Connecticut Departmen	nt of Public H	lealth I	Drinkir	ng Wa	ater S	ection	
Water Quality M	onitoring and	d Comp	oliance	Sche	edule		
PWS ID PWS Name		C	lassificatio	n Popu	lation O	wner Type P	rimary Source
CT0680044 BULLS BRIDGE COUNTRY STORE			NC	2	8	Р	GW
Local Address (where applicable)	Service	Residentia	al Comme	rcial In	dustrial	Combined	Agricultural
337 KENT ROAD	Connections		3				
Towns Served: KENT	<u>'</u>		"				'
M	lonitoring Requ	iremen	ts				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Total Coliform (3100)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Perio		ance Status
Select from Inventory of Active Sampling Points		4/1/24 - 6	/30/24			Со	mplete
	_	7/1/24 - 9	/30/24			Co	mplete
		10/1/24 - 1	2/31/24				mplete
		1/1/25 - 3					
		4/1/25 - 6					
Physical Parameters (PPS)					1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		4/1/24 - 6	/30/24			Со	mplete
		7/1/24 - 9	/30/24			Со	mplete
		10/1/24 - 1	2/31/24			Со	mplete
		1/1/25 - 3	/31/25				
		4/1/25 - 6	/30/25				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And Nitrite (NOX)						1 routine (F	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Perio	d Compli	ance Status
ENTRY POINT (3)		1/1/23 - 12	2/31/23			Co	mplete
		1/1/24 - 12	2/31/24			Co	mplete
		1/1/25 - 12	2/31/25				
Public	c Notification R	equiren	nents				
	Compliance	Notice	<u>Public</u>	Notifica	<u>tion</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Require	d Per	formed	Due to DPH	Received
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	6/25/201	11		7/5/2011	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/11/202	24		7/21/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/11/202	24		7/21/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/11/202	24		7/21/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/11/202	24		7/21/2024	
Water System	Facility and Sar	npling P	oint Inv	entor/	У		
Water				Total	Lead ar		
, , , , , , , , , , , , , , , , , , , ,	Point Sampling Poi	nt	C	oliform	Coppe		Stage
Facility ID ID			Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION		Α	Υ			
	REAM WITHIN 5 SER		Α				
UPSTR		VICE CON	Α				
00700 ENTRY POINT 3	ENTRY POINT		Α				
21159 WELL 2	WELL		Α				
55802 PRESSURE TANK							
55804 TREATMENT FILTER							

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0680044	BULLS BRIDGE COUNTRY STORE				NC	28	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	l Industri	al Combine	ed Agricultural
337 KENT ROAD		Connections			3			

			C	Contact Info	ormation				
Name				Organization		Job Title			
Mr. John O'hara		Bulls Bridge Country Store Property Owner							
Mailing Address Line One Mailing Addr				ress Line Two		City	State	Zip Code	
1 Boulder Brook Lai	ne					New Mil	ford	СТ	06776
Business Phone	Extension	Fax	N	Mobile Phone Emergency Phone Email A			ldress		
			2	03-417-0000	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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			Public Healtloring and Co	mplia	nce S	che	dule		
PWS ID	PWS Name			Classifi	cation F	Popula	ation Ow	ner Type Pri	mary Source
CT0680074	KENMONT & KENWOOD C	AMPS		N	С	82	5	Р	GW
Local Address (w	vhere applicable)		Service Reside	ntial Cor	mmercia	Inc	dustrial	Combined	Agricultural
65 KENMONT RO	OAD		Connections		112				
Towns Served: k	KENT								
		Monito	oring Requirem	ents					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliform	ո (3100)						3 rou	ıtine (RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monito	ring Perio	od Co	llectio	on Period	Complia	nce Status
Select from	Inventory of Active Samplir	ng Points	4/1/24	- 6/30/2	4			Con	nplete
			7/1/24	- 9/30/2	4			Con	nplete
			4/1/25	- 6/30/2	5				
Physical Parar	meters (PPS)						3 rou	ıtine (RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monito	ring Perio	od Co	llectio	on Period	Complia	nce Status
Select from	Inventory of Active Samplin	ng Points	4/1/24	- 6/30/2	4			Con	nplete
			7/1/24	- 9/30/2	4			Con	nplete
			4/1/25	- 6/30/2	5				
Water System	Facility: ENTRY POINT -	WELL #1 (WSF	ID: 00701)						
Nitrate And N	litrite (NOX)						1	routine (R1	「) per year
Sampling P	Point (Sampling Point ID)		Monito	ring Perio	od Co	llectio	on Period	Complia	nce Status
ENTRY POII	NT - KENWOOD (3)		1/1/23	- 12/31/2	23			Con	nplete
			1/1/24	- 12/31/2	24			Con	nplete
			1/1/25	- 12/31/2	25				
Water System	Facility: ENTRY POINT -	FAIRWAY WELL	(WSF ID: 00703)						
Nitrate And N	litrite (NOX)						1	routine (R1	「) per year
Sampling P	Point (Sampling Point ID)		Monito	ring Perio	od Co	llectio	on Period	Complia	nce Status
ENTRY POII	NT - KITCHEN HOT (3)		1/1/23	- 12/31/2	23			Con	nplete
			1/1/24	- 12/31/2	24			Con	nplete
			1/1/25	- 12/31/2	25				·
Water System	Facility: ENTRY POINT -	BOYS' WELL (W	/SF ID: 00704)						
Nitrate And N			·				1	routine (R1	T) per year
	Point (Sampling Point ID)		Monito	ring Perio	od Co	llectio	on Period	=	nce Status
ENTRY POII	NT - KENMONT (3)			- 12/31/2					nplete
	, ,			- 12/31/2					nplete
			1/1/25	- 12/31/2	25				
		Other Co	ompliance Sche	dules					
Compliance Sch	edule Activity		•	Due Dat	te		Achieved	Date	
CROSS CONNEC	TION SURVEY REPORT			3/1/202	!5				
	Water :	Svstem Facili	ity and Samplin	g Point	t Inven	ntor	V		
Water		•			Tot		Lead and		
	er System Facility	Sampling Point	Sampling Point		Colife		Copper		Stage
Facility ID	· · · · · · · · · · · · · · · · · · ·	ID	Description	Star	ρ.			Asbestos I	NQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM	4	GENERATED BY BATC			,			
		4 - KENMONT	DISTRIBUTION KENM	ONT A	λ Υ	,			
		4 - KENWOOD	DISTRIBUTION KENW	OOD A	λ Υ	,			
		4-HOT&CABIN	DISTRIBUTION SYSTE	M A	A Y	,			

