	Connecticut De Water Q	*					<u> </u>					
PWS ID	PWS Name			0							ner Type P	rimary Sourc
СТ0550054	4 CHURCH OF CHRIST					N	IC	2	25		Р	GW
Local Addr	ess (where applicable)			Service	Residen	tial Co	ommerci	al Ir	ndustria	al	Combined	Agricultura
5 OLD MID	DLE STREET (ROUTE 63)			Connections			2					
Towns Serv	ved: GOSHEN											
		Iv	lonit	oring Req	uireme	nts						
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM	(WSF I	D: 00600)								
Total Col	iform (3100)								1	rou	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)				Monitori	n <mark>g Per</mark> i	od C	ollect	ion Per	riod	Compl	iance Status
Select	t from Inventory of Active Samp	ling Points			10/1/23 -	12/31/	/23				Co	omplete
					1/1/24 -	3/31/2	24				Co	omplete
					4/1/24 -	6/30/2	24					
					7/1/24 -	9/30/2	24					
Physical	Parameters (PPS)								1	rou	utine (RT)	per quarter
Samp	ling Point (Sampling Point ID)				Monitori	n <mark>g Pe</mark> ri	iod C	ollect	ion Per	riod	Compl	iance Status
Select	t from Inventory of Active Samp	ling Points			10/1/23 -	12/31/	/23				Co	omplete
					1/1/24 -	3/31/2	24				Co	omplete
					4/1/24 -	6/30/2	24					
					7/1/24 -	9/30/2	24					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 0	00700)									
Nitrate A	and Nitrite (NOX)									1	routine (I	RT) per year
Samp	ling Point (Sampling Point ID)				Monitori	n <mark>g Per</mark> i	iod C	ollect	ion Per	riod	Compl	iance Status
ENTR	Y POINT (3)				1/1/23 -	12/31/	23				Co	omplete
					1/1/24 -						Co	omplete
					1/1/25 -	12/31/	25					
	Wate	r System	Facil	ity and Sa	mpling	Poin	t Inve	nto	r y			
Water							T	otal	Lead	and		
	Water System Facility		-	Sampling Po	int			iform				Stage
Facility ID		IC)	Description		Sta	ntus ^F	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTIO			A	Y				
				WITHIN 5 SE			A					
		UPSTR		WITHIN 5 SE			A					
	ENTRY POINT	3		ENTRY POIN	Γ	1	A					
20923	WELL	2		WELL			A					
62955	TREAMENT PLANT											
			Con	tact Infor	mation							
Name			0	rganization							Job Title	
Church of	Christ Congregational											
Mailing Ad	dress Line One	Mailing	Addres	s Line Two				С	ity		State	Zip Code
5 Old Midd	lle Street	Р О Вох	216				Goshe	n			СТ	06796
	Phone Extension	Fax	Mobi	ile Phone E	mergency	Phone	Email /	Addre	SS			
Business												
Business 860-491	L-2793 Dle(s): Owner											

