS	DOWNSTAIRS BATH SINK	A	Y				
		CWBAILUBS	UPSTAIRS BATH SINK	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY PIONT	3	ENTRY POINT	A					
48818	WELL # 3	2	WELL # 3	A					

Contact Information

Name	Organization	Job Title
Mr. Mark D Switzer	Conn. Rivers Council Bsa	Scout Executive/Ceo
Mailing Address Line One	Mailing Address Line Two	City
State House Square	50 State Street 5Th Floor	State
Business Phone	Mobile Phone	Zip Code
860-913-2710	Emergency Phone	
	425-205-5151	MarkDouglas.Switzer@scouting.org

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
CT0920294	CAMP WORKCOEMAN - BAILEY	NC		25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD		1				
Towns Served: NEW HARTFORD						
Contact Role(s): Administrative Contact, Legal Contact						
Please note the following: <ol style="list-style-type: none"> 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. 						
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT0925014	BERKSHIRE HALL AT BRODIE PARK	NC	28	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
580 WEST HILL ROAD					6

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	10/19/2011		10/29/2011	
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	9/18/2012		9/28/2012	
Total Coliform M&R Violation	1/1/14 - 3/31/14	3	6/26/2014		7/6/2014	
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	5/27/2015		6/6/2015	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage WQP 2 DBPR
					Rule	Rule Tier	
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			
57701	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization	Job Title		
Mr. Daniel V. Jerram	Town of New Hartford	First Selectman		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
530 Main Street	P.O. Box 316	New Hartford	CT	06057

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
CT0925014	BERKSHIRE HALL AT BRODIE PARK	NC	28	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
580 WEST HILL ROAD				6	

Towns Served: NEW HARTFORD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-379-3389		860-379-0940		860-480-1377	djerram@town.new-hartford.ct.us

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

Name	Organization	Job Title
Town of New Hartford		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
580 Main St		New Hartford	CT	06057

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

Please note the following:

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

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0920304	CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
791 WEST HILL ROAD	Connections		1		

Towns Served: NEW HARTFORD

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	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
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	7/23/25 - 7/28/25		Complete
	11/21/25 - 11/26/25		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	12/1/25 - 12/31/25		
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	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
Water System Facility: WELL #6 (WSF ID: 62519)			
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 #6 (2)	7/22/25 - 7/28/25		Complete
	11/20/25 - 11/26/25		Complete

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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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
CT0920304	CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
791 WEST HILL ROAD		1			

Towns Served: NEW HARTFORD

00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	
	DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y	
	UPSTREAM	WITHIN 5 SERVICE CON	A	Y	
00700	ENTRY POINT	3	ENTRY POINT	A	
62519	WELL #6	2	WELL #6	A	

Contact Information

Name	Organization	Job Title		
Mr. David J. Boyajian	Boy Scouts of America	Ranger		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
791 West Hill Road		New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-379-2009		860-379-8977		
			Email Address	rangerdave.seq@gmail.com

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0925024	DOLLAR GENERAL - NEW HARTFORD	NC	25	P	GW
Local Address (where applicable)	173A MAIN ST	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: NEW HARTFORD

Monitoring Requirements

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

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

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

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

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
62602	WELL1	2	WELL1	A			
62606	TREATMENT PLANT						
62608	PRESSURE TANK						

Contact Information

Name	Organization				Job Title		
Mr. Gary Eucalitto							
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
PO Box 748				Torrington		CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-307-5479					eucalittogary@gmail.com		

Contact Role(s): Administrative 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
CT0925024	DOLLAR GENERAL - NEW HARTFORD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
173A MAIN ST			1		

Towns Served: NEW HARTFORD

Please note the following:

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

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

End of schedule