	(Connecticu	t Depa	rtment of	Public I	Iealth	Drii	nking \	Water	Sec	ction	
		Wate	er Qual	ity Monit	oring an	d Con	plia	ince Sc	hedul	le		
PWS ID	Р	WS Name									er Type P	rimary Sourc
CT068007	74 K	ENMONT & KEN	WOOD CAN	/IPS				1C	825		P	GW
_ocal Add	lress (wh	ere applicable)			Service	Residen	tial Co	mmercial	Industri	al C	ombined	Agricultura
55 KENM	ONT ROA	AD			Connections			112				
Γowns Se	rved: KE	NT										
		V	Vater Sy	stem Facili	ity and Sa	mpling	Poin	t Inven	tory			
Water								Tota	ıl Lead	and		
System	Water	System Facility	9	Sampling Point	Sampling Po	int		Colifo	rm Cop	per		Stage
Facility II)			ID	Description		Sto	atus Rul	e Rule	Tier 1	Asbestos	WQP 2 DBP
				DOWNSTREAM	WITHIN 5 SE	RVICE CON	١.	Α				
				FAIRWAYS003	FAIRWAYS H	EALTH CTF	₹ .	A Y				
				KENMONT001	KENMONT B	OYS CABIN	1 .	A Y				
				KENWOOD002	KENWOOD G	IRLS CABI	N .	A Y				
				UPSTREAM	WITHIN 5 SE	RVICE CON	١ .	Α				
00701	ENTRY	POINT - WELL #1		3	ENTRY POIN	Γ - KENWC	00	A				
00703	ENTRY	POINT - FAIRWAY	/ WELL	3	ENTRY POIN	Г - KITCHE		A				
00704	ENTRY	POINT - BOYS' W	ELL	3	ENTRY POIN	Γ - KENMC	N .	Α				
21162	WELL 1			2	WELL 1-KEN	WOOD		A				
57645	FAIRW	AY WELL		2	WELL 3-HOT			A				
57647	BOYS' \	WELL		2	WELL 4-KENI	MONT		A				
57773	ATMOS KENW(SPHERIC TANKS - DOD										
57775	ATMOS	SPHERIC TANK - K	ENMONT									
57779	HYDRO FAIRW	PNEUMATIC TAN AY	K -									
				Certified	Operator	Inform	ation	1				
Water Sy	/stem Fa	acility: DISTRIE	BUTION SY	STEM (WSF II	D: 00600)							
•	-	ion: DISTRIBUTIO	ON SYSTEM									Certification
Operator				Operator Type		ertificatio						Expiration
BLACK, R	ON W.			CHIEF OPERATO				NT PLANT (SS II	6/30/2026
								TEM OPER		_ASS II		6/30/2026
CROWNS	HAW, M	ICHAEL L		ASSIGNED OPER	RATOR S	MALL WA	TER SYS	STEM OPER	RATOR			3/31/2025
				Con	tact Infor	mation	l					
Name					rganization						Job Title	
Mr. Bob I			1		nkw Camps Ll	.C						
Mailing A		ine One		Mailing Address	s Line Two				City		State	Zip Code
65 Kenmo					<u> </u>			South Ke			CT	06785
	s Phone	Extension	Fax	Mobi	le Phone E	mergency	Phone	Email Ad				
	27-4590							bob@ker	ncamp.co	m		
Contact P	tole(s):	Administrative Co	ontact									

	Lonnectic	ut Depa	irtment of	Public	Health	ועו	rinking	, water	Sectio	n	
	Wat	ter Qua	lity Monit	oring ai	nd Con	npl	liance S	Schedul	e		
PWS ID	PWS Name					Cla	ssification	Population	Owner Typ	e Pr	rimary Source
CT0680074	KENMONT & KE	NWOOD CA	MPS				NC	825	Р		GW
Local Address (wi	nere applicable)			Service	Residen	tial	Commerci	al Industri	al Combi	ned	Agricultural
65 KENMONT RO	AD			Connection	ıs		112				
Towns Served: KE	NT				,		1	'	'		
Name			Or	ganization					Job T	itle	
Mr. Hylton Wene	er		Kn	nkw Camps l	LLC/ Campl	and	LLC	Owner			
Mailing Address L	ine One		Mailing Address	Line Two				City	Stat	е	Zip Code
65 Kenmont Road	d						Kent		СТ		06785
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address		·	
860-927-4590					hylton@kencamp.com						
Contact Role(s):	Legal Contact, C	Owner	,								

Connecticut Department of Dublic Health Drinking Water Costion

contact Role(s): Legal Contact, Owne

Please note the following:

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

End of schedule

Со	nnectic	ut Depa	rtment of	Public	Health	Dri	nking	g Wa	ater	Sec	ction	
	Wat	ter Qua	lity Monit	oring ar	nd Com	plia	ance S	Sche	dul	e		
PWS ID PW	S Name			0		_					er Type I	Primary Source
CT0680094 KEN	IT FALLS STAT	ΓE PARK				1	NC	57			S	GW
Local Address (where	e applicable)			Service	Resident	tial C	ommerci	al In	dustria	al (Combined	Agricultural
ROUTE 7				Connection	3							
Towns Served: KENT								'				
			Monito	oring Req	uiremei	nts						
Water System Faci	•	IBUTION SY										
Total Coliform (3	-											per quarter
Sampling Point					Monitorii			ollecti	on Per	riod		liance Status
Select from Inve	entory of Acti	ve Sampling	Points		4/1/24 -					_		omplete
					7/1/24 - 4/1/25 -						С	omplete
Physical Paramete	ers (PPS)								1	rout	ine (RT)	per quarter
Sampling Point	(Sampling Po	oint ID)			Monitorii	ng Per	riod C	ollecti	on Per	riod	Comp	liance Status
Select from Inve	entory of Acti	ve Sampling	Points		4/1/24 -	6/30/	24				С	omplete
					7/1/24 -	9/30/	24				С	omplete
					4/1/25 -	6/30/	25					
Water System Faci	lity: ENTRY	POINT (W	/SF ID: 00700)									
Nitrate And Nitrit	e (NOX)									1 r	outine (RT) per year
Sampling Point	(Sampling Po	oint ID)			Monitorii	ng Per	riod C	ollecti	on Per	riod	Comp	liance Status
ENTRY POINT (3	3)				1/1/23 - 1	12/31/	/23				С	omplete
					1/1/24 - 3						С	omplete
					1/1/25 - 1	12/31/	/25					
			Other Co	omplianc								
Compliance Schedul						Due Do			Achie	ved D	ate	
CROSS CONNECTION					_	3/1/20				_		
		Water Sy	stem Facili	ity and Sa	mpling	Poir	nt Inve	ntor	У			
Water				- " -				otal	Lead (
,	stem Facility	•	Sampling Point ID	Sampling Po	oint		_	form	Copp		Achastas	Stage
Facility ID	TIONI CVCTENA				INIIZ	St	utus	ule	Kule	Her	ASDESTOS	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM		101	WOMEN'S S MEN'S SINK	IINK		A	Y				
			102 103	EXTERIOR FA	NUCET		A A	Y Y				
			4	DISTRIBUTION			A	Υ				
			DOWNSTREAM				A	ı				
			UPSTREAM	WITHIN 5 SE			A					
00700 ENTRY PC	INT		3	ENTRY POIN			A					
00700 ENTRITE	/IIN I				<u>'</u>		A					
21164 WELL			2	WELL			А					
21164 WELL					mation		A					
			Con	tact Info	mation		A				Job Title	
Name			Con	tact Information			A	Sun	v Civil	Engir	Job Title	
Name Mr. David Cooley	: One		Con Or De	tact Information eep-Engineer					v Civil	Engir	ieer	Zip Code
Name Mr. David Cooley Mailing Address Line	· One		Con	tact Information eep-Engineer				Cit		Engir		Zip Code 06480
Name Mr. David Cooley Mailing Address Line 163 Great Hill Road	One	Fax	Con Or De	rganization eep-Engineer s Line Two	ing Unit		Portlar	Cit	ty	Engir	State	Zip Code 06480
Name Mr. David Cooley Mailing Address Line		Fax 860-344-2	Con Or De Mailing Address Mobil	rganization eep-Engineer s Line Two		Phone	Portlar	Cit nd Addres	s s		State	

