	Water Ou	ality Mo	onitoring an			ig Water S Schedule		
PWS ID	PWS Name					n Population O		rimary Source
СТ0740034	MOCKINGBIRD KITCHEN &	BAR			NC	25	P	GW
Local Address	(where applicable)		Service	Residentia	al Commer	cial Industrial	Combined	Agricultura
310 BANTAM	ROAD		Connections		1			
owns Served	LITCHFIELD							
		M	onitoring Requ	uiremen	ts			
Nater Syster	n Facility: <b>DISTRIBUTION</b>	SYSTEM (\	NSF ID: 00600)					
Total Colifo	m (3100)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	<b>Collection Perio</b>	d Compl	iance Status
Select fro	m Inventory of Active Samplin	ng Points		10/1/23 - 1	2/31/23		Co	omplete
				1/1/24 - 3	/31/24		Co	omplete
				4/1/24 - 6	/30/24			
				7/1/24 - 9				
Physical Par	ameters (PPS)					1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	<b>Collection Perio</b>	d Compl	iance Status
Select fro	m Inventory of Active Samplin	ng Points		10/1/23 - 1	2/31/23		Co	omplete
				1/1/24 - 3	/31/24		Сс	omplete
				4/1/24 - 6	/30/24			
				7/1/24 - 9	/30/24			
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00	)700)					
	Nitrite (NOX) Point (Sampling Point ID)			Monitoring	Period	Collection Perio	-	RT) per year <i>iance Status</i>
ENTRY PC	DINT (3)			1/1/23 - 12	/31/23		C	omplete
				, , -	, 51, 25			Inplete
				1/1/24 - 12				omplete
					2/31/24			
		Public	Notification F	1/1/24 - 12 1/1/25 - 12	2/31/24 2/31/25			
		Public	Compliance	1/1/24 - 12 1/1/25 - 12	2/31/24 2/31/25 nents	<u>Notification</u>	Ca	
/iolation/Situ	ation	Public		1/1/24 - 12 1/1/25 - 12 Requiren	2/31/24 2/31/25 nents <u>Public</u>	<u>Notification</u> d Performed	Co	tification
	<i>ation</i> M&R Violation	Public	Compliance	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier	2/31/24 2/31/25 nents <u>Public</u>	d Performed	Co	tification
Total Coliform		Public	Compliance Period	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3	2/31/24 2/31/25 nents <u>Public</u> Required	<b>d Performed</b>	Co <u>PN Cer</u> Due to DPH	omplete tification
Fotal Coliform Physical Paran	M&R Violation	Public	Compliance Period 10/1/22 - 12/31/22	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3	2/31/24 2/31/25 nents Public Required 6/29/202	<b>Performed</b>	<u>РN Сег</u> <u>Due to DPH</u> 7/9/2024	omplete tification
Fotal Coliform Physical Paran Fotal Coliform	M&R Violation neters M&R Violation	Public	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3	2/31/24 2/31/25 <b>nents</b> <b>Public</b> <b>Required</b> 6/29/202 6/29/202	<b>Performed Performed Perfo</b>	Co <u>PN Cer</u> Due to DPH 7/9/2024 7/9/2024	tification
Total Coliform Physical Paran Total Coliform Physical Paran	M&R Violation neters M&R Violation M&R Violation	Public	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22	1/1/24 - 12 1/1/25 - 12 Requirem Notice Tier 3 3 3 3	2/31/24 2/31/25 <b>Nents</b> <b>Public</b> <b>Required</b> 6/29/202 6/29/202 6/29/202	<b>Performed Performed Perfo</b>	Cc <u>PN Cer</u> <u>Due to DPH</u> 7/9/2024 7/9/2024 7/9/2024	tification
Fotal Coliform Physical Paran Fotal Coliform Physical Paran Physical Paran	M&R Violation neters M&R Violation M&R Violation neters M&R Violation	Public	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202	A         Performed           24         24           24         24           24         25	Cc <u>PN Cer</u> <u>Due to DPH</u> 7/9/2024 7/9/2024 7/9/2024	tification
otal Coliform Physical Paran Otal Coliform Physical Paran Physical Paran Physical Paran	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation	Public	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23	1/1/24 - 12 1/1/25 - 12 Requirem Notice Tier 3 3 3 3 3 3 3 3	2/31/24 2/31/25 <b>Nents</b> <b>Public</b> <b>Required</b> 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202	Performed           24           24           24           24           25	Co <u>PN Cer</u> <u>Due to DPH</u> 7/9/2024 7/9/2024 7/9/2024 3/24/2025	tification
Fotal Coliform Physical Paran Fotal Coliform Physical Paran Physical Paran Physical Paran	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation neters M&R Violation M&R Violation		Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23	1/1/24 - 12 1/1/25 - 12 Requirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 <b>Nents</b> <b>Public</b> <b>Required</b> 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202	d         Performed           24	Co <u>PN Cer</u> <u>Due to DPH</u> 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025	tification
Fotal Coliform Physical Paran Fotal Coliform Physical Paran Physical Paran Physical Paran	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation neters M&R Violation M&R Violation		Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23 4/1/23 - 6/30/23	1/1/24 - 12 1/1/25 - 12 Requirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 20int Inv	d         Performed           24	Co <u>PN Cer</u> <u>Due to DPH</u> 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025	omplete tification
Fotal Coliform Physical Paran Physical Paran Physical Paran Physical Paran Physical Paran Fotal Coliform Water System Wa	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation neters M&R Violation M&R Violation	System F Sampling	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23 4/1/23 - 6/30/23 Facility and San Point Sampling Point	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 20int Inv	d Performed 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification Received
Total Coliform Physical Paran Physical Paran Physical Paran Physical Paran Physical Paran Total Coliform Water System Wa	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation M&R Violation <b>Water</b>	System F	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23 4/1/23 - 6/30/23 cacility and Sa	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 20int Inv	d Performed 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification Received
Total Coliform Physical Paran Physical Paran Physical Paran Physical Paran Total Coliform Water System Wa Facility ID	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation M&R Violation <b>Water</b>	System F Sampling	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23 4/1/23 - 6/30/23 Facility and San Point Sampling Point	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 0/14/202	d Performed 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification Received
Fotal Coliform Physical Paran Physical Paran Physical Paran Physical Paran Fotal Coliform Water System Wa Facility ID	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation M&R Violation Water water System Facility	System F Sampling ID 4	Compliance Period 10/1/22 - 12/31/22 10/1/22 - 12/31/22 7/1/22 - 9/30/22 7/1/22 - 9/30/22 1/1/23 - 3/31/23 4/1/23 - 6/30/23 4/1/23 - 6/30/23 Facility and Sampling Poi Description	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 20int Inv	d Performed 24 24 24 25 25 25 25 25 25 25 25 25 25	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification Received
Fotal Coliform Physical Paran Physical Paran Physical Paran Physical Paran Fotal Coliform Water System Wa Facility ID	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation M&R Violation Water water System Facility	System F Sampling ID 4	Compliance Period           10/1/22 - 12/31/22           10/1/22 - 12/31/22           7/1/22 - 9/30/22           7/1/22 - 9/30/22           1/1/23 - 3/31/23           4/1/23 - 6/30/23           4/1/23 - 6/30/23           Facility and Sau           Point Sampling Point Distribution           DISTRIBUTION           REAM WITHIN 5 SER	1/1/24 - 12 1/1/25 - 12 Requirem Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 3/14/202 coint Inv Co	d Performed 24 24 24 25 25 25 25 25 25 25 25 25 25	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification Received
Physical Paran Total Coliform Physical Paran Physical Paran Total Coliform <i>Water</i> <i>System Wa</i> <i>Facility ID</i> 00600 DIS	M&R Violation neters M&R Violation M&R Violation neters M&R Violation neters M&R Violation M&R Violation Water water System Facility	System F Sampling ID 4 DOWNSTR	Compliance Period           10/1/22 - 12/31/22           10/1/22 - 12/31/22           7/1/22 - 9/30/22           7/1/22 - 9/30/22           1/1/23 - 3/31/23           4/1/23 - 6/30/23           4/1/23 - 6/30/23           Facility and Sau           Point         Sampling Point Description           DISTRIBUTION           REAM         WITHIN 5 SER	1/1/24 - 12 1/1/25 - 12 Requiren Notice Tier 3 3 3 3 3 3 3 3 3 3 3 3 3	2/31/24 2/31/25 nents Public Required 6/29/202 6/29/202 6/29/202 3/14/202 3/14/202 3/14/202 3/14/202 0/14/202 coint Inv	d Performed 24 24 24 25 25 25 25 25 25 25 25 25 25	Co PN Cer Due to DPH 7/9/2024 7/9/2024 7/9/2024 3/24/2025 3/24/2025 3/24/2025 3/24/2025 3/24/2025	tification

А

WELL

2

21270 WELL

	<b>C D</b>	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740034	MOCKINGBIRD KITCHEN & BAR			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
810 BANTAM R	OAD	Connections		1			
Towns Served:	LITCHFIELD	÷		·			

#### **Contact Information** Organization Name Job Title Ms. Samantha Tilley Mockingbird Kitchen & Bar Owner Mailing Address Line One Mailing Address Line Two State Zip Code City 810 Bantam Rd 06750 Bantam CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-361-6730 917-741-8444 sam@themkb.com Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

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

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

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

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

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

Connecticut	t Denartme	ent of Public	Health Driv	nking	Water Se	ction	
	*	Anitoring a		U		ction	
PWS ID PWS Name	a Quality N	aomitor mg a					rimany Cauraa
CT0740094 COZY HILLS CAMPO					opulation Owr 25	P	GW
	SROUND - WELL I	Service	Residential Co		-	Combined	-
Local Address (where applicable) 11 COZY HILL (ROUTE 202)		Connectio		1	muustriai	Compined	Agricultural
Towns Served: LITCHFIELD				T			
Towns Served. Efferinteeb		Appitoring Po	quiromonto				
Water System Facility: <b>DISTRIB</b>			quirements				
Total Coliform (3100)					1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point	nt ID)		Monitoring Per	iod Col	lection Period		iance Status
Select from Inventory of Active			10/1/23 - 12/31				omplete
			1/1/24 - 3/31/2				mplete
			4/1/24 - 6/30/2				
			7/1/24 - 9/30/2				
Physical Parameters (PPS)					1 rou	itine (RT)	per quarter
Sampling Point (Sampling Poir	nt ID)		Monitoring Per	iod Col	lection Period	• •	iance Status
Select from Inventory of Active	Sampling Points		10/1/23 - 12/31	/23		Co	mplete
			1/1/24 - 3/31/2	24		Co	omplete
			4/1/24 - 6/30/2	24			
			7/1/24 - 9/30/2	24			
Water System Facility: ENTRY F	POINT - WELL 1	(WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1	routine (F	RT) per year
Sampling Point (Sampling Poir	nt ID)		Monitoring Per	iod Col	lection Period	Compli	iance Status
EP - WELL 1 (3)			1/1/23 - 12/31/	23		Co	omplete
			1/1/24 - 12/31/	24			
			1/1/25 - 12/31/	25			
N	later System	Facility and S	ampling Poin	t Inven	tory		
Water				Tot			_
System Water System Facility Facility ID		ng Point Sampling D Description		<b>D</b>	orm Copper	Achastas	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM			50	lus		Aspestos	WQP 2 DDPK
		STREAM WITHIN 5		A Y A			
				A			
00700 ENTRY POINT - WELL 1		B EP - WELL		A			
21275 WELL 1		2 WELL 1		A			
		Contact Info		<u>A</u>			
Name		Organization				Job Title	
Ms. Lelah Campo		Cozy Hills Car	nnground		Owner	JOD TILLE	
Mailing Address Line One	Mailing	Address Line Two			City	State	Zip Code
1311 Bantam Road				Bantam	0.07	CT	06750
Business Phone Extension	Fax	Mobile Phone	Emergency Phone		dress		
860-567-2119	860-567-8117		860-281-4051		cozyhills.com		
Contact Role(s): Administrative Co		act, Owner		1	,		
	-						

		0					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740094	COZY HILLS CAMPGROUND - WELL 1			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
11 COZY HILL (R	OUTE 202)	Connections		1			
Towns Served: I	ITCHFIELD				·		

### Please note the following:

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

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

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

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(		ut Departmen				-					
		ter Quality M	onitoring a	na Com	1						
	PWS Name							wner Type Pr			
	GOOSEBORO DR	IVE-IN	I		N		25	Р	GW		
Local Address (wh			Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural		
1293 BANTAM RC			Connectior	IS		1					
Towns Served: LI	TCHFIELD										
		M	onitoring Red	quireme	nts						
Water System F	acility: DISTR	IBUTION SYSTEM (	WSF ID: 00600)								
<b>Total Coliform</b>	(3100)						1 r	ן (RT) outine	per quarter		
Sampling Po	oint (Sampling P	oint ID)		Monitorii	ng Perio	od Col	lection Perio	d Compli	ance Status		
Select from I	Inventory of Act	ive Sampling Points		10/1/23 -	12/31/	23		Со	mplete		
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
<b>Physical Param</b>	eters (PPS)						1 r	outine (RT)	per quarter		
Sampling Po	oint (Sampling P	oint ID)		Monitorii	ng Perio	od Col	lection Perio	d Compli	ance Status		
Select from I	Inventory of Act	ive Sampling Points		10/1/23 -	12/31/	23	10/1-10/31	Со	mplete		
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Water System F	acility: ENTR	Y POINT (WSF ID: 0	0700)								
Nitrate And Nit	trite (NOX)							1 routine (R	T) per year		
Sampling Po	oint (Sampling P	oint ID)		Monitorii	ng Perio	od Col	lection Perio	d Compli	ance Status		
ENTRY POIN	Т (3)			1/1/23 - 1	12/31/2	23	Complete				
				1/1/24 - 1	12/31/2	24					
				1/1/25 - 1	12/31/2	25					
		Public	Notification	Require	ment	ts					
			Compliance	Notice		Public Not	ification	PN Cert	ification		
Violation/Situation	on		Period	Tier		quired	Performed	Due to DPH	Received		
Physical Paramete	ers M&R Violatio	on	7/1/08 - 9/30/08	3 3		4/2009	,	12/14/2009			
		Water System	Facility and Sa	ampling	Point	t Inven	tory				
Water						Tot		nd			
	System Facility	Sampling	Point Sampling P	oint		Colifo			Stage		
Facility ID		ID	Description	1	Sta	tus Ru	le Rule Ti	er Asbestos	WQP 2 DBPF		
00600 DISTRI	BUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM	A	ų γ					
		DOWNST	REAM WITHIN 5 S	ERVICE CON	I 4	4					
		UPSTRE	EAM WITHIN 5 S	ERVICE CON	l A	4					
00700 ENTRY	POINT	3	ENTRY POI	NT	A	4					
21279 WELL		2	WELL		A	4					
			Contact Info	rmation							
Name			Organization					Job Title			
Mr. Robert Hamr	ner		Gooseboro Dr	ive-In			Owner				
Mailing Address L	ine One	Mailing A	ddress Line Two				City	State	Zip Code		
30 Revere Road	-					Washing		CT	06793		
Business Phone	e Extension	Fax	Mobile Phone	Emergency	Phone	-					
860-567-9356		860-567-4267		860-868-2			ammer@sne	t.net			
Contact Role(s):	Legal Contact	500 00. 1207		223 000							