		201 200				<u> </u>			<u> </u>		
PWS ID	PWS Name					Classif	ication	Population	Owner Typ	e Pr	rimary Source
СТ0550054	CHURCH OF CHR	IST				٩	IC	25	Р		GW
Local Address (w	here applicable)			Service	Reside	ential Co	ommercia	al Industri	al Combi	ned	Agricultural
5 OLD MIDDLE ST	FREET (ROUTE 63)		Connectio	ins		2				
Towns Served: G	OSHEN			i	1					-	
Name				Organization					Job Ti	tle	
Pastor Sara L. Kr	hla			Church of Chi	rist Cong'l						
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Stat	e	Zip Code
5 Old Middle Stre	eet		PO Box 216				Gosher		СТ		06756
Business Phone	e Extension	Fax	Mc	obile Phone	Emergen	cy Phone	Email A	ddress			
860-491-2793							pastors	ara.goshen	church@gm	nail.c	om
Contact Role(s):	Legal Contact										
Name				Organization					Job Ti	tle	
Ms. Tammie Val	entine			Church of Chi	rist Cong'l			Office Ma	nager		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Stat	е	Zip Code
5 Old Middle Stre	eet		PO Box 216				Gosher	l	СТ		06756
Business Phone	e Extension	Fax	Mo	obile Phone	Emergen	cy Phone	Email A	ddress			
860-491-2793	,						uccgosl	nen@gmail.	com		
Contact Role(s):	Administrative (Contact								-	
Name				Organization					Job Ti	tle	
Mr. Mark Beema	an			Church of Chi	rist Cong'l			Moderato	or		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	Stat	e	Zip Code
5 Old Middle Stre	eet						Gosher	l	СТ		06756
Business Phone	e Extension	Fax	Mc	bile Phone	Emergen	cy Phone	Email A	ddress			
860-481-2972							beema	n.mark@ya	hoo.com		
Contact Role(s):	Legal Contact										
Please note the	following:										
1. The residual di	isinfectant concent	ration must b	e measured at	the same locati	on and time	as each t	otal colifo	orm 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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		_				
partment of	Public Health	Drin	king V	Nater S	Section	
uality Monit	oring and Com	pliar	nce Sc	hedule		
additey Promite	0	1				rimary Source
OUT RESERVATION				-	P	GW
	Service Resident				Combined	
	Connections		6			0
			-			
Monit	oring Requiremen	tc				
	•••	113	_			
IN STSTEIVI (VVSF II	D: 00600)				···· (DT)	
	Monitorin	a Dorio	d Coll			
		-				omplete
						omplete
						Inplete
	//1/24-3	<i>5/ 30/ 24</i>	•	1 r	outing (PT)	nor quartor
	Monitorin	a Perio	d Coll			iance Status
		-				omplete
						omplete
						mpiere
T (WSF ID: 00700)						
					1 routine (RT) per vear
	Monitorin	a Perio	d Coll		-	iance Status
		-			-	omplete
						omplete
						_ · _
Other C						
	-		2	Achiour	d Data	
			-	Acmeve	u Dule	
r System Facili	ity and Sampling I	Point	Invent	=		
Sampling Doint	Sampling Point					Ctores
ID		C 11	0.1			Stage WOP 2 DBPI
4	· · · · · · · · · · · · · · · · · · ·		us			
			•			
		A				
UPSTREAM	VVITITIN 2 SERVICE CON					
UPSTREAM 3						
3	ENTRY POINT	A				
3 2	ENTRY POINT WELL	A				
3 2 Con	ENTRY POINT WELL tact Information	A			1 1	
3 2 Con	ENTRY POINT WELL	A			Job Title	
3 2 Con	ENTRY POINT WELL tact Information rganization	A		City		Zip Code
3 2 Con	ENTRY POINT WELL tact Information rganization	A		City	State	Zip Code
3 2 Con Or Mailing Address	ENTRY POINT WELL tact Information rganization s Line Two	A	Derby			Zip Code 06418
3 2 Con Or Mailing Address	ENTRY POINT WELL tact Information rganization	A	Derby		State	
3 2 Con Or Mailing Address	ENTRY POINT WELL tact Information rganization s Line Two	A	Derby		State	
	Pling Points T (WSF ID: 00700) Cother Co Sampling Point	A Distribution system Sour Reservation Cour Reservation Connections Residenti Connections Residenti Connections Residenti Connections Monitorin Pling Points 10/1/23 - 3 1/1/24 - 6 7/1/24 - 9 Monitorin Pling Points 10/1/23 - 3 1/1/24 - 9 Monitorin 1/1/24 - 9 7/1/24 - 9 7/1/24 - 9 Cother Compliance Schedu D 3 Pling Point Sampling Point D Description A DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON	Puality Monitoring and Complian Classific COUT RESERVATION Service Connections Service Connections Monitoring Requirements DN SYSTEM (WSF ID: 00600) Monitoring Perio pling Points 10/1/23 - 12/31/2 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Perio pling Points 10/1/23 - 12/31/2 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Perio pling Points 10/1/23 - 12/31/2 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 T (WSF ID: 00700) Monitoring Perio 1/1/23 - 12/31/2 1/1/24 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/24 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/25 - 12/31/2 1/1/	Classification PC Classification PC NC NC Service Connections Residential Commercial Connections Monitoring Requirements Monitoring Requirements Monitoring Period Colle Monitoring Period Colle Plane Period Colle Plan	Vality Monitoring and Compliance Schedule Classification Population O NC 300 Service Residential Commercial Industrial Commercial Industrial Commercial Industrial 6 Monitoring Requirements Ir Monitoring Requirements In Monitoring Period Collection Period pling Points 1 r Monitoring Period Collection Period pling Points 1 n/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Total Collection Period pling Points Collection Period 1/1/23 - 12/31/23 1	NC 300 P Service Connections Residential Commercial Industrial Combined Monitoring Requirements 6 Industrial Combined NSYSTEM (WSF ID: 00600) 1 routine (RT) Monitoring Period Collection Period Compl pling Points 10/1/23 - 12/31/23 Cc 1/1/24 - 3/31/24 Cc 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 routine (RT) Monitoring Period Collection Period Compl pling Points 10/1/23 - 12/31/23 Cc 1/1/24 - 3/31/24 Collection Period Compl pling Points 10/1/23 - 12/31/23 Cc 1/1/24 - 6/30/24 7/1/24 - 9/30/24 Toutine (RT) Monitoring Period Collection Period Compl 1/1/24 - 3/31/24 Cc Cc 1/1/24 - 12/31/23 Cc Cc 1/1/24 - 12/31/23 Cc Cc 1/1/25 - 12/31/23 Cc Cc 1/1/25 - 12/31/24 Cc Cc 1/1/25 - 12/31/25 Cotheer Compliance Collection Period