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0680094	KENT FALLS STATE PARK			NC	573	S	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 7		Connections	3				

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

End of schedule

Connecticut Depar	rtment of	Public H	lealth	Dr	rinkir	ng V	Vater	Se	ction		
Water Qual:											
PWS ID PWS Name	ity Monit	oring and	u com	_	ssificatio				ner Tyne P	rimary Source	
CT0680114 KENT SCHOOL HOCKEY RINK				Cius	NC	11 1 01	108	OWI	P	GW	
Local Address (where applicable)		Service	Residen	tial	Comme	rcial	Industri	al	Combined	Agricultural	
ROUTE 341W		Connections	2		2					7.8.100100101	
Towns Served: KENT			_								
	Monito	oring Requ	ıireme	nts							
Water System Facility: DISTRIBUTION SY				1163	<u>'</u>						
Total Coliform (3100)	•	•	•						routine (RT) per month		
Sampling Point (Sampling Point ID)			Monitori	na P	eriod	Colle	ction Pe			ance Status	
Select from Inventory of Active Sampling F	Points		7/1/24 -							mplete	
γ γ γ			8/1/24 -							mplete	
										mplete	
		:	9/1/24 - 9/30/24 10/1/24 - 10/31/24							mplete	
			11/1/24 -							mplete	
			12/1/24 -		-						
			1/1/25 -								
Physical Parameters (PPS)								1 ro	utine (RT)	per month	
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance Status	
Select from Inventory of Active Sampling F	Points		7/1/24 -	7/3	1/24				Co	mplete	
			8/1/24 -	8/3	1/24				Co	mplete	
			9/1/24 -	9/30	0/24				Co	mplete	
			10/1/24 -	10/	31/24				Co	mplete	
			11/1/24 -	11/	30/24				Co	mplete	
			12/1/24 -	12/	31/24						
			1/1/25 -	1/3	1/25						
Water System Facility: ENTRY POINT (W	SF ID: 00700)										
Nitrate And Nitrite (NOX)								1	routine (F	RT) per year	
Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance Status	
ENTRY POINT (3)			1/1/23 -	12/3	31/23						
			1/1/24 -	12/3	31/24				Co	mplete	
			1/1/25 -	12/3	31/25						
	Other Co	ompliance	Sched	lule	es						
Compliance Schedule Activity			L	Due	Date		Achie	ved	Date		
SAMPLING SITE PLAN			(6/7/:	2024						
CROSS CONNECTION SURVEY REPORT			3	3/1/:	2025						
Water Sy	stem Facili	ity and Sar	mpling	Ро	int Inv	vent	ory				
Water						Total	Lead	and			
*	ampling Point		nt		C	_	т Сорј			Stage	
Facility ID	ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM	001	TRAINING RO	ОМ		Α	Υ					
	002 003	VISITOR'S LR			Α	Υ					
	VARSITY LR			Α	Υ						
	4	DISTRIBUTION			Α	Υ					
	OOWNSTREAM				Α						
	UPSTREAM	WITHIN 5 SER		١	Α						
00700 ENTRY POINT	3	ENTRY POINT	•		Α						

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
СТ0680114	KENT SCHOOL HOCKEY RINK	KENT SCHOOL HOCKEY RINK					Р	GW			
Local Address	(where applicable)	Service	Residen	ntial	Commercia	l Industri	al Combine	ed Agricultural			
ROUTE 341W		Connections	2		2						
Towns Served	: KENT										

Water System Facility and Sampling Point Inventory

Lead and

Connecticut Department of Public Health Drinking Water Section

System Water S Facility ID	ystem Facility	9	Sampling Poin ID	t Sampling Descriptio		_	orm ile	Copper Rule Tier	Asbestos	WQP	Stage 2 DBPI
21165 WELL			2	WELL		A					
51363 ATMOSF	HERIC TANK										
51365 HYDROP	NEUMATIC TAI	NK									
61823 BOOSTE	R PUMP										-
61824 BOOSTE	R PUMP										
			Со	ntact Info	ormation						
Name				Organization					Job Title		
Kent School Corpo	ration										
Mailing Address Lir	e One		Mailing Addre	ess Line Two			Ci	ty	State	Zip C	ode
			P O Box 2006			Kent			СТ	067	′57
Business Phone	Extension	Fax	Mol	bile Phone	Emergency Phone	Email A	ddres	SS			
860-927-6000											
Contact Role(s): O	wner										
Name			(Organization					Job Title		
Mr. Jonathan Tom	inson		I	Kent School (Corporation		Chf	Water Sys	Opr		
Mailing Address Lir	e One		Mailing Addre	ess Line Two			Ci	ty	State	Zip C	ode
PO Box 2006					_	Kent			СТ	067	'57
Business Phone	Extension	Fax	Mol	bile Phone	Emergency Phone	Email A	ddres	SS			
860-927-6124					860-671-1477	tomlins	onj@	kent-schoo	ol.edu		
Contact Role(s): A	dministrative (Contact									
Name			(Organization					Job Title		
Mr. John Bergin				Kent School (Corp.		Fac	ilities Direc	tor		
Mailing Address Lir	e One		Mailing Addre	ess Line Two			Ci	ty	State	Zip C	
PO Box 2006						Kent			CT	067	′57
Business Phone	Extension	Fax	Mol	bile Phone	Emergency Phone	Email A	ddres	SS			
860-927-6119					845-309-1574	berginj(@ken	t-school.ed	du		
Contact Role(s): Lo	egal Contact										
Please note the fol	lowing:										

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

End of schedule

Water

	Connecticut Dep	partment of	Public H	ealth	Drink	ing W	ater	Section				
	•	ality Monit										
PWS ID	PWS Name		0		_				Primary Source			
CT0680124	LAKE WARRAMAUG/CAM	PGROUND WELL			NC		300	S	GW			
Local Address (where applicable)		Service	Residen	tial Comn	nercial	ndustria	I Combine	ed Agricultura			
WEST SHORE R	OAD		Connections	7								
Towns Served:	KENT											
		Monit	oring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)						1	routine (RT) per quarter			
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Per	iod Com _l	oliance Status			
Select from	m Inventory of Active Sampli	ng Points		4/1/24 -	6/30/24			(Complete			
				7/1/24 -	9/30/24			(Complete			
				4/1/25 -	6/30/25		-					
Physical Para	ameters (PPS)					1	routine (RT) per quarter				
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Per	iod Com _l	oliance Status			
Select from	m Inventory of Active Sampli			6/30/24			(Complete				
					9/30/24			(Complete			
			4/1/25 -	6/30/25								
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And I	Nitrite (NOX)								(RT) per year			
Sampling	Point (Sampling Point ID)			Monitoring Period Collection			tion Per	iod Com _l	oliance Status			
ENTRY PO	INT (3)			1/1/23 - 12/31/23					Complete			
				1/1/24 - 12/31/24					Complete			
				1/1/25 - 12/31/25								
		Other C	ompliance	Sched	lules							
-	hedule Activity				Due Date		Achiev	red Date				
CROSS CONNEC	CTION EXEMPTION			3/1/2017								
		Public Not	ification R	equire	ments							
		С	ompliance	Notice	Pub	lic Notific	ation	PN Ce	ertification			
Violation/Situa			Period	Tier	Requi	red Pe	erformed	Due to DP	H Received			
	rbidity MCL Violation		/13 - 6/30/13	2	10/30/			11/9/201				
Distribution Tu	rbidity MCL Violation	7/1,	/13 - 9/30/13	2	2/8/2	014		2/18/201	4			
	Water	System Facil	ity and Sar	npling	Point I	nvento	ry					
Water						Total	Lead o					
,	ter System Facility	Sampling Point		nt		Coliforn			Stage			
Facility ID		ID	Description		Status		Rule	ier Asbesto	s WQP 2 DBPF			
00600 DIST	TRIBUTION SYSTEM	101	WOMEN'S SIN	IK	A	Y Y						
		102	MEN'S SINK									
		103	EXTERIOR FAL									
		4	DISTRIBUTION		Y							
		DOWNSTREAM										
		UPSTREAM	WITHIN 5 SER	VICE CON	N A							

