Commentionship	n o set se o	t of Duklin U)		latar C	o ati are	
Connecticut De	•				0		ection	
Water Q	uality Mo	onitoring and	d Comp	olianc	e Sch	edule		
PWS ID PWS Name			C	lassificati	on Pop	ulation O	wner Type Pr	imary Source
CT0055013 MALLORY BROOK PLAZA	- WELL #1			NC		36	Р	GW
Local Address (where applicable)		Service	Residentia	l Comm	ercial	Industrial	Combined	Agricultural
380 NEW HARTFORD ROAD (ROUTE 44)		Connections		4				
Towns Served: BARKHAMSTED								
	M	onitoring Requ	irement	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600)						
Total Coliform (3100)						1 ro	outine (RT) p	oer quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Complia	ance Status
Select from Inventory of Active Samp	ling Points	1	10/1/23 - 12	2/31/23			Со	mplete
			1/1/24 - 3/	/31/24			Со	mplete
			4/1/24 - 6/	/30/24				
			7/1/24 - 9/	/30/24				
Physical Parameters (PPS)						1 ro	outine (RT) p	-
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Complia	ance Status
Select from Inventory of Active Samp	ling Points	1	10/1/23 - 12					mplete
			1/1/24 - 3/				Со	mplete
			4/1/24 - 6/					
			7/1/24 - 9/	/30/24				
Water System Facility: ENTRY POINT	(WSF ID: 0	0700)						
Nitrate And Nitrite (NOX)							1 routine (R	
Sampling Point (Sampling Point ID)			Monitoring		Collec	tion Perio		ance Status
ENTRY POINT (3)			1/1/23 - 12				Со	mplete
			1/1/24 - 12					
	_		1/1/25 - 12					
	Oth	er Compliance	Schedu	les				
Compliance Schedule Activity			Du	e Date		Achieve	d Date	
CROSS CONNECTION SURVEY REPORT			3/:	1/2017				
RESPOND TO SANITARY SURVEY			6/7	7/2019				
CROSS CONNECTION SURVEY REPORT				1/2020				
CROSS CONNECTION SURVEY REPORT				1/2021				
CROSS CONNECTION SURVEY REPORT				1/2022				
CROSS CONNECTION SURVEY REPORT				1/2023				
CROSS CONNECTION SURVEY REPORT				1/2024				
	Public	Notification R	equiren	nents				
		Compliance	Notice		ic Notific		PN Cert	
Violation/Situation		Period	Tier	Requir		erformed	Due to DPH	Received
Nitrate And Nitrite M&R Violation		1/1/21 - 12/31/21	3	2/17/20			2/27/2023	
Total Coliform M&R Violation	-	1/1/22 - 3/31/22	3	5/10/20			5/20/2023	
Wate	r System I	acility and San	npling P	oint In	vento	ory		
Water	c "				Total	Lead an		-
System Water System Facility	Sampling ID	Point Sampling Poir Description	nt		Coliforn			Stage
				<u>Status</u>	Rule	кије Пе	er Asbestos	VVQP Z DBPH
00600 DISTRIBUTION SYSTEM	4 DOM/NET			A	Y			
		REAM WITHIN 5 SER		A				
	UPSTRE	AM WITHIN 5 SER	VICE CON	A				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source MALLORY BROOK PLAZA - WELL #1 Ρ CT0055013 NC 36 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 380 NEW HARTFORD ROAD (ROUTE 44) 4 Towns Served: BARKHAMSTED Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 3 00700 ENTRY POINT ENTRY POINT Δ 2 WELL #1 23090 WELL #1 Α **Contact Information** Name Organization Job Title Mallory Brook LLC Mr. John A Senese Mailing Address Line One Mailing Address Line Two Zip Code City State 321 Main St. Farmington 06032 CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-982-6968 860-582-2403 isenese@calcoconstructioninc.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connectic	*	rtment of lity Monit					0			ction	
PWS ID	PWS Name	ter Qua		oring a					1			imary Source
CT0050014	AMERICAN LEGI	ON SE / AUS	TIN F. HAWFS				NC	-	42	0 101	S	GW
	where applicable)			Service	Residen		Commer		42 Industria	al	Combined	Agricultural
106 EAST RIVER				Connectio			Johnnen		muustin		combined	Agricultural
	BARKHAMSTED				1							
Towns Served.	BARRIAMSTED			onin a Do								
Water System	n Facility: DISTR				quireme	nts					_	
Total Colifor	m (3100)								1	rou	tine (RT) (per quarter
	Point (Sampling P	oint ID)			Monitori	ng Pe	riod	Collec	tion Per			ance Status
Select from	m Inventory of Act	ive Sampling	Points		4/1/24 -	6/30/	/24					
	,				7/1/24 -							
Physical Para	meters (PPS)								1	rou	tine (RT) i	per quarter
-	Point (Sampling P	oint ID)			Monitori	ng Pe	riod	Collec	tion Per			ance Status
	m Inventory of Act	-	Points		4/1/24 -	-						
		B			7/1/24 -							
Water System	n Facility: ENTR	Υ ΡΟΙΝΤ (Μ	/SE ID: 00700)		., _,	0,00,						
	Nitrite (NOX)									1	routino (P	T) per year
	Point (Sampling P	oint (D)			Monitori	na Do	riod	Coller	tion Per		-	ance Status
ENTRY PO					1/1/23 -	_		conet	tion rei	100		mplete
ENTRIPO	111 (5)				1/1/23 -						CO	Inpiete
							-					
					1/1/25 -	-	-					
			Other C	omplian	ice Sched	lules	5					
Compliance Sci	hedule Activity					Due D	ate		Achie	ved	Date	
SEASONAL STA	RT UP COMPLETIO	N				4/1/20	024					
		Water Sy	/stem Facil	ity and S	Sampling	Poi	nt Inv	ento	-			
Water	han Custom Engility		Course line - Doint	Concelling	Delint			Total	Lead			<i>c</i> .
	ter System Facility		Sampling Point חו	Sampling Descriptio				-	n Copp		Achastas	Stage WQP 2 DBPR
Facility ID		4				Si	lulus		Kule	ner	ASDESIUS	WQF 2 DDFN
00600 DIST	RIBUTION SYSTEM	1	101	KITCHEN S			A	Y				
			102	BATHROO			A	Y				
			103	EXTERIOR			A	Y				
			4		TON SYSTEM		A	Y				
			DOWNSTREAM				A					
			UPSTREAM		SERVICE CON	N	A					
	RY POINT		3	ENTRY PO	INT		A					
20108 WEI	_L		2	WELL			Α			_		
					ormation							
Name			0	rganization							Job Title	
	ot of Revenue Serv											
Mailing Addres			Mailing Addres	s Line Two					City		State	Zip Code
106 East River	Rd						Barkh				СТ	06063
Business Pho	ne Extension	Fax	Mobi	ile Phone	Emergency	Phon	e Email	Addr	ess			
Contact Role(s)	: Owner											
	_											

		201 200	<u> </u>	01110			P				
PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Sou			
СТ0050014	AMERICAN LEGI	ON SF / AUS	TIN F. HA	WES				NC	42	S	GW
Local Address (w	here applicable)				Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultu
106 EAST RIVER I	ROAD				Connection	IS 7					
Towns Served: B	ARKHAMSTED									I	
Name				O	rganization					Job Titl	е
Mr. David Coole	/			De	eep-Engineer	ing Unit			Supv Civil	Engineer	
Mailing Address	Line One		Mailing A	ddress	s Line Two				City	State	Zip Code
163 Great Hill Ro	ad							Portlar	nd	СТ	06480
Business Phone	e Extension	Fax		Mobi	le Phone	Emergenc	y Phon	e Email /	Address		
860-342-2215		860-344-	2560	860-2	205-7552	860-424	-3333	david.o	cooley@ct.g	ov	
Contact Role(s):	Administrative	Contact, Leg	gal Contac	t, Own	ner						
Plaasa noto tha	ollowing:										

