

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1435053	FIVE POINTS CENTER FOR THE VISUAL ARTS	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
855 UNIVERSITY DRIVE	Connections	1			

Towns Served: TORRINGTON

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		
	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
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UCTORR 001	GENERATED BY BATCH	A	Y			
		UCTORR 002	GENERATED BY BATCH	A	Y			
		UCTORR 003	GENERATED BY BATCH	A	Y			
		UCTORR 004	GENERATED BY BATCH	A	Y			
		UCTORR 005	GENERATED BY BATCH	A	Y			
		UCTORR001	CONFERENCE ROOM	A	Y	3		Y
		UCTORR002	MAINTENANCE RM SINK	A	Y	3		Y
		UCTORR003	WATER FOUNTAIN, MAIN	A	Y	3		
		UCTORR004	WATER FOUNTAIN, ART	A	Y	3		Y
		UCTORR005	CAFE, HANDWASH	A	Y	3		Y
		UCTORR006	AG KITCHEN	A	Y	N		Y
		UCTORR007	AG MENS ROOM	A	Y	N		Y

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
CT1435053	FIVE POINTS CENTER FOR THE VISUAL ARTS	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
855 UNIVERSITY DRIVE		1			

Towns Served: TORRINGTON

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	Stage	Stage
	UCTORR008	LIBRARY		A	Y	3	Y
	UCTORR009	MAIN LADIES ROOM		A	Y	3	Y
	UCTORR010	MENS RM/CONFERENCE		A	Y	3	Y
	UCTORR011	OFFICE HAND SINK		A	Y	3	Y
	UCTORR012	LAB		A	Y	3	Y
	UCTORR013	MAIN MENS ROOM		A	Y	3	Y
	UCTORR014	DISTRIBUTION SYSTEM		A	Y	3	Y
	UCTORR015	AG LAB SINK		A	Y	N	Y
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	A			
10633	WELL #2 (WEST WELL)	2	WELL (WEST WELL)	A			
58052	WELL #1 (NORTH WELL)	2	WELL #1 (NORTH WELL)	A			
58054	ATM TANK 1,500 GALLONS						

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM			Certification Expiration
Operator Name	Operator Type	Certification(s)	
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028
KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027

Contact Information

Name	Organization	Job Title
Five Points Ctr For The Visual Arts, Inc		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
33 Main Street		Torrington CT 06790
Business Phone	Extension	Fax
860-618-7222		
Mobile Phone	Emergency Phone	Email Address
		jmcelfhone@@fivepointsgallery.org
Contact Role(s):	Owner	
Name	Organization	Job Title
Ms. Judith McElhone	Five Points Visual Arts	
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
33 Main Street		Torrington CT 06790
Business Phone	Extension	Fax
860-618-7222		
Mobile Phone	Emergency Phone	Email Address
		860-309-2932 jmcelfhone@fivepointsgallery.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
CT1435053	FIVE POINTS CENTER FOR THE VISUAL ARTS	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
855 UNIVERSITY DRIVE	Connections	1			Agricultural

Towns Served: TORRINGTON

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
CT1435073	DR. MUNROE'S DENTAL CENTER	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
2119 EAST MAIN STREET	Connections		1		

Towns Served: TORRINGTON

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
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 Tier	Asbestos WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y		
		BORGB001	KITCHEN	A	Y	2	Y
		BORGB002	LADIES LAV	A		2	
		BORGB003	MENS LAV	A		2	
		BORGB004	MENS LAV DENTAL	A		2	
		BORGB005	LADIES LAV DENTAL	A		2	
		BORGB006	LAUNDRY ROOM	A	Y		
		BORGB007	HANDICAP SHOWER	A	Y		
		BORGB008	PRIVATE LAV	A	Y		
		BORGB009	LAB 1 SINK	A	Y		
		BORGB010	ADULT TREATMENT 1	A	Y		
		BORGB011	HYGIENE 1	A	Y		
		BORGB012	CHILDRENS ORTHO	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
CT1435073	DR. MUNROE'S DENTAL CENTER	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2119 EAST MAIN STREET			1		

Towns Served: TORRINGTON

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
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10634	WELL	2	WELL	A				

