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
CT0480233	CRYSTAL LAKE PLAZA				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural
99 STAFFORD RE	D. (RT. 30)	Connections	4					

Towns Served: ELLINGTON

Water

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
	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		Complete
	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		Complete
	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		

Water System Facility Sampling Point Sampling Point System Coliform Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR **Facility ID** Rule Status 00600 DISTRIBUTION SYSTEM **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α

Water System Facility and Sampling Point Inventory

Total

Lead and

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 Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID		Cla	ssification	Population	Owner Type	Primary Source		
CT0480233	CRYSTAL LAKE PLAZA				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
99 STAFFORD RD. (RT. 30)		Connections	4					

Connecticut Department of Public Health Drinking Water Section

	Wat	er System Facil	ity and Sampling P	oint Ir	nvento	ry			
Water System	Water System Facility	, ,	Sampling Point		Total Coliform				Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10218	WELL #1	2		Α					
		Cor	tact Information						
Name			rganization				Job Title		
Mr. Scott	E. Webber	Cı	rystal Lake Plaza						
Mailing Address Line One Mailing Addr			s Line Two		Ci	ity	State	Zip Co	de

Ellington

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

860-316-8192 860-316-8591 860-872-2209 Webberenterprise@gmail.com

Contact Role(s): Owner

99 Stafford Rd

Towns Served: ELLINGTON

Name				Organization		Job Litle			
Webber Enterprise	s, Inc.								
Mailing Address Lin	e One	ess Line Two		City	Zip Code				
99-101 Stafford Rd						Ellington CT 0602			06029
Business Phone	Extension	Fax Mobile Phone		obile Phone	Emergency Phone	mergency Phone Email Address			

Contact Role(s): Le	egal Contact, C	wner								
Name				Organization	า		Job Title			
Mr. Justin Webber			Crystal Lake	Plaza						
Mailing Address Lin	e One	Mailing A	ddress Line Two			City	State	Zip Code		
99 Stafford Rd						Ellington		СТ	06029-9732	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-454-7085				860-316-8195		3jsdeli@	sdeli@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.

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

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

End of schedule

06029-9732

CT

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

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0480064	T0480064 CRYSTAL LAKE COMMUNITY METHODIST CHURCH						Р	GW
Local Address (w	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
265 SANDY BEACH ROAD		Connections			1			

Towns Served: ELLINGTON		'	,
Monit	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	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		
Water System Facility: WELL (WSF ID: 20880)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
		_	_

1/1/24 - 1/31/24

Complete

	Co	nnectic	ut Den	artme	nt of	Public	Health	Dr	inkin	gΙ		Se	ction	
	G C		•				nd Con			_			001011	
PWS ID	DVV	/S Name	ter Que	ility ivi	OIII	ornig a	nu con	_			pulation Owner Type Pr		Drimany Source	
CT0480064		YSTAL LAKE C	ONANALINIT	V METUOI	DIST CL	ПРСП		Clas	NC	I PC	25	OWI	P P	GW
	_	e applicable)	OIVIIVIOIVII	TIVIETHO	וטוט וכוט	Service	Residen	tial	Commer	cial	Industri	اد	Combine	
265 SANDY	· · · · · · · · · · · · · · · · · · ·					Connectio		tiai	1	Ciai	iiiuustii	aı	Combine	u Agricultura
Towns Serv						30111130113			1					
TOWNS SERV	veu. ELLIN	NGTON		n.	lopit	oring Do	auirom o	ntc						
147			/14/0 T ID		TOTILL	oring Ke	quireme	1115						
		ility: WELL	(WSF ID:	20880)										
E. Coli (3													-	Γ) per month
Samp	ling Point	t (Sampling P	oint ID)				Monitori			Coll	ection Pe	riod		liance Status
							2/1/24 -		-				C	Complete
							3/1/24 -		-					
							4/1/24 -		<u> </u>					
							5/1/24 -		-					
							6/1/24 -	-	•					
							7/1/24 -		-					
							8/1/24 -							
							9/1/24 -							
			10.				10/1/24 -							
			water S	ystem	Facili	ity and S	ampling	РО	int Inv	ent	ory			
Water	Markon Cu	istom Fasilitu		Camanlin	. Doint	Cananlina	Doint			Tota				Characa
System Facility ID	water sy	stem Facility		Sampling		Sampling I Description				olifoi Rule			Achesto	Stage s WQP 2 DBP
_	DICTRIBLE	TION SYSTEM	1	4		<u> </u>	' ION SYSTEM		<u>Status</u> A	Y	- Kule	Hei	Asbesto	S WQF Z DDF
00000	טפואונוט	TION STSTEN	1	-			SERVICE CON		A	ī				
				UPSTR			SERVICE COI	-	A					
00700	ENTRY PO	NIT		3		ENTRY POI		· ·	Α Α					
	WFII	INII					IN I							
20880	VVELL			2		WELL		-	A	-		-		
					Con	tact Info	ormation							
Name					O	rganization							Job Title	
Ms. Yoland	da J. Armo	elin			Cr	ystal Lake C	Community C	Churc	ch	(Chair Bd o	of Tru	ustees	
Mailing Address Line One Mailing Address Line Two										City		State	Zip Code	
278 Sandy	Beach Ro	ad							Elling	ton			СТ	06029
Business	Phone	Extension	Fax	(Mobi	le Phone	Emergency	Pho	ne Emai	l Add	lress			
860-872	2-0798				860-9	966-0644			lania	rmlir	n@aol.co	n		
Contact Ro	ole(s): Ad	Iministrative	Contact, Le	gal Conta	ct									
Name					O	rganization							Job Title	!
		Methodist Cl	hurch	_										
Mailing Ad				Mailing	Addres	s Line Two					City		State	Zip Code
	Beach Rd			1					1	ton			CT	06029