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0050024 **BRASS HORSE CAFE & MOTEL** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **87 NEW HARTFORD ROAD** 1 Towns Served: BARKHAMSTED **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** 11/1/23 - 11/30/23 Select from Inventory of Active Sampling Points Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 Water System Facility: ENTRY POINT (WSF ID: 00700) 1 routine (RT) per year Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Received Performed Due to DPH Required 9/1/22 - 9/30/22 Physical Parameters M&R Violation 3 12/13/2023 12/23/2023

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. Schedule Generation Date: 4/3/2024

3

3

12/13/2023

12/13/2023

9/1/22 - 9/30/22

6/1/22 - 6/30/22

Total Coliform M&R Violation

Physical Parameters M&R Violation

12/23/2023

12/23/2023

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source CT0050024 BRASS HORSE CAFE & MOTEL 25 -NIC C\1

CIUUSUUZ4 DRASS HURSE CAFE & WIUTEL				INC	25	P	Gw
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industr	ial Combin	ed Agricultural
87 NEW HARTFORD ROAD	Connections			1			

Towns Served: BARKHAMSTED

Publi	c Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	<u>PN Certi</u>	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	6/1/22 - 6/30/22	3	12/13/2023		12/23/2023	
Physical Parameters M&R Violation	10/1/22 - 10/31/22	3	12/20/2023		12/30/2023	
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	5/9/2024		5/19/2024	

Water System Facility and Sampling Point Inventory

Water		-		-			Total	Lead and			
	ystem Facility	Sam	pling Poin	t Sampling	Point		Coliform	Copper			Stage
Facility ID	· · · ·		ID	Descriptio		Status	Rule		Asbestos	WQP	
00600 DISTRIB	JTION SYSTEM		4	DISTRIBU	TION SYSTEM	А	Y				
		DO	WNSTREAN	1 WITHIN 5	SERVICE CON	А					
		U	PSTREAM	WITHIN 5	SERVICE CON	А					
00700 ENTRY P	OINT		3	ENTRY PO	INT	А					
20109 WELL			2	WELL		А					
			Со	ntact Inf	ormation						
Name			C	Drganization					Job Title		
Ms. Kim Hamel			E	Brass Horse (Cafe, LLC		Pre	sident			
Mailing Address Lin	e One	Ma	iling Addre	ss Line Two			Ci	ty	State	Zip C	ode
87 New Hartford Ro	bad					Bai	rkhamstee	ł	СТ	060	63
Business Phone	Extension	Fax	Mot	oile Phone	Emergency Ph	one Em	ail Addres	SS			
860-738-2017					860-689-40	88 and	ewdayct@	aol.com			

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

Connecticut Depa	rtmont of	Dublic Hoalth	Drinki	ησΜ	lator So	ction	
*				0		CHOII	
	ity Monit	oring and Com	*				
PWS ID PWS Name				on Pop			rimary Source
CT0050044 LOG HOUSE RESTAURANT IN	С.		NC		25	P	GW
Local Address (where applicable)		Service Resident Connections	tial Comm	ercial	Industrial	Combined	Agricultural
110 NEW HARTFORD ROAD		connections				4	
Towns Served: BARKHAMSTED							
		oring Requireme	nts				
Water System Facility: DISTRIBUTION SY	STEM (WSF II	D: 00600)					
Total Coliform (3100)							per quarter
Sampling Point (Sampling Point ID)			ng Period	Collec	tion Period		iance Status
Select from Inventory of Active Sampling	Points	10/1/23 -					omplete
			3/31/24			Co	omplete
		4/1/24 -					
		7/1/24 -	9/30/24				
Physical Parameters (PPS)						• •	per quarter
Sampling Point (Sampling Point ID)			ng Period	Collec	tion Period		iance Status
Select from Inventory of Active Sampling	Points	10/1/23 -					omplete
			3/31/24			Co	omplete
		4/1/24 -					
		7/1/24 -	9/30/24				
Water System Facility: ENTRY POINT (W	/SF ID: 00700)						
Nitrate And Nitrite (NOX)						-	RT) per year
Sampling Point (Sampling Point ID)			ng Period	Collec	tion Period		iance Status
ENTRY POINT (3)		1/1/23 -				Co	omplete
		1/1/24 -					
Mator C.	unto un En aili	1/1/25 -					
	stem Facili	ty and Sampling	Point in		-		
Water System Water System Facility S	Sampling Point	Sampling Point		Total Coliforn	Lead and n Copper		Stage
Facility ID	ID	Description		Rule		Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y			
		WITHIN 5 SERVICE CON					
		WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	. <u>Л</u> А				
20111 WELL	2	WELL	A				
		tact Information					
Neme						Job Title	
Name Mr. Gary Diloo	Or	ganization				Job Title	
Mr. Gary Dileo Mailing Address Line One	Mailing Address	Line Two			City	State	Zip Code
110 New Hartford Road	ivialing Audress		14/1-	nsted	City	State CT	06098
Business Phone Extension Fax	Mahi	e Phone Emergency	Phone Em		220		00030
	IVIODE	ETHONE EIHEIGENCY	THOME EITH	an Auul	C33		
860-379-8937					nt@sbcglob	al.net	

				0		1				
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
СТ0050044	LOG HOUSE REST	AURANT IN	IC.			1	١C	25	Р	GW
Local Address (w	nere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combin	ed Agricultural
110 NEW HARTFO	ORD ROAD			Connect	ions				4	
Towns Served: B	ARKHAMSTED			i						
Name				Organizatio	n				Job Titl	e
Mr. Joseph Dileo				Log House F	Restuarant Ind	C		Property	Owner	
Mailing Address I	ine One		Mailing Addr	ess Line Two)			City	State	Zip Code
110 New Hartfor	d Rd						Barkha	msted	СТ	06063
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phone	e Email A	ddress		
Contact Role(s):	Legal Contact, O	wner	·				÷			
Please note the f	ollowing:									

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Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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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	Connecticu	it Depa er Qual							0			l	
PWS ID	PWS Name	ei Quai		onnu	Ji ilig a					pulation 0		Drime	
CT0050064	OLD RIVERTON II	NN N						NC		25	P		GW
	where applicable)				Service	Resider	I		rcial	Industrial	Combin	-	gricultural
436 EAST RIVER					Connection			1	l Clai	muustiiai	Combin	eu Aş	gricultural
	BARKHAMSTED							T					
Towns Served.	BARKHAIVISTED		B. 4										
Water System	n Facility: DISTRI	BUTION SY				quireme	ents	_	_			_	
Total Coliforn										1 r	outine (R	T) per	quarter
	Point (Sampling Po	oint ID)				Monitor	ing Pe	riod	Colle	ection Perio	-		e Status
	m Inventory of Activ		Points			10/1/23	_					Compl	
	/					1/1/24		-					
						4/1/24							
						7/1/24							
Physical Para	meters (PPS)					.,_,	-, -, -, -,			1 r	outine (R	T) per	quarter
-	Point (Sampling Po	oint ID)				Monitor	ing Pe	riod	Colle	ection Perio	-		e Status
	m Inventory of Activ		Points			10/1/23	-					Compl	
	,	1 0				1/1/24							
						4/1/24							
						7/1/24							
Water System	Facility: ENTRY	POINT (W	SF ID: 0	0700)									
Nitrate And N	Nitrite (NOX)										1 routine	(RT)	per year
	Point (Sampling Po	oint ID)				Monitor	ing Pe	riod	Colle	ection Perio			e Status
ENTRY PO	INT (3)					1/1/23 -	12/31	/23				Compl	lete
						1/1/24 -	12/31	/24					
						1/1/25 -	12/31	./25					
		Water Sy	vstem	Facili	ty and S	ampling	; Poii	nt Inv	/ent	ory			
Water									Tota				
	ter System Facility	9			Sampling F			C	olifor				Stage
Facility ID			ID		Descriptior			tatus	Rule	e Rule Ti	er Asbest	os WC	QP 2 DBPR
	RIBUTION SYSTEM		4			ION SYSTEM	1	Α	Y				
	RY POINT		3		ENTRY POI	NT		A					
20113 WEL	_L		2		WELL			Α					
						ormatior	ו						
Name					ganization						Job Tit	le	
Ms. Danamarie					d Riverton I	nn			C	Owner		1	
Mailing Addres			Mailing A	Address	Line Two					City	State	-	o Code
436 East River I								Rive		_	СТ	0)6065
Business Pho		Fax		Mobil	e Phone	Emergency	-						
860-379-867				_		207-522	-6202	dana	amari	e.towers@g	gmail.com		
Contact Role(s)	: Administrative (Contact, Lega	al Contac	ct, Own	er								