		· · · · · · · · · · · · · · · · · · ·	<i>v</i>	0						
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT0550084	EDMUND D. STR	ANG SCOUT	RESERVATIO	N			NC	300	Р	GW
Local Address (w	nere applicable)			Service	Reside	ntial C	Commerc	ial Industri	ial Combin	ed Agricultural
278 WEST SIDE R	OAD			Connecti	ons		6			
Towns Served: G	OSHEN									· · ·
Name				Organizatior	ı				Job Titl	e
Ms. Carole Cafar	D			Edmund D. S	Strang Scout	Reser		District As	ssistant	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
111 New Haven A	Venue						Derby		СТ	06418
Business Phone	e Extension	Fax	Mc	bile Phone	Emergeno	cy Phon	e Email	Address		
203-734-3329	0						carole	.cafaro@sco	uting.org	
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Please note the f	ollowing:									

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

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

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

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	Connecticut Depart			0		ection	
		y Monitoring an				T	
PWS ID	PWS Name		C	lassification Popu	ulation Ov	vner Type Pri	mary Source
СТ0550094	GOSHEN VOLUNTEER FIRE DEPT			NC 2	25	L	GW
Local Address (where applicable)	Service	Residentia	al Commercial II	ndustrial	Combined	Agricultural
181 GOSHEN SH	HARON TURNPIKE (ROUTE 4)	Connections		1			
Towns Served:	GOSHEN			· ·		1	
		Monitoring Requ	uiremen	ts			
Water System	Facility: DISTRIBUTION SYST	EM (WSF ID: 00600)					
Total Coliforn	n (3100)				1 ro	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period Collect	tion Period		nce Status
Select from	n Inventory of Active Sampling Poi	nts	10/1/23 - 1	2/31/23		Con	nplete
			1/1/24 - 3				nplete
			4/1/24 - 6				
			7/1/24 - 9				
Physical Para	meters (PPS)		,,_,_,_, J	, ,	1 ro	outine (RT) p	er auarter
-	Point (Sampling Point ID)		Monitoring	Period Collect	tion Period		nce Status
	n Inventory of Active Sampling Poi	nts	10/1/23 - 1				nplete
381801 1101	In inventory of Active Sampling For	1115					nplete
			1/1/24 - 3			CON	ipiete
			4/1/24 - 6				
			7/1/24 - 9	/30/24			
-	Facility: ENTRY POINT (WSF	ID: 00700)					
Nitrate And N					1	1 routine (R	
Sampling	Point (Sampling Point ID)		Monitoring	g Period Collect	tion Period	d Complia	nce Status
ENTRY PO	INT (3)		1/1/23 - 12	2/31/23		Con	nplete
			1/1/24 - 12	2/31/24		Con	nplete
			1/1/25 - 12	2/31/25			
	P	ublic Notification F	Requiren	nents			
		Compliance	Notice	Public Notific	ation	<u>PN Certi</u>	fication
Violation/Situa	ition	Period	Tier	Required Per	rformed	Due to DPH	Received
Total Coliform I	M&R Violation	1/1/23 - 3/31/23	3	6/28/2024		7/8/2024	
Physical Param	eters M&R Violation	1/1/23 - 3/31/23	3	6/28/2024		7/8/2024	
Total Coliform I	M&R Violation	10/1/22 - 12/31/22	2 3	6/28/2024		7/8/2024	
Physical Param	eters M&R Violation	10/1/22 - 12/31/22	2 3	6/28/2024		7/8/2024	
Total Coliform I	M&R Violation	7/1/22 - 9/30/22	3	6/28/2024		7/8/2024	
Physical Param	eters M&R Violation	7/1/22 - 9/30/22	3	6/28/2024		7/8/2024	
Physical Param	eters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	
Total Coliform I	M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	
	Water Syst	em Facility and Sa	mpling P	oint Invento	rv		
Water				Total	Lead and	d	
	er System Facility San	npling Point Sampling Po	int	Coliform			Stage
Facility ID		ID Description		Status Rule		r Asbestos I	-
-	RIBUTION SYSTEM	4 DISTRIBUTIO	N SYSTEM	A Y			
		WNSTREAM WITHIN 5 SEI		A			
		PSTREAM WITHIN 5 SE		A			
00700 ENTI	RY POINT	3 ENTRY POINT		A			
20927 WEL		2 WELL		A			
62237 TREA	ATMENT SYSTEM						

		<u> </u>						
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0550094	GOSHEN VOLUNTEER FIRE DEPT				NC	25	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
181 GOSHEN SH	ARON TURNPIKE (ROUTE 4)	Connections			1			
Towns Served: (GOSHEN					1		

Contact Information Organization Name Job Title Ms. Erin Hurlburt Goshen Volunteer Fire Dept Maintance Mailing Address Line One Mailing Address Line Two State Zip Code City PO Box 193 06756 Goshen CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-491-2526 eshurlburt@gmail.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.