Emergency Phone Email Address

Mobile Phone

Business Phone

Contact Role(s): Owner

Extension

Fax

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

	Water Quarty Monte	or mg am	a don	ipiianee i	Jeneau		
PWS ID	VS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CH	URCH		NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combin	ed Agricultural
265 SANDY BEA	CH ROAD	Connections		1			
Towns Served:	ELLINGTON						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	nnoctic	ut Dono	rtmont of	Dublic	Hoalth	Driv	alzina	Matar	Sag	tion	
	C(•	rtment of							uull	
			ter Qual	lity Monit	oring a	na Con						
PWS ID		/S Name					Classif	ication P	opulation	Owne	r Type P	rimary Source
CT0480104	4 ELI	INGTON FUE	DEPOT, INC				N	IC	140	F)	GW
Local Addr	ess (whe	re applicable)			Service	Residen	tial Co	mmercial	Industria	l Co	ombined	Agricultural
1 CRYSTAL	LAKE RO	AD			Connection	ns					2	
Towns Ser	ved: ELLI	NGTON										
				Monito	oring Red	quireme	nts					
Water Sys	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
Total Col	liform (3	3100)							1	routi	ne (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compli	ance Status
Selec	t from Inv	entory of Act	ve Sampling	Points		10/1/23 -	12/31/	/23			Co	mplete
						1/1/24 -	3/31/2	24				
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Physical	Paramet	ers (PPS)							1	routi	ne (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compli	ance Status
DISTR	RIBUTION	SYSTEM (4)				10/1/23 -	12/31/	/23			Co	mplete
						1/1/24 -	3/31/2	24				
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sys	stem Fac	ility: ENTR	POINT (W	/SF ID: 00700)								
Nitrate A	and Nitri	te (NOX)								1 ro	utine (F	RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compli	ance Status
ENTR	Y POINT (3)				1/1/23 -	12/31/2	23			Co	mplete
						1/1/24 -	12/31/2	24				
						1/1/25 -	12/31/2	25				
			Water Sy	stem Facili	ity and S	ampling	Poin [®]	t Inven	tory			
Water								Tota	al Lead (and		
System	_	stem Facility	9	Sampling Point				Colifo	rm Copp			Stage
Facility ID				ID	Description	1	Sta	itus Rui	e Rule	Tier A	sbestos	WQP 2 DBPR
00600		ITION SYSTEM		4		ON SYSTEM		A Y				
00700	ENTRY P	TNIC		3	ENTRY POII	NT	,	A				
20883	WELL			2	WELL		,	A				
				Con	tact Info	rmation	١					
Name				10	rganization					J	ob Title	
Mr. Frank	B. Rogall	a		EII	lington Depo	ot Inc						
Mailing Ad	ldress Lin	e One		Mailing Address	s Line Two				City		State	Zip Code
83 Crystal	Lake Rd							Ellington			СТ	06029-9732
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress			

