

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0055013	MALLORY BROOK PLAZA - WELL #1	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
380 NEW HARTFORD ROAD (ROUTE 44)				4			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2017	
RESPOND TO SANITARY SURVEY	6/7/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/21 - 12/31/21	3	2/17/2023		2/27/2023	
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	5/10/2023		5/20/2023	

Water System Facility and Sampling Point Inventory

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

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		
CT0055013	MALLORY BROOK PLAZA - WELL #1	NC	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
380 NEW HARTFORD ROAD (ROUTE 44)				4			
Towns Served: BARKHAMSTED							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23090	WELL #1	2	WELL #1	A				

Contact Information

Name		Organization			Job Title			
Mr. John A Senese		Mallory Brook LLC						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
321 Main St.						Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-982-6968				860-582-2403	jsenese@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>

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		
CT0050014	AMERICAN LEGION SF / AUSTIN F. HAWES	NC	42	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
106 EAST RIVER ROAD			7				
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	KITCHEN SINK	A	Y			
		102	BATHROOM SINK	A	Y			
		103	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				
20108	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
State of CT Dept of Revenue Services									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
106 East River Rd						Barkhamsted		CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
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			
CT0050014	AMERICAN LEGION SF / AUSTIN F. HAWES	NC	42	S	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
106 EAST RIVER ROAD		7						
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Mr. David Cooley			Deep-Engineering Unit			Supv Civil Engineer		
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			
860-424-4120		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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

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

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

End of schedule

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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		
CT0050024	BRASS HORSE CAFE & MOTEL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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 quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	12/13/2023		12/23/2023	
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	12/13/2023		12/23/2023	
Physical Parameters M&R Violation	6/1/22 - 6/30/22	3	12/13/2023		12/23/2023	
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20109	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		
CT0050024	BRASS HORSE CAFE & MOTEL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
87 NEW HARTFORD ROAD				1			
Towns Served: BARKHAMSTED							

Contact Information

Name			Organization			Job Title			
Ms. Kim Hamel			Brass Horse Cafe, LLC			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
87 New Hartford Road						Barkhamsted		CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-738-2017				860-689-4088	anewdayct@aol.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

Please note the following:

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

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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050044	LOG HOUSE RESTAURANT INC.	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
110 NEW HARTFORD ROAD						4	
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20111	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Mr. Gary Dileo									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
110 New Hartford Road						Winsted		CT	06098
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-8937					logrestaurant@sbcglobal.net				
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			
CT0050044	LOG HOUSE RESTAURANT INC.	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
110 NEW HARTFORD ROAD						4		
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Mr. Joseph Dileo			Log House Restuarant Inc			Property Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
110 New Hartford Rd						Barkhamsted	CT	06063
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 schedule.

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

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

End of schedule

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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		
CT0050064	OLD RIVERTON INN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
436 EAST RIVER ROAD				1			

Towns Served: BARKHAMSTED

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete	
	7/1/24 - 9/30/24		Complete	
	10/1/24 - 12/31/24			
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete	
	7/1/24 - 9/30/24		Complete	
	10/1/24 - 12/31/24			
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			

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)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20113	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Danamarie Towers			Old Riverton Inn			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
436 East River Rd						Riverton		CT	06065
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-8678				207-522-6202	danamarie.towers@gmail.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0050064	OLD RIVERTON INN	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
436 EAST RIVER ROAD				1				
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Mr. Adam Towers			Old Riverton Inn					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
436 E. River Road			P.O. Box 46			Riverton	CT	06065
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			520-307-7110		stay@rivertoninn.com			
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>

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		
CT0050074	VILLAGE OF BOULDER RIDGE- WELL #1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
104 GOOSE GREEN ROAD				5			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24	5/1-6/30	Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24	10/1-10/31	Complete		
	4/1/25 - 6/30/25	5/1-6/30			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	4/1/25 - 6/30/25				

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	001	POOLSIDE FEMALE ROOM	A	Y			
		002	POOLSIDE MALE ROOM	A	Y			
		003	KITCHEN HANDWASH SIN	A	Y			
		004	KITCHEN 3 BAY 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	A				
20114	WELL #1	2	WELL #1	A				

Contact Information

Name		Organization			Job Title			
Mr. Oscar Ebner		Village On Boulder Ridge			Manager			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
1 Torrington Office Plaza		Ste. 308			Torrington		CT	06790

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		
CT0050074	VILLAGE OF BOULDER RIDGE- WELL #1	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
104 GOOSE GREEN ROAD				5			
Towns Served: BARKHAMSTED							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-626-8300				860-459-8473			
Contact Role(s): Legal Contact, Owner							
Name			Organization		Job Title		
Mr. Kevin R. Ebner			Ebner Camps Inc.		President		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
176 Migeon Avenue					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-379-4050		860-626-8301		860-459-8473	Kevin@awosting.com		
Contact Role(s): Legal Contact							
Name			Organization		Job Title		
Mr. Edward Stimson			Ebner Camps, Inc.		Facilities Director		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
176 Migeon Avenue					Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-379-6500			860-307-1713	860-567-9678	facilities@ebnercamps.com		
Contact Role(s): Administrative Contact							
Please note the following:							
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.							
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.							
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.							