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PWS ID	PWS Name						Classi	fication	Population	Owne	er Type P	rimary Source
СТ0740144	GOOSEBORO DE	RIVE-IN					1	۱C	25		Р	GW
Local Address (wh	nere applicable)			Service		Resider	ntial Co	ommercia	l Industri	al C	Combined	Agricultural
1293 BANTAM RO	DAD			Connecti	ons			1				
Towns Served: LI	TCHFIELD											
Name				Organizatior	ı						Job Title	
Mr. John Hamme	er			Gooseboro [	Drive	e-In			Owner			
Mailing Address L	ine One		Mailing Addr	ess Line Two					City		State	Zip Code
PO Box 3723								Danbur	y		СТ	06813
Business Phone	e Extension	Fax	Mo	obile Phone	Er	mergency	y Phone	Email A	ddress			
860-567-9356						203-744	-1791					
Contact Role(s):	Legal Contact, (	Dwner										
Name	1			Organizatior	ı						Job Title	
Ms. Judith Hamm	ner											
Mailing Address L	ine One		Mailing Addr	ress Line Two					City		State	Zip Code
1293 Bantam Rd								Bantam			СТ	06750
Business Phone	e Extension	Fax	Mo	obile Phone	Er	mergency	y Phone	Email A	ddress			
Contact Role(s):	Legal Contact											
Name	1			Organizatior	า						Job Title	
Mr. William Dow	nes											
Mailing Address L	ine One		Mailing Addr	ess Line Two					City		State	Zip Code
1293 Bantam Rd			Box 251					Bantam			СТ	06750
Business Phone	e Extension	Fax	Mo	obile Phone	Er	mergency	y Phone	Email A	ddress			
860-567-9356												
Contact Role(s):	Administrative	Contact										
Please note the f	ollowing:											

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Connecticut Dep					0			
		itoring an		1				in a c
PWS ID PWS Name				Classific		-	Wner Type Pr	
CT0740194 920 BANTAM ROAD		Service	Resident	NC		25	P	GW
Local Address (where applicable)		Connections	Resident		1	Industrial	Combined	Agricultural
Towns Served: LITCHFIELD								
	Mon	itoring Requ	lireme	nts				
Water System Facility: DISTRIBUTION								
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	d Col	llection Perio	od Compli	ance Status
Select from Inventory of Active Samplin	g Points		10/1/23 -	12/31/2	3		Со	mplete
			1/1/24 -	3/31/24				
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	d Col	llection Perio	od Compli	ance Status
Select from Inventory of Active Samplin	g Points		10/1/23 -	12/31/2	3		Со	mplete
			1/1/24 -	3/31/24				
			4/1/24 -					
			7/1/24 -	9/30/24				
Water System Facility: ENTRY POINT (	WSF ID: 0070	00)						
Nitrate (1040)							outine (RT)	-
Sampling Point (Sampling Point ID)			Monitorii	-		llection Perio		ance Status
ENTRY POINT (3)			10/1/23 -				Со	mplete
			1/1/24 -					
			4/1/24 -					
Niturate And Niturite (NIOX)			7/1/24 -	9/30/24	•		1	<b>T</b> )
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitorii	na Dorio	d Col	llection Perio	1 routine (R	ance Status
ENTRY POINT (3)			1/1/23 - 1	-		lection Perio		mplete
			1/1/24 - 1					Inpiete
			1/1/25 - 1					
	Public N	otification R						
		Compliance	Notice	-		tification	PN Cert	ification
Violation/Situation		Period	Tier		uired	Performed		Received
Nitrate M&R Violation	7	//1/19 - 9/30/19	3	-	/2020		12/18/2020	
Water	System Fac	cility and Sai	npling	Point	Inven	torv		
Water	•		1 0		Tot	-	nd	
System Water System Facility	Sampling Pol	int Sampling Poi	nt		Colife			Stage
Facility ID	ID	Description		Stat	us Ru	le Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
	DOWNSTREA	M WITHIN 5 SEF	RVICE CON	I A				
	UPSTREAN	1 WITHIN 5 SEF	RVICE CON	I A				
00700 ENTRY POINT	3	ENTRY POINT		А				
21202 WELL								
21283 WELL	2	WELL		A				

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0740194 920 BANTAM ROAD NC 25 P GW

					20		•	011
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industi	rial	Combine	d Agricultural
	Connections			1				

## Towns Served: LITCHFIELD

			C	ontact Inf	ormation					
Name				Organizatior	1		Job Title			
Mr. Joel Pondelik		C/O/ Jackie's Restaurant Owner								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
162 Spring Valley Ro	bad					Ridgefield	ł	СТ	06877	
<b>Business Phone</b>	Extension	Fax	M	obile Phone	Emergency Phone	Email Add	dress			
203-438-8221					203-438-8221	pondelik	@juno.com			
Contact Role(s): A	dministrative <b>C</b>	Contact, Leg	gal Contact, O	wner	1	1				

## Please note the following:

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

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

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

	Connecticut De Water O	partment of uality Monit					0			ection			
PWS ID	PWS Name									ner Type	Prin	narv <sup>o</sup>	Source
CT0740224	LOURDES OF LITCHFIELD	(UPPER&LOWER)				NC		25		P		GW	
Local Address	(where applicable)	<u> </u>	Service	Residen	tial	Comme	rcial	Industr	ial	Combine	d		ultural
83 MONTFOR			Connections			4						0	
Towns Served	LITCHFIELD												
		Monit	oring Requ	ireme	nts								
Water Syster	m Facility: DISTRIBUTIO					_	_	_	_			_	
Total Colifo				Monitori	ina P	eriod	Colle	ection Pe		utine (RT <i>Com</i>		-	
	om Inventory of Active Samp	ling Points		10/1/23 -	-							plete	
	j j-	0		1/1/24 -		-						plete	
				4/1/24 -		-							
				7/1/24 -		•							
Physical Par	ameters (PPS)								1 roι	utine (RT	) pe	er qua	arter
-	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ection Pe		Com		-	
	om Inventory of Active Samp	ling Points		10/1/23 -	-					(	Com	plete	
				1/1/24 -	3/32	1/24				(	Com	plete	
				4/1/24 -	6/30	0/24							
				7/1/24 -	9/30	0/24							
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)											
	Nitrite (NOX) Point (Sampling Point ID)			Monitori	na D	oriod	Colle	ection Pe		routine <i>Com</i>			-
ENTRY PC				1/1/23 -	-		Cone		enou			plete	
ENINTRO				1/1/23 -								plete	
				1/1/25 -			_				20111	piece	
		Other C	ompliance										
Compliance Si	chedule Activity	Other C	omphanee					Achi	eved	Date			
-	ECTION SURVEY REPORT				3/1/2			Acm	crea	Dute			
		r System Facili	tu and Car				vo nt	<b>0</b> 111					
147.7	vvale	r System Facili	ity and Sar	nbiing	PU	int in		=					
Water System Wa Facility ID	ter System Facility	Sampling Point ID	Sampling Poin Description	nt		( Status	Total Colifor Rule	m Cop	l and oper e Tier	Asbesto	s N		Stage 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Y						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	А							
		LOURDES 001	KITCHEN SINK	,		А	Y						
		LOURDES 002	DISH ROOM S	INK		А	Y						
		LOURDES 003	SACRISTY SINI	<		А	Y						
		LOURDES 004	RM 217 BATH	SINK		А	Y						
		LOURDES 005	RM 212 BATH	SINK		А	Υ						
		LOURDES 006	RM 208 BATH	SINK		А	Y						
		LOURDES 007	RM 226 BATH	SINK		А	Y						
		LOURDES 008	WING LAVATO	ORY SINK		А	Y						
		LOURDES 009	RM 218 BATH	SINK		А	Y						
		LOURDES 010	FLOOR 3 BATH	H SINK		А	Y						
		LOURDES 011	RM 303 BATH	SINK		А	Y						
		LOURDES 012	LAUNDRY ROO	OM SINK		А	Y						
		LOURDES 013	RM 213 BATH	SINK		А	Y						

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source LOURDES OF LITCHFIELD(UPPER&LOWER) Ρ СТ0740224 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 83 MONTFORT ROAD 4 Towns Served: LITCHFIELD Water System Facility and Sampling Point Inventory Lead and Water **Total** Sampling Point Sampling Point Water System Facility Coliform System Copper Staae Description ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status LOURDES 014 RM 219 BATH SINK γ Δ Y LOURDES 015 OFFICE BATH SINK A UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT A 2 WELL А 21286 WELL ATMOSPHERIC TANK 56112 56116 BOOSTER PUMPS **Contact Information** Organization Job Title Name Mr. Ronald Verdosci C/O Lourdes of Litchfield Maintenance Mailing Address Line One Mailing Address Line Two City State Zip Code PO Box 667 CT 06759-0667 Litchfield **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-567-9670 860-567-1041 Contact Role(s): Administrative Contact Name Organization Job Title Missionaries of The Co of Mary of Connec Zip Code Mailing Address Line One Mailing Address Line Two City State 83 Montfort Rd Litchfield 06750 CT Emergency Phone Email Address **Business Phone** Fax **Mobile Phone** Extension Contact Role(s): Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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Connecticut Departme	nt of Public H	ealth D	rinkir	ng W	ater S	ection	
Water Quality M				-			
PWS ID PWS Name		Cl	assificatio	n Popu	lation O	wner Type P	rimary Source
CT0740284 NORTHFIELD BIBLE CHURCH			NC	2	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Comme	rcial Ir	ndustrial	Combined	Agricultural
10 CAMP HILL ROAD	Connections		1				
Towns Served: LITCHFIELD							
N	Ionitoring Requ	irement	S				
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Coliform (3100)			Deuterd	C-11			per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collect	ion Perio		ance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12				LC	omplete
		1/1/24 - 3/					
		4/1/24 - 6/					
		7/1/24 - 9/	30/24				
Physical Parameters (PPS)			Devis 1	<b>C</b> _1		• •	per quarter
Sampling Point (Sampling Point ID)		Monitoring		collect	ion Perio		ance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12				LC	omplete
		1/1/24 - 3/					
		4/1/24 - 6/					
Mater System Eacility: ENTRY DOINT (MISSID)	0700)	7/1/24 - 9/	30/24				
Water System Facility: ENTRY POINT (WSF ID: C	10700)					· · · / ·	-1
Nitrate And Nitrite (NOX)		Manifasina	Devied	Callad		-	RT) per year
Sampling Point (Sampling Point ID)		<i>Monitoring</i> 1/1/23 - 12,		Conect	ion Perio		ance Status
ENTRY POINT (3)						u	mplete
		1/1/24 - 12, 1/1/25 - 12,					-
Otl	ner Compliance						
Compliance Schedule Activity	ier compliance		e Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY			23/2022		,		
	c Notification R						
	Compliance	Notice		Notific	ation	PN Cer	tification
Violation/Situation	Period	Tier	Require	-	formed	Due to DPH	-
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/18/20		-	11/28/2004	
Distribution Turbidity MCL Violation	1/1/05 - 3/31/05	2	5/13/20	05		5/23/2005	
Distribution Color MCL Violation	1/1/05 - 3/31/05	2	5/13/20	05		5/23/2005	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/27/20	06		5/7/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/15/20	06		7/25/2006	
Distribution Color MCL Violation	4/1/06 - 6/30/06	2	8/23/20	06		9/2/2006	
Distribution Color MCL Violation	1/1/06 - 3/31/06	2	8/23/20	06		9/2/2006	
Distribution Color MCL Violation	4/1/07 - 6/30/07	2	8/18/20	70		8/28/2007	
Water System	Facility and Sar	npling P	oint Inv	vento	ry		
Water		_		Total	Lead an	d	
	Point Sampling Poin	nt	C	oliform	Coppe	r	Stage
Facility ID ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPF
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	<b>SYSTEM</b>	А	Y			
DOWNS	FREAM WITHIN 5 SER	VICE CON	А				
UPSTR	EAM WITHIN 5 SER	VICE CON	А				

	Connectic	ut Dena	rtment	tof	Public	Health	ı Dr	inkin	σW	ater	Se	ction	
		<b>•</b>							<u> </u>			ction	
		ter Qua		mu	or mg a							<b>T</b>	Duine and Carrier
	PWS Name						Class	ification			Owr		Primary Source
	NORTHFIELD BIE	SLE CHURCH			Constant	Destate		NC		25	-1	P	GW
Local Address (w					Service Connectior	Reside	ntial	Commerc	ciai in	ndustri	ai	Combine	d Agricultura
10 CAMP HILL RC	-				connection	13		1					
Towns Served: LI									-				
		Water Sy	ystem Fa	acili	ty and S	ampling	g Poi	nt Invo	entoi	ſ <b>y</b>			
Water System Water Facility ID	r System Facility		Sampling P ID	oint	Sampling P Description			Со	Total bliform Rule	Lead Cop Rule	per	Ashesto	Stage s WQP 2 DBPI
	Y POINT		3		ENTRY POI		5	tatus A	nunc	nure	men	7356510	
21292 WELL			2		WELL	• •		A					
							_	~					
			(		tact Info	rmatio	n						
Name					ganization							Job Title	
Mr. Brian McGra					orthfield Bib	le Church							
Mailing Address			Mailing Ad	dress	Line Two					ty		State	Zip Code
10 Camp Hill Roa	I							North				СТ	06778
Business Phone		Fax	٦	Mobil	e Phone	Emergenc	y Phor	e Email	Addres	SS			
860-283-9598								pasto	rmcgra	y@att	.net		
Contact Role(s):	Administrative	Contact, Leg	al Contact										
Name				Or	ganization							Job Title	
Northfield Cong	-	:y	1										
Mailing Address	Line One		Mailing Ad	dress	Line Two					ty		State	Zip Code
10 Camp Hill Rd								Litchf	ield			СТ	06750
Business Phone	e Extension	Fax	1	Mobil	e Phone	Emergenc	y Phor	e Email	Addres	SS			
Contact Role(s):	Owner	ļ											
Please note the													
	isinfectant concent	tration must b	e measured	at the	same locatio	on and time	as each	total col	iform sa	mple.			
	Period is specified												

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.

