

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550072	GOSHEN CENTER SCHOOL/TOWN BLDGS	NTNC	205	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
50 NORTH STREET	Connections		3		

Towns Served: GOSHEN

Monitoring Requirements

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

Asbestos (1094)	1 routine (RT) per nine years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Lead And Copper (PBCU)	5 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/24 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/29	6/1-9/30	
Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **ENTRY POINT - WELLS 2 & 3** (WSF ID: 00701)

Chloride (1017)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)	1 (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/23 - 12/31/25	1/1-12/31	Waiver

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Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
50 NORTH STREET	Connections		3		

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: ENTRY POINT - WELLS 2 & 3 (WSF ID: 00701)

Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)		1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
EP - WELLS 2 & 3 (3)	1/1/26 - 12/31/28			
	1/1/29 - 12/31/31			
Organic Chemicals (VOCS)		1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
EP - WELLS 2 & 3 (3)	1/1/24 - 12/31/26			
	1/1/27 - 12/31/29			

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Stage
					Coliform Rule	Copper Rule Tier	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		GOSHEN001	ROOM 109	A	Y	2	
		GOSHEN002	WOMANS LAVATORY	A	Y	2	
		GOSHEN003	MENS LAVATORY	A	Y	2	
		GOSHEN004	GIRLS LOCKER ROOM	A	Y	2	
		GOSHEN005	BOYS LOCKER ROOM	A	Y	2	
		GOSHEN006	KITCHEN SINK 1	A	Y	2	Y
		GOSHEN007	KITCHEN SINK 2	A	Y	2	Y
		GOSHEN008	ROOM 34	A	Y	2	
		GOSHEN009	ROOM 106	A	Y	2	
		GOSHEN010	ROOM 108	A	Y	2	
		GOSHEN011	ROOM 115 SINK 1	A	Y	2	
		GOSHEN012	ROOM 115 SINK 2	A	Y	2	
		GOSHEN013	ROOM 112	A	Y	2	
		GOSHEN014	ROOM 110	A	Y	2	
		GOSHEN015	ROOM 117	A	Y	2	
		GOSHEN016	BOYS LAVATORY	A	Y	2	
		GOSHEN017	GIRLS LAVATORY	A	Y	2	
		GOSHEN018	ROOM 202	A	Y	2	
		GOSHEN019	ROOM 200	A	Y	2	
		GOSHEN020	ROOM 201	A	Y	2	
		GOSHEN021	ROOM 203	A	Y	2	
		GOSHEN022	ROOM 205	A	Y	2	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550072	GOSHEN CENTER SCHOOL/TOWN BLDGS	NTNC	205	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
50 NORTH STREET			3		

Towns Served: GOSHEN

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	2	Y	2
	GOSHEN023	ROOM 207 SINK 1		A	Y	2		
	GOSHEN024	ROOM 207 SINK 2		A	Y	2		
	GOSHEN025	ROOM 207 SINK 3		A	Y	2		
	GOSHEN026	ROOM 207 SINK 4		A	Y	2		
	GOSHEN027	ROOM 209		A	Y	2		
	GOSHEN028	ROOM 211		A	Y	2		
	GOSHEN029	ROOM 213		A	Y	2		
	GOSHEN030	ROOM 215		A	Y	2		
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00701	ENTRY POINT - WELLS 2 & 3	3	EP - WELLS 2 & 3	A				
57465	WELL 2	2	WELL 2	A				
57467	WELL 3	2	WELL 3	A				
57469	ATMOSPHERIC TANK							
57471	PUMP STATION							

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
BLACK, RON W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2026 6/30/2026
CROWNSHAW, MICHAEL L	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	3/31/2028

Contact Information

Name	Organization	Job Title		
Mr. Daniel Hamilton	Regional School District #20	Facilities Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
35 Wamogo Road		Litchfield	CT	06759
Business Phone	Extension	Fax	Mobile Phone	Email Address
860-361-9694			941-270-6390	dhamilton@rsd20.org

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

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	Population	Owner Type	Primary Source
CT0550274	TORRINGTON COUNTRY CLUB	NTNC	280	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
250 TORRINGTON ROAD			1		

Towns Served: GOSHEN

Monitoring Requirements

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

Asbestos (1094)	1 routine (RT) per nine years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
Lead And Copper (PBCU)	5 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	Complete
	1/1/26 - 12/31/28	6/1-9/30	
	1/1/29 - 12/31/31	6/1-9/30	
Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550274	TORRINGTON COUNTRY CLUB	NTNC	280	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
250 TORRINGTON ROAD	Connections		1		

Towns Served: GOSHEN

Monitoring Requirements

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

Inorganic Chemicals (IOCS)		1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
		1/1/26 - 12/31/28		
		1/1/29 - 12/31/31		
Nitrate And Nitrite (NOX)			1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/25 - 12/31/25			Complete
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			
Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)			1 routine (RT) per three years	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/23 - 12/31/25			Complete
	1/1/26 - 12/31/28			
	1/1/29 - 12/31/31			
Organic Chemicals (VOCS)			1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	7/1/25 - 9/30/25			Complete
	10/1/25 - 12/31/25			
	1/1/26 - 3/31/26			
	4/1/26 - 6/30/26			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/26/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	2/24/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Asbestos	WQP 2 DBPR	Stage
					Rule	Rule Tier				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		TCC001	KITCHEN HAND SINK	A	Y	N	Y	Y		
		TCC002	BANQ AREA MENS BATH	A	Y	N	Y	Y		
		TCC003	WAITRESS STATION	A	Y	N	Y	Y		
		TCC004	MENS BATH MAIN ENT	A	Y	N	Y	Y		
		TCC005	UPSTAIR LADIES BATH	A	Y	N				
00700	ENTRY POINT	3	ENTRY POINT	A						
		10883	WELL #1	A						

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Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
250 TORRINGTON ROAD			1		

Towns Served: GOSHEN

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
1247	TREATMENT PLANT							
57084	WELL #2	2	WELL #2	A				

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 1247)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028
			12/31/2028

Contact Information

Name	Organization	Job Title		
Ms. Andrea Richardson	Torrington Country Club, Inc	Comptroller		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
250 Torrington Rd		Goshen	CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-491-2440		860-491-5765		860-689-3325 andrea250@optonline.net

Contact Role(s): Administrative Contact, Legal Contact

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