860-558-2896

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

Schedule Generation Date: 4/3/2024 Page 6

860-871-6039

EllingtonDepot@gmail.com

C	onnecticut	Depa	rtment of	Public	Health	Drir	ıking	g Water	Section	
	Wate	r Qua	lity Monite	oring ai	nd Con	nplia	nce S	Schedu	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0480104 E	LINGTON FUEL D	EPOT, INC	;			N	IC	140	Р	GW
Local Address (who	ere applicable)			Service	Resider	tial Co	mmerci	al Industr	ial Combin	ed Agricultural
1 CRYSTAL LAKE RO	DAD			Connection	S				2	
Towns Served: ELL	INGTON				,			,		
Name			Or	ganization					Job Titl	е
Ms. Sibylle M. Rog	galla		Elli	ington Depo	t Inc					
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zip Code
83 Crystal Lake Rd							Ellingto	on	СТ	06029-9732
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address	,	
			860-5	58-2896	860-872	-3289	Ellingto	onDepot@g	mail.com	
Contact Role(s): C	Owner		,	1			1			

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

End of schedule

	Connecticut Department	of Public H	lealth I		ng V	<i>V</i> ater	Sed	ction	
	Water Quality Mon				_				
PWS ID	PWS Name							er Type Pr	imary Sourc
CT0480114	ELLINGTON RIDGE COUNTRY CLUB			NC		25		P	GW
Local Address	(where applicable)	Service	Residentia	al Comme	rcial	Industria	I (Combined	Agricultura
56 ABBOT ROA	AD.	Connections		1					
Towns Served:	ELLINGTON	'	1	1	,		'		
	Mo	nitoring Requ	iremen	ts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifor	m (3100)					1	. rou	itine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Peri	iod	Complia	nce Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 1	1/30/23				Cor	mplete
			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 - 1	0/31/24					
Total Colifor	m (3100)						3 re	peat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Peri	iod	Complia	nce Status
Select fro	m Inventory of Active Sampling Points	1	.1/11/23 - 1	11/16/23				Cor	mplete
Physical Para	ameters (PPS)					1	. rou	ıtine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Peri	iod	Complia	nce Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 1	1/30/23				Cor	mplete
			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 - 1	0/31/24					
Water Syster	m Facility: ENTRY POINT (WSF ID: 007	(00)							

Nitrate (1040)		1 rout	ine (RT) per quarteı
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 11/30/23	10/1-11/30	Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		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		
	1/1/25 - 12/31/25		

1 triggered (TG) per period

Compliance Status

Complete

Collection Period

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.

Monitoring Period

11/10/23 - 11/16/23

E. Coli (3014)

WELL (2)

Sampling Point (Sampling Point ID)

2000				1_	1	_		_
Water Quality Monitoring and Con			`	_				
Connecticut Department of Public Health	Dr	in	king	σ W	⁷ ater	Sec	tion	

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0480114	ELLINGTON RIDGE COUNTRY CLUB				NC	25	Р	GW
Local Address	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
56 ABBOT ROA	D	Connections			1			

Towns Served: ELLINGTON

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

L1 ASSESSMENT (MULTIPLE TC+) 9/22/2023

Public Notification Requirements

	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	3/16/23 - 3/24/23	2	9/8/2023		9/18/2023	

Water System Facility and Sampling Point Inventory

		•	•			•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	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					
20884	WELL	2	WELL	Α					

Contact	Information
---------	-------------

			_	• • • • • • • • • • • • • • • • • • • •					
Name				Organization	1			Job Title	
Mr. Thomas J. Tren	holm			Ellington Rid	lge Country Club		Superinten	dent	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
56 Abbott Road						Ellington		СТ	06074
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-872-4052						joey.trer	nholm@ellin	gtonridge.or	g