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		_		a		_				_	
C			rtment o				0			ection	
	Wa	ter Qual	lity Moni	toring a	and Con	iplia	ince S	che	edule		
PWS ID PV	VS Name					Classif	ication	Popul	ation Ov	vner Type P	rimary Source
СТ0740344 РЕ	ACHES N CRE	AM				N	IC	2	5	Р	GW
Local Address (whe	re applicable)			Service	Residen	tial Co	ommercia	al In	dustrial	Combined	Agricultural
632 TORRINGTON F	ROAD			Connectio	ons		1				
Towns Served: LITC	HFIELD										
					quireme	nts					
Water System Fac	cility: DISTR	RIBUTION SY	STEM (WSF	ID: 00600)							
Total Coliform (	-								1 ro		per quarter
Sampling Poin	nt (Sampling P	oint ID)			Monitori	ng Peri	iod Co	ollecti	on Period	l Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
					1/1/24 -					Co	omplete
					4/1/24 -						
					7/1/24 -	9/30/2	24				
Physical Parame									1 ro	utine (RT)	per quarter
Sampling Poin					Monitori	ng Peri	iod Co	ollecti	on Period	l Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		10/1/23 -						omplete
					1/1/24 -					Co	omplete
					4/1/24 -						
					7/1/24 -	9/30/2	24				
Water System Fac	cility: ENTR	Y POINT (W	/SF ID: 00700	)							
Nitrate And Nitr	ite (NOX)								1	L routine (I	RT) per year
Sampling Poin		oint ID)			Monitori	-		ollecti	on Period	l Compl	iance Status
ENTRY POINT	(3)				1/1/23 -	12/31/2	23			Co	omplete
					1/1/24 -	12/31/2	24			Co	omplete
					1/1/25 -	12/31/2	25				
		Water Sy	stem Faci	lity and S	Sampling	Poin	t Inve	ntor	'Y		
Water								tal	Lead and		
	ystem Facility		Sampling Point				-		Copper		Stage
Facility ID			ID	Descriptio			itus	ule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	JTION SYSTEM		4		ION SYSTEM			Y			
			DOWNSTREAM				A				
			UPSTREAM		SERVICE CON		A				
00700 ENTRY P	OINT		3	ENTRY PO	INT		A				
21298 WELL			2	WELL		/	A				
			Со	ntact Info	ormation	)					
Name			C	Organization						Job Title	
Mr. David Redente			P	'eaches 'n' C	ream			Owr	ner		
Mailing Address Lin	e One		Mailing Addre	ss Line Two				Cit	ty	State	Zip Code
632 Torrington Rd							Litchfie	ld		СТ	06759
<b>Business Phone</b>	Extension	Fax	Mob	oile Phone	Emergency	Phone	Email A	ddres	S		
860-496-7536		860-482-8	3661		860-496-	7536					
Contact Role(s): Le	egal Contact										
Contact Role(s): Le	egal Contact										

				0		<b></b>			-	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0740344	PEACHES N CREA	M				NC		25	Р	GW
Local Address (w	here applicable)			Service	Reside	ential	Commerc	ial Industri	al Combin	ed Agricultural
632 TORRINGTO	N ROAD			Connectio	ons		1			
Towns Served: Ll	TCHFIELD			I						
Name				Organization					Job Titl	e
Ms. Katerina Kai	avasili									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
632 Torrington R	d						Litchfi	eld	СТ	06759
Business Phone	e Extension	Fax	Mo	obile Phone	Emergen	cy Pho	one Email	Address		
860-496-7536										
Contact Role(s):	Administrative	Contact, Le	gal Contact		1		I			
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.

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

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	Connecticut Departme Water Quality M				0		
PWS ID	PWS Name	ionitoi nig an			Population C		imary Source
CT0740354	SAINT PAULS EPISCOPAL CHURCH			NC	25	P	GW
	(where applicable)	Service	Resident			Combined	Agricultural
802 BANTAM F		Connections		1			0
Towns Served:	LITCHFIELD						
	Ν	Aonitoring Requ	uiremei	nts			
Water System	n Facility: <b>DISTRIBUTION SYSTEM</b>	<u> </u>					
Total Colifor	m (3100)				1 r	outine (RT) p	per quarter
	Point (Sampling Point ID)		Monitorii	ng Period	<b>Collection Perio</b>		ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/31/23		Со	mplete
			1/1/24 -	3/31/24			
			4/1/24 -	6/30/24			
			7/1/24 -	9/30/24			
Physical Para	ameters (PPS)				1 r	outine (RT) p	per quarter
-	Point (Sampling Point ID)		Monitorii	ng Period	<b>Collection Perio</b>		ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	12/31/23		Со	mplete
			1/1/24 -	3/31/24			
			4/1/24 -	6/30/24			
			7/1/24 -	9/30/24			
Water System	n Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And	Nitrite (NOX)					1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	<b>Collection Perio</b>	-	ance Status
ENTRY PO	DINT (3)		1/1/23 - 2	12/31/23		Со	mplete
			1/1/24 - 2	12/31/24			
			1/1/25 - 2	12/31/25			
	Publi	ic Notification F	Require	ments			
		Compliance	Notice		Notification	PN Cert	ification
Violation/Situa	ation	Period	Tier		Performed		-
Total Coliform	M&R Violation	1/1/23 - 3/31/23	3	6/29/202		7/9/2024	
Physical Param	neters M&R Violation	1/1/23 - 3/31/23	3	6/29/202	4	7/9/2024	
Total Coliform	M&R Violation	10/1/22 - 12/31/22	2 3	6/29/202	4	7/9/2024	
Physical Param	neters M&R Violation	10/1/22 - 12/31/22	2 3	6/29/202	4	7/9/2024	
Total Coliform	M&R Violation	7/1/22 - 9/30/22	3	6/29/202	4	7/9/2024	
Physical Param	neters M&R Violation	7/1/22 - 9/30/22	3	6/29/202	4	7/9/2024	
Total Coliform	M&R Violation	4/1/23 - 6/30/23	3	8/21/202	4	8/31/2024	
Physical Param	neters M&R Violation	4/1/23 - 6/30/23	3	8/21/202	4	8/31/2024	
	Water System	Facility and Sa	mpling	Point Inv	entory		
Water					Total Lead a	nd	
System Wat Facility ID	ter System Facility Samplin IL	g Point Sampling Po D Description	int		oliform Coppe Rule Rule T	er ier Asbestos	Stage WOP 2 DBPR
	TRIBUTION SYSTEM 4	-	N SYSTEM	<u>Status</u> A	Y Y		
00000 015		TREAM WITHIN 5 SEI			•		
	UPSTF						
00700 ENT	IRY POINT 3			A A			
21299 WEI							
21233 VVE	LL 2	. VVELL		A			

	<b>e</b> <i>y</i>	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740354	SAINT PAULS EPISCOPAL CHURCH			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
802 BANTAM R	OAD	Connections		1			
Towns Served: I	LITCHFIELD				·	·	

			Co	ontact Inf	ormation				
Name				Organizatior	1	Job Title			
Father Brett Figlew	ski		St. Pauls Chu	ırch	Rector				
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
P,O. Box 449			802 Bantam	Road		Bantam		СТ	06750
<b>Business Phone</b>	Extension	Fax	Mc	obile Phone Emergency Phone		e Email Address			
860-567-8838						office@saintpaulsbantam.org			

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

### Please note the following:

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

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

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

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	Connecticut Depa					0			ction	
	Water Qua	lity Monit	oring a	nd Com	plia	nce Sc	chedu	le		
PWS ID	PWS Name			(	_ Classifio	cation Po	opulation	Own	er Type P	rimary Source
СТ0740374	491 BANTAM ROAD				N	2	34		Р	GW
Local Address (	where applicable)		Service	Residenti	ial Cor	nmercial	Industr	ial	Combined	Agricultural
			Connection	าร					6	
Towns Served:	LITCHFIELD						1			
			oring Rec	quiremen	its					
Water System	Facility: DISTRIBUTION S	YSTEM (WSFI	D: 00600)							
<b>Total Coliforn</b>	• •						:	1 rou		per quarter
Sampling I	Point (Sampling Point ID)			Monitorin	g Perio	od Coll	lection Pe	eriod	Compl	ance Status
Select from	n Inventory of Active Sampling	g Points		10/1/23 - 1	12/31/2	23			Co	mplete
				1/1/24 - 3	3/31/24	4			Co	mplete
				4/1/24 - 6	5/30/24	1				
				7/1/24 - 9	9/30/24	1				
<b>Physical Para</b>	meters (PPS)						-	1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorin	g Perio	d Coll	lection Pe	eriod	Compl	ance Status
Select from	n Inventory of Active Sampling	g Points		10/1/23 - 1	12/31/2	23			Co	mplete
				1/1/24 - 3	3/31/24	1			Cc	mplete
				4/1/24 - 6	5/30/24	1				
				7/1/24 - 9	9/30/24	1				
Water System	Facility: ENTRY POINT (	NSF ID: 00700)								
Nitrate And N	Nitrite (NOX)							1	routine (F	RT) per year
	Point (Sampling Point ID)			Monitorin	g Perio	d Coll	lection Pe		-	ance Status
ENTRY POI				1/1/23 - 1	-					mplete
	(-)			1/1/24 - 1						mplete
				1/1/25 - 1						
	Water S	ystem Facil	ity and Sa				tory			
Water						Tota	al Lead	l and		
	er System Facility	Sampling Point				Colifo		-		Stage
Facility ID		ID	Description	1	Stat	tus Rul	e Rule	e Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	ON SYSTEM	A	Y Y				
		DOWNSTREAM	WITHIN 5 SI	ERVICE CON	A					
		UPSTREAM	WITHIN 5 SI	ERVICE CON	A					
			ENTRY POIN							
00700 ENT	RY POINT	3		NT	A					
00700 ENTE 21301 WEL		3 2	WELL	NT	A					
		2								
		2 Con	WELL						Job Title	
21301 WEL	L	2 <b>Con</b> 0	WELL tact Info	rmation			Owner		Job Title	
21301 WEL Name Mr. Rickard T. E	L Evangelisti	2 Con O Li	WELL <b>tact Info</b> rganization tchfield West	rmation			Owner City		Job Title State	Zip Code
21301 WEL Name Mr. Rickard T. B Mailing Address	L E <b>vangelisti</b> s Line One	2 <b>Con</b> 0	WELL <b>tact Info</b> rganization tchfield West	rmation			City			Zip Code 06759
21301 WEL Name Mr. Rickard T. E Mailing Address 491 Bantam Rd	L Evangelisti s Line One	2 Con O Li Mailing Addres	WELL tact Info rganization tchfield West s Line Two	<b>rmation</b>	A	Litchfield	City		State	Zip Code 06759
21301 WEL Name Mr. Rickard T. B Mailing Address	L Evangelisti s Line One ne Extension Fax	2 Con O Li Mailing Addres	WELL tact Info rganization tchfield West s Line Two	rmation	A	Litchfield Email Ad	City	om	State	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740374	491 BANTAM ROAD			NC	34	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections				6	
Towns Served: L	ITCHFIELD					1	<u> </u>

## Please note the following:

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

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

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

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

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

	Connecticut Dep					0			ction		
		ality Monit	oring an	LON	*				The D		Course
PWS ID CT0740414	PWS Name STONYBROOK GOLF CLUB				Classific		pulation 32	Owne	P	rimary G\	
	s (where applicable)		Service	Residen		- nmercial	32 Industria		Combined	-	v cultural
263 MILTON			Connections	1		1	muustiid		Jonibilieu	Agri	cultural
	d: LITCHFIELD			1		Ŧ					
TOWINS SELVE				•							
Mator Syste	em Facility: <b>DISTRIBUTION</b>		oring Requ	Ireme	nts						
	•	3131LIVI (VV3F1	D. 00000j				1	rout	ing (PT)		uartar
	orm (3100) ng Point (Sampling Point ID)			Monitori	na Dorio	d Coll	⊥ ection Per		ine (RT) <i>Compli</i>		
		a Points		<b>Monitori</b> 10/1/23 -	-			100			
Select II	rom Inventory of Active Sampli	IS FUILLS		- 1/1/23 1/1/24						mplet	C
				4/1/24 -							
				4/1/24 - 7/1/24 -							
Dhysical De	arameters (PPS)			//1/24 -	5/50/24	+	1	ro+	ine (RT)	nor ~-	uartor
-	ng Point (Sampling Point ID)			Monitori	na Pario	d Coll	⊥ ection Per		Compli		
	rom Inventory of Active Samplin	ng Points		10/1/23 -	-			100		mplet	
Jelect II				1/1/24 -						mpier	C
				4/1/24 -							
				7/1/24 -							
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)		,,_,	5,50,2	•					
	d Nitrite (NOX)			_	_	_	_	1 r	outine (F	?T) ne	r vear
	ng Point (Sampling Point ID)			Monitori	na Perio	d Coll	ection Per		Compli		-
	POINT (3)			1/1/23 -	-					mplet	
	- (-)			1/1/24 -						1	-
				1/1/25 -				-			
		Other C	ompliance			-					
Compliance S	Schedule Activity		•		Due Date	е	Achiev	ved D	ate		
CROSS CONN	IECTION SURVEY REPORT				3/1/2018	8					
	IECTION SURVEY REPORT				3/1/2019						
	IECTION SURVEY REPORT				3/1/2020						
CROSS CONN	IECTION SURVEY REPORT			3	3/1/2021	1					
CROSS CONN	ECTION SURVEY REPORT			3	3/1/2022	2					
CROSS CONN	ECTION SURVEY REPORT				3/1/2023						
CROSS CONN	ECTION SURVEY REPORT				3/1/2024						
	Water	System Facili	ity and Sar	npling	Point	Invent	ory				
Water						Tota	Lead o	and			
	ater System Facility	Sampling Point		nt		Colifo					Stage
Facility ID		ID	Description		Stat	tus Rule	e Rule	Tier	Asbestos	WQP	2 DBPR
00600 DI	ISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	I A	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A						
		UPSTREAM	WITHIN 5 SER	VICE CON	N A						
00700 EN	NTRY POINT	3	ENTRY POINT		A						

А

WELL

2

21304 WELL

	<u> </u>	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740414	STONYBROOK GOLF CLUB			NC	32	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
263 MILTON RO	DAD	Connections	1	1			
Towns Served:	LITCHFIELD						

#### **Contact Information** Organization Job Title Name Mr. Jon Philips Stonybrook Golf Club Mailing Address Line One Mailing Address Line Two City State Zip Code 263 Milton Road 06759 Litchfield CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-921-1576 jon.philips@icloud.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.