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Connecticut Departme	ent of Public H	lealth D	rinki	ng W	ater S	ection	
Water Quality I	Monitoring an	d Comp	lianco	e Sch	edule		
PWS ID PWS Name	0	X				vner Type Pr	imary Source
CT0550194 HEMLOCK HILL COOPERATIVE CAM	P RESORT INC		NC	1	.90	Р	GW
Local Address (where applicable)	Service	Residential	Comme	ercial Ir	ndustrial	Combined	Agricultural
118 HEMLOCK HILL RD	Connections		1				
Towns Served: GOSHEN							
	Monitoring Requ	uirements	S				
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Coliform (3100)					1 ro	outine (RT) p	oer quarter
Sampling Point (Sampling Point ID)		Monitoring I	Period	Collect	tion Period	d Complie	ance Status
Select from Inventory of Active Sampling Points		4/1/24 - 6/3	30/24				
		7/1/24 - 9/3	30/24				
Physical Parameters (PPS)						outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring I			tion Period		ance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12/		10/	1-10/31	Co	mplete
		4/1/24 - 6/3					
		7/1/24 - 9/3	30/24				
Water System Facility: ENTRY POINT-HAGNAR	WELL (WSF ID: 007)	00)					•
Nitrate And Nitrite (NOX)						1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring I		Collect	tion Period	-	ance Status
ENTRY POINT-HAGNAR WELL (3)		1/1/23 - 12/3			mplete		
		1/1/24 - 12/3		Co	mplete		
Mater Susters Feelliture FNTDY DOINT CENTER	()	1/1/25 - 12/3	31/25				
Water System Facility: ENTRY POINT-CENTER	(WSF ID: 00701)					1	T)
Nitrate And Nitrite (NOX)			Devied	Colloct		1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring I		Conect	tion Period		ance Status
ENTRY POINT-CENTER (3)		1/1/23 - 12/3 1/1/24 - 12/3					mplete mplete
		1/1/25 - 12/3				CO	ilpiete
0	than Camplianas						
	ther Compliance					1	
Compliance Schedule Activity			Date		Achieved	d Date	
SEASONAL START UP COMPLETION			/2024				
Pub	lic Notification R	-					
Violation (Situation	Compliance Period	Notice Tier		<u>c Notific</u>			i <u>fication</u>
Violation/Situation REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/20 - 4/23/21	-	<i>Require</i> 1/22/20		rformed	Due to DPH 2/1/2021	Received
	n Facility and Sa				rv	2/1/2021	
Water	in a cincy and sa			Total	Lead an	d	
	ng Point Sampling Poi	nt		Coliform			Stage
	ID Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4-C	AMP DISTRIBUTIO	N SYSTEM	A	Y			
4-0	FFICE DISTRIBUTIO	N SYSTEM	А	Y			
DOWN	STREAM WITHIN 5 SEF	VICE CON	А				
UPST	REAM WITHIN 5 SEF	VICE CON	А				
00700 ENTRY POINT-HAGNAR WELL	3 ENTRY POINT	-HAGNAR W	А				
00701 ENTRY POINT-CENTER	3 ENTRY POINT	-CENTER	А				
20936 CENTER WELL 2-0	FFICE WELL-OFFICE		А				

	Connectic	ut Depa	rtment of	f Public	Health	Dr	inking	g Wa	iter	Sect	ion	
	Wat	er Qual	ity Monit	oring a	nd Con	npli	ance S	Sche	dul	e		
PWS ID	PWS Name		-	O		Class	ification	Popul	ation	Owner	Type F	Primary Source
СТ0550194	HEMLOCK HILL C	OOPERATIV	E CAMP RESOR	T INC			NC	19	0	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial In	dustria	al Co	mbined	Agricultural
118 HEMLOCK H	ILL RD			Connection	ns		1					
Towns Served: G	OSHEN							1				
		Water Sy	stem Facil	ity and Sa	ampling	; Poi	nt Inve	ntor	у			
Water System Wate Facility ID	r System Facility	2	Sampling Point ID	Sampling P Description		S	Col	otal iform Rule	Lead o Copp Rule	per	bestos	Stage WQP 2 DBPR
58939 HAGN	IAR WELL		2	HAGNAR W	'ELL		А					
			Con	tact Info	rmatior	า						
Name			0	rganization						Jo	b Title	
Hemlock Hill Car	np Resort Coop A	Assn, Inc.										
Mailing Address	Line One		Mailing Addres	s Line Two				Cit	:y	5	State	Zip Code
18 Hemlock Hill I	Road						Goshe	n			СТ	06756
Business Phon	e Extension	Fax	Mobi	ile Phone	Emergency	y Phor	ne Email /	Addres	S			
860-567-2267	,											
Contact Role(s):	Owner											
Name			0	rganization						Jo	b Title	
Mr. Sam Huston								Dire	ctor			
Mailing Address	Line One		Mailing Addres	s Line Two				Cit	:y	5	State	Zip Code
P.O. Box 475							Litchfie	eld			СТ	06759
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phor	ne Email A	Addres	S			
860-361-6888	8						SWH27	78@ya	hoo.co	om		
Contact Role(s):	Administrative (Contact, Leg	al Contact									
Please note the	following:											

