

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680044	BULLS BRIDGE COUNTRY STORE	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
337 KENT ROAD				3			
Towns Served: KENT							

Monitoring Requirements

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

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	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

Physical Parameters (PPS)		1 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	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<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 - 12/31/23		Complete	
	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	6/25/2011		7/5/2011	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/11/2024		7/21/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/11/2024		7/21/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/11/2024		7/21/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/11/2024		7/21/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>		<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
					Y	Rule	Tier	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
21159	WELL	2	WELL	A					
55802	PRESSURE TANK								
55804	TREATMENT FILTER								

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		
CT0680044	BULLS BRIDGE COUNTRY STORE	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
337 KENT ROAD				3			

Towns Served: KENT

Contact Information

Name		Organization			Job Title		
Mr. John O'hara		Bulls Bridge Country Store			Property Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1 Boulder Brook Lane					New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
			203-417-0000	860-927-3094			

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680074	KENMONT & KENWOOD CAMPS	NC	825	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD				112			
Towns Served: KENT							

Monitoring Requirements

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

Total Coliform (3100)		3 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	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Physical Parameters (PPS)		3 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	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Water System Facility: ENTRY POINT - WELL #1 (WSF ID: 00701)

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>		
ENTRY POINT - KENWOOD (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Water System Facility: ENTRY POINT - FAIRWAY WELL (WSF ID: 00703)

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>		
ENTRY POINT - KITCHEN HOT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Water System Facility: ENTRY POINT - BOYS' WELL (WSF ID: 00704)

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>		
ENTRY POINT - KENMONT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	6/15/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	GENERATED BY BATCH	A	Y			
		4 - KENMONT	DISTRIBUTION KENMONT	A	Y			
		4 - KENWOOD	DISTRIBUTION KENWOOD	A	Y			
		4-HOT&CABIN	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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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		
CT0680074	KENMONT & KENWOOD CAMPS	NC	825	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD				112			
Towns Served: KENT							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		FAIRWAYS003	FAIRWAYS HEALTH CTR	A	Y			
		KENMONT001	KENMONT BOYS CABIN	A	Y			
		KENWOOD002	KENWOOD GIRLS CABIN	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL #1	3	ENTRY POINT - KENWOO	A				
00703	ENTRY POINT - FAIRWAY WELL	3	ENTRY POINT - KITCHE	A				
00704	ENTRY POINT - BOYS' WELL	3	ENTRY POINT - KENMON	A				
21162	WELL 1	2	WELL 1-KENWOOD	A				
57645	FAIRWAY WELL	2	WELL 3-HOT	A				
57647	BOYS' WELL	2	WELL 4-KENMONT	A				
57773	ATMOSPHERIC TANKS - KENWOOD							
57775	ATMOSPHERIC TANK - KENMONT							
57779	HYDROPNEUMATIC TANK - FAIRWAY							

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
BLACK, RON W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2026
CROWNSHAW, MICHAEL L	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	3/31/2025

Contact Information

Name		Organization			Job Title			
Mr. Bob Fischer		Campland LLC						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
65 Kenmont Rd						South Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-4590					bob@kencamp.com			

Contact Role(s): Administrative Contact

Name		Organization			Job Title			
Mr. Hylton Wener		Campland LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
65 Kenmont Road						Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-4590					hylton@kencamp.com			

Contact Role(s): Legal Contact, Owner

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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		
CT0680074	KENMONT & KENWOOD CAMPS	NC	825	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD				112			

Towns Served: KENT

Please note the following:

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

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

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

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680094	KENT FALLS STATE PARK	NC	573	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7			3				

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<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 - 12/31/23		Complete	
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2017	
SEASONAL START UP COMPLETION	5/1/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21164	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. David Cooley			Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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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		
CT0680094	KENT FALLS STATE PARK	NC	573	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7			3				

Towns Served: KENT

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680114	KENT SCHOOL HOCKEY RINK	NC	108	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			2	2			
Towns Served: KENT							

Monitoring Requirements

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

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	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		
	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 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	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		
	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 routine (RT) per year		
<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 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
<i>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.</i>						

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680114	KENT SCHOOL HOCKEY RINK	NC	108	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			2	2			
Towns Served: KENT							
Total Coliform M&R Violation		10/1/22 - 10/31/22	3	6/29/2024	7/9/2024		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21165	WELL	2	WELL	A				
51363	ATMOSPHERIC TANK							
51365	HYDROPNEUMATIC TANK							
61823	BOOSTER PUMP							
61824	BOOSTER PUMP							

Contact Information

Name			Organization			Job Title		
Kent School Corporation								
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
		P O Box 2006			Kent	CT	06757	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-6000								

Contact Role(s): Owner								
Name			Organization			Job Title		
Mr. Jonathan Tomlinson			Kent School Corporation			Chf Water Sys Opr		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
PO Box 2006					Kent	CT	06757	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-6124				860-671-1477	tomlinsonj@kent-school.edu			

Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Mr. John Bergin			Kent School Corp.			Facilities Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
PO Box 2006					Kent	CT	06757	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-6119				845-309-1574	berginj@kent-school.edu			

Contact Role(s): Legal Contact								
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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		
CT0680114	KENT SCHOOL HOCKEY RINK	NC	108	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			2	2			

Towns Served: KENT

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

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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		
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL	NC	300	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD		7					

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<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 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2017	
SEASONAL START UP COMPLETION	5/1/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
	UPSTREAM WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
21166	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title		
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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		
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL	NC	300	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD		7					
Towns Served: KENT							
163 Great Hill Road				Portland	CT	06480	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov		

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

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680134	LAKE WARRAMAUG/DAY USE WELL	NC	300	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD		3					

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<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 - 12/31/23	4/1-9/30	Complete
	1/1/24 - 12/31/24	4/1-9/30	
	1/1/25 - 12/31/25	4/1-9/30	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/1/2024	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y		
		102	MEN'S SINK	A	Y		
		103	EXTERIOR FAUCET	A	Y		
		4	DISTRIBUTION SYSTEM	A	Y		
			DOWNSTREAM WITHIN 5 SERVICE CON	A			
			UPSTREAM WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21167	WELL	2	WELL	A			

Contact Information

Name			Organization			Job Title		
Mr. David Cooley			Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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		
CT0680134	LAKE WARRAMAUG/DAY USE WELL	NC	300	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			3				
Towns Served: KENT							
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

Please note the following:

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

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

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

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680144	LAKE WARRAMAUG/SHOP WELL	NC	26	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			4				

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<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 - 12/31/23		Complete	
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/1/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	SHOP SINK	A	Y			
		102	BATHROOM SINK	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21168	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. David Cooley		Deep-Engineering Unit			Supv Civil Engineer			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov			

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

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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		
CT0680144	LAKE WARRAMAUG/SHOP WELL	NC	26	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			4				

Towns Served: KENT

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

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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		
CT0680164	MACEDONIA BROOK S.P./CAMP SITE #30	NC	287	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
KEELER ROAD			1				

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<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 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21170	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. David Cooley			Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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		
CT0680164	MACEDONIA BROOK S.P./CAMP SITE #30	NC	287	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
KEELER ROAD			1				

Towns Served: KENT

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

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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		
CT0680174	MACEDONIA BROOK S.P./ MAINTENANCE	NC	37	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
159 MACEDONIA BROOK ROAD						4	

Towns Served: KENT

Monitoring Requirements

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

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<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 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2017	
SEASONAL START UP COMPLETION	4/1/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	SHOP SINK	A	Y			
		102	BATHROOM SINK	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21171	WELL #1	2	WELL	A				
56199	WELL #2	2	WELL #2	A				

Contact Information

Name		Organization			Job Title		
Mr. David Cooley		Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road					Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

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		
CT0680174	MACEDONIA BROOK S.P./ MAINTENANCE	NC	37	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
159 MACEDONIA BROOK ROAD						4	

Towns Served: KENT

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0680194	ERIC SLOANE MUSEUM	NC	25	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7				1			

Towns Served: KENT

Monitoring Requirements

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

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	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 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	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<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 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2028	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		ESM1	MENS BATH	A	Y			
		ESM2	WOMENS BATH	A	Y			
		ESM3	OUTSIDE FAUCET	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21173	WELL	2	WELL	A				
61136	TREATMENT PLANT							

Contact Information

Name		Organization		Job Title	
Ms. Kristina Newman-Scott		Dept of Economic & Comm Dev		Director of Culture	
Mailing Address Line One		Mailing Address Line Two		City	State
1 Constitution Plaza				Hartford	CT
				Zip Code	
				06103	

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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
CT0680194	ERIC SLOANE MUSEUM	NC	25	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7			1			

Towns Served: KENT

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-256-2753					kristina.newmanscott@ct.gov

Contact Role(s): **Legal Contact**

Name	Organization	Job Title
Ms. Elizabeth Shapiro	State Historic Preservation	Director Operations

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
450 Columbus Blvd	Suite 5	Hartford	CT	06103

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-655-1591				989-640-2150	morgan.bengal@ct.gov

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

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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		
CT0680244	BULLS BRIDGE INN	NC	29	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
333 KENT ROAD				1			
Towns Served: KENT							

Monitoring Requirements

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

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	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Physical Parameters (PPS)		1 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	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<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 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Water System Facility: WELL #1 (WSF ID: 23054)

E. Coli (3014)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
WELL #1 (2)	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CAP - ADDRESS DEFICIENCY	8/18/2015	
RESPOND TO SANITARY SURVEY	7/19/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
E. Coli M&R Violation	10/1/19 - 12/31/19	3	4/28/2021		5/8/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				