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

21166

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL				NC	300	S	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
WEST SHORE RO)AD	Connections	7					

Contact Information											
Name				Organization		Job Title					
Mr. David Cooley				Deep-Engine	ering Unit	Supv Civil Engineer					
Mailing Address Line	e One		Mailing Add	dress Line Two	ress Line Two			State	Zip Code		
163 Great Hill Road						Portland		СТ	06480		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	dress				
860-424-4120 860-344-2560 86				60-205-7552	860-424-3333	david.co	oley@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

	Connectic	ut Donartmo	nt of	Dublic	Uaalth	Driv	alzina I	Mator	Soc	rtion	
		ut Departme								LUOII	
		ter Quality M	ionit	oring a	na Con						
PWS ID	PWS Name							-			rimary Source
CT0680134		AUG/DAY USE WELL		<u> </u>			IC	300		S	GW
_	where applicable)			Service	Residen	tial Co	mmercial	Industria	al C	Combined	Agricultural
WEST SHORE R				Connection	is 3						
Towns Served:	KENT								_		
				oring Red	quireme	nts					
Water System	Facility: DISTR	RIBUTION SYSTEM	(WSF II	D: 00600)							
Total Coliforn	m (3100)							1	rout	ine (RT)	per quarter
Sampling	Point (Sampling P	Point ID)			Monitori	ng Peri	od Coll	ection Per	riod	Compli	iance Status
Select fror	n Inventory of Act	ive Sampling Points			4/1/24 -	6/30/2	24		_		mplete
					7/1/24 -					Co	mplete
					4/1/25 -	6/30/2	25				
_	meters (PPS)										per quarter
	Point (Sampling P				Monitori			ection Per	riod		iance Status
Select fror	n Inventory of Act	ive Sampling Points			4/1/24 -						mplete
					7/1/24 -					Со	mplete
					4/1/25 -	6/30/2	25				
-	-	Y POINT (WSF ID:	00700)								
Nitrate And I	• •									-	RT) per year
	Point (Sampling P	Point ID)			Monitori			ection Per	riod		iance Status
ENTRY PO	INT (3)				1/1/23 -			4/1-9/30			mplete
					1/1/24 -			4/1-9/30		Со	mplete
		- 11	• • •		1/1/25 -			4/1-9/30			
		Publi		ification	•						- 464
Violation/Situa	ution		C	ompliance Period	Notice Tier	_	<u>Public Not</u> equired		4 Du	<u>PN Cert</u> ie to DPH	tification Received
	rbidity MCL Violati	ion	4/1/	/13 - 6/30/13			30/2013	Performe		1/9/2013	Received
DISCITIS ACTOR TO	islately titled violate	Water System						tory		2,3,2013	
Water		water system	raciii	ity aliu 3	amping	PUIII			a in d		
	er System Facility	Samplin	a Point	Sampling P	oint		Tota Colifo				Stage
Facility ID		II.	_	Description		Sto	itus Rul			Asbestos	WQP 2 DBPR
	RIBUTION SYSTEM	1 10	1	WOMEN'S	SINK		A Y				
		10	2	MEN'S SINK	(,	A Y				
		10	3	EXTERIOR F	AUCET	,	A Y				
		4	•	DISTRIBUTI	ON SYSTEM		A Y				
		DOWNS	TREAM	WITHIN 5 S	ERVICE CON	۱ ۱	A				
		UPSTF	REAM	WITHIN 5 S	ERVICE CON	۱ ۱	А				
00700 ENT	RY POINT	3		ENTRY POI	NT	,	Ą				
21167 WEL	L	2		WELL		,	A				
			Con	tact Info	rmation						
Name			Or	rganization						Job Title	
Mr. David Cool	ey			eep-Enginee	ring Unit			Supv Civil			
Mailing Addres		Mailing		s Line Two				City		State	Zip Code
163 Great Hill F							Portland	•		СТ	06480
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	Phone		dress			
860-424-412		860-344-2560		205-7552	860-424-			oley@ct.go	ΟV		
	1	1					1				

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

PWS ID	PWS Name			Classificatio	n Po	pulation	Owner Type	Primary Source
CT0680134	LAKE WARRAMAUG/DAY USE WELL			NC		300	S	GW
Local Address (w	vhere applicable)	Service	Residen	itial Comme	rcial	Industria	al Combine	ed Agricultural
WEST SHORE RC	DAD	Connections	3					