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

Schedule Generation Date: 4/3/2024

	Connecticut Don	artment of	Dublic L	loalth F	rinle	ing M	ator S	oction	
	Connecticut Dep							ection	
		ality Monit	oring an					1	
PWS ID	PWS Name			C					Primary Source
CT0480144	ROLLING MEADOWS COU	NTRY CLUB			NC		25	Р	GW
	where applicable)		Service	Residentia			ndustrial	Combine	d Agricultural
76 SADDS MILL			Connections			1			
Towns Served:	ELLINGTON								
			oring Requ	irement	ts				
Water System	r Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 rc	-) per quarter
	Point (Sampling Point ID)			Monitoring		Collect	tion Perio		liance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/23 - 12				C	Complete
				1/1/24 - 3/					
				4/1/24 - 6/					
				7/1/24 - 9/	/30/24				
-	meters (PPS)							-) per quarter
	Point (Sampling Point ID)			Monitoring		Collect	tion Perio		liance Status
Select from	m Inventory of Active Sampli	ng Points		10/1/23 - 12				C	Complete
				1/1/24 - 3/	•				
				4/1/24 - 6/	•				
M/-1 C1	. F The Francisco	(11157.17. 20720)		7/1/24 - 9/	/30/24				
	Facility: ENTRY POINT	(WSF ID: 00/00)							
Nitrate (104	•							- ') per quarter
	Point (Sampling Point ID)			Monitoring		Collect	tion Perio	•	liance Status
ENTRY PO	INT (3)			10/1/23 - 12				C	Complete
				1/1/24 - 3/				<u> </u>	
				4/1/24 - 6/					
Nitrite (104)	11			7/1/24 - 9/	30/24			1	(DT) man vaan
•	Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio		(RT) per year liance Status
ENTRY PO				1/1/23 - 12		Conect	ion Ferio		Complete
LIVINITO	1141 (3)			1/1/24 - 12					ompiete
				1/1/25 - 12	•				
		Other Co	ompliance						
Compliance Sc	hedule Activity	Other C	omphance		e Date		Achieve	d Date	
-	ANITARY SURVEY				1/2019		Acmeve	u Dute	
KESI OND 10 3		Custom Fosili	tu and Car			ove et e	M		
	vvater	System Facili	ty and Sar	iipiing P	omt II			•	
Water System Wat	ter System Facility	Sampling Point	Samplina Doi	nt		Total Coliform	Lead an Coppei		Stage
Facility ID	ier system rudnity	ID	Description		Charter	D. J.			Stage s WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Status A	Y			
00000 013		DOWNSTREAM			A	•			
		UPSTREAM	WITHIN 5 SER		A				
			5 5 5 5 1						_

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

20887

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source		
CT0480144	ROLLING MEADOWS COUNTRY CLUB			NC 25 P					GW		
Local Address (\	vhere applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural			
76 SADDS MILL	ROAD		1								

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization				Job Title	
Ms. Anne Gale-Wo	chesky			Rolling Mead	lows Country Club		Managing I	Member	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
76 Sadds Mill Road						Ellingtor	1	СТ	06029
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-875-7243		860-875-	3887		860-974-3189				
Contact Role(s): Ac	dministrative	Contact							
Name				Organization				Job Title	
Rolling Meadows L	LC								
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
Rolling Meadows Co	ountry Club		76 Sadd	s Mill Road		Ellingtor	1	СТ	06029
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-870-5328									
Contact Role(s): Le	gal Contact, C)wner							

Please note the following:

Towns Served: ELLINGTON

- 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 De	epartment of	f Public H	ealth	Drir	nking '	Water	Se	ction	
	Water Q	uality Monit	oring and	d Com	ıplia	nce So	chedu	le		
PWS ID	PWS Name				Classif	ication P	opulation	Owr	ner Type P	rimary Source
CT0480154	SJ RANCH, INC. (WELL #	1 - KITCHEN)			N	С	25		Р	GW
Local Addre	ess (where applicable)		Service	Residen	tial Co	mmercial	Industr	ial	Combined	I Agricultural
130 SANDY	BEACH ROAD		Connections			1				
Towns Serv	red: ELLINGTON									
		Monite	oring Requ	ireme	nts					
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Coli	form (3100)							1 ro	utine (RT) per month
Sampl	ling Point (Sampling Point ID)		ı	Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
Select	from Inventory of Active Sam	pling Points		6/1/24 -	6/30/2	4				
				7/1/24 -	7/31/2	4				
				8/1/24 -	8/31/2	4				
Physical F	Parameters (PPS)							1 ro	utine (RT) per month
Sampl	ling Point (Sampling Point ID)			Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
DISTRI	IBUTION SYSTEM (4)			6/1/24 -						
				7/1/24 -	7/31/2	4				
				8/1/24 -	8/31/2	4				
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)								
	nd Nitrite (NOX)							1	=	RT) per year
_	ling Point (Sampling Point ID)			Monitori			lection Pe	riod	Compl	iance Status
ENTRY	POINT (3)			1/1/23 -					Co	omplete
				1/1/24 -						
		2.1		1/1/25 -		25				
		Other C	ompliance							
	e Schedule Activity				Due Da		Achi	eved	Date	
SEASONAL	START UP COMPLETION				5/1/202	24				
	Wate	r System Facili	ity and San	npling	Poin [®]	t Inven	tory			
Water		6 " 6 "	<i>c</i>			Tota		and		-
-	Water System Facility	Sampling Point ID	Sampling Poin Description	it		Colifo	-	per	Achastas	Stage WQP 2 DBPR
Facility ID 00600	DISTRIBUTION SYSTEM		DISTRIBUTION	CVCTENA		i <u>tus</u> Rui A Y		rier	ASDESIUS	WQP 2 DBPK
00000	DISTRIBUTION SYSTEM	4								
		DOWNSTREAM UPSTREAM	WITHIN 5 SER			4 Λ				
00700	ENTRY DOINT			VICE CON		<u> </u>				
	ENTRY POINT WELL	3	ENTRY POINT			<u>4</u>				
20888	VV ELL	2	WELL			4				
		Con	tact Inforn	nation						
Name			rganization						Job Title	
Ms. Juliane			Riding Camp				Director			
	dress Line One	Mailing Address	s Line Two				City		State	Zip Code
120 Candy	Doogh Dd					FILLER			СТ	06020