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0050064	OLD RIVERTON	INN					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultura
436 EAST RIVER	ROAD			Connectio	ins		1			
Towns Served: B	ARKHAMSTED			÷				1		
Name				Organization					Job Titl	e
Mr. Adam Towe	'S			Old Riverton	Inn					
Mailing Address	ine One		Mailing Add	ress Line Two				City	State	Zip Code
436 E. River Road	l		P.O. Box 46				Riverto	on	СТ	06065
Business Phon	e Extension	Fax	N	lobile Phone	Emergency	y Pho	one Email	Address		
			5	20-307-7110			stay@	rivertoninn.o	com	

Please note the following:

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С	onnectic	ut Depa	rtment of	f Public	Health	Drir	nking	Wa	ater	Se	ction		
		*	ity Monit				0						
PWS ID PV	VS Name			0							er Type F	Primary So	ource
CT0050074 VI	LLAGE OF BOU	ILDER RIDGE-	WELL #1			N			25		P	GW	
Local Address (whe	re applicable)			Service	Residen	tial Co	mmercia	l In	dustri	al	Combined	Agricu	ltura
104 GOOSE GREEN	ROAD			Connection	ns		5						
Towns Served: BAR	KHAMSTED			1									
				oring Re	quireme	nts							
Water System Fa		IBUTION SY	STEM (WSFI	D: 00600)									
Total Coliform (-										tine (RT)		
Sampling Poir			.		Monitori	-		ollecti	ion Pe	ríod	Compl	iance Sta	itus
Select from In	ventory of Act	ive Sampling	Points		4/1/24 -								
Dhusical Davana					7/1/24 -	9/30/2	4		1				
Physical Parame Sampling Poir		oint ID)			Monitori	na Pori	od Co	llecti	ם ion Pel		tine (RT)	per qua <i>liance Sta</i>	
Select from In			Points		4/1/24 -	-		meen	ion r ci	iou	comp		itus
Sciect Hommin	ventory of Act	ive sampling	101113		7/1/24 -								
Water System Fa	cility: FNTR	POINT (W	(SF ID: 00700)		,, 1,24	5,50,2							
Nitrate And Nitr								-	1	rou	tine (RT)	per qua	irtei
Sampling Poir	• •	oint ID)			Monitori	ng Peri	od Co	ollecti	ion Pe			iance Sta	
ENTRY POINT					4/1/24 -	-							
	. ,				7/1/24 -	9/30/2	4						
			Other C	omplian	ce Sched	ules							
Compliance Schedu	le Activity			•		Due Da	te		Achie	ved I	Date		
SEASONAL START U		N			5	/30/20	24						
CROSS CONNECTIO	N SURVEY REP	ORT			:	3/1/202	27						
		Water Sy	stem Facili	ity and S	ampling	Point	t Invei	ntor	ſy				
Water							То	tal	Lead	and			
'	ystem Facility	S	Sampling Point				-	form	Сор				tage
Facility ID			ID	Description			145	ule	Rule	Tier	Asbestos	WQP 2	DBP
00600 DISTRIB	UTION SYSTEM		002		MALE RM		-	Y					
								Y					
			DOWNSTREAM UPSTREAM		SERVICE CON		4						
00700 ENTRY P			3	ENTRY POI		• · ·							
20114 WELL #			2	WELL #1		, ,							
	-			itact Info	rmation		•						
Namo					mation						Job Title		
Name Mr. Oscar Ebner				rganization Illage On Bou	Ilder Ridge			Ma	nager		Job Title		
Mailing Address Lir	ne One		Mailing Addres		ander Muge				ty		State	Zip Coo	de
1 Torrington Office			Ste. 308	S EITE TWO			Torring		cy		CT	06790	
Business Phone	Extension	Fax		ile Phone	Emergency	Phone	-		SS			50,50	-
860-626-8300		1 uA	1000		860-459-								
	1	Dwner				-	1						

					0							
PWS ID	PWS Name						Class	ification	Population	Owne	r Type	Primary Source
СТ0050074	VILLAGE OF BOL	JLDER RIDG	E- WELL #1					NC	25	1	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial (Commerci	al Industri	al C	ombine	ed Agricultural
104 GOOSE GREI	EN ROAD				Connection	S		5				
Towns Served: B	ARKHAMSTED											
Name				Or	ganization					J	ob Title	е
Mr. Kevin R. Ebr	ner			Eb	ner Camps I	nc.			President			
Mailing Address	Line One		Mailing Ad	ddress	s Line Two				City		State	Zip Code
176 Migeon Ave	nue							Torring	ton		СТ	06790
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phor	e Email A	Address			
860-379-4050)	860-626-	8301			860-459	-8473	Kevin@	awosting.c	om		
Contact Role(s):	Legal Contact											
Name	•			Or	ganization					J	ob Title	e
Mr. Edward Stim	nson			Eb	ner Camps,	lnc.			Facilities I	Directo	r	
Mailing Address	Line One		Mailing Ad	ddress	s Line Two				City		State	Zip Code
176 Migeon Ave	nue							Torring	gton		СТ	06790
Business Phon	e Extension	Fax		Mobil	le Phone	Emergenc	y Phor	e Email A	Address			
860-379-6500)			860-3	07-1713	860-567	-9678	facilitie	es@ebnerca	mps.co	m	
Contact Role(s):	Administrative	Contact										
Please note the	following:											

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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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	Connectic	ut Depa	rtmen	t of	Public	Health	l Di	rinki	ng V	Vater	Se	ction	
	Wat	ter Qual	lity Mo	onit	oring a	nd Con	npl	iance	e Scl	nedul	e		
PWS ID	PWS Name				0		-					ner Type P	rimary Sourc
СТ0050104	PEOPLES S.F./M	AIN PICNIC A	REA					NC		26		S	GW
Local Address ((where applicable)				Service	Resider	ntial	Comme	ercial	Industria	al	Combined	Agricultura
EAST RIVER RO	AD				Connection	IS 4							
Towns Served:	BARKHAMSTED					l							1
			М	onit	oring Rec	quireme	ents	;					
Water Systen	n Facility: DISTR	IBUTION SY	STEM (V	NSF I	D: 00600)								
Total Colifor	m (3100)									1	rou	itine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
Select fro	m Inventory of Acti	ve Sampling	Points			10/1/23	- 12/	31/23				Co	mplete
						1/1/24	- 3/3	1/24				Co	mplete
						4/1/24	- 6/3	0/24					
						7/1/24	- 9/3	0/24					
Physical Para	ameters (PPS)									1	rou	itine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
Select fro	m Inventory of Acti	ve Sampling	Points			10/1/23	- 12/	31/23				Co	mplete
						1/1/24	- 3/3	1/24				Co	mplete
						4/1/24	- 6/3	0/24					
						7/1/24	- 9/3	0/24					
Water Systen	n Facility: ENTRY	POINT (W	/SF ID: 00	700)									
Nitrate And	Nitrite (NOX)										1	routine (F	T) per year
Sampling	Point (Sampling P	oint ID)				Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
ENTRY PO	DINT (3)					1/1/23 -	12/3	31/23				Co	mplete
						1/1/24 -	12/3	31/24					
						1/1/25 -	12/3	31/25					
		Water Sy	ystem F	acili	ity and Sa	ampling	; Po	int In	vent	ory			
Water									Tota	Lead	and		
-	ter System Facility	2		Point	Sampling P			(-	т Сорр			Stage
Facility ID			ID		Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM		101		MENS BATH			A	Y				
			102		WOMENS B			A	Y				
			4		DISTRIBUTI			A	Y				
					WITHIN 5 S			A					
			UPSTRE	AM	WITHIN 5 S		N	A					
00700 ENT	RY POINT		3		ENTRY POIN	NT		A					
20117 WE	LL		2		WELL			Α					
				Con	tact Info	rmatior	า						
Name				0	rganization							Job Title	
Mr. David Coo	ley			De	eep-Enginee	ring Unit			S	upv Civil	Engi	neer	
Mailing Addres	ss Line One		Mailing A	ddres	s Line Two					City		State	Zip Code
163 Great Hill I	Road							Por	tland			СТ	06480
Business Pho	one Extension	Fax		Mobi	le Phone	Emergency	y Pho	one Ema	ail Add	ress			
860-342-22	15	860-344-2	2560	860-2	205-7552	860-424	-333	3 dav	id.cool	ey@ct.go	v		
Contact Role(s): Administrative	Contact, Leg	al Contact	, Owr	ner								