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

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

Water Quality Monitoring and Compliance Schedule           PWS ID         PWS Name         Classification         Population         Owner Type Primary Source           COTA0022         DA CADD RESTURANT         NC         25         P         6W           Local Address (where applicable)         Service         Residential         Commection         1         dustrial         Combined         Agricultura           25 TORRING/ON ROAD         Monitoring Requirements         Mater System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         1         routine (RT) per month           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete         1/1/24 - 1/31/24         Complete           3/1/24 - 3/31/23         Complete         3/1/24 - 3/31/24         Complete         2/1/24 - 1/31/24         Complete           3/1/24 - 3/31/24         4/1/24 - 4/30/24         5/1/24 - 6/30/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         3/1/24 - 3/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 1/31/24         Complete         2/1/24 - 9/30/24		Connecticut Departmer	nt of Public H	lealth	Dri	nking	Water	Sec	ction			
PWS Name     Classification     Population     Power Type     Primary Source       CT0724024     DA CAPO RESTAURANT     NC     25     Ome     Po     GW       Call Address (where applicable)     Service     Residential     Commercial     Industrial     Combined     Agricultura       Call Address (where applicable)     Service     Residential     Commercial     Industrial     Combined     Agricultura       Call Address (where applicable)     Service     Residential     Commercial     Industrial     Combined     Agricultura       Call Collform (Stop)     Monitoring Requirements     Collection Period     Complete     Complete       Select from Inventory of Active Sampling Points     11/1/123 - 11/30/23     Complete     21/1/24 - 1/31/24     Complete       21/1/24 - 2/29/24     Complete     3/1/24 - 3/31/24     Complete     3/1/24 - 3/31/24     Complete       31/1/24 - 1/31/24     Gongliance Status     Sinter System Facility:     Entry Per month     Sinter System Facility:     Complete       31/1/24 - 3/31/24     Gonplete     3/1/24 - 3/31/24     Complete     3/1/24 - 3/31/24       Sinter from Inventory of Active Sampling Point D)     Monitoring Period     Collection Period     Complete       31/1/24 - 3/31/24     Gomplete     1/1/24 - 1/33/24     Complete <th></th> <th>Water Quality M</th> <th>onitoring an</th> <th>d Com</th> <th>plia</th> <th>ance S</th> <th>chedul</th> <th>e</th> <th></th> <th></th>		Water Quality M	onitoring an	d Com	plia	ance S	chedul	e				
Local Address (where applicable)         Bervice Connections         Residential I         Commercial I         Industrial I         Combined Agricultura           23: TORRINGTON ROAD         Monitoring Requirements         I         Industrial         Combined Agricultura           Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         I routine (RT) per month         Collection Period         Complete           Select from Inventory of Active Sampling Point S         11/1/23 - 11/30/23         Complete         Complete           21/1/23 - 12/31/23         Complete         21/1/24 - 1/31/24         Complete         Complete           31/1/24 - 1/31/24         Complete         21/1/24 - 1/31/24         Complete         Complete           31/1/24 - 1/31/24         4/1/24 - 4/30/24         Complete         Complete         Complete           31/1/24 - 1/31/24         6/1/24 - 6/30/24         Complete         Complete         Complete           9/1/24 - 9/30/24         10/1/24 - 1/31/24         Complete         Complete         Complete           11/1/23 - 11/30/23         Complete         Complete <th>PWS ID</th> <th></th> <th>0</th> <th></th> <th></th> <th></th> <th>I</th> <th></th> <th>er Type P</th> <th>rimary Source</th>	PWS ID		0				I		er Type P	rimary Source		
Display="2">Connections       1         Towns Served: LITCHFIELD       Monitoring Requirements         Water System Facility:       DISTRIBUTION SYSTEM (WSF ID: 00600)       I routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       11/1/23 - 11/30/23       Complete       2/1/24 - 2/31/24       Complete         2/1/24 - 2/31/24       1/1/24 - 1/31/24       Complete       2/1/24 - 3/31/24       Complete         3/1/24 - 3/31/24       1/1/24 - 3/31/24       Complete       2/1/24 - 6/30/24       Complete         9/1/24 - 9/30/24       5/1/24 - 6/30/24       Complete       2/1/24 - 6/30/24       Complete         9/1/24 - 9/30/24       10/1/24 - 1/31/24       Complete       2/1/24 - 6/30/24       Complete         9/1/24 - 9/30/24       10/1/24 - 1/31/24       Complete       2/1/24 - 6/30/24       Complete         Select from Inventory of Active Sampling Points       11/1/23 - 11/30/23       Complete       2/1/24 - 2/29/24       Complete         9/1/24 - 9/30/24       11/1/23 - 1/31/24       Complete       2/1/24 - 2/31/24       Complete       2/1/24 - 2/31/24       Complete       2/1/24 - 2/31/24       Complete       2/1/24 - 2/31/24       Complete       2/1/24 - 3/31	СТ0740424	DA CAPO RESTAURANT		NC		NC	25		Р	GW		
Nomis Served: LITCHFIELD         Monitoring Requirements           Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         I routine (RT) per month           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           11/1/23 - 11/30/23         Complete         21/1/23 - 12/31/23         Complete           21/1/23 - 12/31/23         Complete         21/1/24 - 1/33/24         Complete           11/1/24 - 1/31/24         Complete         21/1/24 - 2/39/24         Complete           21/1/24 - 1/31/24         G/1/24 - 6/30/24         Complete         21/1/24 - 1/31/24           9/1/24 - 6/30/24         G/1/24 - 6/30/24         G/1/24 - 6/30/24         G/1/24 - 6/30/24           9/1/24 - 9/30/24         10/1/24 - 0/31/24         Toutine (RT) per month         Sompling Point (D)         Collection Period         Complete           10/1/24 - 0/30/24         10/1/24 - 0/31/24         Gomplete         21/1/24 - 0/31/24         Gomplete           9/1/24 - 9/30/24         10/1/23 - 11/30/23         Complete         21/1/24 - 0/31/24         Gomplete           11/1/23 - 11/30/24         Gomplete         21/1/24 - 0/31/24         Gomplete         21/1/24 - 0/31/24           9/1/24 - 9/30/24         11/1/23 - 11/31/24         Complete         31/1/24 - 0/31/24         Gomple	Local Address	(where applicable)	Service	Resident	ial C	ommercia	I Industria		Combined	Agricultural		
Monitoring Requirements           Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         1 routine (RT) per month           Sampling Point (Sompling Point ID)         Monitoring Period         Compliance Status           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete         11/1/24 - 1/31/24         Complete           2/1/24 - 3/31/24         Complete         3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete         3/1/24 - 3/31/24         Complete           6/1/124 - 6/30/24         6/1/24 - 6/30/24         Complete         3/1/24 - 3/31/24           9/1/24 - 6/30/24         6/1/24 - 6/30/24         Complete         3/1/24 - 3/31/24           9/1/24 - 6/30/24         10/1/24 - 10/31/24         Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point ID         Monitoring Period         Complete         2/1/24 - 3/31/24           9/1/24 - 3/31/24         Complete         11/1/24 - 3/31/24         Complete           10/1/24 - 13/31/24         Complete         2/1/24 - 3/31/24         Complete           11/1/24 - 3/31/24         10/1/24 - 3/31/24         Complete         2/1/24 - 3/31/24           11/1/24 - 3/31/24         6/1/1/24 - 3/31/24<	625 TORRING	FON ROAD	Connections			1						
Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Complete           12/1/23 - 12/31/23         Complete           12/1/24 - 1/31/24         Complete           12/1/24 - 1/31/24         Complete           12/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete           21/1/24 - 1/31/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete           4/1/24 - 4/30/24         Complete           6/1/24 - 6/30/24         Complete           9/1/24 - 6/30/24         Complete           10/1/24 - 10/31/24         Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point (Sompling Point ID)         Monitoring Period         Complete           11/1/23 - 11/30/23         Complete         2/1/24 - 9/30/24           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           11/1/23 - 11/30/23         Complete         2/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete         2/1/24 - 3/31/24         Complete           11/1/24 - 1/31/24         Complete <th>Towns Served:</th> <th>: LITCHFIELD</th> <th></th> <th>·</th> <th>·</th> <th></th> <th>÷</th> <th></th> <th></th> <th></th>	Towns Served:	: LITCHFIELD		·	·		÷					
Water System Facility:         DISTRIBUTION SYSTEM (WSF ID: 00600)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Complete           12/1/23 - 12/31/23         Complete           12/1/24 - 1/31/24         Complete           12/1/24 - 1/31/24         Complete           12/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete           21/1/24 - 1/31/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete           4/1/24 - 4/30/24         Complete           6/1/24 - 6/30/24         Complete           9/1/24 - 6/30/24         Complete           10/1/24 - 10/31/24         Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point (Sompling Point ID)         Monitoring Period         Complete           11/1/23 - 11/30/23         Complete         2/1/24 - 9/30/24           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           11/1/23 - 11/30/23         Complete         2/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete         2/1/24 - 3/31/24         Complete           11/1/24 - 1/31/24         Complete <th></th> <th>Μ</th> <th>onitoring Requ</th> <th>iiremer</th> <th>nts</th> <th></th> <th></th> <th></th> <th></th> <th></th>		Μ	onitoring Requ	iiremer	nts							
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           Select from Inventory of Active Sampling Points         11/1/23 - 12/31/23         Complete           11/124 - 1/31/24         Complete         1/1/24 - 1/31/24         Complete           11/124 - 1/31/24         Complete         2/1/24 - 2/29/24         Complete           11/124 - 1/31/24         Complete         2/1/24 - 2/29/24         Complete           31/124 - 3/31/24         4         Complete         2/1/24 - 3/31/24           4/1/24 - 4/30/24         5/1/24 - 5/31/24         Complete         2/1/24 - 3/31/24           9/1/24 - 9/30/24         7/1/24 - 7/31/24         Complete         2/1/24 - 3/31/24           9/1/24 - 9/30/24         10/1/24 - 10/31/24         Foutine (RT) per month         Sampling Point (D)         Monitoring Period         Collection Period         Complete           11/1/23 - 11/30/23         Complete         2/1/24 - 3/31/24         Complete         2/1/24 - 3/31/24         Complete           11/1/24 - 13/3/24         Complete         2/1/24 - 3/31/24         Complete         2/1/24 - 3/31/24         Complete           11/124 - 13/3/24         Complete         2/1/24 - 5/31/24         Complete         2/1/24 - 5/31/24         Complete           11/124	Water Syster											
Select from Inventory of Active Sampling Points         11/1/23         11/1/23         Complete           12/1/24         12/1/24         12/1/24         Complete           2/1/24         2/1/24         2/29/24         Complete           2/1/24         2/29/24         Complete           2/1/24         2/3/1/24         Somplete           3/1/24         3/3/1/24         Complete           3/1/24         5/1/24         5/3/24           6/1/24         6/30/24         Complete           7/1/24         7/3/1/24         Sompling Point Sompling Po	<b>Total Colifor</b>	rm (3100)					1	l rou	tine (RT)	per month		
12/1/23 · 12/31/23         Complete           1/1/24 · 1/31/24         Complete           1/1/24 · 1/31/24         Complete           2/1/24 · 2/32/24         Complete           3/1/24 · 3/31/24         4/1/24 · 4/30/24           4/1/24 · 4/30/24         6/1/24 · 6/30/24           6/1/24 · 6/30/24         6/1/24 · 6/30/24           9/1/24 · 9/30/24         9/1/24 · 9/30/24           10/1/24 · 10/31/24         9/1/24 · 9/30/24           Sampling Point (D)         Monitoring Period         Collection Period           Select from Inventory of Active Sampling Points         11/1/23 · 11/30/23         Complete           11/1/24 · 1/31/24         Complete         2/1/24 · 3/31/24           2/1/24 · 2/29/24         Complete         2/1/24 · 3/31/24           Select from Inventory of Active Sampling Points         11/1/3 · 11/30/23         Complete           11/1/24 · 1/31/24         Complete         2/1/24 · 2/29/24         Complete           3/1/24 · 3/31/24         Gomplete         2/1/24 · 3/31/24         Gomplete           3/1/24 · 3/31/24         Gomplete         2/1/24 · 3/31/24         Gomplete           3/1/24 · 3/31/24         Gomplete         3/1/24 · 3/31/24         Gomplete           3/1/24 · 6/30/24         Gomplete         1/1/24 ·	Sampling	Point (Sampling Point ID)		Monitorin	n <mark>g P</mark> er	riod Co	llection Per	iod	Compli	ance Status		
1/1/24 - 1/31/24         Complete           2/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Singlete           3/1/24 - 3/31/24         Singlete           4/1/24 - 4/30/24         Singlete           5/1/24 - 5/31/24         Singlete           6/1/24 - 6/30/24         Singlete           7/1/24 - 7/31/24         Singlete           8/1/24 - 8/31/24         Singlete           9/1/24 - 9/30/24         Singlete           9/1/24 - 9/30/24         Singlete           9/1/24 - 9/30/24         Singlete           10/1/24 - 1/31/24         Singlete           11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete           1/1/24 - 1/31/24         Singlete           1/1/24 - 1/31/24         Singlete<	Select fro	m Inventory of Active Sampling Points			-	-			Co	mplete		
2/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         4/1/24 - 4/30/24           4/1/24 - 4/30/24         5/1/24 - 5/31/24           6/1/24 - 6/30/24         6/1/24 - 6/30/24           7/1/24 - 7/31/24         8/1/24 - 8/31/24           9/1/24 - 9/30/24         9/1/24 - 9/30/24           Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           1/1/23 - 11/30/23         Complete         2/1/24 - 2/29/24         Complete           2/1/24 - 2/31/23         Complete         2/1/24 - 3/31/24         Complete           1/1/23 - 11/30/23         Complete         2/1/24 - 1/31/24         Complete           2/1/24 - 2/29/24         Complete         2/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         3/1/24 - 3/31/24         Complete         2/1/24 - 1/31/24           6/1/24 - 5/31/24         6/1/24 - 5/31/24         Complete         3/1/24 - 3/31/24           9/1/24 - 9/30/24         9/1/24 - 9/30/24         2         Complete           9/1/24 - 9/30/24         9/1/24 - 1/31/24         Complete         2           10/1/24 - 1/31/24         1/1/23 - 1/31/24         2         2         2 <td></td> <td></td> <td></td> <td>12/1/23 -</td> <td>12/31</td> <td>L/23</td> <td></td> <td></td> <td>Co</td> <td>mplete</td>				12/1/23 -	12/31	L/23			Co	mplete		
3/1/24 - 3/31/24         4/1/24 - 4/30/24         5/1/24 - 6/30/24         5/1/24 - 6/30/24         7/1/24 - 6/30/24         7/1/24 - 7/31/24         8/1/24 - 8/30/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         Physical Parameters (PPS)         10/1/24 - 10/31/24         Physical Parameters (PPS)         10/1/24 - 10/31/24         Physical Parameters (PPS)         20/1/24 - 9/30/24         20/1/24 - 9/30/24         20/1/24 - 10/31/24         Compliance Status         Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23       Complete         12/1/24 - 2/31/24       Complete         1/1/24 - 1/31/24       Complete         2/1/24 - 2/31/24       Complete         3/1/24 - 3/31/24       Complete         3/1/24 - 3/31/24       6/1/24 - 6/30/24         5/1/24 - 6/30/24       10/1/24 - 10/31/24         9/1/24 - 9/30/24       10/1/24 - 10/31/24         Sampling Point (DN       1 routine (RT) per year         Sampling Point ID)       Monitoring Period       Compliance Status         ENTRY POINT (WSF ID: 00700)       1 routine (RT) per month         Sampling Point ID) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
