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

PWS ID PWS Name CI						Population	Owner Type	Primary Source
CT0310014	CORNWALL MARKET				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
25 KENT RD (CORNWALL BRIDGE)		Connections					2	

Monitoring Requirements											
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	1/1/24 - 3/31/24										
	4/1/24 - 6/30/24										
	7/1/24 - 9/30/24										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	1/1/24 - 3/31/24										
	4/1/24 - 6/30/24										

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

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

7/1/24 - 9/30/24

Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point Water System Facility **Coliform** System Copper Stage Description Rule Tier Asbestos WQP 2 DBPR Facility ID ID Rule Status 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 20563 WELL WELL Α 56623 ATMOSPHERIC TANK

	Contact Information											
Name			Organization	1		Job Title						
Mr. Will Schenk				Fervent Bant								
Mailing Address Line One Mailing				ddress Line Two			City	State	Zip Code			
76 Popple Swamp R	Rd					Cornwall	Bridge	СТ	06754			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address						
917-697-6430						wschenk	@gmail.com					

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

Please note the following:

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

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 I		Population	Owner Type	Pri	mary Source					
CT0310064	CAMP MOHAWK (MAIN SYSTEM)			NC		25	Р		GW			
Local Address	al Address (where applicable)		Residentia		Commercia	al Industri	al Combin	ed	Agricultural			
246 GREAT HI	LL ROAD	Connections			1							

CD lelte Health Datal to Marca Co

Towns Served: CORNWALL

Monitoring Requirements											
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)										
Total Coliform (3100)		1 rou	tine (RT) per month								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	6/1/24 - 6/30/24										
	7/1/24 - 7/31/24										
	8/1/24 - 8/31/24										
	9/1/24 - 9/30/24										
Physical Parameters (PPS)		1 rou	tine (RT) per month								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	6/1/24 - 6/30/24										
	7/1/24 - 7/31/24										
	8/1/24 - 8/31/24										
	9/1/24 - 9/30/24										
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete								
	1/1/24 - 12/31/24	4/1-9/30									
	1/1/25 - 12/31/25	4/1-9/30									
Other Con	npliance Schedules										
Compliance Schedule Activity	Due Date	Achieved D	ate								

SEASONAL	START UP COMPLETION		6,	/1/2024									
	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α	·	·	·						
20568	WELL	2	WELL	Α	·	·	·						

62827 STORAG	E TANK									
				Contact In	formation					
Name				Organizatio	n		Job Title			
Mr. Patrick Marcha	ınd			YMCA Cam	p Mohawk, Inc		Executive Director			
Mailing Address Lin	e One		Mailing	Address Line Two)		City	State	Zip Code	
YMCA Camp Mohav	wk, Inc.		P.O. Box	(1209		Litchfield		СТ	06759	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-672-6655		860-482-3	3878		860-480-2017	patrick@	patrick@campmohawk.org			
Contact Role(s). A	dministrative	Contact Leg	al Conta	rt	·	1				

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

	Water Quarty Fromtoring and domphanee senedate											
PWS ID	PWS ID PWS Name						Owner Type	Primary Source				
CT0310064	CAMP MOHAWK (MAIN SYSTEM)		NC	25	Р	GW						
Local Address (Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural				
246 GREAT HIL	Connections			1								
								·				

Please note the following:

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

End of schedule

	Co	nnectic	ut Dena	rtment of	Public	Health 1	Drin	king '	Wa	ter Se	ction		
	G C		•	ity Monit				_					
PWS ID	PW	'S Name	ter Quar	ity Monit	or mg a					ation Own	er Type P	rimarv	Source
CT0310084		RNWALL INN					N		25		Ρ	GV	
Local Addres	s (wher	e applicable)			Service	Residenti	al Coi	mmercial	Inc	dustrial	Combined	Agric	cultural
270 KENT RC		,			Connectio	ns		1					
Towns Serve	d: CORI	NWALL											
				Monito	oring Re	quiremen	ts						
Water Syste	em Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Colife	•	•									tine (RT)		
	_	t (Sampling P				Monitoring			lectic	on Period	Compli		
Select f	rom Inv	entory of Act	ive Sampling	Points		10/1/23 - 1						mplete	
						1/1/24 - 3					Co	mplete	
						4/1/24 - 6							
						7/1/24 - 9	/30/2	4					
Physical Pa											tine (RT)		
		t (Sampling P				Monitoring			lectic	on Period	Compli		
Select fi	rom Inv	entory of Act	ive Sampling	Points		10/1/23 - 1 1/1/24 - 3						mplete	
								Co	mplete				
						4/1/24 - 6							
Mator Systa	om Fac	ili+v. FNTD	/ DOINT /\A	(CE ID: 00700)		7/1/24 - 9	1/30/2	4					
•			POINT (W	/SF ID: 00700)						4 .	/ .	T\	
Nitrate And		te (NOX) t (Sampling P	oint ID)			Monitoring	a Borio	nd Col	loctic	ו ב on Period	outine (F <i>Compli</i>		-
ENTRY F	_		טווונ וטן						ectic	ni Periou		mplete	
LIVITA	-OINT ()		1/1/23 - 12/31/23 1/1/24 - 12/31/24								mplete	
						1/1/24 - 1	-			-		inpiett	
				Othor C	omplion			.5					
a "				Other C	ompilan	ce Schedu							
Compliance :			ODT				ue Dat			Achieved L	oate		
CROSS CONN	IECTION	I SURVEY REP					/1/202						
			Water Sy	stem Facili	ity and S	Sampling F	oint	Inven	tory	y			
Water	/ C				Communities	Detet		Tota		Lead and			
System W Facility ID	rater Sy	stem Facility	3	Sampling Point ID	Description			Colifo tus Rul		Copper Rule Tier	Achestos		Stage
_	ICTDIDII	TION SYSTEM	1	4		ION SYSTEM	Sta:	LUS		Nuie Hei	ASDESTOS	VVQI	Z DDF K
00000 D	ISTRIBU	TION SISILIV		DOWNSTREAM			A						
				UPSTREAM		SERVICE CON	Α						
00700 EI	NTRY PC	TINIT		3	ENTRY POI		Α						
	/ELL	21141		2	WELL	141	Α						
20370 W						ormation							
Name					rganization						Job Title		
Mr. Mark J. I	Hamnse	on .			ountry Inn/F	Restaurant					JOD TILLE		
Mailing Addr				Mailing Address	'E'				Cit	v	State	Zip C	ode
270 Kent Roa								Cornwall		•	CT	067	
Business P		Extension	Fax	Mobi	le Phone	Emergency F	hone				<u> </u>		
ii.						_ · ·							

info@cornwallinn.com

860-672-0352

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

860-672-6884

PWS ID P	WS Name	r Qua	lity Mon	itoring a	ina Con	_			I .	Primary Source
	ORNWALL INN						C	25	P P	GW
ocal Address (wh	ere applicable)			Service	Resider	tial Co	mmercia	al Industri	al Combine	ed Agricultura
270 KENT ROAD				Connectio	ns		1			
Towns Served: CO	RNWALL								, ,	
Name				Organization					Job Title	9
Ms. Stacy L Marci	n							Owner		
Mailing Address Li	ne One		Mailing Addre	ess Line Two			City		State	Zip Code
270 Kent Rd S							Cornwa	all Bridge	СТ	06754
Business Phone Extension		Fax	Mo	bile Phone	Emergency	/ Phone	Email Address			

Please note the following:

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

End of schedule

	Connecticut De	partment of	Public Healt	h Drinki	ng W	ater Se	ction
		uality Monit	oring and Co				
PWS ID	PWS Name			Classificati			ner Type Primary Source
CT031014		A - MAIN LODGE		NC		25	P GW
	ress (where applicable)		Service Reside	ential Comm	ercial Ir	ndustrial	Combined Agricultural
	27, 46 GREAT HOLLOW ROAD		Connections	1	-		
Towns Ser	ved: CORNWALL						
	- 11.		oring Requirem	ents			
	stem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)			_	
	liform (3100)						tine (RT) per quarter
_	oling Point (Sampling Point ID)	l. D		ring Period	Collect	ion Period	Compliance Status
Selec	t from Inventory of Active Samp	ling Points		3 - 12/31/23			Complete
				- 3/31/24			
				- 6/30/24			
Dhysical	Parameters (PPS)		//1/24	- 9/30/24		2 ****	tine (DT) new accepted
-	pling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	tine (RT) per quarter Compliance Status
	et from Inventory of Active Samp	ling Points		3 - 12/31/23	Conect	ion r eriou	Complete
30100	to nom inventory of Active Samp	iiig i oiiits		l - 3/31/24			Complete
				l - 6/30/24			
				l - 9/30/24			
Water Sv	stem Facility: ENTRY POINT	- MAIN LODGE (
	And Nitrite (NOX)		,			1	routine (RT) per year
	pling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
_	RY POINT (3)			- 12/31/23			Complete
	. ,			- 12/31/24			·
			1/1/25	- 12/31/25			-
Water Sy	stem Facility: ENTRY POINT	- FACILITY BLDG	(WSF ID: 00701)				
Nitrate A	And Nitrite (NOX)					1	routine (RT) per year
Sam	oling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
ENTR	RY POINT - FACILITY BLDG (3)		1/1/23	- 12/31/23			Complete
			1/1/24	- 12/31/24			
			1/1/25	- 12/31/25			
Water Sy	stem Facility: WELL (SPRING	G) (WSF ID: 2057!	5)				
E. Coli (•					1 rou	itine (RT) per quarter
Samı	oling Point (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance Status
WELI	L (2)			3 - 12/31/23			Complete
				- 3/31/24			
				- 6/30/24			
				- 9/30/24			
		Other C	ompliance Sche	dules			
Complian	ce Schedule Activity			Due Date		Achieved	Date
CROSS CO	NNECTION SURVEY REPORT			3/1/2023			
	Water	r System Facil	ity and Samplin	g Point In	vento	ry	
Water	Makes Cook Fre-111	Constitution D. C.	Committee Del		Total	Lead and	
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	_	Coliform Rule		Stage Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTE	Status	Y	nuie Hef	ASUESTOS WYOR Z DBPK
00000	DISTRIBUTION 3131EIN	4	אווו טפועו כוח 1215 או	M A	ī		

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0310144	MOHAWK MTN. SKI AREA - MAIN LODGE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
P.O. BOX 27, 46	GREAT HOLLOW ROAD	Connections		1			

	Water System Facility and Sampling Point Inventory								
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - MAIN LODGE	3	ENTRY POINT	Α					
00701	ENTRY POINT - FACILITY BLDG	3	ENTRY POINT - FACILI	Α					
20575	WELL (SPRING)	2	WELL	Α					
47461	TREATMENT PLANT	5	ENTRY POINT	Α					
56023	BOOSTER PUMP								

				Co	ntact Inf	ormation				
Name					Organization				Job Title	
Mr. Steve Hedden					Mohawk Mo	untain Ski Area		Vice-President		
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two			City	State	Zip Code
P.O. Box 27			46 Great	t Hollo	ow Road		Cornwal		СТ	06753
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-672-6100	12	860-672-0	0117				office@r	office@mohawkmtn.com		
						+				

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

Please note the following:

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

End of schedule

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Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Ty	oe P	rimary Source
CT0310174	RAILROAD SQUARE PLAZA (NE CATERING)				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Comb	ined	Agricultural
9 RAILROAD ST		Connections			1				

Towns Served: CORNWALL

ivionitoring ked	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		

	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water Sv	stem Facility	FNTRY POINT	(WSF ID: 00700)
vvalei 3y	sterri acmity.	LINITAL POINT	(VV 3F 1D. 00700)

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

	Public Notification Requirements									
	Compliance	Notice	Public Notification		PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	7/27/2016		8/6/2016					
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	6/27/2017		7/7/2017					
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	6/28/2024		7/8/2024					
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/28/2024		7/8/2024					
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/28/2024		7/8/2024					
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/28/2024		7/8/2024					
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/28/2024		7/8/2024					
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/28/2024		7/8/2024					
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024					
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024					
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	1/7/2025		1/17/2025					
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	1/7/2025		1/17/2025					