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0050104	PEOPLES S.F./MAIN PICNIC AREA			NC	26	S	GW
Local Address (w	here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
EAST RIVER ROA	D	Connections	4				
Towns Served: B	ARKHAMSTED			·	·	·	

Please note the following:

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

	Connecticut D)enartm	ont of	Public	Health	Dri	inkir	ησΜ	lator	So	ction	
		*						U			cuon	
		Quality N	vionit	oring a	na com						-	
PWS ID	PWS Name							n Pop		Owr		rimary Sourc
CT0050114	PLEASANT VALLEY DR	IVE-IN		c ·	D 1		NC		25		P	GW
	where applicable)			Service Connectior	Residen	tial	Commei	rcial	Industria	ai	Combined	Agricultura
47 RIVER ROAD				connection	15		1					
Towns Served: I	BARKHAMSTED				•							
Mator Suctors				oring Rec	quireme	nts	_		_			
	Facility: DISTRIBUT		(1021	D: 00600)							···· (DT)	
Total Coliforn	• •				Monitori		wind	Callar	1 tion Pet			per quarter
	Point (Sampling Point II	-			Monitori 4/1/24 -	_		Collec	tion Per	rioa	Compi	iance Status
Select Iron	n Inventory of Active Sa	mpling Points					-					
Physical Para	motors (DDS)				7/1/24-	9/30/	/ 24		1	rou	ting (PT)	per quarter
-	Point (Sampling Point II	D)			Monitori	na Pe	riod	Collec	tion Pe			iance Status
	n Inventory of Active Sa				4/1/24 -	-		conce			compl	unice status
					7/1/24 -		-					
Water System	Facility: ENTRY POI	NT (WSF ID:	00700)		.,_,_	-,	, = ·					
Nitrate And N										1	routine (I	RT) per year
	Point (Sampling Point II	D)			Monitori	ng Pe	riod	Collec	tion Pe		-	iance Status
ENTRY POI		,			1/1/23 -							
	. ,				1/1/24 -							
					1/1/25 -	12/31	L/25					
		0	ther C	ompliand	e Sched	lules	s					
Compliance Sch	edule Activity					Due D	Date		Achie	ved I	Date	
SEASONAL STAF	RT UP COMPLETION				4	/15/2	2023					
SEASONAL STAF	RT UP COMPLETION				4	/15/2	2024					
	Wat	ter System	n Facili	ity and Sa	ampling	Poi	nt Inv	vento	ory			
Water								Total		and		
-	er System Facility	-	-	Sampling P			С	oliforn				Stage
Facility ID			D	Description			tatus	Rule	Rule	Her	Aspestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM		3	GENERATE			A	Y				
			4 5.505.004	DISTRIBUTI			A A	Y				
			REAM	WITHIN 5 S								
00700 ENTF	RY POINT		REAIVI 3	ENTRY POIN		N	A A					
20118 WEL			5 2	WELL	• 1		A					
20110 VVLL	L			tact Info	rmation		~					
Noree					mation						Lab Tiel	
Name Mr. David Dzon	utic			rganization	Droportion						Job Title	
Mr. David Dzen		Mailin		easant Valley	y Properties				City		State	Zin Codo
Mailing Address			erry Bro	s Line Two			Cant		City		CT	Zip Code 06019
Business Pho	ne Extension	Fax		le Phone	Emergency	Phon			ess			0019
Contact Role(s)	Administrative Conta	act, Legal Cont	act									

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0050114	PLEASANT VALLEY DRIVE-IN			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
47 RIVER ROAD		Connections		1			
Towns Served: E	ARKHAMSTED						

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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С		ut Depar							<u> </u>				ction	
	Wa	ter Quali	ity M	onit	oring a	nd Con	npli	ianc	ce Sc	che	dul	e		
PWS ID PV	/S Name		-				Clas	sificat	ion Pc	opula	tion	Owr	ner Type	Primary Source
CT0050124 PL	EASANT VALL	EY GENERAL S	TORE					NC		28			Р	GW
Local Address (whe	re applicable)				Service	Residen	ntial	Comm	nercial	Ind	ustria	al	Combined	Agricultural
111 RIVER ROAD					Connection	ns		1	L					
Towns Served: BAR	KHAMSTED													
			Μ	onito	oring Red	quireme	nts							
Water System Fac	cility: DISTR	RIBUTION SYS	STEM (WSF II	D: 00600)									
Total Coliform (3	3100)										1	rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitori	ing Pe	eriod	Coll	ectio	n Per	riod	Сотр	liance Status
Select from Inv	entory of Act	ive Sampling F	Points			10/1/23 -	- 12/3	31/23					C	omplete
						1/1/24 -	- 3/31	L/24						
						4/1/24 -	- 6/30)/24						
						7/1/24 -	- 9/30)/24						
Physical Paramet	ters (PPS)										1	rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitori	ing Pe	eriod	Coll	ectio	n Per	riod	Comp	liance Status
Select from Inv	entory of Act	ive Sampling F	Points			10/1/23 -	- 12/3	31/23					C	omplete
						1/1/24 -	- 3/31	L/24						
						4/1/24 -	- 6/30)/24						
						7/1/24 -	- 9/30)/24						
Water System Fac	cility: ENTR	Y POINT (W	SF ID: 0	0700)										
Nitrate And Nitri	te (NOX)											1	routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)				Monitori	ing Pe	eriod	Coll	ectio	n Per	riod	Сотр	liance Status
ENTRY POINT (3)					1/1/23 -	12/3	1/23					C	omplete
						1/1/24 -	12/3	1/24						_
						1/1/25 -	12/3	1/25						
		Water Sy	stem	Facili	ty and S	ampling	; Poi	i <mark>nt I</mark> r	nvent	tory	/			
Water									Tota		Lead			
-	ystem Facility	S			Sampling P				Colifo					Stage
Facility ID			ID		Description			<u>Status</u>		е	Rule	Tier	Asbestos	WQP 2 DBPR
	JTION SYSTEM	1	4			ON SYSTEM	7	A	Y					
00700 ENTRY P	UINT		3		ENTRY POIL	NÍ		A						
20119 WELL			2		WELL			A						
					tact Info	ormation	۱							
Name					ganization								Job Title	
Mr. Frank O'neill					otomo, LLC									
Mailing Address Lin	e One	1	Mailing /	Address	S Line Two					City			State	Zip Code
PO Box 171	1								easant \		-		СТ	06063
Business Phone	Extension	Fax		Mobi	e Phone	Emergency	/ Pho							
860-402-3064								cav	vecreel	kfran	k@gr	mail.	com	
Contact Role(s): Le	egal Contact, C	Owner												

PWS ID	PWS Name					Class	ification	Population	Owne	r Type 🛛	Primary Source
СТ0050124	PLEASANT VALLE	Y GENERAL	STORE				NC	28	F)	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	ial Co	ombined	d Agricultural
111 RIVER ROAD				Connections			1				
Towns Served: B	ARKHAMSTED										
Name			Or	ganization					J	ob Title	
Mr. Anthony F.	D'neill		Ple	asent Valley	General S	tore		Legal Con	tact		
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
111 River Rd.							Barkha	msted		СТ	06063
Business Phon	e Extension	Fax	Mobil	e Phone E	mergency	y Phon	e Email A	Address			
860-307-7885	;				860-307	-7885	yetano	theraoneill(@yahoo	o.com	
Contact Role(s):	Administrative	Contact, Leg	gal Contact, Own	er							
Please note the	following:										

