

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0110064	J. C. C. SWIM & TENNIS CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
4 DUNCASTER ROAD			1		

Towns Served: BLOOMFIELD

Monitoring Requirements

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/21/20 - 5/26/21	2	9/24/2020		10/4/2020	
REVISED TOTAL COLIFORM RULE (RTCR)	5/26/24 - 7/10/24	3	7/23/2025		8/2/2025	
REVISED TOTAL COLIFORM RULE (RTCR)	5/27/25 - 6/23/25	3	12/9/2026		12/19/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20218	WELL	2	WELL	A				
61973	HYDROSTATIC TANK							
61974	BOOSTER PUMP							

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.

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Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
4 DUNCASTER ROAD	Connections		1		

Towns Served: BLOOMFIELD

Contact Information

Name	Organization				Job Title
Ghjcc Swim & Racquet Club LLC					
Mailing Address Line One	Mailing Address Line Two				City
4 Duncaster Rd					Bristol
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s):	Legal Contact, Owner				
Name	Organization				Job Title
Ms. Amy Gurchin	Mandell Jcc				Club Director
Mailing Address Line One	Mailing Address Line Two				City
4 Duncaster Rd					Bloomfield
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-231-6323		860-233-0802			agurchin@mandelljcc.org

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0110114	PENWOOD STATE PARK/MAIN PARK WELL	NC	700	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
57 GUN MILL ROAD	Connections	4			

Towns Served: BLOOMFIELD

Monitoring Requirements

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

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

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
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ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
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	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	101	WOMENS SINK	A	Y			
		102	MENS SINK	A	Y			
		103	OUTSIDE 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				
20223	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
163 Great Hill Road		State
		Zip Code
Business Phone	Extension	Fax
860-342-2215		860-344-2560
		860-205-7552
		860-424-3333
		Email Address
		david.cooley@ct.gov

Contact Role(s): Legal Contact, Owner

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
57 GUN MILL ROAD			4					
Towns Served: BLOOMFIELD								
Name			Organization			Job Title		
Ms. Andrea M. Lane			State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road					Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.gov			

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

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