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventor	Ϋ́		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age OBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				

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Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Cor	npliance S	Schedul	e	
	_			

PWS ID	PWS Name			Classifica	ition P	Population	Owner Type	Primary Source
CT0310174	RAILROAD SQUARE PLAZA (NE CATERING)			NC		25	Р	GW
Local Address (where applicable)	Service	Residen	tial Com	mercia	l Industri	al Combine	ed Agricultural
9 RAILROAD ST		Connections			1			

	V	Vater System Facili	ity and Sampli	ng Point II	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	Stage DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
20577	WELL	2	WELL	Α				

205// WELL				WELL	<i>F</i>	\			
			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Cheryl Evans				Cornwall Lea	sehold, LLC		Owner/Mgr.		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
146 Cornwall Hollov	w Road					West Co	rnwall	СТ	06796
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
860-672-0094						cacevans	s@gmail.com		

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

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

End of schedule

Schedule Generation Date: 4/3/2024

			CD 11:								
	Connecticut De	•					_		ection		
	Water Q	uality Monit	coring and	d Com	npl	ianc	e Sch	edule			
PWS ID	PWS Name				Clas	sificati	on Popu	ulation Ov	vner Type P	rimary	Source
CT031022	4 TRINITY RETREAT CENTE	R - DIX HOUSE-MAI	N			NC	(61	Р	G۷	V
Local Add	ress (where applicable)		Service	Residen	tial	Comm	ercial I	ndustrial	Combined	Agric	cultura
79 LOWEF	R RIVER ROAD		Connections			4					
Towns Ser	rved: CORNWALL						·				
		Monit	oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1 rc	utine (RT)	per qu	ıarter
	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Period			
Selec	ct from Inventory of Active Samp	oling Points	:	10/1/23 -	12/3	31/23			Co	mplete	٤
	·			1/1/24 -						mplete	
				4/1/24 -	6/30	0/24					
				7/1/24 -	9/30	0/24					
Physical	Parameters (PPS)							1 rc	utine (RT)	per qu	arter
Sam	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Period			
Selec	ct from Inventory of Active Samp	oling Points		10/1/23 -	12/3	31/23			Co	mplete	5
				1/1/24 -	3/32	1/24			Co	mplete	<u>,</u>
				4/1/24 -	6/30	0/24					
				7/1/24 -	9/30	0/24					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700))								
	And Nitrite (NOX)								L routine (F		-
	pling Point (Sampling Point ID)			Monitori			Collect	tion Period			
ENTR	RY POINT (3)			1/1/23 -						mplete	
				1/1/24 -					Cc	mplete	,
				1/1/25 -	12/3	1/25					
	Wate	r System Facil	ity and Sar	npling	Po	int In	vento	ry			
Water								Lead and			
_	Water System Facility	Sampling Point		nt			-	Copper			Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule Tie	r Asbestos	WQP	2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	l	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT			Α					
00701	KITCHEN ENTRY POINT	3	KITCHEN ENTI	RY POINT	•	Α					
20581	WELL	2	WELL			Α					
62728	2K GAL ATMOSPHERIC STORAG	SE .									
62729	ION-EXCHANGE TREATMENT										
62731	BOOSTER PUMPS										
		Cor	tact Inforr	nation							
Name		0	rganization						Job Title		
Mr. Josep	h Rose	Tı	rinity Conference	e Center	•		Ma	nager			
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				C	ity	State	Zip C	ode

Mobile Phone

79 Lower River Road

Business Phone

860-672-1000

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Schedule Generation Date: 4/3/2024 Page 10

West Cornwall

jrose@trinitywallstreet.org

Emergency Phone Email Address

CT

06796

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

	Water Quarity 19101	meet mig am	a don	iipiiaii	ice be	medal	<u> </u>	
PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
CT0310224	TRINITY RETREAT CENTER - DIX HOUSE-N	1AIN		NC	:	61	Р	GW
Local Address (where applicable)	Service	Resider	ntial Com	nmercial	Industria	al Combine	ed Agricultural
79 LOWER RIV	9 LOWER RIVER ROAD				4			
Towns Convode	CODNIMALI		•	'			'	