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

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	Co	nnectic	ut Department	of I	Public	Health	Dri	nkiı	ng V	Wa	iter Se	ction		
		Wat	ter Quality Mon	ito	ring a	nd Com	nnlia	ance	e Sc	he	dule			
PWS ID	PW	S Name	tor Quarty 141011		1 111 B G						ation Owr	er Tyne	Primary Sc	ource
CT068016			OOK S.P./CAMP SITE #30					NC		28		S	GW	
		e applicable)	,		Service	Resident		omme	rcial	_		Combine		tural
KEELER RC					Connectio									
	ved: KENT	-												
			Mon	itor	ring Re	quireme	nts							
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM (WS	F ID:	00600)									
Total Co	liform (3	100)									1 rou	tine (RT) per quai	rter
Samp	oling Point	: (Sampling P	oint ID)			Monitori	ng Per	riod	Coll	ectio	on Period	Comp	liance Sta	tus
Selec	t from Inv	entory of Acti	ve Sampling Points			4/1/24 -	6/30/	′24				(Complete	
						7/1/24 -	9/30/	24			,	(Complete	
						4/1/25 -	6/30/	25						
Physical	Paramet	ers (PPS)									1 rou	tine (RT) per quai	rter
Samp	oling Point	(Sampling P	oint ID)			Monitori	ng Per	riod	Coll	ectio	on Period	Comp	liance Sta	tus
Selec	t from Inv	entory of Acti	ve Sampling Points			4/1/24 -	6/30/	24				C	Complete	
						7/1/24 -	9/30/	24				C	Complete	
						4/1/25 -	6/30/	'25						
Water Sy	stem Fac	ility: ENTR	POINT (WSF ID: 0070	00)										
Nitrate A	And Nitrit	e (NOX)									1	routine	(RT) per y	ear
Samp	oling Point	(Sampling P	oint ID)			Monitori	ng Per	riod	Coll	ectio	on Period	Comp	liance Sta	tus
ENTR	RY POINT (3)				1/1/23 - :	12/31,	/23				C	Complete	
						1/1/24 - :	12/31,	/24				(Complete	
						1/1/25 - :	12/31,	/25						
			Water System Fac	cility	y and S	ampling	Poir	nt Inv	ven	tor	у			
Water									Tota	al l	Lead and			
System	-	stem Facility	Sampling Poi					(Colifo	rm				tage
Facility ID			ID		Description		St	atus	Rul	е	Rule Tier	Asbesto	s WQP 2 L	DBPR
00600	DISTRIBU	TION SYSTEM	101	V	VOMEN'S	SINK		Α	Υ					
			102		∕IEN'S SIN			Α	Υ					
			103		XTERIOR			Α	Υ					
			4			ION SYSTEM		Α	Υ					
			DOWNSTREA					Α						
			UPSTREAM			SERVICE CON		Α						
00700	ENTRY PO	DINT	3		NTRY POI	NT		Α						
21170	WELL		2	V	VELL			Α						
			Co	onta	act Info	rmation								
Name				Orga	anization							Job Title	!	
Mr. David	Cooley		,		p-Enginee	ering Unit				Supv	v Civil Engi	neer		
Mailing Ad	ddress Line	One	Mailing Addr	ress L	ine Two					Cit	.у	State	Zip Cod	le
163 Great	Hill Road							Port	land			СТ	06480)
Business	s Phone	Extension	Fax Mo	obile	Phone	Emergency	Phone	e Ema	il Ad	dres	S			
860-42	4-4120		860-344-2560 86	0-20	5-7552	860-424-	3333	davi	d.cod	oley(@ct.gov			

Schedule Generation Date: 12/18/2024

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

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 (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
KEELER ROAD		Connections	1				

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

End of schedule

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	Connecticut Dep Water Qua	artment of ality Monit				_				ion	
PWS ID	PWS Name				Classific	cation	Popu	lation O	wner	Type Pr	imary Source
CT0680174	MACEDONIA BROOK S.P./ I	MAINTENANCE			NC	С	3	37	S		GW
Local Address	(where applicable)		Service	Resider	ntial Con	nmerci	al In	ndustrial	Co	mbined	Agricultural
159 MACEDOI	NIA BROOK ROAD		Connections							4	
Towns Served	: KENT										
		Monito	oring Requ	iireme	nts						
Water Syster	n Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)								
Total Colifor	rm (3100)							1 r	outin	e (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
Select fro	m Inventory of Active Samplin	g Points		4/1/24	- 6/30/24	4				Coi	mplete
				7/1/24	- 7/31/24	4				Coi	mplete
				4/1/25	- 6/30/25	5					
Total Colifo	rm (3100)							3	repe	at (RP)	per period
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
Select fro	om Inventory of Active Samplin	g Points		7/23/24	- 7/28/2	4				Coi	mplete
Total Colifo						3	3 tem	porary	routi	ne (TR)	per month
	Point (Sampling Point ID)				ing Perio		ollect	ion Perio	od		ance Status
	om Inventory of Active Samplin	g Points		8/1/24	- 8/31/24	4				Coı	mplete
-	ameters (PPS)										er quarter
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
Select fro	om Inventory of Active Samplin	g Points			- 6/30/24						mplete
					- 9/30/24					Coi	mplete
				4/1/25	- 6/30/25	5					
Water Syster	n Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 rou	ıtine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
ENTRY PO	DINT (3)				12/31/2						mplete
					12/31/2					Coi	mplete
				1/1/25 -	12/31/2	.5					
Water Syster	m Facility: WELL #1 (WSF	D: 21171)									
E. Coli (301	4)							1 tri	igger	ed (TG)	per period
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
WELL (2)				7/22/24	- 7/28/2	4				Coı	mplete
Water Syster	m Facility: WELL #2 (WSF	D: 56199)									
E. Coli (301	4)							1 tri	igger	ed (TG)	per period
Sampling	Point (Sampling Point ID)			Monitor	ing Perio	od C	ollect	ion Perio	od	Compli	ance Status
WELL #2	(2)			7/22/24	- 7/28/2	4				Coi	mplete
		Other Co	ompliance	Sched	dules						
Compliance Se	chedule Activity				Due Date	е		Achieve	d Dat	te	
CROSS CONNE	CTION EXEMPTION				3/1/2017	7					
	Water 9	System Facili	ty and Sar	npling	Point	Inve	nto	ry			
Water						To	otal	Lead ar	nd		
	iter System Facility	Sampling Point		nt		Coli	iform				Stage
Facility ID		ID	Description		Stat	tus R	Rule	Rule Ti	er As	bestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	101	SHOP SINK		Α	1	Υ				
		102	BATHROOM S	SINK	Α		Υ				

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Connecticut Department of Public Health	Drinking Water Section
Water Quality Monitoring and Com	npliance 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	Residen	ntial Commer	cial Industr	ial Combin	ed Agricultural
159 MACEDON	IA BROOK ROAD	Connections				4	

	Water System Facility and Sampling Point Inventory												
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
	4	DISTRIBUTION SYSTEM	Α	Υ									
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
	UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700 ENTRY POINT	3	ENTRY POINT	Α		·	·							
21171 WELL #1	2	WELL	Α		·								

	Contact Information											
Name				Job Title								
Mr. David Cooley			ering Unit	Supv Civil Engineer								
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code			
163 Great Hill Road						Portland		СТ	06480			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	mail Address					
860-424-4120		860-344-2	2560	860-205-7552	860-424-3333	david.cooley@ct.gov						

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

Please note the following:

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End of schedule

	Connecticut Dep									ection			
		ality Monit	oring and	a Com						ı			
PWS ID	PWS Name				Clas		on Po	-	on Ow		Primary So	urce	
CT0680194	ERIC SLOANE MUSEUM					NC		25		S	GW		
	vhere applicable)		Service	Residen	tial	Comme		Indus	trial	Combine	d Agricult	tural	
ROUTE 7			Connections			1							
Towns Served: I	KENT												
			oring Requ	ireme	nts								
Water System	Facility: DISTRIBUTION:	SYSTEM (WSF II	D: 00600)										
Total Coliforn	•								1 ro	utine (RT) per quar	ter	
Sampling I	Point (Sampling Point ID)			Monitori	ng Po	eriod	Colle	ection	Period	Comp	oliance Stat	tus	
Select from	n Inventory of Active Samplin	g Points		4/1/24 -	5/31	1/24					Complete		
				7/1/24 -	9/30	0/24				(Complete		
				10/1/24 -	11/3	30/24				(Complete		
				1/1/25 -									
			4/1/25 -	6/30	0/25								
Total Coliforn									3 r	•	P) per peri		
Sampling I	Point (Sampling Point ID)			Monitori			Colle	ection	Period	Comp	oliance Stat	tus	
Select from	n Inventory of Active Samplin	g Points	1	1/23/24	- 11/	28/24				(Complete		
Total Coliforn								•	•	-	utine (TR) per mon		
Sampling I		Monitori			Colle	ection	Period	Comp	oliance Stat	tus			
Select from	n Inventory of Active Samplin	g Points	:	12/1/24 -	12/3	31/24				(Complete		
Physical Para	•								1 ro	=) per quar		
Sampling I	Point (Sampling Point ID)			Monitori	ng Po	eriod	Colle	ection	Period	Comp	oliance Stat	tus	
Select from	n Inventory of Active Samplin	g Points		4/1/24 -	6/30	0/24				(Complete		
				7/1/24 -	9/30	0/24				(Complete		
			:	10/1/24 - 12/31/24						(Complete		
				1/1/25 -	3/31	1/25							
				4/1/25 -	6/30	0/25							
Water System	Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And N	litrite (NOX)								1	routine	(RT) per y	ear	
Sampling I	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ection	Period	Comp	oliance Stat	tus	
ENTRY POI	NT (3)			1/1/23 -	12/3	1/23				(Complete		
				1/1/24 -	12/3	1/24				(Complete		
				1/1/25 -	12/3	1/25							
Water System	Facility: WELL (WSF ID:	21173)											
E. Coli (3014)									1 trig	gered (T	G) per peri	iod	
Sampling I	Point (Sampling Point ID)			Monitori	ng Po	eriod	Colle	ection	Period	Comp	oliance Stat	tus	
WELL (2)			1	1/22/24	- 11/	28/24				(Complete		
		Other Co	ompliance	Sched	lule	es							
Compliance Sch	edule Activity			ı	Due L	Date		Acl	nieved	Date			
RESPOND TO SA	NITARY SURVEY			1	2/7/	2024		1	.2/6/20	024			
CORRECTIVE AC	TION/CORRECTIVE ACTION F	PLAN			3/7/2	2025							
CROSS CONNEC	TION EXEMPTION			3	3/1/2	2028							
	Water 9	System Facili	ity and Sar	npling	Poi	int In	vent	tory					
Water		-					Tota		ad and				
	er System Facility	Sampling Point		nt			Colifo		opper		Sto	age	
Facility ID		ID	Description		9	Status	Rule	e Ru	le Tier	Asbesto	s WQP 2 D)BPR	

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source						
СТ0680194	ERIC SLOANE MUSEUM	NC	25	S	GW								
Local Address (v	vhere applicable)	Service	Residen	itial Commerci	al Industri	al Combine	d Agricultural						
ROUTE 7		Connections		1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: KENT

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	acility ID ID Description		Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		ESM1	MENS BATH	Α	Υ				
		ESM2	WOMENS BATH	Α	Υ				
		ESM3	OUTSIDE FAUCET	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21173	WELL	2	WELL	Α					

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Ms. Elizabeth Shap	iro			State Histori	c Preservation		Director Op	erations	
Mailing Address Lin	e One	Mailing Addr	ess Line Two			City	State	Zip Code	
150 Columbus Blvd Suite 5				Hartford				СТ	06103
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	dress		
860-655-1591					989-640-2150	morgan.	bengal@ct.g	gov	
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Mr. Andrew Rowar	nd			Fric Sloane N	Juseum		Museum Ci	ırator	

Name				Organization							
Mr. Andrew Rowar	nd			Eric Sloane N	⁄luseum		Museum Curator				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State Zip Co					
31 Kent-Cornwall Ro	d					Kent	ent CT 06757				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress				
					860-906-6554	Andrew.	Rowand@ct.gov				
Contact Role(s): A	dministrative (Contact									

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

	Connecticut Departme				_				ection	
	Water Quality M	lonitoring an	d Con	ıpl	iance S	Sch	<u>redul</u>	e		
PWS ID	PWS Name			Clas	ssification	Pop	oulation	Ow	ner Type	Primary Source
CT0680244	BULLS BRIDGE INN				NC		29		Р	GW
	where applicable)	Service	Residen	Commerci	al	Industria	al	Combine	d Agricultural	
333 KENT ROAD)	Connections			1					
Towns Served:	KENT									
	N	Ionitoring Requ	ıireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)								
Total Coliforn	m (3100)						1	roı	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period C	olle	ction Per	riod	Comp	liance Status
Select fron	n Inventory of Active Sampling Points		4/1/24 -	6/30	0/24					omplete
			7/1/24 -	9/30	0/24				C	omplete
			10/1/24 -	12/3	31/24				C	omplete
			1/1/25 -							
			4/1/25 -	6/30	0/25					
_	meters (PPS)									per quarter
	Point (Sampling Point ID)		Monitori			olle	ction Per	10 <i>a</i>		liance Status
Select from	n Inventory of Active Sampling Points		4/1/24 - 7/1/24 -							omplete omplete
			7/1/24 - 10/1/24 -							omplete
			1/1/25 -							ompiete
			4/1/25 -		-					
Water System	Facility: ENTRY POINT (WSF ID: 0	00700)	7/1/23	0, 5	0,23					
Nitrate And N		30,00,						1	routine (RT) per year
	Point (Sampling Point ID)		Monitori	na P	eriod C	olled	ction Per		-	liance Status
ENTRY PO			1/1/23 -							omplete
			1/1/24 -							omplete
			1/1/25 -	12/3	31/25					·
Water System	Facility: WELL #1 (WSF ID: 23054	1)								
E. Coli (3014							1	roı	utine (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ng P	eriod C	olled	ction Per		•	liance Status
WELL #1 (2	2)		4/1/24 -	6/30	0/24				C	omplete
			7/1/24 -	9/30	0/24				C	omplete
			10/1/24 -	12/3	31/24				С	omplete
			1/1/25 -	3/3	1/25					
			4/1/25 -	6/30	0/25					
	Oti	her Compliance	Sched	lule	es					
Compliance Sch	nedule Activity			Due	Date		Achie	ved	Date	
CAP - ADDRESS	DEFICIENCY		8	3/18/	/2015					
RESPOND TO SA	ANITARY SURVEY		7	7/19/	/2019					
	Publi	c Notification R	Require	eme	ents					
VI 1 1 101		Compliance	Notice		Public No					rtification
Violation/Situa		Period	Tier		Required	Pe	erforme	d L	Due to DPI	H Received
E. Coli M&R Vio		10/1/19 - 12/31/19			4/28/2021				5/8/2021	
	water System	Facility and Sai	npling	20						
Water	ou Custom Familia.	a Daint Committee Dai			To	otal ··	Lead	and	1	6.