Mobile Phone

Ellington

julie@sjridingcamp.com

Emergency Phone Email Address

CT

06029

130 Sandy Beach Rd

Business Phone

860-872-4742

Extension

Contact Role(s): Administrative Contact

Fax

860-870-4914

C	onnecticu	ıt Depa	rtment	of Public	Health	ı Drii	nking	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID PV	VS Name					Classif	ication	Population	Owner Type	Primary Source
CT0480154 SJ	RANCH, INC. (\	NELL #1 - KI	TCHEN)			N	IC	25	Р	GW
Local Address (whe	re applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultur
130 SANDY BEACH	ROAD			Connection	ns		1			
Towns Served: ELLI	NGTON			1					1	<u> </u>
Name				Organization					Job Titl	e
Ms. Laura Chandra	1			Sj Riding Camp	LLC			Owner		
Mailing Address Lir	ne One		Mailing Addr	ress Line Two				City	State	Zip Code
130 Sandy Beach R	d						Ellingto	on	СТ	06029
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	Address		
860-872-4742							laura@	sjridingcam	p.com	
Contact Role(s): Lo	egal Contact, O	wner	"	"			-			

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 De	•				`			ection	l
	Water Q	uality Monit	oring and	d Com			_			
PWS ID	PWS Name									Primary Source
CT048016	- , - ,	2 - OVERLOOK)				IC		25	Р	GW
	ress (where applicable)		Service	Resident	tial Co	mmerc	ial In	ndustrial	Combin	ed Agricultura
130 SAND	DY BEACH ROAD		Connections			1				
Towns Se	rved: ELLINGTON									
			oring Requ	iireme	nts					
	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
	oliform (3100)								=	RT) per month
	pling Point (Sampling Point ID)			Monitorii			Collect	ion Period	d Com	pliance Status
Seled	ct from Inventory of Active Samp	pling Points		6/1/24 -						
				7/1/24 -	7/31/2	24				
				8/1/24 -	8/31/2	24				
Physical	Parameters (PPS)							1 r	outine (F	RT) per month
Sam	pling Point (Sampling Point ID)			Monitorii	_		Collect	ion Period	d Com	pliance Status
DIST	RIBUTION SYSTEM (4)			6/1/24 -	6/30/2	24				
				7/1/24 -	7/31/2	24				
				8/1/24 -	8/31/2	24				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	And Nitrite (NOX)									(RT) per year
	pling Point (Sampling Point ID)			Monitorii			Collect	ion Period	d Com	pliance Status
ENT	RY POINT (3)			1/1/23 -						Complete
				1/1/24 - :	12/31/	24				
				1/1/25 - :	12/31/	25				
		Other C	ompliance	Sched	ules					
Complian	ce Schedule Activity			L	Due Da	te		Achieved	l Date	
SEASONA	L START UP COMPLETION			6	5/1/202	24				
	Wate	r System Facili	ty and Sar	npling	Poin	t Inve	entoi	ry		
Water						Т	otal	Lead and		
System	Water System Facility	Sampling Point		nt		Col	iform	Copper		Stage
Facility II	O	ID	Description		Sto	atus l	Rule	Rule Tie	r Asbest	os WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 .	A				
		UPSTREAM	WITHIN 5 SER	VICE CON	l .	A				
00700	ENTRY POINT	3	ENTRY POINT			Α				
20889	WELL	2	WELL			Α				
		Con	tact Inforr	nation						
Name		0	ganization						Job Tit	e
	ne Morton		Riding Camp				Dire	ector		
	ddress Line One	Mailing Address						ty	State	Zip Code
	y Beach Rd					Ellingt		-	СТ	06029