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)           10/1/24 - 10/31/24           Select from Inventory of Active Sampling Point ID)           Monitoring Period           20/1/24 - 1/31/23           Complete           12/1/23 - 12/31/23           Complete           1/1/24 - 1/31/24           Complete           1/1/24 - 1/31/24           Complete           1/1/24 - 1/31/24           Complete           3/1/24 - 3/31/24           Complete           3/1/24 - 3/31/24           Complete           3/1/24 - 3/31/24           6/1/24 - 6/30/24           5/1/24 - 5/31/24           6/1/24 - 6/30/24           9/1/24 - 9/30/24           9/1/24 - 9/30/24           9/1/24 - 9/30/24           9/1/24 - 9/30/24           9/1/24 - 1/31/24           Complete           10/1/24 - 10/31/24           Water System Facility: ENTRY POINT (WSF ID: 00700)           Nitrate And Nitrite (NOX)									Co	mplete		
5/1/24 - 5/31/24           6/1/24 - 6/30/24           7/1/24 - 7/31/24           8/1/24 - 6/30/24           9/1/24 - 9/30/24           9/1/24 - 9/30/24           10/1/24 - 10/31/24           Physical Parameters (PPS)           I routine (RT) per month           Select from Inventory of Active Sampling Points           11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete           11/1/24 - 1/31/24         Complete           12/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         Complete           9/1/24 - 9/30/24         T/1/24 - 7/31/24           9/1/24 - 9/30/24         T/1/24 - 7/31/24           10/1/24 - 10/31/24         Scolection Period           10/1/24 - 10/31/24         Complete           10/1/24 - 10/31/24         Complete           11/1/24 - 12/31/23         Complete           10/1/24 - 12/31/24												
6/1/24 - 6/30/24           7/1/24 - 7/31/24           8/1/24 - 8/31/24           9/1/24 - 8/31/24           10/1/24 - 10/31/24           Physical Parameters (PPS)           I routine (RT) per month           Sampling Point ID)           Monitoring Period           Complete           1/1/1/23 - 11/30/23           Complete           1/1/1/23 - 12/31/24           Complete           1/1/1/24 - 1/31/24           Complete           2/1/24 - 2/29/24           Complete           3/1/24 - 3/31/24           Sampling Point (WSF ID: 00700)           Nitrate And Nitrite (NOX)           1 routine (RT) per year           Sampling Point (D)           Monitoring Period												
7/1/24 - 7/31/24         8/1/24 - 8/31/24         9/1/24 - 8/31/24         9/1/24 - 8/30/24         10/1/24 - 10/31/24         Physical Parameters (PPS)         I routine (RT) per month         Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete         11/1/24 - 1/31/24       Complete         21/1/24 - 1/31/24       Complete         31/1/24 - 3/31/24       Complete         31/1/24 - 3/31/24       Complete         5/1/24 - 5/31/24       S/1/24 - 5/31/24         6/1/24 - 6/30/24       T/1/24 - 7/31/24         9/1/24 - 9/30/24       9/1/24 - 9/30/24         9/1/24 - 9/30/24       S/1/24 - 1/31/24         Water System Facility:       ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per year         Sampling Point (Sampling Point ID)       Monitoring Period       Complete         11/1/24 - 12/31/23       Complete         11/1/25 - 12/31/24												
8/1/24 - 8/31/24           9/1/24 - 9/30/24           10/1/24 - 10/31/24           Physical Parameters (PPS)           I routine (RT) per month           Select from Inventory of Active Sampling Points           11/1/23 - 12/31/23         Complete           12/1/23 - 12/31/23         Complete           12/1/23 - 12/31/23         Complete           12/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete           9/1/24 - 6/30/24         10/1/24 - 6/30/24           10/1/24 - 6/30/24         10/1/24 - 10/31/24           Water System Facility: ENTRY POINT (WSF ID: 00700)         1 routine (RT) per year           Sampling Point (Sompling Point ID)         Monitoring Period         Complete           11/1/24 - 12/31/23         Complete												
9/1/24 - 9/30/24           10/1/24 - 10/31/24           Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete         12/1/24 - 1/31/24         Complete           21/1/24 - 2/29/24         Complete         21/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         3/31/24         3/31/24         Complete           3/1/24 - 3/31/24         3/31/24         3/31/24         Complete           3/1/24 - 5/31/24         Complete         3/1/24 - 5/31/24         Complete           3/1/24 - 5/31/24         6/1/24 - 6/30/24         -         -           6/1/24 - 6/30/24         -         -         -           9/1/24 - 9/30/24         -         -         -           10/1/24 - 10/31/24         9/31/24         -         -           9/3/24         -         -         -         -           10/1/24 - 10/31/24         Monitoring Period         Complete         -         -           10/1/24 - 10/31/24         1/1/25 - 12/31/23         Complete <th></th>												
10/1/24 - 10/31/24           Physical Parameters (PPS)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         11/1/23 - 12/31/23         Complete         12/1/23 - 12/31/23         Complete           11/1/24 - 1/31/24         Complete         1/1/24 - 1/31/24         Complete           11/1/24 - 1/31/24         Complete         2/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         3/1/24 - 3/31/24         Gomplete         3/1/24 - 3/31/24           4/1/24 - 4/30/24         4/1/24 - 4/30/24         Gomplete         3/1/24 - 3/31/24           6/1/24 - 6/30/24         6/1/24 - 6/30/24         Gomplete         3/1/24 - 3/31/24           9/1/24 - 9/30/24         10/1/24 - 10/31/24         Gompliance Status         3/1/24 - 3/1/24           10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         1 routine (RT) per year         Sampling Point (Sompling Point ID)         Monitoring Period         Complete           11/1/25 - 12/31/23         Complete         1/1/25 - 12/31/23         Complete         1/1/25 - 12/31/24         Complete           11/1/25 - 12/31/24         1/1/25 - 12/31/24         Complete         1/1/25 - 12/31/24												
Physical Parameters (PPS)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete       12/1/24 - 12/31/24       Complete         21/1/24 - 12/31/24       Complete       21/1/24 - 12/31/24       Complete         3/1/24 - 3/31/24       3/1/24 - 3/31/24       Complete       3/1/24 - 3/31/24         4/1/24 - 4/30/24       5/1/24 - 5/31/24       Complete       3/1/24 - 3/31/24         6/1/24 - 6/30/24       5/1/24 - 5/31/24       6/1/24 - 6/30/24       3/1/24 - 3/31/24         9/1/24 - 9/30/24       9/1/24 - 9/30/24       10/1/24 - 10/31/24       5/1/24 - 5/31/24         Water System Facility:       ENTRY POINT (WSF ID: 00700)       1 routine (RT) per year         Sampling Point (Sompling Point ID)       Monitoring Period       Collection Period       Complete         1/1/23 - 12/31/23       Complete       1/1/24 - 12/31/24       Complete         1/1/24 - 12/31/24       Complete       1/1/25 - 12/31/25       Complete         1/1/25 - 12/31/25       1/1/24 - 12/31/24       Complete       1/1/25 - 12/31/25         Water System Facility:       WELL (WSF ID: 21305)												
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Status           Select from Inventory of Active Sampling Points         11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete           2/1/24 - 1/31/24         Complete           2/1/24 - 1/31/24         Complete           2/1/24 - 1/31/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete           3/1/24 - 3/31/24         Complete           6/1/24 - 6/30/24         Solvard           9/1/24 - 9/30/24         Solvard           9/1/24 - 8/31/24         Solvard           9/1/24 - 9/30/24         Solvard           10/1/24 - 10/31/24         Solvard           Water System Facility:         ENTRY POINT (WSF ID: 00700)           Nitrate And Nitrite (NOX)         1 routine (RT) per year           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           1/1/23 - 12/31/23         Complete         1/1/24 - 12/31/23         Complete           1/1/25 - 12/31/25         1/1/23 - 11/30/23         Complete         1/1/25 - 12/31/23		()		10/1/24 -	10/31	1/24						
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           1/1/24 · 1/31/24         Complete         2/1/24 · 2/29/24         Complete           3/1/24 · 2/29/24         Complete         3/1/24 · 2/29/24         Complete           3/1/24 · 2/29/24         Complete         3/1/24 · 3/31/24	-									•		
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					-		llection Per	100				
1/1/24 - 1/31/24         Complete           2/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         4/1/24 - 3/31/24           4/1/24 - 4/30/24         5/1/24 - 5/31/24           6/1/24 - 6/30/24         5/1/24 - 5/31/24           10/1/24 - 7/31/24         8/1/24 - 8/31/24           9/24 - 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           Sampling Point (Sampling Point ID)         Monitoring Period         Complete           1/1/23 - 12/31/23         Complete           1/1/24 - 12/31/24         Complete           1/1/25 - 12/31/25         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period           1/1/25 - 12/31/25         1 routine (RT) per month         Sampling Point (Sampling Point ID)           Water System Facility:         WELL (WSF ID: 21305)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Complete           11/1/23 - 11/30/23         Complete         1/1/123 - 11/30/23           WELL (2)         11/1/23 - 11/30/23         Complete	Select fro	om inventory of Active Sampling Points										
2/1/24 - 2/29/24         Complete           3/1/24 - 3/31/24         4/1/24 - 3/31/24           4/1/24 - 4/30/24         5/1/24 - 5/31/24           5/1/24 - 5/31/24         6/1/24 - 6/30/24           6/1/24 - 6/30/24         7/1/24 - 7/31/24           8/1/24 - 8/31/24         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           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period           ENTRY POINT (3)         1/1/23 - 12/31/23         Complete           1/1/24 - 12/31/24         Complete         1/1/24 - 12/31/24           Water System Facility:         WELL (WSF ID: 21305)         1           E. Coli (3014)         1 routine (RT) per month           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period           WELL (2)         11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete           12/1/23 - 12/31/23         Complete												
3/1/24 - 3/31/24         4/1/24 - 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         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/23 - 12/31/23       Complete       1/1/25 - 12/31/24       Complete         1/1/25 - 12/31/25       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 12/31/24       Complete       1/1/25 - 12/31/25       Complete         Water System Facility: WELL (WSF ID: 21305)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete       2/1/2/3 - 12/31/23       Complete							•					
4/1/24 - 4/30/24         5/1/24 - 5/31/24         6/1/24 - 6/30/24         7/1/24 - 7/31/24         8/1/24 - 8/31/24         9/1/24 - 9/30/24         10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)         Monitoring Period       Collection Period         Complete         1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1         Water System Facility: WELL (WSF ID: 21305)       1         E. Coli (3014)       1       1         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         Water System Facility: WELL (WSF ID: 21305)       1       1         E. Coli (3014)       1       1       routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete       2										Inpiete		
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)         Sampling Point (Sampling Point ID)         Monitoring Period       Collection Period         1/1/23 - 12/31/23       Compliance Status         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         Complete       1/1/25 - 12/31/23       Complete         1/1/25 - 12/31/25       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         Water System Facility: WELL (WSF ID: 21305)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         WELL (2)       11/1/23 - 11/30/23       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete       Complete												
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)         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete         1/1/23 - 12/31/23         Complete         1/1/25 - 12/31/24         Water System Facility:         WELL (WSF ID: 21305)         E. Coli (3014)         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete         1/1/25 - 12/31/23         Complete         1/1/25 - 12/31/24         Complete         1/1/25 - 12/31/25												
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         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/25 - 12/31/24       Complete         1/1/25 - 12/31/25       1         Water System Facility: WELL (WSF ID: 21305)       1         E. Coli (3014)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete         12/1/23 - 12/31/23       Complete												
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         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         E. Coli (3014)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete         12/1/23 - 12/31/23       Complete												
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         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1       routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         E. Coli (3014)       1       routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete         12/1/23 - 12/31/23       Complete												
10/1/24 - 10/31/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete         1/1/23 - 12/31/23         Complete         1/1/24 - 12/31/24         Complete         1/1/25 - 12/31/25         Water System Facility: WELL (WSF ID: 21305)         E. Coli (3014)         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete         1/1/23 - 11/30/23         Complete         1/1/1/23 - 11/30/23         Complete         1/1/1/23 - 11/30/23         Complete												
Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per year         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       Complete         Water System Facility:       WELL (WSF ID: 21305)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete       12/1/23 - 12/31/23       Complete			-									
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusENTRY POINT (3)1/1/23 - 12/31/23Complete1/1/24 - 12/31/24Complete1/1/25 - 12/31/25CompleteWater System Facility: WELL (WSF ID: 21305)E. Coli (3014)1 routine (RT) per monthSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodWELL (2)11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete	Water Syster	m Facility: ENTRY POINT (WSF ID: 0			_0,0_	-, <b>-</b> ·						
ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1/1/25 - 12/31/25         Water System Facility:       WELL (WSF ID: 21305)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete	Nitrate And	Nitrite (NOX)						<b>1</b> r	outine (F	T) per year		
1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/25       1/1/25 - 12/31/25         Water System Facility:       WELL (WSF ID: 21305)         E. Coli (3014)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete	Sampling	Point (Sampling Point ID)		Monitorin	ng Per	riod Co	llection Per	iod	Compli	ance Status		
1/1/25 - 12/31/25         Water System Facility: WELL (WSF ID: 21305)         I routine (RT) per month         Sampling Point (Sampling Point ID)         Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete	ENTRY PC	DINT (3)		1/1/23 - 1	12/31,	/23			Co	mplete		
Water System Facility:       WELL (WSF ID: 21305)         E. Coli (3014)       1 routine (RT) per month         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Status         WELL (2)       11/1/23 - 11/30/23       Complete         12/1/23 - 12/31/23       Complete				1/1/24 - 1	12/31,	/24			Co	mplete		
E. Coli (3014)1 routine (RT) per monthSampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusWELL (2)11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete				1/1/25 - 1	12/31,	/25						
Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StatusWELL (2)11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete	Water Syster	m Facility: WELL (WSF ID: 21305)										
WELL (2)         11/1/23 - 11/30/23         Complete           12/1/23 - 12/31/23         Complete	-	•										
12/1/23 - 12/31/23 Complete		Point (Sampling Point ID)										
	WELL (2)					-	-					
1/1/24 - 1/31/24 Complete												
				1/1/24 - 1/31/24					Complete			