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		_				-				6		
Co		ut Departme						0			ction	
	Wa	ter Quality N	lonit	coring ai	nd Con	nplia	ance	Sche	edul	e		
PWS ID PW	/S Name					Classi	ification	Popu	lation	Own	er Type P	rimary Source
CT0050134 PLI	ASANT VALL	EY UNITED METHOD	DIST CHU	IRCH		l	NC	2	25		Р	GW
Local Address (whe	e applicable)			Service	Residen	tial C	ommer	cial Ir	ndustria	al	Combined	Agricultura
93 RIVER ROAD				Connection	IS		2					
Towns Served: BAR	KHAMSTED											
		1	Monit	oring Rec	quireme	nts						
Water System Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform (3	3100)								1	rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	i <mark>ng Pe</mark> r	riod	Collect	ion Per	iod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling Points			10/1/23 -	· 12/31	1/23				Co	omplete
					1/1/24 -	· 3/31/	/24				Co	omplete
					4/1/24 -	6/30/	/24					
					7/1/24 -	9/30/	/24					
Physical Paramet	ers (PPS)								1	rou	tine (RT)	per quarter
Sampling Poin		oint ID)			Monitori	ing Per	riod	Collect	ion Per			iance Status
Select from Inv	entory of Act	ive Sampling Points			10/1/23 -	12/31	1/23				Co	omplete
					1/1/24 -						Co	omplete
					4/1/24 -							•
					7/1/24 -							
Water System Fac	ility: ENTR	Y POINT (WSF ID:	00700))								
Nitrate And Nitri										1	routine (I	RT) per year
Sampling Poin	• •	oint ID)			Monitori	ina Per	riod	Collect	ion Per		-	iance Status
ENTRY POINT (1/1/23 -	-						omplete
	5,				1/1/24 -							omplete
					1/1/25 -							inpiece
		Water System	n Facil	ity and Sa				entoi	ry			
Water		-		-				Total	Lead	and		
	stem Facility	Sampli	ng Point	Sampling P	oint			oliform				Stage
Facility ID			D	Description		St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTRIBL	ITION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM		А	Y				
		DOWN	STREAM	WITHIN 5 S	ERVICE COM	N	А					
		UPST	REAM	WITHIN 5 S	ERVICE CON	N	А					
00700 ENTRY P	DINT		3	ENTRY POIN			A					
20120 WELL			2	WELL			А			_		
			Con	ntact Info	rmation							
Name			0	rganization							Job Title	
Mr. Eugene R. Dero	ode		PI	leasant Valley	y U. M. Chu	rch		Tru	stees C	hairr	man	
Mailing Address Line	e One	Mailing	g Addres	s Line Two				Ci	ity		State	Zip Code
93 River Road		P. O. B					Pleas	ant Val	ley		СТ	06063
Business Phone	Extension	Fax		ile Phone	Emergency	Phone						
860-298-2786		860-298-2927		978-0957	860-379-				ode@d	cigna	.com	
Contact Role(s): Le	gal Contact, (Dwner	1									

							P				
PWS ID	PWS N	ame					Class	ification	Population	Owner Type	Primary Source
СТ0050134	PLEASA	ANT VALLE	Y UNITED N	IETHODIST CH	IURCH			NC	25	Р	GW
Local Address (w	here ap	oplicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultura
93 RIVER ROAD					Connectior	IS		2			
Towns Served: B	ARKHA	MSTED									
Name					Organization					Job Titl	e
Ms. Re Santucci					Pleasant Valley	y Um Chur	ch		Admin. As	ssistant	
Mailing Address	Line On	е		Mailing Addr	ess Line Two				City	State	Zip Code
93 River Road				P.O. Box 181				Pleasa	nt Valley	СТ	06063
Business Phon	e Ex	tension	Fax	Mc	bile Phone	Emergenc	y Phon	e Email A	Address		
860-379-2157	7							pvumc	@gmail.con	า	
Contact Role(s):	Admir	nistrative C	ontact								
Please note the	followi	ng:									

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	Connecticut Dep Water Ou	artment of ality Monit				0			on	
PWS ID	PWS Name		or mg an							rimary Source
CT0050144	RIVERTON GENERAL STOR	F		CI	NC		25	P	ype ri	GW
	where applicable)	L	Service	Residentia			ndustria	-	nbined	Agricultural
2 MAIN STREET			Connections		Comm		iluustila		1	Agricultural
Towns Served:									1	
Towns Served.		Monit	oring Dog	uiromont						
Water System	Facility: DISTRIBUTION		o <mark>ring Req</mark> D: 00600)	uirement	.5					
Total Coliforn	n (3100)						1	routine	e (RT)	per quarter
	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Peri			ance Status
Select from	n Inventory of Active Sampli	ng Points		10/1/23 - 12	2/31/23				Со	mplete
				1/1/24 - 3/	/31/24					
				4/1/24 - 6/	/30/24					
				7/1/24 - 9/	/30/24					
Physical Para	meters (PPS)						1	routine	e (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Peri	iod (Compli	ance Status
Select from	n Inventory of Active Sampli	ng Points		10/1/23 - 12	2/31/23				Со	mplete
				1/1/24 - 3/	/31/24					
				4/1/24 - 6/	/30/24					
				7/1/24 - 9/	/30/24					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And N	litrite (NOX)							1 rout	tine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Peri	iod (Compli	ance Status
ENTRY POI	NT (3)			1/1/23 - 12	/31/23				Со	mplete
				1/1/24 - 12	/31/24					
				1/1/25 - 12	/31/25					
	Water	System Facili	ity and Sa	mpling P	oint In	vento	ry			
Water						Total	Lead a	ınd		
	er System Facility	Sampling Point		oint		Coliform				Stage
Facility ID		ID	Description		Status	Rule	Rule 1	Tier Ask	pestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO		A	Y				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SE		A					
	RY POINT	3	ENTRY POIN	T	A					
20121 WEL	L	2	WELL		A					
		Con	tact Infor	mation						
Name			rganization					Job	Title	
Ms. Leslie Dima			d Real Estate	LLC			ember	1		
Mailing Address	s Line One	Mailing Address	s Line Two			C	ity	St	ate	Zip Code
P.O. Box 48		2 Main Street	I			erton		(СТ	06065
Business Phot 860-379-081		ax Mobi	le Phone E	Emergency Pl	hone Em	ail Addre	SS			
Contact Role(s)	Administrative Contact, L	egal Contact, Own	ner							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0050144	RIVERTON GENERAL STORE			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
2 MAIN STREET		Connections				1	
Towns Served:	BARKHAMSTED	·		·		·	