Certified Operator Information

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

Facility Classification:	Facility ID	Operator Name	Operator Type	Certification(s)	Certification Expiration
SMALL WATER SYSTEM		KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028 12/31/2028
		KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2026 9/30/2027

Contact Information

Name	Organization	Job Title
Dr. Onika Quinn-Munroe	Dr. Munroe's Dental Center	
Mailing Address Line One	Mailing Address Line Two	City
2119 East Main Street		State
Torrington	CT	Zip Code
Business Phone	Extension	Fax
860-482-4041		860-482-2471
Mobile Phone		Emergency Phone
		Email Address

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

Name	Organization	Job Title
Ms. Tracie Grieco	Dr. Monroe's Dental Center	Office Manager
Mailing Address Line One	Mailing Address Line Two	City
2119 East Main St		State
Torrington	CT	Zip Code
Business Phone	Extension	Fax
860-482-4041		860-482-2471
Mobile Phone		Emergency Phone
		Email Address

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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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
CT1430024	TORRINGTON ADVENT CHRISTIAN CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
217 NEW HARWINTON ROAD	Connections		1		

Towns Served: TORRINGTON

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	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22358	WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Mr. Allen S. Latimore	Advent Christian Church	Pastor
Mailing Address Line One	Mailing Address Line Two	City
217 New Harwinton Rd		State
Business Phone	Extension	Zip Code
860-489-8465	860-489-5569	Torrington
Emergency Phone	Mobile Phone	CT
		06790
Email Address		
860-489-7252	aclatimore@netzero.net	

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
CT1430024	TORRINGTON ADVENT CHRISTIAN CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
217 NEW HARWINTON ROAD	Connections		1		

Towns Served: TORRINGTON

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
CT1430104	BURR POND S.P./TOILET BUILDING WELL	NC	25	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
BURR MOUNTAIN ROAD	1				

Towns Served: TORRINGTON

Monitoring Requirements

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

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

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 Stage	DBPR
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	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	I				
23115	WELL1	2	WELL #1	A				

Contact Information

Name	Organization	Job Title
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer
Mailing Address Line One	Mailing Address Line Two	City
163 Great Hill Road		State
		Zip Code
Business Phone	Extension	Fax
860-342-2215		860-344-2560
		Mobile Phone
		Emergency Phone
		Email Address
		860-205-7552
		860-424-3333
		david.cooley@ct.gov

Contact Role(s): 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
CT1430104	BURR POND S.P./TOILET BUILDING WELL				NC	25	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
BURR MOUNTAIN ROAD			1					
Towns Served: TORRINGTON								
Name			Organization			Job Title		
Ms. Andrea M. Lane			State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road					Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.gov			

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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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
CT1430114	BURR POND S.P./HEADQUARTERS	NC	25	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
BURR MOUNTAIN ROAD			1		

Towns Served: TORRINGTON

Monitoring Requirements

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

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

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 Stage	DBPR
00600	DISTRIBUTION SYSTEM	101	KITCHEN SINK	A	Y			
		102	EXTERIOR FAUCET	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				
22363	WELL	2	WELL	A				
57326	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer		
Mailing Address Line One	Mailing Address Line Two	City		
163 Great Hill Road		State		
Business Phone	Extension	Zip Code		
860-342-2215	860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov
Email Address				

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
CT1430114	BURR POND S.P./HEADQUARTERS				NC	25	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
BURR MOUNTAIN ROAD				1				
Towns Served: TORRINGTON								
Name			Organization			Job Title		
Ms. Andrea M. Lane			State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road					Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.gov			

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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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
CT1430234	CUMBERLAND FARMS #4590	NC	25	P	GW
Local Address (where applicable)	1439 NEW LITCHFIELD STREET	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: TORRINGTON

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 quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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		11/28/2015

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 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		
22372	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
CT1430234	CUMBERLAND FARMS #4590	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1439 NEW LITCHFIELD STREET	Connections		1		

Towns Served: TORRINGTON

Contact Information

Name	Organization				Job Title
Cumberland Farms Inc					
Mailing Address Line One		Mailing Address Line Two			City
100 Crosing Blvd					Framingham
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-482-3502					

Contact Role(s): **Owner**

Name	Organization				Job Title
Mr. Joseph H Petrowski	Cumberland Farms Inc				President/Ceo
Mailing Address Line One		Mailing Address Line Two			City
100 Crossing Boulavard					Framingham
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-482-3502					