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

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

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

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	Connecticut Departm					-			
DIALC ID	Water Quality	Moni	toring an						
PWS ID	PWS Name			C	lassificatio				rimary Source
CT0550234	NODINES SMOKEHOUSE				NC	2	-	P	GW
	(where applicable)		Service Connections	Residentia		rcial In	dustrial	Combined	Agricultural
39 NORTH STR			connections		1				
Towns Served:	GOSHEN								
		Monit	oring Requ	irement	ts				
Water Syster	m Facility: DISTRIBUTION SYSTE	M (WSF	ID: 00600)						
Total Colifor Sampling	m (3100) Point (Sampling Point ID)			Monitoring	Period	Collecti	1 r on Perio		per quarter iance Status
	om Inventory of Active Sampling Poin	ts		10/1/23 - 1				-	omplete
				1/1/24 - 3					omplete
				4/1/24 - 6					p.ete
				7/1/24 - 9					
Physical Para	ameters (PPS)						1 r	outine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	Period	Collecti	on Perio		iance Status
	m Inventory of Active Sampling Poin	ts		10/1/23 - 12					omplete
				1/1/24 - 3					omplete
				4/1/24 - 6					
				7/1/24 - 9,	/30/24				
Water Syster	n Facility: ENTRY POINT (WSF I	D: 00700)						
Nitrate And	Nitrite (NOX)							1 routine (RT) per year
	Point (Sampling Point ID)			Monitoring	Period	Collecti	on Perio	-	iance Status
ENTRY PC				1/1/23 - 12	2/31/23			Co	omplete
				1/1/24 - 12	2/31/24			Co	omplete
			-	1/1/25 - 12	2/31/25				
		Other C	Compliance	Schedu	les				
Compliance So	chedule Activity			Du	ie Date		Achieve	d Date	
RESPOND TO S	SANITARY SURVEY			3/3	3/2016				
RESPOND TO S	SANITARY SURVEY			9/2	23/2021				
	Pu		tification R	-					
Violation/Situ	ation		Compliance Period	Notice Tier		<u>Notifica</u>			<u>tification</u>
	M&R Violation	1/1	/04 - 3/31/04	2	<i>Require</i> 11/17/20		formed	Due to DPH 11/27/2004	
	neters M&R Violation		/20 - 9/30/20	3	1/6/202			1/16/2022	
	M&R Violation	-	/20 - 9/30/20	3	1/6/202			1/16/2022	
	neters M&R Violation		/21 - 12/31/21		11/30/202			12/10/2022	
	M&R Violation		/21 - 12/31/21		11/30/20			12/10/2023	
				1			'V	, -0, 2020	
14/000	Water Syste	Tach	ity and Saf	nping P	onit in		-		
Water System Wa	iter System Facility Samp	lina Point	Sampling Poi	nt	-	Total oliform	Lead an Coppe		Stage
Facility ID	Sump Sump	ID	Description		Status	Rule			WQP 2 DBP
	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y			
00000 010			WITHIN 5 SER		A	•			
		STREAM	WITHIN 5 SER		A				
00700 EN	TRY POINT	3	ENTRY POINT		A				
20941 WE		2	WELL		A				
20041 000		2	**		~				

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0550234	NODINES SMOKEHOUSE			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	itial Commerc	cial Industri	al Combine	ed Agricultural
39 NORTH STRE	ET	Connections		1			
T C L	00011511						

Towns Served: GOSHEN

			Contact Inf	ormation			
Name			Organizatior	ו		Job Title	
Ms. Johanne H Nod	ine		Nodines Smo	okehouse	Owner		
Mailing Address Lin	e One	Maili	ng Address Line Two		City	State	Zip Code
39 North Street		POB	ox 1787		Goshen	СТ	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-489-3213		860-496-9787		860-489-3213	nodines.smokehouse	e@snet.net	
Contact Role(s): Le	gal Contact			1	1		
Name			Organizatior	۱		Job Title	
Mrs. Kelly Nodine			Nodine's Sm	okehouse	Office Mana	ager	
Mailing Address Lin	e One	Maili	ng Address Line Two		City	State	Zip Code
Nodine's Smokehou	se	65 Fc	wler Ave		Torrington	СТ	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-489-3213		860-496-9787		860-484-9076	nodineapar01@gma	il.com	
Contact Role(s): Ac		Contact, Owner	·				

Please note the following:

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

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

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

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

	Сс	onnectic	ut Depa	rtme	nt of	Public	Health	D	rinki	ing V	Vater	r Se	ction	
			ter Qual							<u> </u>				
PWS ID	PW	/S Name	ter qua	iicy it.		,or mg u			ssificati				ner Type P	rimary Source
СТ055025		THOMAS OF	VILLANOVA	CHURCH	1				NC		25		P	GW
Local Add	ress (wher	re applicable)				Service	Resident	tial	Comm	ercial	Industr	ial	Combined	Agricultural
71 NORTH	STREET					Connectior	าร		1					
Towns Ser	ved: GOS	HEN					I		1					
		_				oring Red	quireme	nts	5					
		cility: DISTR	RIBUTION SY	STEM	(WSF I	D: 00600)								
Total Co	•	•						_		~ "				per quarter
		t (Sampling P		D · · ·			Monitorii			Colle	ction Pe	eriod		iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/23 -						C	omplete
							1/1/24 - 4/1/24 -							
							4/1/24 - 7/1/24 -							
Physical	Daramot	ers (PPS)					//1/24-	5/5	0/24			1	utino (PT)	per quarter
-		t (Sampling P	oint ID)				Monitorii	na P	Period	Colle	ction Pe			iance Status
		ventory of Act	-	Points			10/1/23 -	-		conc				omplete
							1/1/24 -							
							4/1/24 -							
							7/1/24 -							
Water Sy	stem Fac	ility: ENTR	Y POINT (W	VSF ID: (00700)									
Nitrate A	And Nitri	te (NOX)										1	routine (I	RT) per year
Samp	oling Poin	t (Sampling P	oint ID)				Monitorii	ng P	Period	Colle	ction Pe		-	iance Status
ENTR	Y POINT (3)					1/1/23 - 1	12/3	31/23				Co	omplete
							1/1/24 - 1	12/3	31/24					
							1/1/25 - 1	12/3	31/25					
			Water Sy	ystem	Facili	ity and S	ampling	Ро	int In	vent	ory			
Water										Total	Lead	l and		
-		stem Facility				Sampling P				-	т Сор			Stage
Facility ID				IC		Description			<u>Status</u>	Rule	Rule	e Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEN		4			ON SYSTEM		Α	Y				
						WITHIN 5 S			A					
				UPSTR			ERVICE CON	J	A					
00700	ENTRY P	UINI		3		ENTRY POI	NI		A					
20943	WELL			2		WELL			A					
57870	IREATM	ENT PLANT												
					Con	tact Info	rmation							
Name					О	rganization							Job Title	
Reverend						Louis De Mo	ontfort Paris	sh		Р	astor			
Mailing Ac		e One		Mailing	Addres	s Line Two					City		State	Zip Code
PO Box 97			_							chfield			СТ	06759
Business		Extension	Fax	2052	Mobi	le Phone	Emergency	Pho						
860-56			860-567-2		-+				trst	tu@stlo	uisdem	ontfo	rtparish.or	g
Contact Re	oie(s): Ac	dministrative	contact, Leg	ai Conta	CT									

		<u> </u>					1
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0550254	ST. THOMAS OF VILLANOVA CHURCH			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
71 NORTH STRE	ET	Connections		1			
Towns Served: (GOSHEN			·			

Please note the following:

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

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

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

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

nary Source GW Agricultural er quarter foce Status plete		
GW Agricultural er quarter ace Status plete		
GW Agricultural er quarter ace Status plete		
er quarter ace Status plete		
er quarter ace Status plete		
plete		
•		
1.1		
plete		
r quarter		
Compliance Status		
plete		
plete		
) per year		
ce Status		
plete		
plete		
Stage		
QP 2 DBPR		
Zip Code		
Zip Code 06756		

	· · · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0550294	WOODRIDGE LAKE ASSOCIATION			NC	25	Р	GW
Local Address (w	/here applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
260 E HYERDALE	DRIVE	Connections		1			
Towns Served: G	GOSHEN				·		

Please note the following:

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

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

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

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	Connecticut Departme				0		
	Water Quality M	onitoring an	d Com	pliance	Schedul	е	
PWS ID	PWS Name			Classificatio	n Population	Owner Type Pi	rimary Source
СТ0550304	CAMP COCHIPIANEE			NC	25	Р	GW
Local Address (where applicable)	Service	Resident	tial Comme	cial Industria	Combined	Agricultural
291 BEACH STF	REET	Connections		1			
Towns Served:	GOSHEN						
	M	onitoring Requ	iireme	nts			
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Colifor	m (3100)				1	L routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collection Per		ance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 -	11/30/23		Со	mplete
			12/1/23 -	12/31/23		Со	mplete
			1/1/24 -	1/31/24		Со	mplete
			2/1/24 -	2/29/24		Со	mplete
			3/1/24 -	3/31/24		Со	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 -	10/31/24			
-	ameters (PPS)					L routine (RT)	•
	Point (Sampling Point ID)		Monitori	-	Collection Per		ance Status
Select fro	m Inventory of Active Sampling Points			11/30/23			mplete
				12/31/23			mplete
			1/1/24 -				mplete
			2/1/24 -				mplete
			3/1/24 -			Со	mplete
			4/1/24 -				
			5/1/24 -				
			6/1/24 -				
			7/1/24 -				
			8/1/24 -				
			9/1/24 -	· · -			_
Mator Suctor	n Facility: ENTRY POINT (WSF ID: 0		10/1/24 -	10/31/24			
-	, ,	0700]				1 routine (P	
	Nitrite (NOX) Point (Sampling Point ID)		Monitorii	na Period	Collection Per	1 routine (R	ance Status
ENTRY PO			1/1/23 - 1	-	concention Per		mplete
ENTRIPU			1/1/23 -				mplete
			1/1/24 -			0	inplete
	Duk!!	Notification					
	Public	c Notification R	-				
Violation (C)		Compliance	Notice		<u>Notification</u>		ification
Violation/Situe		Period	Tier	Require			Received
	eters M&R Violation	6/1/23 - 6/30/23	3	8/21/202		8/31/2024	
	M&R Violation	6/1/23 - 6/30/23	3	8/21/202		8/31/2024	
Physical Param	eters M&R Violation	5/1/23 - 5/31/23	3	8/21/202		8/31/2024	