Water Quality Monitoring and Compliance Schedule         WS ID       PWS Name       Classification       Population       Owner Type       Primary Source         CT0740424       DA CAPO RESTAURANT       NC       25       P       GW         ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         ocal Served: LITCHFIELD       Monitoring Requirements       Vater System Facility:       WELL (WSF ID: 21305)       I routine (RT) per month         E. Coli (3014)       1 routine (RT) per month       I routine (RT) per month
TO740424       DA CAPO RESTAURANT       NC       25       P       GW         ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         25 TORRINGTON ROAD       Connections       1       1       Image: Combined text and text a
Ocal Address (where applicable)       Service       Residential       Commercial       Industrial       Combined       Agriculture         25 TORRINGTON ROAD       Connections       1
225 TORRINGTON ROAD       Connections       1       I       I         Cowns Served: LITCHFIELD       Image: Comment served: Comment serv
Served: LITCHFIELD       Monitoring Requirements       Vater System Facility:       WELL (WSF ID: 21305)
Monitoring Requirements Vater System Facility: WELL (WSF ID: 21305)
Vater System Facility: WELL (WSF ID: 21305)
E. Coli (3014) 1 routine (RT) per monti
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
2/1/24 - 2/29/24 Complete
3/1/24 - 3/31/24
4/1/24 - 4/30/24
5/1/24 - 5/31/24
6/1/24 - 6/30/24
7/1/24 - 7/31/24
8/1/24 - 8/31/24
9/1/24 - 9/30/24
10/1/24 - 10/31/24
Water System Facility and Sampling Point Inventory
Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBF
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
21305 WELL 2 WELL A
TP01 TREATMENT PLANT
Contact Information
Jame Organization Job Title
Ar. Nicholas Alimonos
Aailing Address Line OneMailing Address Line TwoCityStateZip Code
25 Torrington Road Litchfield CT 06759
Business Phone         Extension         Fax         Mobile Phone         Emergency Phone         Email Address
860-482-6246 860-489-7212 nickalimonos@ymail.com
Contact Role(s): Administrative Contact, Legal Contact, Owner
lease note the following:

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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End of schedule

(		ut Departmo er Quality N					· · · ·				tion	
PWS ID P	WS Name	er Quality I	nom	or mg a				1			Type	Primany Source
		NN & RESTAURAN	r			Classifi		Popul 2		Owner P		Primary Sourc GW
Local Address (wh		NIN & RESTAURAN	I	Service	Resident		mmerc		5 dustria		mbined	
571 TORRINGTON				Connectio			3		uustiit		mbinet	Agricultura
Towns Served: LIT							5					
Towns Served. En			Monit	oring Po	quireme	ntc						
Water System Fa	acility: DISTRI	BUTION SYSTEM			quirente	115	_	_	_	_	_	
Total Coliform			(	,		_	_	_	1	routir	ne (RT)	per quarter
	int (Sampling Po	oint ID)			Monitori	ng Perio	od (	Collecti				liance Status
Select from I	nventory of Activ	ve Sampling Points			10/1/23 -	12/31/	23				Out	of Service
					1/1/24 -	3/31/2	4					
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
Physical Param	eters (PPS)								1	routir	ne (RT)	per quarter
Sampling Po	int (Sampling Po	oint ID)			Monitori	ng Perio	od C	Collecti	on Per	riod	Comp	liance Status
Select from I	nventory of Activ	ve Sampling Points			10/1/23 -	12/31/	23				Out	of Service
					1/1/24 -	3/31/2	4					
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
Water System Fa	acility: ENTRY	POINT (WSF ID:	00700)	1								
Nitrate And Nit	rite (NOX)									1 roi	utine (	RT) per yeai
Sampling Po	int (Sampling Po	oint ID)			Monitori	ng Perio	od (	Collecti	on Per	riod	Comp	liance Status
ENTRY POINT	Г (3)				1/1/23 - 1	12/31/2	23				Out	of Service
					1/1/24 - 1	12/31/2	24					
					1/1/25 -	12/31/2	25					
		0	ther C	omplian	ce Sched	ules						
Compliance Sched	lule Activity				L	Due Dat	te		Achie	ved Da	te	
RESPOND TO SAN					7	/31/20	19					
	1	Water System	n Facil	ity and S				entor	'V			
Water		-		-			т	otal	Lead	and		
· ·	System Facility		-	Sampling I				liform	Сорр			Stage
Facility ID			D	Descriptio		Sta	tus l	Rule	Rule	Tier A	sbestos	WQP 2 DBP
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	4	Y				
		DOWN	STREAM	WITHIN 5 S	SERVICE CON	I A	4					
		UPST	REAM	WITHIN 5	SERVICE CON	I A	4					
00700 ENTRY	POINT		3	ENTRY POI	NT	A	4					
21307 WELL			2	WELL		A	۹					
			Con	itact Info	ormation							
Name			0	rganization						Jo	b Title	
Mr. John Pecora			Тс	oll Gate Hill	Inn, LLC			Mer	nber			
Mailing Address Li	ine One	Mailin	g Addres	s Line Two				Cit	ty	9	State	Zip Code
571 Torrington Ro	ad	P.O. Bo	ox 160				Litchfi	eld			СТ	06759
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email	Addres	S			
860-567-1233		860-567-1230					alicia@	ptollga	tehill.c	com		
Contact Role(s):	Administrative (	Contact										
'												

				0		1				
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0740444	TOLL GATE HILL IN	NN & REST	URANT				NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
571 TORRINGTO	N ROAD			Connectio	ns		3			
Towns Served: LI	TCHFIELD									
Name				Organization					Job Titl	e
571 Torrington F	d LLC									
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
571 Torrington R	d						Litchfi	eld	СТ	06750
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	y Pho	ne Email	Address		
Contact Role(s):	Legal Contact, Ov	wner	<u> </u>							

#### Please note the following:

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

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

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

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	Connecticut De	epartment of Juality Monit					<u> </u>			ection	
PWS ID	PWS Name		or mg and			ssificati				per Type P	rimary Source
CT074050					Cia	NC		25		P	GW
	ress (where applicable)		Service	Resident	tial		ercial	Indus	trial	Combined	-
	IORE ROAD		Connections	Resident	tiui	1		maas	criai	combined	Agriculturur
	ved: LITCHFIELD					-	-				
Towns Ser		Monit	oring Requ	iromo	ntc						
Water Sy	stem Facility: DISTRIBUTIC		• ·	memer	int 5	•	_	_	_		
Total Co	liform (3100)								1 roi	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitorii	ng P	Period	Colle	ction	Period		ance Status
Selec	t from Inventory of Active Sam	pling Points		4/1/24 -	6/3	0/24					
				7/1/24 -	9/3	0/24					
Physical	Parameters (PPS)								1 roi	utine (RT)	per quarter
Samp	oling Point (Sampling Point ID)	l.		Monitoriı	ng P	Period	Colle	ction	Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points		4/1/24 -	6/3	0/24	5	5/1-6/3	30		
				7/1/24 -	9/3	0/24					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1	routine (F	T) per year
Samp	oling Point (Sampling Point ID)			Monitoriı	ng P	Period	Colle	ction	Period	Compli	ance Status
ENTR	RY POINT (3)			1/1/23 - 2	12/3	31/23				Со	mplete
				1/1/24 - 2	12/3	31/24					
				1/1/25 - 2	12/3	31/25					
		Other C	ompliance	Sched	ule	es					
Compliand	ce Schedule Activity		•			Date		Acl	hieved	Date	
-	L START UP COMPLETION			Ę	5/1/	2024					
	NNECTION SURVEY REPORT					2025					
		er System Facili	ity and Sar				vent	ory			
Water		-	-				Total	Lea	ad and	1	
System	Water System Facility	Sampling Point	Sampling Poi	nt			Colifor	m Co	opper		Stage
Facility ID	)	ID	Description			<u>Status</u>	Rule	Ru	le Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	<b>SYSTEM</b>		А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	А					
		PF1	SPIGOT PUM	PHOUSE		А	Y				
		PF10	SPIGOT WOM	IENS		Ι	Y				
		PF11	SPIGOT OUTH	IOUSE BA	СК	Ι	Y				
		PF2	SPIGO SITE 5			А	Y				
		PF3	SPIGOT SITE 1	.0A		А	Y				
		PF4	SPIGOT SITE 1	.4		А	Y				
		PF5	SPIGOT END			А	Y				
		PF6	SPIGOT SITE 2			А	Y				
		PF7	SPIGOT DUM		N	А	Y				
		PF8	SPIGOT SILVE			А	Y				
		PF9	SPIGOT MENS			Ι	Y				
		UPSTREAM	WITHIN 5 SER	VICE CON	J	А					
00700	ENTRY POINT	3	ENTRY POINT			А					
21313	WELL	2	WELL			А					
56213	ATMOSPHERIC TANK										

		C C		0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0740504	WHITE MEMORIAL CA	MPGRC	DUND			NC	25	Р	GW
Local Address (w	vhere applicable)			Service	Residen	itial Commerc	ial Industri	ial Combine	ed Agricultural
NORTH SHORE F	ROAD			Connections		1			
Towns Served: L	ITCHFIELD					· ·			

				Contact In	formation				
Name				Organizatio	า			Job Title	
Mr. Keith Cudworth	า			White Mem	orial Foundation		Executive D	irector	
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
P O Box 368						Litchfiel	d	СТ	06759
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ac	ldress		
860-567-0857		860-567-	2611		860-567-5924	INFO@V	VHITEMEMO	RIALCC.ORG	
Contact Role(s): O	wner								
Name				Organizatio	า			Job Title	
Mr. Lukas Hyder				White Mem	orial Foundation		Asst. Superi	ntendent	
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
P.O. Box 368						Litchfiel	d	СТ	06759
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	e Email Ac	ldress		
860-567-4885	12	860-567-	2611			lukas@v	vhitememori	alcc.org	
Contact Role(s): Ac	dministrative (	Contact, Le	al Conta	ct					

#### 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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	Connectic	ut Depa	rtment of	Public	Health	Drin	nking	Wate	er Se	ection	
			lity Monit				0			001011	
PWS ID	PWS Name	ter Qua		or mg a		Classifi					rimary Source
CT0740514	WHITE MEMORI		R & MUSEUM			N		36		P	GW
Local Address (w				Service	Resident		mmercial		trial	Combined	
71 WHITEHALL R				Connectio			5	muus	strial	Combined	Agricultural
Towns Served: L					_		5				
Towns Screed. E			Monit	oring Po	quireme	atc					
Water System	Facility: DISTR				quireniei	115	_	_	_		
Total Coliform									1 roi	itine (RT)	per quarter
	oint (Sampling P	oint ID)			Monitorir	na Perio	od Col	lection			iance Status
	Inventory of Act		Points		10/1/23 -	-					omplete
	,				1/1/24 -						
					4/1/24 -						
					7/1/24 -						
Physical Paran	neters (PPS)								1 rou	utine (RT)	per quarter
-	oint (Sampling P	oint ID)			Monitorir	ng Perio	od Col	lection		• •	iance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Co	omplete
					1/1/24 -	3/31/2	4				
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water System	acility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	trite (NOX)								1	routine (	RT) per year
Sampling P	oint (Sampling P	oint ID)			Monitorir	ng Perio	od Col	lection	Period	Compl	iance Status
ENTRY POIN	IT (3)				1/1/23 - 1	12/31/2	23			Co	omplete
					1/1/24 - 2	12/31/2	24				
					1/1/25 - 1	12/31/2	25				
		Water Sy	/stem Facili	ty and S	ampling	Point	t Inven	tory			
Water							Tot		ad and		
-	r System Facility		Sampling Point ID	Sampling I Description			0	orm C		Achaetee	Stage
Facility ID		A				Sta			lie Her	Aspestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4 DOWNSTREAM		ION SYSTEM	A 1					
			UPSTREAM		SERVICE CON						
00700 ENTR	Y POINT		3	ENTRY POI							
21314 WELL			2	WELL	111	A					
ZIJI4 VVELL					ormation	A	1				
Namo					mation					loh Titl -	
Name Mr. Keith Cudwo	\rth			ganization	rial Foundatio	00		Event		Job Title	
Mailing Address			W Mailing Address		iiai ruulluatii			Executi City		State	Zip Code
P O Box 368							Litchfield			CT	06759
Business Phon	e Extension	Fax	Mobi	e Phone	Emergency	Phone					00733
860-567-0857		860-567-2		er none	860-567-5				EMORI	ALCC.ORG	
Contact Role(s):											