Towns Served: CORNWALL 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

Co	nnectic	ut Departme	ent of	Public	Health I)rin	king '	Wat	ter Se	ection	
	Wat	ter Quality N	Ionit	oring a	nd Comr	oliai	nce So	chec	dule		
PWS ID PW	/S Name	<u> </u>		<u> </u>						ner Type	Primary Source
CT0310244 MC	DHAWK MOU	NTAIN (PINE LODGE	SYSTEM	1)		NO	С	25		Р	GW
Local Address (wher	e applicable)			Service	Residentia	l Cor	mmercial	Indu	ustrial	Combine	d Agricultural
46 GREAT HOLLOW	ROAD			Connectio	ns		2				
Towns Served: CORI	NWALL										
		N	/lonite	oring Re	quirement	ts					
Water System Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3	100)								1 ro	utine (RT) per quarter
Sampling Point	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Comp	oliance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			(Complete
					1/1/24 - 3,	/31/24	4				
					4/1/24 - 6,	/30/24	4				
					7/1/24 - 9,	/30/24	4				
Physical Paramet	ers (PPS)								1 ro	utine (RT) per quarter
Sampling Point	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Comp	oliance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			(Complete
					1/1/24 - 3,	/31/24	4				
					4/1/24 - 6,	/30/24	4				
					7/1/24 - 9,	/30/24	4				
Water System Fac	ility: ENTR	POINT (WSF ID:	00700)								
Nitrate And Nitrit	te (NOX)								1	routine	(RT) per year
Sampling Point	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	Comp	oliance Status
ENTRY POINT (3)				1/1/23 - 12	/31/2	.3			(Complete
					1/1/24 - 12	/31/2	4				
					1/1/25 - 12	/31/2	.5				
		Water System	Facili	ity and S	ampling P	oint	Inven	tory	,		
Water							Tota	al L	ead and	1	
*	stem Facility		_	Sampling I			Colifo		Copper		Stage
Facility ID		1		Description		Stat			Rule Tie	r Asbesto	s WQP 2 DBPR
00600 DISTRIBU	ITION SYSTEM		1		ION SYSTEM	Α					
					SERVICE CON	Α					
			REAM		SERVICE CON	Α					
00700 ENTRY PO			3	ENTRY POI		А					
22905 SKI PATR			2	SKI PATRO	L WELL	Α	.				
56026 PINE LOD	GE BOOSTER	PUMP									
			Con	tact Info	ormation						
Name			0	rganization						Job Title	2
Mr. Steve Hedden			М	ohawk Mou	ıntain Ski Area			Vice-F	Presiden	it	
Mailing Address Line	e One	Mailing	Addres	s Line Two				City		State	Zip Code
P.O. Box 27		46 Grea	at Hollov	v Road			Cornwall			СТ	06753
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress			

office@mohawkmtn.com

12

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

860-672-6100

860-672-0117

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

	Water Quarty 1.10111th	or mig and	a don	ipiianee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0310244	MOHAWK MOUNTAIN (PINE LODGE SYSTEM)		NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
46 GREAT HOLL	OW ROAD	Connections		2			
Towns Served: (CORNWALL						