Mobile Phone

Business Phone

860-872-4742

Extension

Contact Role(s): Administrative Contact

Fax

860-870-4914

Schedule Generation Date: 4/3/2024 Page 14

Emergency Phone Email Address

julie@sjridingcamp.com

	Connecticu	t Depa	rtment of	Public	Health	Drir	ıking	Water	Section	
	Wate	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0480164 S	J RANCH, INC. (W	ELL #2 - O	VERLOOK)			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
130 SANDY BEACH	I ROAD			Connections	S		1			
Towns Served: ELI	INGTON					,				
Name			Or	ganization					Job Titl	e
Ms. Laura Chandr	а		Sj	Riding Camp	LLC			Owner		
Mailing Address L	ne One		Mailing Address	Line Two				City	State	Zip Code
130 Sandy Beach	Rd						Ellingto	n	СТ	06029
Business Phone	Extension	Fax	Mobil	le Phone I	Emergency	y Phone	Email A	Address		
860-872-4742							laura@	sjridingcam	p.com	
Contact Role(s):	Legal Contact, Ow	ner								

Please note the following:

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

End of schedule

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Water Quality Moni	itoring and	d Compl	iance	Sche	dule		
PWS ID PWS Name	<u> </u>			_		vner Type	Primary Source
CT0480174 SJ RANCH, INC. (WELL #3 - RANCH HOUSE)			NC	25		Р	GW
Local Address (where applicable)	Service	Residential	Commerc	cial Ind	ustrial	Combine	d Agricultur
130 SANDY BEACH ROAD	Connections		1				
Towns Served: ELLINGTON							1
Moni	toring Requ	irements	;				
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)						
Total Coliform (3100)					:	1 routine	(RT) per yea
Sampling Point (Sampling Point ID)		Monitoring F	Period (Collectio	n Perio	d Com	oliance Status
Select from Inventory of Active Sampling Points		1/1/23 - 12/3	31/23			(Complete
		1/1/24 - 12/3	31/24				
		1/1/25 - 12/3	31/25				
Physical Parameters (PPS)					:	1 routine	(RT) per yea
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collectio	n Perio	d Com	oliance Status
DISTRIBUTION SYSTEM (4)		1/1/23 - 12/3				(Complete
		1/1/24 - 12/3	•				
		1/1/25 - 12/3	31/25				
Water System Facility: ENTRY POINT (WSF ID: 00700	0)						
Nitrate And Nitrite (NOX)							(RT) per yea
Sampling Point (Sampling Point ID)		Monitoring F		Collectio	n Perio		oliance Status
ENTRY POINT (3)		1/1/23 - 12/3				(Complete
		1/1/24 - 12/3	-				
		1/1/25 - 12/3	31/25				
Water System Facility: WELL (WSF ID: 20890)							/ \
E. Coli (3014)				o			(RT) per yea
Sampling Point (Sampling Point ID)		Monitoring F		Collectio	n Perio	-	oliance Status
WELL (2)		1/1/23 - 12/3					Complete
		1/1/24 - 12/3					
Othor		1/1/25 - 12/3					
	Compliance				. , ,	15.	
Compliance Schedule Activity			Date		Achieve	a Date	
CROSS CONNECTION SURVEY REPORT			2018				
RESPOND TO SANITARY SURVEY CROSS CONNECTION SURVEY REPORT			2018 2019				
CROSS CONNECTION SURVEY REPORT			2019				
CROSS CONNECTION SURVEY REPORT			2020				
CROSS CONNECTION SURVEY REPORT			2021				
CROSS CONNECTION SURVEY REPORT			2022				
RESPOND TO SANITARY SURVEY			/2023				
CROSS CONNECTION SURVEY REPORT			2024				
Water System Faci	ility and Sar			anton	,		

	VV	ater system racin	ty and Samping P	OIIIL II	ivento	y			
,	Water System Facility	·	Sampling Point		Total Coliform				Stage
Facility ID	•	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					

	Water Quality Monitoring and Compliance Schedule									
PWS ID										
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)			NC	25	Р	GW		
Local Address (where applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed Agricu	ıltural		
130 SANDY BEACH ROAD Connections 1										