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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		
CT0680244	BULLS BRIDGE INN	NC	29	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
333 KENT ROAD				1			

Towns Served: KENT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23054	WELL #1	2	WELL #1	A				

Contact Information

Name			Organization			Job Title		
Mr. Henry J. Zaccara			Bulls Bridge Inn					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
333 Kent Road						Kent	CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-210-1982								

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

Name			Organization			Job Title		
Mr. Thomas Zaccara			Bulls Bridge Inn					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
333 Kent Road						Kent	CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-1000								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0688104	CLUB GETAWAY	NC	26	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD				6			

Towns Served: KENT

Monitoring Requirements

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

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	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<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 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **CLUB GETAWAY TREATMENT PLANT (WSFID: TP001)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.65 MG/L	Daily
Start Date: 12/1/2012	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2023 - 11/30/2023		
	12/1/2023 - 12/31/2023		
	1/1/2024 - 1/31/2024		
	2/1/2024 - 2/29/2024		
	3/1/2024 - 3/31/2024		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/29/2024		7/9/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/29/2024		7/9/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	

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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		
CT0688104	CLUB GETAWAY	NC	26	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD				6			

Towns Served: KENT

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Asbestos	Stage
					Coliform Rule	Copper Rule Tier		
00600	DISTRIBUTION SYSTEM	4	TCR REPEAT - LOCATIO	A	Y			
		4X	DISTRIBUTION	I	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITCHEN	KITCHEN SINK #4	A	Y			
		LAKEVIEW10	BATHROOM SINK	A	Y			
		LAKEVIEW22	BATHROOM SINK	A	Y			
		MEADOWVIEW1	BATHROOM SINK	A	Y			
		RAILROAD7	BATHROOM SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
00700X	UNTREATED ENTRY POINT	3	ENTRY POINT	A				
CT001	CONTACT TANK							
PF001	BOOSTER PUMP							
ST001	THREE 1,000-GALLON ATMOSPHERIC TANKS							
ST002	2500 GALLON STORAGE TANK							
ST003	3000 GALLON STORAGE TANK							
TP001	CLUB GETAWAY TREATMENT PLANT	5	CONTACT TANK OVERFLO	A				
W001	WELL 1	2	WELL 1	A				
W002	WELL 2	2	WELL 2	A				
W003	WELL 3	2	WELL 3	A				
W004	WELL 4	2	WELL 4	A				

Certified Operator Information

Water System Facility: CLUB GETAWAY TREATMENT PLANT (WSF ID: TP001)			
Facility Classification: TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2024
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2025

Contact Information

Name	Organization	Job Title		
Mr. David Schreiber	Club Getaway Landco	President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
59 S. Kent Road		Kent	CT	06757

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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		
CT0688104	CLUB GETAWAY	NC	26	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD				6			
Towns Served: KENT							
59 S. Kent Road			Kent		CT		06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-927-3664				917-836-1659	david@clubgetaway.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0688024	KENT FALLS BREWING COMPANY	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD						5	

Towns Served: KENT

Monitoring Requirements

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

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	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 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	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 - WELL 1 (WSF ID: 00700)**

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 - WELL 1 (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility: **WELL 1 (WSF ID: 59572)**

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete

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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		
CT0688024	KENT FALLS BREWING COMPANY	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD						5	
Towns Served: KENT							

Monitoring Requirements

Water System Facility: WELL 1 (WSF ID: 59572)			
E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KF000	TAP IMMEDIATELY AFTE	A	Y			
		KF001	TASTING ROOM HAND-WA	A	Y			
		KF002	TASTING ROOM CLEANIN	I	Y			
		KF003	TASTING ROOM MOP SIN	A	Y			
		KF004	BREWERY BATHROOM SIN	A				
		KF005	BREWERY BATHROOM SIN	A				
		KF006	SOLAR SHED OUTDOOR F	A	Y			
		KF007	SAGE HOUSE HYDRANT	A	Y			
		KF008	PARKING LOT HYDRANT	A	Y			
KF009	GREENHOUSE HYDRANT	A	Y					
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	A				
59572	WELL 1	2	WELL 1	A				
61106	ATMOSPHERIC STORAGE TANKS							
61278	UV TREATMENT							

Contact Information

Name		Organization		Job Title		
Mr. David Birnbaum						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
33 Camps Rd				Kent	CT	06757

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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
CT0688024	KENT FALLS BREWING COMPANY	NC	35	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD					5	

Towns Served: KENT

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-398-9645			646-616-6721	917-716-6270	davidb@thefoodcycleny.com

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

Name	Organization	Job Title
Mr. Barry Labendz		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
33 Camps Rd		Kent	CT	06757

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-398-9645					barryl@kentfallsbrewing.com

Contact Role(s): **Legal Contact**

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End of schedule