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		
CT0050104	PEOPLES S.F./MAIN PICNIC AREA	NC	26	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
EAST RIVER ROAD		4					

Towns Served: BARKHAMSTED

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	101	MENS BATHROOM	A	Y			
		102	WOMENS BATHROOM	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				
20117	WELL	2	WELL	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		State	Zip Code
163 Great Hill Road						Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-424-4120		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov				
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		
CT0050104	PEOPLES S.F./MAIN PICNIC AREA	NC	26	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
EAST RIVER ROAD		4					
Towns Served: BARKHAMSTED							

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050124	PLEASANT VALLEY GENERAL STORE	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
111 RIVER ROAD				1			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20119	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Mr. Frank O'neill			Motomo, LLC						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 171						Pleasant Valley		CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-402-3064					cavecreekfrank@gmail.com				
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			
CT0050124	PLEASANT VALLEY GENERAL STORE	NC	28	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
111 RIVER ROAD				1				
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Mr. Anthony F. O'neill			Pleasant Valley General Store			Legal Contact		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
111 River Rd.						Barkhamsted	CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-307-7885				860-307-7885	yetanotheraoneill@yahoo.com			

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

Please note the following:

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

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<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		
CT0050134	PLEASANT VALLEY UNITED METHODIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
93 RIVER ROAD				2			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20120	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. Eugene R. Deroode		Pleasant Valley U. M. Church			Trustees Chairman			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
93 River Road		P. O. Box 181			Pleasant Valley		CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-298-2786		860-298-2927	860-978-0957	860-379-3539	eugene.deroode@cigna.com			
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			
CT0050134	PLEASANT VALLEY UNITED METHODIST CHURCH	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
93 RIVER ROAD				2				
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Ms. Re Santucci			Pleasant Valley Um Church			Admin. Assistant		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
93 River Road			P.O. Box 181			Pleasant Valley	CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-2157					pvumc@gmail.com			
Contact Role(s): Administrative Contact								

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050144	RIVERTON GENERAL STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 MAIN STREET						1	
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20121	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Leslie Dimartino			Lad Real Estate LLC			Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 48			2 Main Street			Riverton		CT	06065
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-0811									
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		
CT0050144	RIVERTON GENERAL STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 MAIN STREET						1	
Towns Served: BARKHAMSTED							

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050224	WHITE PINES CAMPSITE	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
232 OLD NORTH ROAD				1			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 7/31/24		Complete		
	8/1/24 - 8/31/24		Complete		
	9/1/24 - 9/30/24		Complete		
	10/1/24 - 10/31/24		Complete		

Total Coliform (3100)		3 repeat (RP) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 7/6/24		Complete		

Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/24 - 7/31/24		Complete		
	8/1/24 - 8/31/24		Complete		
	9/1/24 - 9/30/24		Complete		
	10/1/24 - 10/31/24		Complete		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		

Water System Facility: WELL #1 (WSF ID: 22580)

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)	6/30/24 - 7/6/24		Complete		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2023	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22580	WELL #1	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		
CT0050224	WHITE PINES CAMPSITE	NC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
232 OLD NORTH ROAD				1			
Towns Served: BARKHAMSTED							

Contact Information

Name			Organization			Job Title		
Mr. Brandon Riley			White Pines Campsites			Facilities Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
232 Old North Rd						Barkhamsted	CT	06063
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-806-3756					bwrileywpc@gmail.com			

Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Mr. Carl Venezia			232 Old North, LLC.			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
15 Main Street			Suite 223			Watertown	MA	02472
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
617-213-0664					archeracq@gmail.com			

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 schedule.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0055063	MALLORY BROOK PLAZA - WELL #2	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NEW HARTFORD ROAD (ROUTE 44)				8			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/21 - 12/31/21	3	2/17/2023		2/27/2023	

Water System Facility and Sampling Point Inventory

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

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		
CT0055063	MALLORY BROOK PLAZA - WELL #2	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NEW HARTFORD ROAD (ROUTE 44)				8			
Towns Served: BARKHAMSTED							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23091	MALLORY BROOK PLAZA - WELL #2	2	MALLORY BROOK PLAZA	A				