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1430244	861 NEW HARWINTON ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
861 NEW HARWINTON ROAD			1		

Towns Served: TORRINGTON

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

Water System Facility and Sampling Point Inventory

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

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
CT1430244	861 NEW HARWINTON ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
861 NEW HARWINTON ROAD			1		

Towns Served: TORRINGTON

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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22373	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Arif Mahmood	Alam Realty, LLC	
Mailing Address Line One	Mailing Address Line Two	City
22 Millard Street		Torrington
Business Phone	Extension	Fax
860-833-1224		
		Mobile Phone
		Emergency Phone
		Email Address
		tonymahmoodm@aol.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

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
CT1430274	823 NEW HARWINTON ROAD	NC	60	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
823 NEW HARWINTON ROAD			1		

Towns Served: TORRINGTON

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: WELL (WSF ID: 22375)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/15/2025	

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
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		
22375	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
CT1430274	823 NEW HARWINTON ROAD	NC	60	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
823 NEW HARWINTON ROAD			1		

Towns Served: TORRINGTON

Contact Information

Name	Organization	Job Title		
Mr. Stephen Martino	Ojoes North Properties Inc.			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
805 Main Street		Oakville	CT	06779
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-417-9334				Email Address spmtax@yahoo.com

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

Name	Organization	Job Title		
Cheryl Wheeler	Ojoes North Properties Inc.	Owner Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
823 New Harwinton Road		Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-387-6100				Email Address ojoesnorth@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

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
CT1430854	UNITED CONGREGATIONAL CHURCH-TORRINGFORD	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1622 TORRINGFORD STREET	Connections		1		

Towns Served: TORRINGTON

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 (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/4/2009	
RESPOND TO SANITARY SURVEY	12/19/2018	
RESPOND TO SANITARY SURVEY	1/2/2025	

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
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		
22416	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
CT1430854	UNITED CONGREGATIONAL CHURCH-TORRINGFORD	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1622 TORRINGFORD STREET	Connections		1		

Towns Served: TORRINGTON

Contact Information

Name	Organization	Job Title		
Mr. Roger Robbins	United Congregational Church	Facility Coordinator		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1622 Torringford St.		Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-482-8685		860-484-1257		unitedcong@sbcglobal.net

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

Name	Organization	Job Title		
United Congregational Church				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1622 Torringford St		Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address

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

Please note the following:

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

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1430964	TORRINGTON CITGO	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
826 NEW HARWINTON ROAD			1		

Towns Served: TORRINGTON

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	Lead and Copper Rule Tier	Asbestos	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
00700	ENTRY POINT	3	ENTRY POINT	A						
22987	WELL #1	2	WELL #1	A						
56227	PRESSURE TANK									

Contact Information

Name	Organization				Job Title				
Mr. James Borla	Borla's Service Station				Manager				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
826 New Harwinton Road			Torrington		CT	06790			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-482-6977		860-489-7799		860-485-0329	jborla@optonline.net				

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
CT1430964	TORRINGTON CITGO	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
826 NEW HARWINTON ROAD	Connections		1		

Towns Served: TORRINGTON

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
CT1430974	ELKS POND	NC	25	P	GW
Local Address (where applicable)	180 GUERDAT ROAD	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: TORRINGTON

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 4/1/26 - 6/30/26		Complete

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 4/1/26 - 6/30/26		Complete

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

Nitrite (1041)	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 1/1/26 - 12/31/26 1/1/27 - 12/31/27		Complete Complete

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	WQD	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		OS1	OUTDOOR HAND SINK	A	Y			
		S1	HAND WASH SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22992	WELL #1	2	WELL #1	A				
56205	PRESSURE TANK							

Contact Information

Name	Organization	Job Title
Ms. Jean Weingart	Torrington Elks Lodge #372	
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 36	70 Litchfield St.	State
Business Phone	Extension	Zip Code
860-482-5562		
Contact Role(s):	Administrative Contact, Legal Contact	Email Address bpoe372@sbcglobal.net

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
CT1430974	ELKS POND	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
180 GUERDAT ROAD			1		

Towns Served: TORRINGTON

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
CT1435094	TORRINGTON PIZZA PALACE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
7 GRISWOLD STREET			1		