					0		- P					
PWS ID	PWS Name						Class	ification	Population	Owner Type	e Prin	nary Sour
СТ0740514	WHITE MEMOR	IAL CONF. C	rr & MUSEU	JM				NC	36	Р		GW
Local Address (w	here applicable)			S	Service	Resider	ntial C	ommerci	ial Industri	ial Combir	ned /	Agricultur
71 WHITEHALL R	OAD			C	Connections			5				
Towns Served: Ll	TCHFIELD										I	
Name				Orga	anization					Job Tit	le	
Mr. Lukas Hyder				Whi	te Memoria	l Foundat	tion		Asst. Sup	erintendent		
Mailing Address	Line One		Mailing Add	dress L	ine Two				City	State	Z	Zip Code
P.O. Box 368								Litchfie	eld	СТ		06759
Business Phone	e Extension	Fax	Ν	Nobile	Phone E	mergency	y Phon	e Email /	Address			
860-567-4885	12	860-567-	2611					lukas@	whitemem	orialcc.org		
Contact Role(s):	Administrative	Contact, Leg	al Contact					I				
Please note the	following:											

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

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Cor		epartment of Juality Monit				0			ction		
	Name			Cl	assificati	ion Po	pulation	Owr	ner Type	Primary S	Source
	OM HOUSE				NC		31		Р	GW	
Local Address (where	applicable)		Service Connections	Residentia	I Comm		Industr	ial	Combine	d Agricu	ultural
Towns Served: LITCHF	IELD		connections			-					
		Monito	oring Requ	uirement	:s						
Water System Facili	ty: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Coliform (31	•								tine (RT		
	Sampling Point ID)			Monitoring		Colle	ection Pe	eriod		liance St	
Select from Inver	ntory of Active Sam	ipling Points		10/1/23 - 12						Complete	
				1/1/24 - 3/					(	Complete	
				4/1/24 - 6/							
Physical Parameter	rs (PPS)			7/1/24 - 9/	30/24			1 rou	tine (RT	) per qui	artor
-	s (FF3) Sampling Point ID)			Monitoring	Period	Colle	ection Pe		-	liance St	
	ntory of Active Sam			10/1/23 - 12						Complete	
				1/1/24 - 3/						Complete	
				4/1/24 - 6/							
				7/1/24 - 9/	/30/24						
Water System Facili	ty: ENTRY POIN	T - WELLS 2, 3, & 4	(WSF ID: 00	701)							
Nitrate And Nitrite	(NOX)							1	routine	(RT) per	year
Sampling Point (	Sampling Point ID	)		Monitoring	Period	Colle	ection Pe	eriod	Сотр	liance St	atus
EP - WELLS 2, 3, 8	& 4 (3)			1/1/23 - 12	/31/23				C	Complete	
				1/1/24 - 12	/31/24					Complete	
				1/1/25 - 12	/31/25						
1	Monthly Wat	er System Facil	ity (WSF)	Level Mo	onitori	ng Re	equire	me	nts		
Water System Facili	ty: ENTRY POIN	T - WELLS 2, 3, & 4	(WSFID: 007	/01)							
Analyte	Monitoring	Requirement (Summa	ary Type)	Operat	ing Limi	t			Samples	Req/Mor	nth
рН	Entry Point p	H Monitoring (PHRD	•		um: 7.0	PH			C	aily	
Start Date: 8/1/2	016		-	ance History		Opera	ating Lim	it	Monit	-	
				ring Period		Comp	liance St	tatus	Compl	iance Sta	tus:
				23 - 11/30/2							
				)23 - 12/31/2							
				24 - 1/31/202							
				24 - 2/29/202 24 - 3/31/202							
		Other C	ompliance								
Compliance Schedule	Activity	- Other C			e Date		Achie	eved	Date		
CROSS CONNECTION S					L/2025		70110				
	Wate	er System Facili	ty and Sa			nvent	ory				
Water						Tota	-	and			
System Water Syst Facility ID	em Facility	Sampling Point ID	Sampling Pol Description	int	Status	Colifor Rule			Asbesto		Stage 2 DBPR
00600 DISTRIBUTI	ON SYSTEM	4	DISTRIBUTIO	N SYSTEM	A	Y					
		DOWNSTREAM			А						
		UPSTREAM	WITHIN 5 SEE	RVICE CON	A						

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0740524	WISDOM HOUSE				NC	31	Р	GW
Local Address (w	/here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: LITCHFIELD

	Water	System Facili	ity and Sampling	Point Ir	nvento	ſУ		
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 DBPI
		WISDOMH001	HAND WASH SINK	А	Y			
		WISDOMH002	KITCHENETTE 1	А	Y			
		WISDOMH003	KITCHENETTE 2	А	Y			
		WISDOMH004	TEA ROOM	А	Y			
		WISDOMH005	LOBBY BATH	А	Y			
		WISDOMH006	1 OFFICE BATH	А	Y			
		WISDOMH007	VISITATION 3 BATH	А	Y			
		WISDOMH008	ELEVATOR BATH	А	Y			
		WISDOMH009	OFFICE 2 BATH	А	Y			
		WISDOMH010	417 BATH	А	Y			
00701	ENTRY POINT - WELLS 2, 3, & 4	3	EP - WELLS 2, 3, & 4	А				
2	WELL 4	2	WELL 4	А				
21315	WELL 3	2	WELL 3	А				
53521	WELL 2	2	WELL 2	А				
54061	TREATMENT PLANT							
		Certified	<b>Operator Inform</b>	ation				
Water Sy	stem Facility: TREATMENT P	ANT (WSF ID: 5	4061)					

		Certification
<b>Operator Type</b>	Certification(s)	Expiration
CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
		CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Daughters of Wisdo	om, Inc.								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
229 East Litchfield F	Road					Litchfield	d CT 067		
<b>Business Phone</b>	Extension	Fax	Mc	bile Phone	Emergency Phone	Email Ac	ldress	i	
860-567-3163									
Contact Role(s): O	wner		•						
Name				Organization				Job Title	
Ms. Deborah Kelly				Daughters of	Wisdom, Inc		Executive D	Director	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
229 East Litchfield F	Road					Litchfield	d	СТ	06759
Business Phone	Extension	Fax	Mc	bile Phone	Emergency Phone	Email Ac	ldress	<u>i</u>	
860-567-3163					860-567-3164	dk@wiso	domhouse.c	org	
Contact Role(s): Ad	dministrative Co	ontact, Leg	gal Contact						

PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
СТ0740524	WISDOM HOUSE			NC	31	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commerc	cial Industri	ial Combin	ed Agricultural
		Connections		1			
T C I							

## Towns Served: LITCHFIELD

### Please note the following:

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

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

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

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

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

	Connecticut Depa							<u> </u>				
	Water Qua	anty Mo	onit	oring a	ina C							
PWS ID	PWS Name					C						Primary Sourc
CT0740534	WOODS PIT BBQ AND MEX	ICAN		Service	Der	مث ما م ام ذم	N(			25	P	GW
L23 BANTAM	(where applicable)			Connectio		sidentia		nmercia	11 11	dustrial	Combine	d Agricultur
Towns Served				connectio	115			1				
owns serveu												
Matan Custon				oring Re	quire	emen	ts					
	m Facility: DISTRIBUTION S	SYSTEIVI (V	N2F II	D: 00600)						4		
Total Colifor	rm (3100) Point (Sampling Point ID)				Mor	aitoring	Dorio	d Co	llact	ion Perio		) per quarter <i>liance Status</i>
		a Dointa				nitoring			mect	ion Perio	-	
Select Ind	om Inventory of Active Samplin	g Points				/23 - 1					U	omplete
						/24 - 3						
						/24 - 6						
Physical Dar	ameters (PPS)				//1	/24 - 9	, 50/24	+		1 -	outing (DT)	per quarte
-	Point (Sampling Point ID)				Mor	nitoring	n Perio	d Co	ollect	ion Perio		liance Status
	om Inventory of Active Samplin	g Points				./23 - 1					-	omplete
		0.01113				/24 - 3						empicie
						/24 - 6						
						/24 - 9						
Nater Syster	m Facility: ENTRY POINT (	WSE ID: 00	)700)		.,_	.,	, , _					
	Nitrite (NOX)								-		1 routine (	RT) per yea
	Point (Sampling Point ID)				Mor	nitoring	n Perio	d Co	ollect	ion Perio		liance Status
ENTRY PC						/23 - 12					-	omplete
	- (-)					/24 - 12					-	- p
						/25 - 12						
		Public	Not	ification								
			С	ompliance	N	otice	P	ublic No	tifica	ation	PN Ce	rtification
Violation/Situ	ation			Period		Tier	Rea	juired	Per	formed	Due to DPI	- Received
Physical Paran	neters M&R Violation		1/1/	/04 - 3/31/0	)4	3	10/1	9/2005			10/29/200	5
GROUNDWAT	ER RULE TT Violation		12/17	7/22 - 3/29/	/23	2	6/8	/2023			6/18/2023	
	Water S	System F	acili	ity and S	ampl	ling P	oint	Inver	nto	ry		
Water								То	tal	Lead an	nd	
	iter System Facility		Point	Sampling I				-	form			Stage
Facility ID		ID		Description			Stat	us	ule	Rule Ti	er Asbestos	s WQP 2 DBF
00600 DIS	TRIBUTION SYSTEM	4		DISTRIBUT			A		Y			
				WITHIN 5 S			A					
		UPSTRE	AM	WITHIN 5 S		- CON	A					
	TRY POINT	3		ENTRY POI	NT		A					
21316 WE	ill	2		WELL			A					
			Con	tact Info	ormat	tion						
lame			Or	rganization							Job Title	
lizabeth Bian	ncardi	_	Rc	ocky & Ole E	Buffalo	Inc.	_		Pre	sident		
Mailing Addre	ss Line One	Mailing A	ddress	s Line Two					Ci	ty	State	Zip Code
L23 Bantam La	ake Road							Bantam			СТ	06750
		,	Mahi	le Phone	Emore		hono	Email A	ddre	ss		
Business Pho	one Extension Fax	(		le Phone	Lineig	sency P	none		uure.			

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0740534	WOODS PIT BBQ AND MEXICAN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
123 BANTAM LA	AKE ROAD	Connections			1			
Towns Served: I	ITCHFIELD					·		

Contact Role(s): Administrative 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.

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

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

	Connecticut De	•					0			ction	
	Water Q	uality Monit	oring an	d Con	ıpl	ianc	e Sch	edul	e		
PWS ID	PWS Name				Clas	ssificatio	on Popu	ulation	Own	ner Type Pr	rimary Source
СТ0740574	COZY HILLS CAMPGROU	JND - WELL 2				NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial	Comme	ercial I	ndustria	al	Combined	Agricultura
11 COZY HILL (	ROUTE 202)		Connections	1							
Towns Served:	LITCHFIELD										
		Monito	oring Requ	uireme	nts	;					
Water Systen	n Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)								
<b>Total Colifor</b>	m (3100)							1	1 rou	utine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sam	pling Points		4/1/24 -	4/3	0/24					
				5/1/24 -	5/3	1/24					
				6/1/24 -	6/3	0/24					
				7/1/24 -	7/3	1/24					
				8/1/24 -							
				9/1/24 -							
				10/1/24 -	10/	31/24					
Physical Para	ameters (PPS)							1	1 roı	utine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sam	pling Points		4/1/24 -	4/3	0/24					
				5/1/24 -	5/3	1/24					
				6/1/24 -	6/3	0/24					
				7/1/24 -	7/3	1/24					
				8/1/24 -	8/3	1/24					
				9/1/24 -	9/3	0/24					
				10/1/24 -	10/	31/24					
Water Systen	n Facility: ENTRY POIN	T - WELL 2 (WSF II	D: 00700)								
	Nitrite (NOX)									-	T) per year
	Point (Sampling Point ID)			Monitori	_			tion Per		Compli	ance Status
EP - WELL	_ 2 (3)			1/1/23 -				1-10/31		Со	mplete
				1/1/24 -	12/3	31/24	4/2	1-10/31			
				1/1/25 -	12/3	31/25	4/2	1-10/31			
		Other C	ompliance	Sched	lule	es					
Compliance Sc	hedule Activity				Due	Date		Achie	ved L	Date	
RESPOND TO S	SANITARY SURVEY			7	/31/	/2008					
RESPOND TO S	SANITARY SURVEY			9	)/19,	/2014					
CORRECTIVE A	CTION/CORRECTIVE ACTIC	N PLAN		1	0/17	7/2014					
RESPOND TO S	SANITARY SURVEY			1	0/18	3/2018					
SEASONAL STA	ART UP COMPLETION			4	4/1/	2024					
	Wate	er System Facili	ty and Sai	npling	Ро	int In	vento	ry			
Water							Total	Lead	and		
	ter System Facility	Sampling Point		nt			Coliform				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	l	А	Y				
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	N	А					
		UPSTREAM	WITHIN 5 SEF	VICE CON	N	А					

EP - WELL 2

А

3

00700 ENTRY POINT - WELL 2

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **COZY HILLS CAMPGROUND - WELL 2** Ρ СТ0740574 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 11 COZY HILL (ROUTE 202) 1 Towns Served: LITCHFIELD Water System Facility and Sampling Point Inventory **Total** Lead and Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 2 WELL 2 22786 WELL 2 Δ **Contact Information** Name Organization Job Title Cozy Hills Campground Ms. Lelah Campo Owner Mailing Address Line One State Mailing Address Line Two City Zip Code 1311 Bantam Road 06750 Bantam СТ **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-567-2119 860-567-8117 860-281-4051 lcampo@cozyhills.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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