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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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	Connecticut Departm Water Ouality	ent of Public H Monitoring and			0		ction	
PWS ID	PWS Name						er Type F	rimary Source
СТ0050224	WHITE PINES CAMPSITE			NC	100		P	GW
Local Address	(where applicable)	Service	Residentia	Commerc	cial Industi	rial	Combined	Agricultura
232 OLD NOR		Connections		1				
Towns Served	: BARKHAMSTED							
		Monitoring Requ	irement	s				
Water Syster	m Facility: DISTRIBUTION SYSTE	• •		-				
Total Colifo	rm (3100)					1 roı	utine (RT) per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Sampling Point	S	5/1/24 - 5/	31/24				
			6/1/24 - 6/	30/24				
			7/1/24 - 7/	31/24				
			8/1/24 - 8/	31/24				
			9/1/24 - 9/	30/24				
		:	10/1/24 - 10	/31/24				
Total Colifo	rm (3100)					3 re	peat (RP) per period
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Sampling Point	S	10/31/23 - 1	1/5/23			Co	omplete
Total Colifo	rm (3100)				3 tempora	iry rou	utine (TR) per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Sampling Point	S	4/1/24 - 4/	30/24				
Physical Par	ameters (PPS)					1 roi	utine (RT) per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection P	eriod	Compl	iance Status
Select fro	om Inventory of Active Sampling Point	S	4/1/24 - 4/	30/24				
			5/1/24 - 5/	31/24				
			6/1/24 - 6/	30/24				
			7/1/24 - 7/	31/24		-		
			8/1/24 - 8/	31/24				
			9/1/24 - 9/	30/24				
			10/1/24 - 10	/31/24				
Water Syster	m Facility: ENTRY POINT (WSF II): 00700)						
	Nitrite (NOX) Point (Sampling Point ID)		Monitoring	Period	Collection P		-	RT) per year <i>iance Status</i>
ENTRY P			1/1/23 - 12		conection P	enioa		omplete
ENTRIPO			1/1/23 - 12, 1/1/24 - 12,					Inpiete
			1/1/24 - 12, 1/1/25 - 12,					
Water Syster	m Facility: WELL #1 (WSF ID: 225		-, -, -, -, -, -, -, -, -, -, -, -, -, -	51/25				
E. Coli (301	4)				1	trigg	ered (TG) per period
-	Point (Sampling Point ID)		Monitoring	Period	Collection P		-	iance Status
WELL (2)			10/30/23 - 1	1/5/23			Co	omplete
		Other Compliance	Schedu	es				
Compliance S	chedule Activity			e Date	Achi	ieved L	Date	
	ART UP COMPLETION			/2023				
	ART UP COMPLETION			/2024				
		olic Notification R						
	Pu		-		lotification		DNI Con	tification
	ation	Compliance Period	Notice	PUDIIC I	<u>Notification</u>		PN Cer	<u>tification</u>

	Connectic	ut Depa	rtment	of Pub	lic H	lealth	Drir	king	W	ater	Sec	ction	
		•		nitoring				<u> </u>					
PWS ID	PWS Name	ter Quu	iity 1.10	1110011112	5 4110		*					er Type	Primary Source
СТ0050224	WHITE PINES CA	MPSITE					N			00		P	GW
Local Address (w	here applicable)			Service	5	Resident	tial Co	mmerci	al Ir	ndustria	al (Combine	d Agricultural
232 OLD NORTH	ROAD			Conne	ctions			1					
Towns Served: B	ARKHAMSTED					1							
REVISED TOTAL C		(RTCR) TT Vic	lation	4/2/23 -		2		1/2024		Jonned)/21/202	
				acility and			-			c v		,,,	
Water		-		•				Тс	otal	Lead o	and		
	System Facility	9		oint Sampli	-	nt			iform	Сорр			Stage
Facility ID			ID	Descrip			Sta	lus	ule	Rule	Tier	Asbesto	s WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4			N SYSTEM	. A		Y				
				EAM WITHIN									
			UPSTREA			VICE CON							
	POINT		3	ENTRY	POINT		4						
22580 WELL	#1		2	WELL			A	4					
			(Contact li		nation							
Name	-			Organizati	ion							Job Title	
Mr. Michael Bus	-												
Mailing Address			Mailing Ad	dress Line Tv	vo			- · · ·		ty		State	Zip Code
232 Old North Ro	-	5					Dharaa	Barkha		-		СТ	06063
Business Phone	e Extension	Fax	ſ	Mobile Phone	e Er	mergency	Phone						
516-375-8914 Contact Role(s):	Logal Contact	hunor						mbusc	n210(@gmail.	.com		
Name	Legal Contact, C	when		Organizati	ion							Job Title	
Mr. Brandon Rile				White Pine		nsitas			Fac	ilities N			
Mailing Address	-		Mailing Ad	dress Line Tv		ipsites				ity	nunu	State	Zip Code
232 Old North Ro				a. cos ente TV				Barkha		,		CT	06063
Business Phone		Fax	1	Mobile Phone	e Er	mergency	Phone			-			
860-806-3756						07				ogmail.	.com		
Contact Role(s):	Administrative	Contact			I			1 - 1		- 0			
Please note the f													
	-					1.11							

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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	Connecticut Dep Water Qu	artment of ality Monit				U			ction	
PWS ID	PWS Name		-0	A	assificati				er Type	Primary Sou
CT0055063	MALLORY BROOK PLAZA -	WELL #2			NC		33	-	P	GW
Local Address (v	where applicable)		Service	Residential	Comm	ercial	Industria	al (Combine	d Agricult
	D ROAD (ROUTE 44)		Connections		8	;				
Towns Served: I	BARKHAMSTED									
		Monite	oring Requ	irement	s					
Water System	Facility: DISTRIBUTION									
Total Coliforn							1	rout		per quart
Sampling I	Point (Sampling Point ID)			Monitoring I	Period	Colle	ection Pe	riod	Сотр	liance Statu
Select from	n Inventory of Active Sampli	ng Points		10/1/23 - 12,					C	omplete
				1/1/24 - 3/3	•				C	omplete
				4/1/24 - 6/3						
				7/1/24 - 9/3	30/24					
Physical Para	• •									per quart
	Point (Sampling Point ID)			Monitoring I		Colle	ection Pe	riod		liance Statu
Select from	n Inventory of Active Sampli	ng Points		10/1/23 - 12,						omplete
				1/1/24 - 3/3					C	omplete
				4/1/24 - 6/3						
				7/1/24 - 9/3	30/24					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And N								1 r	-	RT) per ye
	Point (Sampling Point ID)			Monitoring		Colle	ection Pe	riod		liance Statu
ENTRY POI	INT (3)			1/1/23 - 12/	-				C	omplete
				1/1/24 - 12/						
		Other C		1/1/25 - 12/						
o // c /		Other Co	ompliance				• 1 :			
Compliance Sch					2 Date		Achie	ved L	Date	
					/2017					
					/2018					
					/2019					
					/2020					
					/2021					
					/2022					
					/2023					
CRUSS CONNEC	CTION SURVEY REPORT	Public Not	ification R		/2024					
			ompliance	Notice		ic Noti	fication		DN Co	rtification
Violation/Situa	tion		Period	Tier	Requii		Performe		ue to DPI	
	rite M&R Violation	1/1/	21 - 12/31/21	3	2/17/2		reijonne		/27/2023	
		System Facili					onv	£,	/2//2023	
Water	vvaler	System Facili	ty and Sal		Jint II	Tota	-	and		
	er System Facility	Sampling Point	Sampling Poil	nt		Colifo				Sta
Facility ID		ID	Description		Status	Rule			Asbesto	WQP 2 D
Fucility ID					Julus					
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	Y				
	RIBUTION SYSTEM	4 DOWNSTREAM				Y				

	PWS Name		-			Clas	ssification P	opulation	Owner Type	Primary Source
СТ0055063	MALLORY BROO	K PLAZA - V	VELL #2				NC	33	Р	GW
Local Address	(where applicable)			Service	Residen	tial	Commercial	Industria	Combined	d Agricultura
NEW HARTFO	RD ROAD (ROUTE 44	4)		Connection	S		8			
Towns Served	: BARKHAMSTED									
		Water S	System Facil	ity and Sa	ampling	Ро	int Inven	tory		
Water			-	-			Tot	al Leada	nd	
	nter System Facility		Sampling Point				Colifo			Stage
Facility ID			ID	Description			Status Ru	le Rule 1	ier Asbestos	WQP 2 DBP
00700 EN	TRY POINT		3	ENTRY POIN	IT		А			
23091 MA #2	ALLORY BROOK PLAZ	A - WELL	2	MALLORY B	ROOK PLAZ	ΖA	А			
			Cor	ntact Info	rmation)				
Name			0	rganization					Job Title	
Mr. John A Se	nese		N	1allory Brook	LLC					
Mailing Addre	ss Line One		Mailing Addres	s Line Two				City	State	Zip Code
in a line / la a le							Farming	on	СТ	06032
321 Main St.		Fax	۲ Mob	ile Phone	Emergency	Pho	one Email Ad	dress		
	one Extension					2402	iconoco	Dealcoconst	ructioninc.co	m
321 Main St.					860-582-	240:	s lsenese@	ecalcoconsi	ructioninc.co	111