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

End of schedule

	Connecticut Dep	artment of	Public H	lealth D	rinki	ing V	Vater	Se	ction	
	•	ality Monit								
PWS ID	PWS Name		011118 0111						ner Type Pri	imary Source
CT0310254	CAMP MOHAWK (NURSE &	& WINTER HOUSE)			NC		25		Р	GW
Local Addre	ss (where applicable)		Service	Residential	Comm	ercial	Industri	al	Combined	Agricultural
246 GREAT			Connections						1	
Towns Serve	ed: CORNWALL									
		Monito	oring Requ	irement	S					
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colif	form (3100)							1 ro	utine (RT)	per month
Sampli	ing Point (Sampling Point ID)			Monitoring	Period	Colle	ction Pe	riod	Complia	nce Status
Select	from Inventory of Active Sampli	ng Points		6/1/24 - 6/	30/24					
				7/1/24 - 7/	31/24					
_				8/1/24 - 8/	31/24					
				9/1/24 - 9/	30/24					
Physical P	arameters (PPS)							1 ro	utine (RT)	per month
Sampli	ing Point (Sampling Point ID)			Monitoring	Period	Colle	ection Pe	riod	Complia	ınce Status
Select	from Inventory of Active Sampli	ng Points		6/1/24 - 6/						
				7/1/24 - 7/	31/24					
				8/1/24 - 8/						
				9/1/24 - 9/	30/24					
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)								
	nd Nitrite (NOX)							1	•	Γ) per year
_	ing Point (Sampling Point ID)			Monitoring		Colle	ection Pe	riod		ince Status
ENTRY	POINT (3)			1/1/23 - 12,					Cor	nplete
				1/1/24 - 12,						
				1/1/25 - 12,						
		Other Co	ompliance	Schedul	es					
Compliance	Schedule Activity			Due	e Date		Achie	ved	Date	
RESPOND TO	O SANITARY SURVEY			9/3	/2023					
SEASONAL S	START UP COMPLETION			6/1	/2024					
	Water	System Facili	ty and Sar	mpling Po	oint In	vent	ory			
Water						Total				
	Nater System Facility	Sampling Point		nt		Colifor				Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ				
		DOWNSTREAM			A					
		UPSTREAM	WITHIN 5 SER	VICE CON	A	v				
00700 5	ALTOV DOINT	W1	INFIRMARY		Α	Y				
	ENTRY POINT	3	ENTRY POINT		Α					
48065 V	WELL	2	WELL		A					
		Con	tact Inforr	mation						

			C	Contact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. Patrick Marchand YMCA Camp Mohawk, Inc Executive Director					Director					
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code	
YMCA Camp Mohawk, Inc. P.O. Box 120			09	09 Li			СТ	06759		
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Address				
860-672-6655		860-482-3	3878		860-480-2017	patrick@campmohawk.org				
860-672-6655		860-482-3	3878		860-480-2017	patrick@campmohawk.org				

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	PWS Name			ssification	Population	Owner Type	Primary Source				
CT0310254	CAMP MOHAWK (NURSE & WINTER HOUSE))			NC	25	Р	GW				
Local Address	(where applicable)	Service	ervice Residential Commercial Industrial Combined		ed Agricultural							

Connections

Towns Served: CORNWALL

246 GREAT HILL ROAD

Contact Role(s): Administrative Contact, Legal Contact

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

End of schedule

1

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0310264	TRINITY RETREAT CENTER-BUTLER HALL				NC	30	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
79 LOWER RIVE	R ROAD	Connections			1			

Towns Served: CORNWALL

Schedule Generation Date: 4/3/2024

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	•		
Total Coliform (3100)	, , , , , , , , , , , , , , , , , , , 	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
, and a second property of the second propert	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		P
	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 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring 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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
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		

Other	Compliance	Schedules
		Dua Da

Compliance Schedule Activity Due Date Achieved Date

L1 ASSESSMENT (TC+ INS REPEATS) 8/31/2022

Public	Notification	Requirements
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Compliance Notice <u>Public Notification</u> <u>PN Certification</u>