Contact Information

Name		Organization			Job Title		
Mr. John A Senese		Mallory Brook LLC					
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
321 Main St.					Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-982-6968				860-582-2403	jsenese@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>

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		
CT0050234	MDC - LAKE MCDONOUGH - EAST BEACH	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 219				2			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Out of Service		
	7/1/24 - 9/30/24		Out of Service		
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Out of Service		
	7/1/24 - 9/30/24		Out of Service		
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23	4/1-9/30	Out of Service		
	1/1/24 - 12/31/24	4/1-9/30	Out of Service		
	1/1/25 - 12/31/25	4/1-9/30			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2024	
CROSS CONNECTION SURVEY REPORT	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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		E_BEACH	FOUNTAIN	A	Y			
		EAST BEACH	FOUNTAIN	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55167	EAST BEACH WELL	2	EAST BEACH WELL	A				

Contact Information

Name			Organization			Job Title			
Mr. Raymond E. Baral, Jr						Assistant Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1420 Farmington Ave						West Hartford		CT	06107
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-278-7850	3924			860-985-6893	rbaral@themdc.com				
Contact Role(s): Administrative 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			
CT0050234	MDC - LAKE MCDONOUGH - EAST BEACH	NC	25	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
ROUTE 219				2				
Towns Served: BARKHAMSTED								
Name			Organization			Job Title		
Mr. Christopher R. Stone			The Metropolitan District			Asst. Dist Council		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
555 Main St.			PO Box 800			Hartford	CT	06142
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-278-7850	3231			860-214-0503	cstone@themdc.com			
Contact Role(s): Legal Contact								

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0050254	VILLAGE OF BOULDER RIDGE- WELL #2	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
104 GOOSE GREEN ROAD		2					
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	4/1/25 - 6/30/25				

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

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	4/1/25 - 6/30/25				

Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	001	TAP RT OF BILCO	A	Y			
		002	COUNSELOR BATH F	A	Y			
		003	COUNSELOR BATH M	A	Y			
		4	DISTRIBUTION SYSTEM	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
	UPSTREAM WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
56755	WELL #2	2	WELL #2	A				

Contact Information

Name			Organization			Job Title		
Mrs. Kristin Ebner-Martin			Ebner Camps, Inc.			Managing Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
176 Migeon Avenue						Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-626-8300				860-307-4043	kris@ebnercamps.com			

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			
CT0050254	VILLAGE OF BOULDER RIDGE- WELL #2	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
104 GOOSE GREEN ROAD		2						
Towns Served: BARKHAMSTED								
Contact Role(s): Owner								
Name			Organization			Job Title		
Mr. Edward Stimson			Ebner Camps, Inc.			Facilities Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
176 Migeon Avenue						Torrington	CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-6500			860-307-1713	860-567-9678	facilities@ebnercamps.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 schedule.								

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0055074	DOLLAR GENERAL BARKHAMSTED	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 NEW HARTFORD RD				1			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

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)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61849	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title			
Mr. Gary Eucalitto									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 748						Torrington		CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-307-5479					eucalittogary@gmail.com				
Contact Role(s): Administrative Contact, 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		
CT0055074	DOLLAR GENERAL BARKHAMSTED	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
390 NEW HARTFORD RD				1			
Towns Served: BARKHAMSTED							

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0055084	2 SCHOOL ST	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 SCHOOL ST				1			

Towns Served: BARKHAMSTED

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	10/1/24 - 12/31/24		
	1/1/25 - 3/31/25		
	4/1/25 - 6/30/25		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	5/31/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A	Y			
			UPSTREAM WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62990	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title		
Mr. Thomas Keane		Riverton Self Storage, LLC					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
175 Portland Street		Floor 4			Boston	MA	02114
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
617-892-4942				617-892-4942	storage@churchilljames.com		
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		
CT0055084	2 SCHOOL ST	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 SCHOOL ST				1			

Towns Served: BARKHAMSTED

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0055094	BARKHAMSTED YOUTH BASEBALL LEAGUE	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
366 WEST RIVER RD				1			
Towns Served: BARKHAMSTED							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24				
	10/1/24 - 12/31/24		Complete		
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24				
	10/1/24 - 12/31/24		Complete		
	4/1/25 - 6/30/25				

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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	6/6/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/7/2025		11/17/2025	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/7/2025		11/17/2025	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62996	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title			
Mr. Marc Pericolosi								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
P. O. Box 210					Pleasant Valley		CT	06063

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		
CT0055094	BARKHAMSTED YOUTH BASEBALL LEAGUE	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
366 WEST RIVER RD				1			
Towns Served: BARKHAMSTED							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-216-8161				860-216-8161	dozerboy2006@gmail.com		
Contact Role(s):		Administrative Contact, Legal Contact					
Please note the following:							
<ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 							

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

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

End of schedule