Towns Served: TORRINGTON

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	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
49413	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization	Job Title
Mr. Harry Lambis	Torrington Pizza Palace	Owner
Mailing Address Line One	Mailing Address Line Two	City
1431 East Main Street		State
Business Phone	Extension	Zip Code
860-482-3006	860-482-5697	860-489-3303
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
CT1435094	TORRINGTON PIZZA PALACE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
7 GRISWOLD STREET			1		

Towns Served: TORRINGTON

Name		Organization			Job Title		
Mr. Robert Lambis		Torrington Pizza Palace			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
7 Griswold St					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-482-3006				860-482-5697			

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

Name		Organization			Job Title		
Lambis Enterprises LLC							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
7 Griswold St					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Please note the following:

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

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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
CT1435104	TORRINGTON TOYOTA DEALERSHIP	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1472 EAST MAIN STREET			1		

Towns Served: TORRINGTON

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			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
49545	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization	Job Title
Ms. Jamie Gilnack	Torrington Toyota Dealership	General Manager
Mailing Address Line One	Mailing Address Line Two	City
1472 East Main St		State
Business Phone	Extension	Zip Code
860-482-9496	860-482-8299	Torrington
		CT
		06790
Emergency Phone	Mobile Phone	Email Address
860-482-9496		torrington@prodigy.net

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
CT1435104	TORRINGTON TOYOTA DEALERSHIP	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1472 EAST MAIN STREET	Connections		1		

Towns Served: TORRINGTON

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
CT1435134	WRIGHTS BARN	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
99 WRIGHT ROAD			1		

Towns Served: TORRINGTON

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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum:	7.0 PH	4	Monitoring
pH	Entry Point pH Monitoring (PHRD)				Compliance Status:
Start Date:	1/1/2018	Compliance History:		Operating Limit	
		Monitoring Period		Monitoring	Compliance Status:
		8/1/2025 - 8/31/2025			
		9/1/2025 - 9/30/2025			
		10/1/2025 - 10/31/2025			
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2030	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		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
CT1435134	WRIGHTS BARN	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
99 WRIGHT ROAD			1		

Towns Served: TORRINGTON

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Asbestos	WQP 2	DBPR	Stage
					Rule	Rule Tier					
		WRIGHTS001	MENS ROOM	A	Y		N				
		WRIGHTS002	LADIES ROOM	A	Y		N				
		WRIGHTS003	COUNTER SINK	A	Y		N				
		WRIGHTS004	KITCHEN HAND SINK	A	Y		N				
		WRIGHTS005	KITCHEN 3-BAY	A	Y		N				
00700	ENTRY POINT	3	ENTRY POINT	A							
60672	WELL 1	2	WELL 1	A							
60783	TREATMENT PLANT										

Contact Information

Name	Organization	Job Title
Mr. James Wright	Wright's Barn	Owner
Mailing Address Line One	Mailing Address Line Two	City
104 Wright Road		State
Business Phone	Extension	Zip Code
860-482-1186		Torrington CT 06790
Email Address		
		860-307-9389 jcwright@optonline.net

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1435144	SKYRIDGE TRAILS CAMPGROUND	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
232 KLUG HILL ROAD			1		

Towns Served: TORRINGTON

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 - 7/31/25		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	7/23/25 - 7/28/25		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	8/1/25 - 8/31/25		Complete
Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25	10/1-10/31	Complete
	4/1/26 - 6/30/26	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)	1/1/25 - 12/31/25	5/1-10/31	Complete
	1/1/26 - 12/31/26	5/1-10/31	
	1/1/27 - 12/31/27	5/1-10/31	

Water System Facility: WELL 1 (WSF ID: 63028)

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)	7/22/25 - 7/28/25		Complete

Water System Facility: WELL 2 (WSF ID: 63030)

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)	7/22/25 - 7/28/25		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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
63028	WELL 1	2	WELL 1	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
CT1435144	SKYRIDGE TRAILS CAMPGROUND	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
232 KLUG HILL ROAD			1		

Towns Served: TORRINGTON

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
					Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR	
63030	WELL 2	2	WELL 2	A				
63034	ATMOSPHERIC TANK							
63036	PUMP STATION							
63040	MAIN BLADDER TANKS							

Contact Information

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

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.
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