Violation/Situation

Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Donart	mont of	f Dublic	Ugalth	Driv	alzina	Mator	Section	
	Connectic	•								
		ter Qualit	y Monit	oring a	na Con					
	PWS Name									Primary Source
CT0310264	TRINITY RETREA	T CENTER-BUTI	ER HALL			1	IC	30	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	l Industria	al Combine	d Agricultural
79 LOWER RIVER	ROAD			Connectio	ns		1			
Towns Served: Co	ORNWALL						90		 	
REVISED TOTAL C	COLIFORM RULE	(RTCR) TT Violat	tion 8/27	7/18 - 9/27/2	18 2	10/	18/2018		10/28/201	8
REVISED TOTAL C	COLIFORM RULE	(RTCR) TT Violat	tion	9/1/22 -	2	7/1	5/2023		7/25/2023	3
E. Coli M&R Viola	ation			8/5/22 -	3	6/2	28/2024		7/8/2024	
		Water Sys	tem Facil	ity and S	ampling	Poin	t Inver	ntory		
Water		-					Tot	al Lead	and	
System Water	r System Facility	Sai	mpling Point				Colif			Stage
Facility ID			ID	Description	1	Sta	itus Ru	le Rule	Tier Asbesto	s WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	1 /	A ۱	′		
00700 ENTRY	/ POINT		3	ENTRY POI	NT	,	A			
48197 WELL			2	WELL		,	Ą			
			Con	tact Info	rmation	1				
Name			0	rganization					Job Title	<u>.</u>
Mr. Karl Tremme	el		Tr	rinity Real Es	tate-38Th F	loor		Property N	Лanager	
Mailing Address	Line One	M	ailing Addres	s Line Two				City	State	Zip Code
120 Broadway							New Yo	rk	NY	10271
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	ddress		
Business Phone 212-602-0761		Fax		ile Phone 564-9499	Emergency	y Phone			vallstreet.org	
212-602-0761		Fax			Emergency	y Phone			/allstreet.org	

Mailing Address Line One

79 Lower River Road **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-672-1000 Contact Role(s): Administrative Contact

City West Cornwall

Zip Code State CT

06796

jrose@trinitywallstreet.org

Manager

Please note the following:

Mr. Joseph Rose

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

Mailing Address Line Two

- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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Trinity Conference Center

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			Cla	ssification	Population	Owner Type	Primary Source			
CT0310284	WEST CORNWALL DEVELOPMENT				NC	25	Р	GW			
Local Address	Local Address (where applicable)		Resider	itial	Commerci	al Industri	al Combin	ed Agricultural			
		Connections			1						

Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)							
Total Coliform (3100)		1 routine (RT) per qu						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete					
	1/1/24 - 3/31/24		Complete					
	4/1/24 - 6/30/24							
	7/1/24 - 9/30/24							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		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 r	outine (RT) per year					
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							

Other	Compl	iance S	Sched	lules
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 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2025

	Wat	er System Facili	ity and Sampling P	oint Ir	iventoi	У			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WCD 001	CAFE HAND SINK 1	Α	Υ				
		WCD 002	HAND SINK 2	Α	Υ				
		WCD 003	BAR HAND SINK 3	Α	Υ				
		WCD 004	REST ROOM SINK 4	Α	Υ				
		WCD 005	HAND SINK 5	Α					
		WCD 006	ADA REST ROOM 6	Α					
		WCD 007	BAR HAND SINK 7	Α	Υ				
		WCD 008	PREP SINK 8	Α	Υ				
		WCD 009	WASH SINK 9	Α	Υ				
		WCD 010	MOP SINK 10	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					

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.

	Water Quality Mon				U			.1		
PWS ID	PWS Name				ssification	Population	Owner Typ	e Pr	Primary Source	
CT0310284	WEST CORNWALL DEVELOPMENT				NC	25	Р		GW	
Local Address	(where applicable)	Service Residential Commercial Industrial (al Combi	ned	Agricultural				
		Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: CORNWALL

		Water Sy	ystem Fac	ility and S	Sampling Poin	t Invent	ory		
Water System Water Sy Facility ID 62353 WELL	stem Facility		Sampling Poir ID 2	nt Sampling Description	on Sto	Total Colifora Itus Rule	m Copper	Asbestos	Stage WQP 2 DBPR
			Co	ntact Inf	ormation				
Name				Organization			Job Title		
Mr. Jeffrey Morgan				West Cornwa	all Development Grp				
Mailing Address Lin		Mailing Address Line Two			City		State	Zip Code	
247 Dibble Hill Road					West Corn	wall	СТ	06796	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Add	Email Address		
917-478-3236				JDM1039@me.com					
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact, O	wner					

Please note the following:

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End of schedule