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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	Department o				0			ection	
	c Quality Moni	toring an		A					uine e m . C e me
PWS ID PWS Name CT0050234 MDC - LAKE MCDON	IOUGH - EAST BEACH			N		opulat 25	ion Ow	L	rimary Sourc GW
Local Address (where applicable)	IOUGH - EAST BEACH	Service	Resident		mmercial		ustrial	Combined	-
ROUTE 219		Connections	Resident		2	mut	istrial	Combined	Agricultura
Towns Served: BARKHAMSTED					2				
TOWIS SCIPCE. DAIRINANSTED	Monit	oring Requ	uiromon	.tc					
Water System Facility: DISTRIBL		• •	unemen	115					
Total Coliform (3100)							1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point	ID)		Monitorin	g Perio	od Col	lectior	n Period		iance Status
Select from Inventory of Active S	Sampling Points		4/1/24 - 6	6/30/2	4				
			7/1/24 - 9	9/30/2	4				
Physical Parameters (PPS)							1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point	: ID)		Monitorin	g Perio	od Col	lectior	n Period	Compl	iance Status
Select from Inventory of Active S	Sampling Points		4/1/24 - 6	6/30/2	4				
			7/1/24 - 9	9/30/2	4				
Water System Facility: ENTRY PO	DINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1	routine (I	RT) per year
Sampling Point (Sampling Point	: ID)		Monitorin	g Perio	od Col	lectior	n Period	Compl	iance Status
ENTRY POINT (3)			1/1/23 - 1	.2/31/2	23	5/1-9	/30	Out	of Service
			1/1/24 - 1	.2/31/2	24	5/1-9	/30		
			1/1/25 - 1	.2/31/2	25	5/1-9	/30		
	Other C	Compliance	e Schedu	ules					
Compliance Schedule Activity			D	ue Dat	te	Α	chieved	Date	
SEASONAL START UP COMPLETION			5,	/1/202	4				
CROSS CONNECTION SURVEY REPORT	Γ		3,	/1/202	.9				
W	ater System Faci	lity and Sa	mpling I	Point	t Inven	tory			
Water					Tot	al L	ead and		
System Water System Facility	Sampling Point		int		Colife		Copper		Stage
Facility ID	ID	Description		Sta		le F	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		A	A				
	DOWNSTREAM		RVICE CON	_					
	E_BEACH	FOUNTAIN		A					
	EAST BEACH	FOUNTAIN		A					
	UPSTREAM	WITHIN 5 SEF							
	3	ENTRY POINT		A					
00700 ENTRY POINT			WELL	A	4				
00700 ENTRY POINT 55167 EAST BEACH WELL	2	EAST BEACH							
		ntact Infor	mation						
	Со		mation					Job Title	
55167 EAST BEACH WELL Name Mr. Raymond E. Baral, Jr	Cor	ntact Inform	mation				ant Man	ager	
55167 EAST BEACH WELL Name Mr. Raymond E. Baral, Jr Mailing Address Line One	Со	ntact Inform	mation			City	ant Man	ager State	Zip Code
55167 EAST BEACH WELL Name Mr. Raymond E. Baral, Jr Mailing Address Line One 1420 Farmington Ave	Con Con Mailing Addres	organization Ss Line Two			West Ha	City rtford	ant Man	ager	Zip Code 06107
55167 EAST BEACH WELL Name Mr. Raymond E. Baral, Jr Mailing Address Line One 1420 Farmington Ave Business Phone Extension	Con Con Mailing Addres	organization Ss Line Two	mergency I		Email Ac	City rtford ldress		ager State	
55167 EAST BEACH WELL Name Mr. Raymond E. Baral, Jr Mailing Address Line One 1420 Farmington Ave	Con Con Mailing Addres Fax Mob	organization Ss Line Two				City rtford ldress		ager State	

		atter guan	<i>cy</i> 1.10111			ianoo	oomoada	l C	
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Sourc
СТ0050234	MDC - LAKE M	CDONOUGH - EA	AST BEACH			NC	25	L	GW
Local Address (w	here applicable	2)		Service	Residential	Commerc	ial Industri	ial Combin	ed Agricultura
ROUTE 219				Connection	15	2			
Towns Served: B	ARKHAMSTED								
Name			C	Organization				Job Titl	е
Mr. Christopher	R. Stone		Т	he Metropoli	tan District		Asst. Dist	Council	
Mailing Address	Line One	N	Aailing Addre	ss Line Two			City	State	Zip Code
555 Main St.		P	O Box 800			Hartfo	rd	СТ	06142
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency Pho	ne Email	Address		
860-278-7850	3231				860-214-0503	3 cstone	e@themdc.co	om	
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.

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

Connecticut Dep Water Qu		Public Health I oring and Com		U		ction
PWS ID PWS Name CT0050244 MDC - LAKE MCDONOUGH Local Address (where applicable) ROUTE 219	v	0	lassificati NC	ion Popul 2 nercial In	lation Owr 5	ner Type Primary Source L GW Combined Agricultural
Towns Served: BARKHAMSTED						
	Monito	oring Requiremen	ts			
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	on Period	Compliance Status
Select from Inventory of Active Sampli	ng Points	10/1/23 - 1				Complete
		1/1/24 - 3	/31/24			Complete
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Total Coliform (3100)					3 re	epeat (RP) per period
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampli	ng Points	11/8/23 - 1	1/13/23			Complete
Total Coliform (3100)				3 tem	porary ro	utine (TR) per month
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampli	ng Points	12/1/23 - 1	2/31/23			Complete
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampli	ng Points	10/1/23 - 1	2/31/23			Complete
		1/1/24 - 3	/31/24			Complete
		4/1/24 - 6	/30/24			
		7/1/24 - 9	/30/24			
Water System Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12	2/31/23			Complete
		1/1/24 - 12	2/31/24			
		1/1/25 - 12	2/31/25			
Water System Facility: PATROL HQ W	ELL (WSF ID: 551	173)				
E. Coli (3014)					1 trigg	ered (TG) per period
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
PATROL HQ WELL (2)		11/7/23 - 1	-			Complete
	System Facili	ity and Sampling P		ventor	Ъ	·
Water				Total	Lead and	
System Water System Facility		Sampling Point		Coliform	Copper	Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	А			
		WITHIN 5 SERVICE CON	А			
	FUZZ HUT	GENERATED BY BATCH	А	Y		
	FUZZ HUT SE	ASONAL FO	А	Y		
	PATROL_HQ	FUZZ HUT FOUNTAIN	А	Y		
	UPSTREAM	WITHIN 5 SERVICE CON	А			
00700 ENTRY POINT	2		^			
	3	ENTRY POINT	A			

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0050244	MDC - LAKE MCDONOUGH-PATROL H	IEADQUARTERS		NC	25	L	GW
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combined	Agricultural
ROUTE 219		Connections		1			

Towns Served: BARKHAMSTED

				Сс	ontact Inf	ormation						
Name					Organization	1			Job Title	е		
Mr. James M. Rand	azzo				The MDC			Mngr of Wa	ater Supply			
Mailing Address Line	e One		Mailing	Addr	ess Line Two			City	State	Zip Code		
1420 Farmington Av	/enue						West Ha	rtford	СТ	06107		
Business Phone	Extension	Fax		Mo	obile Phone	Emergency Phone	Email Ad	dress				
860-278-7850	3104	860-738-	2141			860-818-7189	jrandazz	o@themdc.	com			
Contact Role(s): Ad	dministrative	Contact										
Name					Organization	1			Job Title	е		
Mr. Bart Halloran					The MDC			Legal Cound	Legal Council			
Mailing Address Line	e One		Mailing	Addr	ess Line Two			City	City State Zip Co			
				~.					07			

The MDC		5	55 Main Street		Hartford	СТ	06142-0800
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-278-7850	3234				bhalloran@themdc.com		
	10 1 1						

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.