(Connectic	it Depa	rtmei	nt of	f Public	: Hea	alth	Drii	nking	t Wa	ater	Sec	ction		
		er Qual							<u> </u>	-					
PWS ID F	WS Name	Qui Qui		01110									er Type	Primar	v Sour
СТ0550304 С		NEE							IC	-	25		P		iW
Local Address (wh	ere applicable)				Service	Re	esident	ial Co	ommerci	al Ir	ndustria	al (Combine	ed Agr	icultur
291 BEACH STREE	T				Connectio	ons			1						
Towns Served: GC	SHEN														
			Publi	c Not	tificatior	n Req	uire	men	ts						
					ompliance		• Notice		Public N	otifica	ation		PN Ce	ertificat	ion
Violation/Situatio	on				Period		Tier		quired	-	rformed	d Du	ue to DP	-	ceive
Total Coliform M8	kR Violation			5/1,	/23 - 5/31/2	23	3	8/2	21/2024			8,	/31/202	4	
		Water Sy	/stem	Facili	ity and S	Samp	ling	Poin	t Inve	nto	rv				
Water					•	•	0			otal	Lead of	and			
System Water	System Facility		Sampling	Point	Sampling	Point			Col	iform	Сорр	ber			Stag
Facility ID			ID		Descriptio	n		Sto	ntus R	Rule	Rule	Tier	Asbesto	s WQP	• 2 DB
00600 DISTRI	BUTION SYSTEM		4		DISTRIBUT	γιον συ	/STEM		A	Y					
			DOWNST	REAM	WITHIN 5	SERVIC	CE CON		A						
			UPSTR	EAM	WITHIN 5	SERVIC	E CON		A						
00700 ENTRY	POINT		3		ENTRY PO	INT			A						
22720 WELL			2		WELL				A						
61343 TREATI	VENT PLANT														
				Con	tact Info	orma	tion								
Name				0	rganization								Job Title	9	
Mr. Robert P. Val	entine			Town of Goshen				First Selectman				1			
Mailing Address L	ine One		Mailing A	Addres	s Line Two					C	ity		State	Zip	Code
Town Office Build			42A Nor	th Stre	et				Goshei	n			СТ	0675	6-1543
Business Phone	Extension	Fax		Mobi	ile Phone	Emer	gency	Phone	Email A	Addre	SS				
860-491-2308		860-491-6	5028						1stsele	ectma	n@gosł	henct	t.gov		
Contact Role(s):	Legal Contact					1									
Name				0	rganization								Job Title	e	
Ms. Erin Reilly				Тс	own of Gosł	hen- Re	ec Dept			Rec	creation	n Dire	ector		
Mailing Address L	ine One		Mailing A	Addres	s Line Two					C	ity		State	Zip	Code
42 A North Street									Goshei	n			СТ	06	756
Business Phone	Extension	Fax		Mobi	ile Phone	Emer	gency	Phone	Email A	Addre	SS				
860-491-2249	2	860-491-6	5028						parkan	drec@	@goshe	enct.g	gov		
Contact Role(s):	Administrative	Contact													
Please note the fo	ollowing:														
1. The residual dis	infectant concent	ration must b	e measure	ed at the	e same locati	ion and	time as	each t	otal colif	orm sa	ample.				

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

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

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	Connectic	.								ection	
		ter Qual	ity Moni	toring an	ia con						
PWS ID	PWS Name										Primary Source
СТ0550354	CHURCH OF LAT	TER DAY SAII	NTS	-			NC		37	P	GW
	(where applicable)			Service	Residen	tial Co	ommerc	ial In	dustrial	Combine	d Agricultura
122 NORTH S				Connections	5		1				
Towns Served	: GOSHEN										
				oring Req	uireme	nts					
	m Facility: DISTR	IBOTION SY	STEIM (WSF	ID: 00600)							
Total Colifo	• •	1				_				-) per quarter
	g Point (Sampling P				Monitori	-		Collect	ion Period		liance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -						Complete
					1/1/24 -					C	Complete
					4/1/24 -						
					7/1/24 -	9/30/2	24				
•	rameters (PPS)								1 ro	utine (RT) per quarter
Sampling	g Point (Sampling P	oint ID)			Monitori	ng Per	iod C	Collect	ion Period	l Comp	liance Status
Select fro	om Inventory of Act	ive Sampling	Points		10/1/23 -	12/31	/23			C	Complete
					1/1/24 -	3/31/2	24			C	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Water Syste	m Facility: ENTRY	Y POINT (W	/SF ID: 00700)								
Nitrate And	Nitrite (NOX)								1	routine	RT) per year
	g Point (Sampling P	oint ID)			Monitori	ng Per	iod C	Collect	ion Period		liance Status
ENTRY P					1/1/23 -	-					Complete
	- (-)				1/1/24 -						Complete
					1/1/25 -						
		Mator Su	stem Facil	ity and Sa				nto	~ /		
		water sy	Stem Facil	ity and Sa	Inhing	POIII			-	-	
Water	atos Custom Facility		Complian Doint					otal	Lead and	1	Character
System Wo Facility ID	ater System Facility	2	Sampling Point ID	Description	omu	_		ijorm Rule	Copper Pulo Tio	r Ashasta	Stage s WQP 2 DBP
	C11 #1						utus	luie	Rule He	ASDESIO	
00501 WE			2	WELL #1			A	V			
00600 DIS	STRIBUTION SYSTEM		4				A	Y			
							A				
			UPSTREAM	WITHIN 5 SE			A				
	ITRY POINT		3	ENTRY POIN	I		A				
59530 TR	EATMENT PLANT										
				ntact Infor	mation						
Name				rganization						Job Title	
Mr. Roy B. M				latural Resour	ces-Specia	l Proj		Ma	nager		
Mailing Addre	ess Line One		Mailing Addres	ss Line Two				Ci	ty	State	Zip Code
50 East North	n Temple St		Mfd 12Th Floo				Salt La			UT	84150
	none Extension	Fax	Mob	ile Phone E	Emergency	Phone	e Email /	Addres	SS		
Business Ph									Ochurchof		org
Business Ph 801-240-46	656	801-240-2	2913				mcdar	neirbe	echarchoi	jesuschrist	.org