Connecticut Department of Public Health Drinking Water Section

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	у		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stag WQP 2 DBI
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20890	WELL	2	WELL	А				

Contact Information

			_						
Name				Organization	1			Job Title	
Ms. Juliane Morton	l			Sj Riding Can	np		Director		
Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
130 Sandy Beach Ro	ł					Ellington	1	СТ	06029
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ac	ldress		
860-872-4742		860-870-	4914			julie@sji	ridingcamp.c	om	
Contact Role(s): Ac	dministrative	Contact	•			•			
Name				Organization	1			Job Title	
Ms. Laura Chandra				Sj Riding Can	np LLC		Owner		
Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
130 Sandy Beach Ro	ł					Ellington	1	СТ	06029
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s): Legal Contact, Owner

Please note the following:

860-872-4742

Towns Served: ELLINGTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

laura@sjridingcamp.com

Schedule Generation Date: 4/3/2024

	C	onnosti s	ut Dana	ntus on t	of Dublic	Hoolth	Duiz	alein a '	Mata	71 C c	ation	
	C	onnectic	•					U			ection	
PWS ID	D)	VV al	ter Quar	iity Mon	itoring a	illa Coll	_			_	nor Tuno	Primary Source
CT048023		JANN'S BAKER'	V AND CAEE				Classif		60	n Ow	P P	GW
		ere applicable)	T AND CAFE		Service	Resider	1	mmercial		rial	Combined	_
238 SOME					Connection		itiai Co	1	muust	IIdi	Combine	Agricultural
Towns Sei					3311133113			<u>T</u>				
TOWIIS SEI	ived. ELL	NGTON		Mon	itoring Re	auireme	ents					
Water Sy	stem Fa	cility: DISTR	IBUTION SY			9						
Total Co	liform (3100)								1 ro	utine (RT)	per quarter
	-	nt (Sampling Po	oint ID)			Monitor	ing Peri	od Col	lection P			liance Status
Selec	ct from In	ventory of Acti	ve Sampling	Points		10/1/23	- 12/31/	′23			С	omplete
						1/1/24	- 3/31/2	24			С	omplete
						4/1/24	- 6/30/2	.4				
						7/1/24	- 9/30/2	<u>.</u> 4				
Physical	Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Sam	pling Poi	nt (Sampling Po	oint ID)			Monitor	ing Peri	od Col	lection P	eriod	Comp	liance Status
Selec	ct from In	ventory of Acti	ve Sampling	Points		10/1/23	- 12/31/	′23			С	omplete
						1/1/24	- 3/31/2	.4			С	omplete
						4/1/24	- 6/30/2	.4				
						7/1/24	- 9/30/2	.4				
Water Sy	stem Fa	cility: ENTRY	POINT (W	/SF ID: 0070	0)							
Nitrate /	And Nitr	ite (NOX)								1	routine (RT) per year
Sam	pling Poi	nt (Sampling Po	oint ID)			Monitor	ing Peri	od Col	lection P	eriod	Comp	liance Status
ENTF	RY POINT	(3)				1/1/23 -	12/31/2	23			С	omplete
						1/1/24 -	12/31/2	24			С	omplete
						1/1/25 -	12/31/2	25				
			Water Sy	stem Fac	cility and S	Sampling	Poin	t Inven	tory			
Water								Tot	al Lea	d and	1	
System		ystem Facility	9		nt Sampling			Colife		pper		Stage
Facility IE				ID	Descriptio	n	Sta	itus Ru	e Rul	e Tiei	Asbestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM		4	DISTRIBUT	ION	A	4 Y				
				DOWNSTREA	M DOWNSTR	EAM WITHI	N 5	4 Y				
				UPSTREAM	DOWNSTR	EAM WITHI	N 5	4				
00700	ENTRY F	POINT		3	ENTRY PO	INT	A	4				
60431	WELL 1			2	WELL		A	4				
				Co	ontact Info	ormation	1					
Name					Organization						Job Title	
Mr. Micha	ael H. Ho	ffman			Luann's Bake	ry And Cafe						
Mailing A	ddress Lir	ne One		Mailing Add	ess Line Two				City		State	Zip Code
111 Hoffn	nan Road							Ellington			СТ	06029
Busines	s Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Ad	dress			