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	Connecticut De	partment of	Public F	Health 2	Drin	king	Water S	ection	
	Water Q	uality Monit	oring an	d Com	plia	nce So	chedule		
PWS ID	PWS Name		0		A				Primary Source
СТ0050254	VILLAGE OF BOULDER RI	DGE- WELL #2			N	С	25	Р	GW
Local Addre	ss (where applicable)		Service	Residenti	ial Cor	mmercial	Industrial	Combined	Agricultura
104 GOOSE	GREEN ROAD		Connections	2					
Towns Serve	ed: BARKHAMSTED			÷					·
		Monit	oring Req	uiremen	its				
Water Syst	tem Facility: DISTRIBUTIO								
Total Colif	form (3100)						1 r	outine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection Perio	d Comp	liance Status
Select	from Inventory of Active Samp	ling Points		4/1/24 - 6	5/30/24	4			
				7/1/24 - 9	9/30/24	4			
Physical P	arameters (PPS)						1 r	outine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitorin	g Peric	od Col	lection Perio	d Comp	liance Status
Select	from Inventory of Active Samp	ling Points		4/1/24 - 6					
				7/1/24 - 9	9/30/24	4			
Water Syst	tem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1	1040)						1 r	outine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitorin	g Peric	od Col	lection Perio	d Comp	liance Status
ENTRY	POINT (3)			4/1/24 - 6					
				7/1/24 - 9	9/30/24	4			
Nitrite (1	041)							-	RT) per year
	ing Point (Sampling Point ID)			Monitorin	-		lection Perio		liance Status
ENTRY	POINT (3)			1/1/23 - 1				C	omplete
				1/1/24 - 1					
				1/1/25 - 1		25			
		Other C	ompliance	e Schedເ	ules				
Compliance	Schedule Activity			D	ue Dat	te	Achieve	d Date	
SEASONAL S	START UP COMPLETION			4,	/1/202	.4			
	Wate	r System Facili	ity and Sa	mpling I	Point	t Inven	tory		
Water						Tot			
	Nater System Facility	Sampling Point		int		Colifo			Stage
Facility ID		ID	Description		Sta			er Asbestos	WQP 2 DBP
00600 E	DISTRIBUTION SYSTEM	001	TAP RT OF BI		A				
		002	COUNSELOR		A				
		003	COUNSELOR		A				
			WITHIN 5 SE WITHIN 5 SE		A				
00700 E	ENTRY POINT	UPSTREAM			A				
	WELL #2	3	ENTRY POIN	1	A				
50755 V	WELL #2		tact Infor	mation	A	4			
Name				mation				Job Titl -	
Name Mrs. Kristin	Ebner-Martin		rganization				Managing D	Job Title	
		Mailing Addres	oner Camps, Ir	ic.			Managing D		Zip Codo
	Iress Line One		S LINE I WO			Torringt	City	State CT	Zip Code 06790
176 Migeon Business F		Fax Mobi	le Phone E	Emergency I	Phone	Torringto		U	00/90
000 000	prione Extension			000 007 4	~ 4 ~				

	-		-)		- 0 -			r ·			-	
PWS ID	PWS Name							Classi	fication	Population	Owner Type	Primary Source
СТ0050254	VILLAGE OF BOI	JLDER RIDGE	E- WELL	#2					NC	25	Р	GW
Local Address (wh	nere applicable)				Service	Re	esiden	tial C	ommerci	al Industri	al Combine	ed Agricultural
104 GOOSE GREE	N ROAD				Connectio	ons	2					
Towns Served: BA	ARKHAMSTED											
800-020-8300						860	J-307-	4043	KLIS@6	pnercamps.	com	
Contact Role(s):	Owner											
Name	·			O	rganization						Job Titl	е
Mr. Edward Stim	son			Et	oner Camps	s, Inc.				Facilities I	Director	
Mailing Address L	ine One		Mailing	Addres	s Line Two					City	State	Zip Code
176 Migeon Aven	iue								Torring	gton	СТ	06790
Business Phone	e Extension	Fax		Mobi	le Phone	Emer	gency	Phon	e Email /	Address	i	
860-379-6500				860-3	307-1713	860)-567-	9678	facilitie	es@ebnerca	mps.com	
Contact Role(s):	Administrative	Contact, Leg	gal Conta	act		÷						

Please note the following:

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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

	Сс	onnecticu	it Depa	rtmei	nt of	f Public	Health	Dı	rinki	ng V	Nat	er S	Sec	tion	
		Wat	er Oual	itv M	onit	oring a	nd Con	lqı	ianc	e Sc	hec	lule			
PWS ID	PW	/S Name	V	-J		0			ssificati					er Type P	rimary Soui
СТ0055074	4 DC	LLAR GENERA	L BARKHAM	STED					NC		25			P	GW
Local Addr	ess (whe	re applicable)				Service	Residen	tial	Comm	ercial	Indu	strial	C	ombined	Agricultu
390 NEW H	HARTFOR	D RD				Connection	S		1						
Towns Serv	ved: BAR	KHAMSTED								1			1		
				Μ	onit	oring Rec	Juireme	nts	;						
Water Sys	stem Fac	ility: DISTR	BUTION SY					_							
Total Col	iform (3	3100)										1 r	outi	ine (RT)	per quarte
Samp	ling Poin	t (Sampling Po	oint ID)				Monitori	ng P	Period	Coll	ectior	Perio	od	Compl	iance Statu
Select	t from Inv	entory of Acti	ve Sampling	Points			10/1/23 -	12/	31/23					Co	omplete
							1/1/24 -	3/3	1/24					Co	omplete
							4/1/24 -	6/3	0/24						
							7/1/24 -	9/3	0/24						
Physical	Paramet	ers (PPS)										1 r	outi	ine (RT)	per quarte
Samp	ling Poin	t (Sampling Po	oint ID)				Monitori	ng P	Period	Coll	ectior	Perio	bd	Compl	iance Statu
Select	t from Inv	entory of Activ	ve Sampling	Points			10/1/23 -	12/	31/23					Co	omplete
							1/1/24 -	3/3	1/24					Co	omplete
							4/1/24 -	6/3	0/24						
							7/1/24 -	9/3	0/24						
Water Sys	stem Fac	ility: ENTRY	POINT (W	/SF ID: 0	0700)										
		te (NOX)											1 ro	-	RT) per yea
	-	t (Sampling Po	oint ID)				Monitori	_		Coll	ectior	Perio	bd	Compl	iance Statu
ENTR	Y POINT (3)					1/1/23 -		-						omplete
							1/1/24 -		-					C	omplete
							1/1/25 -	12/3	31/25						
			Water Sy	stem	Facil	ity and Sa	ampling	Ро	int In	ivent	tory				
Water										Tota	ıl Le	ead ai	nd		
-	Water Sy	stem Facility	9		Point	Sampling P				Colifo					Stag
Facility ID				ID		Description			<u>Status</u>	Rule	e R	ule Ti	ier /	Asbestos	WQP 2 DB
		JTION SYSTEM		4		DISTRIBUTIO			A						
00700	ENTRY P	OINT		3		ENTRY POIN	IT		A						
61849	WELL 1			2		WELL 1			A						
					Con	ntact Info	rmation	1							
Name					0	rganization							ļ	Job Title	
Mr. Gary E	ucalitto														
Mailing Ad	dress Lin	e One		Mailing A	Addres	s Line Two					City			State	Zip Code
PO Box 74	8								Tor	rringto	n			СТ	06790
Business	Phone	Extension	Fax		Mob	ile Phone	Emergency	Pho	one Em	ail Ado	dress				
860-307	7-5479								eu	calittog	gary@	gmail	l.con	า	
Contact Ro	ole(s): Ad	dministrative (Contact, Leg	al Contac	t, Owi	ner									
Please not	e the foll	owing:													
		fectant concent									n samı	ole.			
		iod is specified,													
3. Depend	ling on res	ults, additional i	monitoring ma	ay be requ	iired (i.	e. repeat or co	nfirmation s	amp	les). Thi	is scheo	dule is	subjec	t to d	change, ar	d any related

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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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. Schedule Generation Date: 4/3/2024