Sampling Point Sampling Point

System Water System Facility

Stage

Coliform Copper

	Connectic	ıt Depa	rtment of	Public	Health	Dri	nking	Water	Section	
	Wat	er Qual	ity Monit	oring a	nd Con	npli	ance S	Schedul	e	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT0680244	BULLS BRIDGE IN	IN					NC	29	Р	GW
Local Address (v	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultural
333 KENT ROAD				Connection	ns		1			
Towns Served: I	ENT									
00600 DISTE	RIBUTION SYSTEM		4	DISTRIBUTI	ON CVCTEN		tatus '' A	Y Naic	TICI ASSEST	os WQI Z DDI K
00000 01311	KIBUTION SYSTEM		4 DOWNSTREAM			-	A	Y		
				WITHIN 5 S			A			
00700 ENTR	Y POINT		3	ENTRY POIN		IV	A			
23054 WELI			2	WELL #1	N I					
23054 WELI	. #1						A			
			Con	tact Info	rmation	1				
Name			Or	rganization					Job Titl	e
Mr. Henry J. Zad	cara		Bu	ılls Bridge In	n					
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
333 Kent Road							Kent		СТ	06757
Business Phor	e Extension	Fax	Mobil	le Phone	Emergency	/ Phon	e Email A	Address		
860-210-1982										
Contact Role(s):	Legal Contact, C)wner								
Name			Or	rganization					Job Titl	e
Mr. Thomas Zad	cara		Bu	ılls Bridge In	n					
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
333 Kent Road							Kent		СТ	06757
Business Phor	e Extension	Fax	Mobil	le Phone	Emergency	y Phon	e Email A	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.
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End of schedule

	Connec	cticut Dep	artment of	Public F	lealth	Dr	inki	ng V	<i>N</i> ate:	r Se	ection	
	,	Water Qua	ality Monit	oring an	d Com	npl	ianc	e Sc	hedu	le		
PWS ID	PWS Name	!				Clas	sification	on Po	pulation	Ow	ner Type P	rimary Source
CT0688104	CLUB GETA	WAY					NC		26		Р	GW
Local Address (v	vhere applic	able)		Service	Residen	tial	Comm	ercial	Indust	rial	Combined	Agricultural
59 SOUTH KENT	ROAD			Connections			6					
Towns Served: k	KENT											
				oring Requ	uireme	nts						
Water System	Facility:	DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliform										1 rou		per quarter
		ling Point ID)			Monitori			Colle	ection P	eriod		iance Status
Select from	n Inventory	of Active Samplir	ng Points		4/1/24 -		_	_				mplete
					7/1/24 -						Co	mplete
					10/1/24 -							
					4/1/25 -	6/30	0/25					
Physical Para	=	=										per quarter
		ling Point ID)			Monitori			Colle	ection P	eriod		iance Status
Select from	n Inventory o	of Active Samplir	ng Points		4/1/24 -		•					mplete
					7/1/24 -						Co	mplete
					10/1/24 -							
					4/1/25 -	6/30	0/25					
Water System	Facility: E	NTRY POINT (WSF ID: 00700)									
Nitrate And N	=	=								1		RT) per year
		ling Point ID)			Monitori			Colle	ection P	eriod	Compl	iance Status
ENTRY POI	NT (3)				1/1/23 -						Co	mplete
					1/1/24 -						Co	mplete
					1/1/25 -	12/3	1/25					
	Mon	thly Water	System Facil	ity (WSF)	Level N	/lon	itorii	ng Ro	equire	eme	nts	
Water System	Facility: C	LUB GETAWAY	TREATMENT PI	LANT (WSFII	D: TP001)						
Analyte		Monitoring Req	uirement (Summa	ary Type)	Ope	ratin	g Limit				Samples R	eq/Month
Chlorine		Entry Point RDC	(EPRD)		Mini	imun	n: 0.65	MG/L			Da	ily
Start Date:	12/1/2012			Complia	ance Histo	ory:		Opera	ating Lin	nit	Monito	ring
				Monito	ring Perio	d		-	oliance S		: Complia	ance Status:
				7/1/202	4 - 7/31/2	2024			Υ			
				8/1/202	4 - 8/31/2	2024			Υ			
				9/1/202	4 - 9/30/2	2024			Υ			
				10/1/20	24 - 10/3	1/20	24		Υ			
				11/1/20	24 - 11/30	0/20	24					
			Other Co	ompliance	Sched	lule	:S					
Compliance Sch	edule Activi	ity				Due l	Date		Achi	ieved	Date	
CROSS CONNEC	TION SURVE	Y REPORT			3	3/1/2	2026					
		Water 9	System Facili	ty and Sa	mpling	Poi	int In	vent	tory			
Water								Tota		d and		
-	er System Fo	acility	Sampling Point		int			Colifor		oper • Tion	Achasta -	Stage
Facility ID	ND 170 C	(CTENA	ID	Description	1001=:-		Status	Rule	e Kul	e iier	ASDESTOS	WQP 2 DBPR
00600 DISTE	RIBUTION SY	STEM	4	TCR REPEAT -)	Α .	Y				
			4X	DISTRIBUTIO			- I	Υ				
			DOWNSTREAM	WITHIN 5 SEF	KVICE CON	N	Α					

	Connecticu	ıt Dena	rtment of	Public	Health D	rin	king W	ater Se	ction		
		•	lity Monit						CCIOII		
PWS ID	PWS Name	ci Quai	irey Monie	or mg a					or Type B	rimary Source	
CT068810					Cit	N(26	P P	GW	
	ress (where applicable)			Service	Residential		-		Combined	_	
	KENT ROAD			Connectio		COI	6	iluustilai	Combined	Agricultural	
	ved: KENT						U				
TOWNS SET		Matar Si	ıstam Eacili	ity and S	Sampling D	oint	Invento	Y \/			
14/		water sy	stem Facili	ity and s	amping Po	UIIIL					
Water System	Water System Facility		Sampling Point	Samplina	Point		Total Coliform	Lead and Copper		Stage	
Facility ID		•	ID	Description		Stat	Dula		Asbestos	WQP 2 DBPR	
			KITCHEN	KITCHEN S		Stat A	us				
			LAKEVIEW10	BATHROO		A	•				
			LAKEVIEW22	BATHROO	-	A					
		N	MEADOWVIEW1		_	A	•				
		'	RAILROAD7	BATHROO		A	•				
			UPSTREAM		SERVICE CON	A					
00700	ENTRY POINT		3	ENTRY PO		A					
00700X	UNTREATED ENTRY PO	INT	3	ENTRY PO		A					
CT001	CONTACT TANK			2.11.11.1							
PF001	BOOSTER PUMP										
ST001	THREE 1,000-GALLON ATMOSPHERIC TANKS										
ST002	2500 GALLON STORAGE	E TANK									
ST003	3000 GALLON STORAGI	E TANK									
TP001	CLUB GETAWAY TREAT	MENT	5	CONTACT	TANK OVERFLO	A					
W001	WELL 1		2	WELL 1		А					
W002	WELL 2		2	WELL 2		Α					
W003	WELL 3		2	WELL 3		Α					
W004	WELL 4		2	WELL 4		Α					
			Certified	Operato	or Informat	tion					
Water Sy	stem Facility: CLUB (GETAWAY 1									
-	assification: TREATMEN			-						Certification	
Operator .	=		Operator Typ	е	Certification(s	5)				Expiration	
TOMASCA	K, THOMAS S.		CHIEF OPERATO)R	DISTRIBUTION		EM OPERAT	OR - CLASS	I	12/31/2024	
				WATER TREAT	MEN	T PLANT OPE	ERATOR - CL	ASS I	6/30/2025		
			Con	tact Info	ormation						
Name				rganization					Job Title		
Mr. David	Schreiber			ub Getaway	/ Landco		Pre	President			
	ddress Line One		Mailing Address					ity	State	Zip Code	
59 S. Kent							Kent	*	СТ	06757	
Business	s Phone Extension	Fax	Mobi	le Phone	Emergency Ph	one	Email Addre	ess			
000.00	7.2664				017 026 16		-1:-1011-				