860-872-8073

860-559-6414

Contact Role(s): Administrative Contact, Legal Contact

mhoffman07@sbcglobal.net

	Connecticu	t Depa	rtment c	of Public	Health	Dri	nking	Water	Section				
	Wate	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	e				
PWS ID	PWS Name		Classif	ication	Population	Owner Type	Primary Source						
CT0480234	LUANN'S BAKERY			N	IC	60	Р	GW					
Local Address (where applicable)					Resider	ntial Co	mmercial Industri		al Combine	ed Agricultural			
238 SOMERS ROA	Connection	ns		1									
Towns Served: El	LINGTON			<u>'</u>		,							
Name	Organization				Job Title								
M. L. Hoffman LL	.C												
Mailing Address I	ess Line Two		City		State	Zip Code							
111 Hoffman Roa				Ellingto	Ellington		06029						
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency Phone		Email Address						
860-559-6414					860-872	-8073	mhoffn	mhoffman07@sbcglobal.net					
Contact Role(s):	Owner		1										

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

End of schedule

	Connecticut De	•						ection			
	Water Q	uality Mon	itoring an	d Comp	olianc	e Sch	edule				
PWS ID	PWS Name			Cl	lassificati	on Popu	lation Ov	vner Type F	Primary Source		
CT048103	4 BACKROADS SMOKIN' E	BBQ			NC	2	25	Р	GW		
Local Addr	ress (where applicable)		Service	Residentia	I Comm	ercial Ir	ndustrial	Combined	d Agricultural		
292 SAND	Y BEACH ROAD		Connections		1	-					
Towns Ser	ved: ELLINGTON										
		Mon	itoring Requ	iirement	ts						
	stem Facility: DISTRIBUTIO	ON SYSTEM (WS	F ID: 00600)								
	liform (3100)								per quarter		
	oling Point (Sampling Point ID)			Monitoring		Collect	ion Period		Compliance Status		
Selec	t from Inventory of Active Sam	pling Points		10/1/23 - 12			Complete				
				1/1/24 - 3/	-						
				4/1/24 - 6/	/30/24						
				7/1/24 - 9/	/30/24						
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter		
Samp	oling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Period	d Comp	Compliance Status			
Selec	t from Inventory of Active Sam	pling Points		10/1/23 - 12/31/23				C	omplete		
				1/1/24 - 3/	/31/24						
				4/1/24 - 6/	/30/24						
			7/1/24 - 9/	/30/24							
Water Sy:	stem Facility: ENTRY POIN	T (WSF ID: 0070	00)								
Nitrate A	And Nitrite (NOX)						1	L routine (RT) per year		
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	d Comp	liance Status		
ENTR	Y POINT (3)		1/1/23 - 12	/31/23			C	omplete			
				1/1/24 - 12	/31/24						
			1/1/25 - 12/31/25								
	Wate	er System Fac	cility and Sar	npling P	oint Ir	vento	ry				
Water						Total	Lead and	d			
-	Water System Facility	Sampling Po	int Sampling Poi	nt		-	Copper		Stage		
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α						
		DOWNTSTRE	AM WITHIN 5 SER	VICE CON	Α						
		UPSTREAM	1 WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
62167	WELL #1	2	WELL #1		Α						
62169	TREATMENT PLANT										
62173	PRESSURE TANK										
		C	ontact Inform	mation							
Name Organizati				Job Titl							
Mr. Doug	Miller										
	ddress Line One	Mailing Add	ress Line Two			С	ity	State	Zip Code		
291 Sandy	Beach Road				Elli	ngton		СТ	06029		

Emergency Phone Email Address

miller_douglas@sbcglabal.net

Mobile Phone

Business Phone

860-871-6137

Contact Role(s): Owner

Extension

Fax

(Connectic	ut Depa	rtment	of Public	Health	Drii	nking	g Wate	Section	n	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le		
PWS ID F	PWS Name						ication	Population	Owner Ty	pe P	rimary Source
CT0481034 E	BACKROADS SM		NC		IC	25	Р		GW		
Local Address (wh	Service	Resider	ntial Commercia		ial Industi	ial Comb	ined	Agricultural			
292 SANDY BEACH ROAD				Connection	ns		1				
Towns Served: EL	LINGTON					'					
Name	Organization				Job Title						
Mr. Blaine Kinney	/			Backroads Sm	okin' Bbq						
Mailing Address L	Mailing Addr	ress Line Two				City		te	Zip Code		
272 Peter Green Road						Tolland		d	CT	Г	06084
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email Address				
860-539-5386							bdc1127@aol.com				
Contact Role(s):	Administrative (Contact		"			-				

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