

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1460493	JOHANSEN PROPERTIES	NC	50	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
458 TALCOTTVILLE ROAD			1		

Towns Served: VERNON

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 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		9/13/2019

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		
	DOWNSTREAM	WITHIN 5 SERVICE CON		A			
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20026	WELL	2	WELL	A			

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1460493	JOHANSEN PROPERTIES	NC	50	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
458 TALCOTTVILLE ROAD			1		

Towns Served: VERNON

Contact Information

Name	Organization	Job Title		
Mr. Ed Johansen	Johansen Properties			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
458 Talcottville Rd		Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
			860-729-5669	Email Address edjohansen1@hotmail.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

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
CT1460024	NEWHOCA LODGE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
195 GRIER ROAD			1		

Towns Served: VERNON

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		
	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
RESPOND TO SANITARY SURVEY		7/17/2019

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	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				
22428	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Martin D. Sitler	Vernon-Parks & Recreation Dept	Director
Mailing Address Line One	Mailing Address Line Two	City
120 South Street		State
Business Phone	Extension	Zip Code
860-870-3520	860-870-3525	Vernon CT 06066
Emergency Phone	Email Address	
860-306-4753	msitler@vernon-ct.gov	

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
CT1460024	NEWHOCA LODGE				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
195 GRIER ROAD				1				
Towns Served: VERNON								
Name			Organization			Job Title		
Mr. Michael Purcaro			Town of Vernon			Town Administrator		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
Memorial Building		14 Park Place			Vernon	CT	06066	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3670					mpurcaro@vernon-ct.gov			

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

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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
CT1460104	500 EAST PLAZA	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
500 TALCOTTVILLE ROAD			1		

Towns Served: VERNON

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>
RESPOND TO SANITARY SURVEY		3/1/2025

<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					
22434	WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title
Mr. Frederick P. Konon	New 500 East, LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
44 Caisson Road		State
Business Phone	Extension	Zip Code
860-537-8844		Colchester
		CT
		06415-2100
Mobile Phone		Email Address
		r-kon@sbcglobal.net

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

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

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1460104	500 EAST PLAZA				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
500 TALCOTTVILLE ROAD				1				
Towns Served: VERNON								
Name		Organization			Job Title			
New 500 East LLC								
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
44 Caisson Rd					Colchester	CT	06415	
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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<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
CT1460134	ITALIAN SOCIAL CLUB OF ROCKVILLE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
56 SNIPSIC STREET			1		

Towns Served: VERNON

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		
	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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/3/17 - 5/9/18	2	3/25/2018		4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/30/17 - 5/9/18	2	3/25/2018		4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/30/17 - 5/9/18	2	3/25/2018		4/4/2018	

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
					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			
22436	WELL	2	WELL	A			

Contact Information

Name	Organization				Job Title		
Mr. Mike Francis	Italian Social Club of Rockvil				President		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code		
PO Box 192			Vernon	CT	06066		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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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
CT1460134	ITALIAN SOCIAL CLUB OF ROCKVILLE				NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural	
56 SNIPSIC STREET		Connections		1				
Towns Served: VERNON								
860-875-9540		860-875-5805	860-559-5836		mike@acumarkllc.com			
Contact Role(s): Legal Contact								
Name		Organization			Job Title			
Mr. Matthew Fischer		Italian Soc. Club of Rockville			President			
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
P.O. Box 192		Italian Social Club of Rockville			Rockville	CT	06066	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-205-9071					matt.dogman.fischer22@gmail.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

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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
CT1460254	CAMP NEWHOCA PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
GRIER ROAD			1		

Towns Served: VERNON

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	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				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22448	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Martin D. Sitler	Vernon-Parks & Recreation Dept	Director
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
120 South Street		Vernon CT 06066
Business Phone	Extension	Fax
860-870-3520		860-870-3525
Mobile Phone	Emergency Phone	Email Address
		860-306-4753 msitler@vernon-ct.gov

Contact Role(s): Administrative Contact

Name	Organization	Job Title
Mr. Michael Purcaro	Town of Vernon	Town Administrator
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
Memorial Building	14 Park Place	Vernon CT 06066
Business Phone	Extension	Fax
860-870-3670		
Mobile Phone	Emergency Phone	Email Address
		mpurcaro@vernon-ct.gov

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
CT1460254	CAMP NEWHOCA PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
GRIER ROAD			1		

Towns Served: VERNON

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
CT1463014	ROCKVILLE FISH AND GAME - TRAP AND SKEET	NC	37	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
101 FISH AND GAME ROAD	Connections		1		

Towns Served: VERNON

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
CROSS CONNECTION EXEMPTION	3/1/2029	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A					
		TS1	MEN'S ROOM SINK	A	Y				
		TS2	WOMEN'S ROOM SINK	A	Y				
		TS3	KITCHEN SINK	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
60771	WELL 1	2	WELL 1	A					
62745	CARBON FILTER								

Contact Information

Name	Organization				Job Title			
Mr. Peter E Kasacek	Rockville Fish And Game Club				1St Vp			
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code		
94 Seagraves Rd				Coventry	CT	06238		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-742-7074			860-377-8902	860-377-8902	petekasacek@gmail.com			

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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
CT1463014	ROCKVILLE FISH AND GAME - TRAP AND SKEET	NC	37	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
101 FISH AND GAME ROAD	Connections		1		

Towns Served: VERNON

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

Name	Organization	Job Title		
Mr. Greg Thomas	Rockville Fish & Game Club	Trustee		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 211		Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-610-8150				860-818-8903
				gregthomas686@gmail.com

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

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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.
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