917-836-1659

david@clubgetaway.com

860-927-3664

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

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

					0		1			
PWS I	ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT068	88104	CLUB GETAWAY					NC	26	Р	GW
Local	Local Address (where applicable)			Service	Residen	itial Commerc	ial Industri	ial Combine	ed Agricultural	
59 SOUTH KENT ROAD					Connections		6			

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

End of schedule

	Connecticut De	partment of uality Monit								ction	
PWS ID	PWS Name	dancy Monic	oring and	u Con	Classifica					or Typo Pr	imary Source
CT0688024	KENT FALLS BREWING CO	ONADANIV.			NC		орија 35		OWII	P P	GW
	ess (where applicable)	DIVIPAINT	Service	Residen		mercial		lustria	d i	Combined	Agricultural
33 CAMPS F	* * * * * * * * * * * * * * * * * * * *		Connections	Residen	tiai Com	IIIIEICIAI	iiiu	iustiia	"	5	Agricultural
Towns Serv										<u> </u>	
TOWIIS SELV	eu. KLIVI		• • •	•							
Water Syst	tem Facility: DISTRIBUTIO		oring Requ D: 00600)	iireme	nts						
Total Coli	form (3100)							1	l rou	utine (RT)	per month
Sampl	ing Point (Sampling Point ID)			Monitori	ng Period	d Col	llectio	n Per	iod	Compli	ance Status
Select	from Inventory of Active Samp	oling Points		7/1/24 -	7/31/24					Со	mplete
				8/1/24 -	8/31/24				_	Co	mplete
				9/1/24 -	9/30/24					Со	mplete
			:	10/1/24 -	10/31/2	4				Со	mplete
			:	11/1/24 -	11/30/2	4				Co	mplete
			:	12/1/24 -	12/31/2	4					
				1/1/25 -	1/31/25						
Physical P	arameters (PPS)							1	l rou	utine (RT)	per month
Sampl	ing Point (Sampling Point ID)			Monitori	ng Period	d Col	llectio	n Per	iod	Compli	ance Status
Select	from Inventory of Active Samp	oling Points						Со	mplete		
				8/1/24 -	8/31/24					Со	mplete
				9/1/24 -	9/30/24					Co	mplete
				10/1/24 -	10/31/2	4				Co	mplete
			11/1/24 - 11/30/24			4				Со	mplete
			12/1/24 - 12/31/24								
				1/1/25 -	1/31/25						
Water Syst	tem Facility: ENTRY POINT	- WELL 1 (WSF ID): 00700)								
Nitrate Ar	nd Nitrite (NOX)								1 r	outine (R	T) per year
Sampl	ing Point (Sampling Point ID)			Monitori	ng Period	d Col	llectio	n Per	iod	Compli	ance Status
EP - W	ELL 1 (3)			1/1/23 -	12/31/23	}				Со	mplete
			1/1/24 - 12/31/24						Complete		
				1/1/25 - 12/31/25							
Water Syst	tem Facility: WELL 1	(WS	F ID: 59572)								
E. Coli (30	014)							1	l rou	utine (RT)	per month
Sampl	ing Point (Sampling Point ID)			Monitori	ng Period	d Col	llectio	n Per	iod	Compli	ance Status
WELL :	1 (2)			7/1/24 -	7/31/24					Co	mplete
					8/31/24				_	Со	mplete
				9/1/24 -	9/30/24					Co	mplete
				4				Co	mplete		
				4				Co	mplete		
				12/1/24 -	12/31/2	4					
				1/1/25 -	1/31/25						
	Wate	r System Facili	ty and Sar	npling	Point	Inven	itor	/			
Water		,	,	10		Tot	_	Lead o	and		
	Water System Facility	Sampling Point	Sampling Poi	nt				Сорр			Stage
Facility ID	-	ID	Description		Statu					Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM							
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A						

	C .:	1 D		CD 11:	77 1.1	D	. 1 .	T A	7 .	C		
	Connectic	•									ction	
	Wa	ter Qual	ity Monit	oring a	ind Com	ıpl	ianc	e Sch	edule	e		
PWS ID	PWS Name					Clas	sificati	on Pop	ulation	Owr	ner Type P	rimary Source
CT0688024	KENT FALLS BRE	WING COMP	ANY				NC		35		Р	GW
Local Address (\	where applicable)			Service	Resident	tial	Comm	ercial	Industria	I	Combined	Agricultura
33 CAMPS ROA	D		Connectio	ns						5		
Towns Served: I	KENT											
		Water Sy	stem Facil	ity and S	ampling	Ро	int In	vento	ory			
Water								Total	Lead a	and		
System Water	er System Facility	9	Sampling Point					Coliforn	n Copp	er		Stage
Facility ID			ID	Description	n		Status	Rule	Rule 1	Tier	Asbestos	WQP 2 DBPI
			KF000	TAP IMME	DIATELY AFT	Έ	Α	Υ				
			KF001	TASTING R WA	OOM HAND	-	Α	Υ				
			KF002	TASTING R	OOM CLEAN	IIN	I	Υ				
			KF003	TASTING R	OOM MOP S	SIN	Α	Υ				
			KF004		BATHROOM		Α					
			KF005	BREWERY SIN	BATHROOM		Α					
			KF006	SOLAR SHE	D OUTDOOF	R F	Α	Υ				
			KF007	SAGE HOU	SE HYDRANT	Γ	Α	Υ				
			KF008	PARKING L	OT HYDRAN	Т	Α	Υ				
			KF009	GREENHO	USE HYDRAN	IT	Α	Υ				
			UPSTREAM	WITHIN 5	SERVICE CON	١	Α					
00700 ENT	RY POINT - WELL 1		3	EP - WELL	1		Α					
59572 WEL	L 1		2	WELL 1 A								
61106 ATM	OSPHERIC STORA	GE TANKS										
61278 UV T	REATMENT											
			Con	tact Info	rmation							
Name				rganization							Job Title	
Mr. David Birnk	paum											
Mailing Address			Mailing Addres	s Line Two				- (City		State	Zip Code
33 Camps Rd							Ker		,		СТ	06757
Business Phone Extension Fax		Mobi	ile Phone	Emergency	Pho			ess				
860-398-964		Tux		516-6721	917-716-				efoodcy	len	v com	
	Administrative	Contact. Ow		010 0721	31, 110	027	, aa	1000-111	ciocacyc		,	
Name	- 13			rganization							Job Title	
Mr. Barry Labe	ndz			. 04.11.24.1011							100 1100	
Mailing Address			Mailing Addres	s Line Two					City		State	Zip Code
33 Camps Rd	, Line Offe		manning Addites	S LINE I WO			Ker		City		CT	06757
Business Phor	ne Extension	Fax	Mohi	ile Phone	Emergency	Dho			ACC		CI	00/3/
מטוווכטט דווטו	IC LACEIDIUII	гах	IVIODI	ile FIIOHE	Lineigency	FIIU	THE EITH	an Auul	CSS			

Schedule Generation Date: 12/18/2024

860-398-9645

Contact Role(s): Legal Contact

barryl@kentfallsbrewing.com

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

P۱	VS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ	0688024	KENT FALLS BREWING	СОМР	ANY			NC	35	Р	GW
Lo	Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
33	33 CAMPS ROAD			Connections				5		

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