

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1390014	AIRWAYS GOLF COURSE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1070 S. GRAND STREET					1			
Towns Served: SUFFIELD								

### 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	4/1/25 - 6/30/25		Complete
	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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	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		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/12/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/12/2025	

### 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				
00700	ENTRY POINT	3	ENTRY POINT	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	
CT1390014	AIRWAYS GOLF COURSE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1070 S. GRAND STREET					1			
Towns Served: SUFFIELD								

### 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>
22278	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Mr. Robert Kemp				Ten Seventy South Grand LLC					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
29 Crane Hill Rd						Suffield		CT	06078
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-668-4973									

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	
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
585 SOUTH STREET					1			
Towns Served: SUFFIELD								

### 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	4/1/25 - 6/30/25		Complete
	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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	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		

Nitrite (1041)		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		Complete
	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	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Nitrate M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Total Coliform M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Nitrate M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Nitrate M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	

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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	
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
585 SOUTH STREET					1			
Towns Served: SUFFIELD								

### 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				
22285	WELL	2	WELL	A				

### Contact Information

Name		Organization		Job Title	
<b>Pastor Ralph Lanphar</b>		Good Shepherd Lutheran Church		Pastor	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
Pastor of Good Shepherd Lutheran Church		P.O. Box 155		Suffield	CT 06078
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-668-2790			860-967-9581		B_LANPHAR@YAHOO.COM

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

Name		Organization		Job Title	
<b>Mr. Ronald E Wierners</b>		Good Shepherd Lutheran Church		Trustee	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
585 South St.		P.O. Box 155		Suffield	CT 06078
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
				860-368-1480	pastor@gsclcsuffield.org

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	
CT1390124	VFW POST 9544			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
972 SHELDON STREET					1			
Towns Served: SUFFIELD								

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25		Complete		
	10/1/25 - 10/31/25		Complete		
	1/1/26 - 3/31/26				
	4/1/26 - 6/30/26				

<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</b>			
<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	10/31/25 - 11/5/25				

<b>Total Coliform (3100)</b>		<b>3 temporary routine (TR) per month</b>			
<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	11/1/25 - 11/30/25				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	4/1/25 - 6/30/25		Complete		
	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)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<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		Complete		
	1/1/26 - 12/31/26				

Water System Facility: **WELL (WSF ID: 22288)**

<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL (2)	10/30/25 - 11/5/25				

### 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				
22288	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	
CT1390124	VFW POST 9544			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
972 SHELDON STREET					1			
Towns Served: SUFFIELD								

### Contact Information

Name				Organization			Job Title		
Mr. Jim E. Hunter				VFW Post 9544					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 343						West Suffield		CT	06093
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
					860-818-2026		jecatfish@gmail.com		

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

Name				Organization			Job Title		
Mr. Paul Haas				Landy - Sic Post 9544 VFW			Surgeon		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
972 Sheldon St			P.O. Box 366			West Suffield		CT	06093
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-888-0567				860-478-7691	suffieldvfw9544@gmail.com				

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

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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	
CT1390144	1365 MOUNTAIN ROAD - SUFFIELD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1				

Towns Served: SUFFIELD

### 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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** 1 routine (RT) per quarter

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

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

**Nitrate (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)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

**Nitrite (1041)** 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		Complete
	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				
22289	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	
CT1390144	1365 MOUNTAIN ROAD - SUFFIELD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1				

Towns Served: SUFFIELD

### Contact Information

Name				Organization			Job Title		
Mr. George Dulchinos									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
3 Red Oak Drive						Southwick		MA	01077
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
			413-998-3007		dulchinos10@aol.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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**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			
CT1390154	SUNRISE PARK - PAVILION				NC	25	L	GW			
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural		
2075 MOUNTAIN ROAD						1					
Towns Served: SUFFIELD											
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					4/1/25 - 6/30/25				Complete		
					7/1/25 - 9/30/25				Complete		
					4/1/26 - 6/30/26						
Physical Parameters (PPS)					1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)					Monitoring Period		Collection Period		Compliance Status		
Select from Inventory of Active Sampling Points					4/1/25 - 6/30/25				Complete		
					7/1/25 - 9/30/25				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)					1/1/24 - 12/31/24				Complete		
					1/1/25 - 12/31/25				Complete		
					1/1/26 - 12/31/26						
Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2	DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y						
			DOWNSSTREAM	WITHIN 5 SERVICE CON							A
			UPSTREAM	WITHIN 5 SERVICE CON							A
00700	ENTRY POINT	3	ENTRY POINT	A							
48004	WELL #1	2	WELL #1	A							
Contact Information											
Name				Organization			Job Title				
Mr. Colin Moll				Town of Suffield			First Selectman				
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code		
83 Mountain Road						Suffield		CT	06078		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address						
860-668-3838			860-668-3627		cmoll@suffieldct.gov						
Contact Role(s): Legal Contact											

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1390154</b>	<b>SUNRISE PARK - PAVILION</b>	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
2075 MOUNTAIN ROAD			1		
Towns Served: SUFFIELD					
Name		Organization		Job Title	
<b>Mr. Matejek Chris</b>		Town of Suffield, Public Works		Facilities Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
83 Mountain Road				Suffield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-668-3890					cmatejek@suffieldct.gov
Contact Role(s): <b>Administrative Contact</b>					

**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***