				0	,		- г					
PWS ID	PWS Name						Class	ification	Population	Own	er Type	Primary Source
СТ0550354	CHURCH OF LAT	TER DAY SA	NTS					NC	137		Р	GW
Local Address (w	here applicable)			Service		Residen	tial	Commerci	al Industi	ial (Combine	ed Agricultural
122 NORTH STRE	ET			Connec	ctions			1				
Towns Served: G	OSHEN											
Name				Organizatio	on						Job Title	5
Mr. Andrew Bee	echer			Chuch of Je	esus (Christ of Lo	ds		Drinking	Water	-	
Mailing Address	Line One		Mailing Add	ress Line Tw	/0				City		State	Zip Code
50 E North Temp	ole St		Attn: Andrev	w Beecher 1	.2Th F	loor		Salt Lal	ke City		UT	84150
Business Phon	e Extension	Fax	M	obile Phone	e E	mergency	Phor	ne Email A	Address			
801-240-1693	}					435-230-	9658	drinkin	kingwater@churchofjesuschrist.org			
Contact Role(s):	Administrative	Contact						I				
Name	1			Organizatio	on						Job Title	5
Mr. James Greei	r			Church of J	Jesus	Christ of I	ds		Water M	anage	r	
Mailing Address	Line One		Mailing Add	ress Line Tw	/0				City		State	Zip Code
50 E North Temp	ole Street							Salt Lal	ke City		UT	84150
Business Phon	e Extension	Fax	M	obile Phone	e E	mergency	Phor	ne Email A	ddress			
801-240-0536	5							drinkin	gwater@cl	nurcho	fjesusch	rist.org
Contact Role(s):	Legal Contact		i									
Please note the	following:											
1. The residual d	isinfectant concer	tration must b	e measured at	the same loc	cation	and time a	is eacl	total colif	orm sample.			
2. If a Collection	Period is specified	, all water qua	lity samples m	ust be collect	ted du	iring the sp	ecifie	l period.				

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

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Connecticut Depa	artment of Public	c Health Drinki	ng Water Se	ction
·	lity Monitoring a		0	
PWS ID PWS Name		X		ner Type Primary Source
CT0550374 AJS STEAK & PIZZA RESTAU	ANT	NC	40	P GW
Local Address (where applicable)	Service	Residential Comm	ercial Industrial	Combined Agricultural
171 TORRINGTON ROAD	Connectio	ons 1	-	
Towns Served: GOSHEN				l
	Monitoring Re	equirements		
Water System Facility: DISTRIBUTION S	YSTEM (WSF ID: 00600)			
Total Coliform (3100)			1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling	g Points	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Physical Parameters (PPS)				tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling	g Points	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (VSF ID: 00700)		-	(27)
Nitrate And Nitrite (NOX)		Monitorium Davied		routine (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		Complete
		1/1/24 - 12/31/24		
Water S	ystem Facility and		ventory	
Water	yotenni aenty ana s		Total Lead and	
System Water System Facility	Sampling Point Sampling	Point	Coliform Copper	Stage
Facility ID	ID Descriptio			Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBU	TION SYSTEM A		
00700 ENTRY POINT	3 ENTRY PC	DINT A		
60584 WELL 1	2 WELL 1	А		
60588 TREATMENT PLANT				
	Contact Inf	ormation		
Name	Organization	1		Job Title
Mr. Mark Wasdo				
Mailing Address Line One	Mailing Address Line Two		City	State Zip Code
30 Deer Run Lane		Go	shen	CT 06756
Business Phone Extension Fax	Mobile Phone	Emergency Phone Em	ail Address	
860-806-0173		860-491-4733 MJ	WASDO@HOTMAIL.	СОМ
Contact Role(s): Administrative Contact, Leg	gal Contact			

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0550374	AJS STEAK & PIZZA RESTAURANT			NC	40	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
171 TORRINGTO	IN ROAD	Connections		1			
Towns Served:	GOSHEN	i		1		1	<u> </u>

Please note the following:

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

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

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

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