99 BANTAM LAKE ROAD       Connections       1         Towns Served: LITCHFIELD         Monitoring Requirements         Water System Facility:       DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Coliform (3100)       1 routine (RT) per quark         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       10/L/23 · 12/31/24       Complete       Complete       Collection Period       Complete       Collection Period       Complete       Complete       Collection Period       Complete       Complete       Collection Period       Complete       Complete       Collection Period       Complete       Collection Period       Complete       Complete       Complete       Collection Period       Complete       Complete       Collection Period       Complete       Collection Period       Complete       Complete	C	Connecticut De	<b>•</b>					0			ection		
CT0740664         BANTAM CINEMA         NC         25         P         GW           Local Address (where applicable)         Service         Residential         Commercial         Industrial         Combined         Agricultu           9 BANTAM LINE ROAD         Connections         1         Industrial         Combined         Agricultu           9 BANTAM LINE ROAD         Connections         1         Industrial         Combined         Agricultu           9 BANTAM LINE ROAD         Connections         1         Industrial         Combined         Agricultu           9 BANTAM LINE ROAD         Distribution System (WSF ID: 00600)         I routine (RT) per quartu         Sompling Point (Sompling Point 10)         Monitoring Period         Collection Period         Complete         I/1/1/24 - 3/31/24           9 Senter System Facility:         ENTRY POINT of Active Sampling Points         10/1/23 - 12/31/23         Complete         Collection Period         Complete         Sompling Point (Sompling Point 10)         Monitoring Period         Collection Period         Complete         Sompling Point (Sompling Point 10)         Monitoring Period         Collection Period         Complete         Sompling Point (Sompling Point 10)         I routine (RT) per yei and the sompling Point 10)         Monitoring Period         Collection Period         Compliance Statu         Somplian		Water Q	uality N	/lonit	oring a	and Con	nplia	ince S	cheo	dule			
Local Address (where applicable)       Service Connections       Residential       Commercial       Industrial       Combined       Agricultu Agricultu         99 BANTAM LAKE ROAD       Monitoring Requirements       1       Industrial       Combined       Agricultu         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Colliform (3100)       1 routine (RT) per quarture         Sampling Point (D)       Monitoring Period       Collection Period       Complete         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Matter System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1       routine (RT) prey report         Sampling Point Sampling Point Sam	PWS ID P	WS Name								tion Ow	ner Type P	rimary Source	
99 BANTAM LAKE ROAD       Connections       1         Towns Served: LITCHFIELD       Monitoring Requirements         Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)       1 routine (RT) per quarts         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete       Complete         97 Physical Parameters (PPS)       1 routine (RT) per quarts       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/24       Complete       Complete         Select from Inventory of Active Sampling Points       10/1/24 - 12/31/24       Complete       Complete         Multi24 - 6(30/24       7/1/24 - 9/30/24       Complete       1/1/24 - 3/31/24       Complete         Mater System Facility:       ENTRY POINT (WSF ID: 00700)       I routine (RT) per yee       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Mater System Facility:       ENTRY POINT (WSF ID: 00700)       I routine (RT) per yee       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Mater System Facility       Sampling Point Sampling Point <td>СТ0740604 В</td> <td>ANTAM CINEMA</td> <td></td> <td></td> <td>_</td> <td>1</td> <td>Ν</td> <td>NC</td> <td>25</td> <td></td> <td>Р</td> <td>GW</td>	СТ0740604 В	ANTAM CINEMA			_	1	Ν	NC	25		Р	GW	
Description       Monitoring Requirements         Water System Facility:       DISTRIBUTION SYSTEM (WSF ID: 00600)         Total Coliform (3100)       1 routine (RT) per quart         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/24       Complete       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/24       Complete       Complete         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/23       Complete       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/24       Complete       1/1/24 - 3/31/24         Water System Facility:       ENTRY POINT (WSF ID: 00700)       I routine (RT) per yes         Nitrate And Nitrite (NOX)       1 routine (RT) per yes       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/23 - 12/31/25       Vater System Facility and Sampling Point       Collection Period       Complete       1/1/24 - 1/31/24       Comp	Local Address (wh	ere applicable)					tial Co	ommercia	I Indu	ustrial	Combined	Agricultural	
Monitoring Requirements           Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)           Total Coliform (3100)         1 routine (RT) per quarks           Sampling Point ID)         Monitoring Period         Collection Period         Complete           Select from Inventory of Active Sampling Points         10/1/23 - 12/31/23         Complete           Adv/1/24 - 6/30/24           Physical Parameters (PPS)         1 routine (RT) per quarks           Sampling Point ID)         Monitoring Period         Collection Period         Complete           Nitrate And Nitrite (NOX)         1 routine (RT) per yee           Sampling	99 BANTAM LAKE	ROAD			Connectio	ons		1					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)         1 routine (RT) per quark         Sampling Point ID)       Monitoring Period       Complete         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         All routine (RT) per quark         Sampling Point ID)       Monitoring Period       Collection Period       Complete         VI/24 - 9/30/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per yee         Complete       Collection Period       Complete         Vater System Facility and Sampling Point <td cols<="" td=""><td>Towns Served: LIT</td><td>CHFIELD</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td>Towns Served: LIT</td> <td>CHFIELD</td> <td></td>	Towns Served: LIT	CHFIELD										
Total Coliform (3100)       1 routine (RT) per quark         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Compliance Statu         4/1/24 - 6/30/24       11/1/24 - 3/31/24       4/1/24 - 6/30/24         Physical Parameters (PPS)       1 routine (RT) per quark         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/24       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/24 - 6/30/24       Toutine (RT) per quark         Select from Inventory of Active Sampling Points       10/1/24 - 6/30/24       Toutine (RT) per quark         Water System Facility:       ENTRY POINT (WSF ID: 00700)       1 routine (RT) per yee         Nitrate And Nitrite (NOX)       1 routine (RT) per yee       Collection Period       Compliance Statu         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compleace         Sampling Point (Sampling Point ID)       1/1/23 - 12/31/23       Compleace       Compleace         Sampling Point (Sampling	Mator System Fr				•	quireme	nts						
Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Compliance Statu           Select from Inventory of Active Sampling Points         10/1/23 - 12/31/24         Complete           1/1/24 - 6/30/24         1/1/24 - 6/30/24         Complete           Physical Parameters (PPS)         1 routine (RT) per quark           Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete           Select from Inventory of Active Sampling Points         10/1/23 - 12/31/23         Complete         Complete           1/1/24 - 3/31/24         1/1/24 - 3/31/24         Complete         Complete         Complete           1/1/24 - 6/30/24         1/1/24 - 3/31/24         Complete         Complete         Complete           1/1/24 - 6/30/24         1/1/24 - 3/31/24         Complete         Complete         Complete           1/1/24 - 6/30/24         1/1/24 - 3/31/24         Complete         Complete         Complete           1/1/24 - 1/3/3/24         1/1/24 - 1/3/3/24         Complete         Complete         Complete           1/1/24 - 1/2/31/25         1         Coutine (RT) per yee         Sampling Point (Sampling Point ID)         Complete         Complete           1/1/25 - 12/31/25         1/1/25 - 12/31/25         Complete         1/1/25		•	N STSTEIVI	(00351	D: 00600)					1			
BANTAM LAKE ROAD       Connections       1         Owns Served: LITCHFIELD       Monitoring Requirements         Atter System Facility:       DISTRIBUTION SYSTEM (WSF ID: 00600)         otal Coliform (3100)       1 routine (RT) per quart         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         1/1/24 - 3/33/24       1/1/24 - 3/33/24       Complete         4/1/24 - 6/30/24       7/1/24 - 9/30/24       Toutine (RT) per quart         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete       Complete         1/1/24 - 9/30/24       1/1/24 - 9/30/24       Toutine (RT) per quart       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 3/31/24       4/1/24 - 6/30/24       7/1/24 - 9/30/24       Toutine (RT) per yet       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 1/2/31/23       Complete       1/1/24 - 1/2/31/24       Complete       Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 12/31/24       1/1/23 - 12/31/23       Complete       Sampling Po													
1/1/24 - 3/31/24         1/1/24 - 3/31/24         4/1/24 - 6/30/24         Toutine (RT) per quart         Sampling Point (Sampling Point ID)         Select from Inventory of Active Sampling Points         10/1/23 - 12/31/23         Collection Period         Collection Period         Complete         1/1/24 - 3/31/24         4/1/24 - 6/30/24         Toutine (RT) per quart         Sampling Point (Sampling Point ID)         Nonitoring Period       Collection Period       Complete         1/1/24 - 3/31/24         Toutine (RT) per yee         Sampling Point (Sampling Point ID)       Monitoring Period       Colspan="2">Complete         Nitrate And Nitrite (NOX)       1 routine (RT) per yee         Sampling Point (Sampling Point ID)       Monitoring Period       Colspan="2">Complete         Vater System Facility       Sampling Point       Toutine (RT) per yee         Vater System Facility Sampling Point       Sampling Point       Total       Lead			line Deinte				_		liectio	n Perioa			
4/1/24 - 6/30/24         Toutine (RT) per quart         Sampling Point (Sampling Point ID)         Sampling Point (Sampling Point ID)         Select from Inventory of Active Sampling Points         10/1/23 - 12/31/23         Complete         1/1/24 - 3/31/24         Complete         1/1/24 - 3/31/24         Complete         1/1/24 - 3/31/24         Complete         1/1/24 - 3/31/24         Matter System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)         1 routine (RT) per yeint         Sampling Point (Sampling Point ID)         Monitoring Period       Collection Period       Complete         1/1/24 - 12/31/23       Complete         1/1/24 - 12/31/23       Complete         1/1/24 - 12/31/24         Total Lead and         System Facility       Sampling Point       Sampling Point       Coliform       Copper       Status         Vater System Facility       Sampling Point       Status       Rule Tier Asbestos WQP 2 DE	Select from II	nventory of Active Samp	ling Points								C	ompiete	
7/1/24 - 9/30/24         I routine (RT) per quarter sompling Point ID)         Monitoring Period Collection Period Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         11/1/24 - 3/31/24         4/1/24 - 6/30/24         Vater System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per yea         Collection Period Compliance Statu         Sampling Point (ID)       Monitoring Period       Collection Period Compliance Statu         Sampling Point (IO)         Nitrate And Nitrite (NOX)       1 routine (RT) per yea         Sampling Point (ID)       Monitoring Period       Collection Period Compliance Statu         ENTRY POINT (3)       1/1/24 - 12/31/23       Complete         1/1/125 - 12/31/23       Complete         Vater System Facility       Sampling Point       Total       Lead and         System Sampling Point       Total       Lead and         System Facility       Sampling Point <td col<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td></td>												
Physical Parameters (PPS)       1 routine (RT) per quart.         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         1/1/24 - 3/31/24       4/1/24 - 6/30/24         Water System Facility:       ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per year         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/24 - 12/31/23       Complete       Complete         1/1/24 - 12/31/23       Complete       1/1/24 - 12/31/24       Complete         1/1/25 - 12/31/24       1/1/25 - 12/31/24       Complete       5/1/2/24         1/1/25 - 12/31/25       Uater System Facility       Sampling Point       Sampling Point       Collform       Copper       Status         Water System Vater System Facility       Sampling Point       Sampling Point       Collform       Copper       Status         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTR													
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/24       Complete         4/1/24 - 6/30/24       7/1/24 - 9/30/24       Vater System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per yet         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete       Complete         1/1/24 - 12/31/23       Complete       1/1/24 - 12/31/24       Complete         Water System Facility       Sampling Point Sampling Point       Total Lead and       Satus         System Water System Facility       Sampling Point       Sampling Point       Coliform       Copper       Status         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A       23053       UPSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT						7/1/24 ·	9/30/2	24					
Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         1/1/24 - 3/31/24       1/1/24 - 3/31/24       1/1/24 - 3/31/24         4/1/24 - 6/30/24       7/1/24 - 9/30/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         ENTRY POINT (3)         1/1/23 - 12/31/23       Complete         1/1/25 - 12/31/23         Water System Facility and Sampling Point Inventory         Water System Facility       Sampling Point       Coliform       Coliform       Complete         Vater System Facility         System Water System Facility         Sampling Point       Sampling Point         Complete         1/1/25 - 12/31/25         Water System Facility       Sampling Point       Sampling Point       Coliform       Coliform <t< td=""><td>-</td><td>• •</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	-	• •											
1/1/24 - 3/31/24         1/1/24 - 3/31/24         4/1/24 - 6/30/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)         1 routine (RT) per yes         Sampling Point (Sampling Point ID)         Monitoring Period         Collection Period         Complete         1/1/23 - 12/31/23         Complete         1/1/24 - 12/31/24         Total Lead and         System Facility         Sampling Point         Sompling Point         Vater System Facility         Sampling Point         Total Lead and         System Water System Facility         Sampling Point         Description         Status         Rule         Question System Facility         Sampling Point         DownNSTREAM WITHIN 5 SERVICE CON A         QO0600 DISTRIBUTION SYSTEM       Y         DOWNSTREAM WITHIN 5 SERVICE CON A         QO0700 ENTRY							-		llectio	n Period	-		
4/1/24 - 6/30/24         7/1/24 - 9/30/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Itroutine (RT) per year Sampling Point (Sampling Point ID)         Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/23       Complete         1/1/24 - 12/31/24         Total Lead and         Status         System Facility       Sampling Point       Colform       Complete         Water System Facility       Sampling Point       Status       Rule and         Vater System Facility       Sampling Point       Colform       Copper       Status         Water System Facility       Sampling Point       Status       Rule Rule Tier Asbestos WQP 2 DE         00600       DISTRIBUTION SYSTEM       A       Y         OUWNSTREAM WITHIN 5 SERVICE CON A       UPSTREAM         00700       ENTRY POINT       A	Select from I	nventory of Active Samp	ling Points					-			Co	omplete	
7/1/24 - 9/30/24         Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       1 routine (RT) per yes         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Complete         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       1/1/25 - 12/31/25       Complete         Water System Facility and Sampling Point Inventory         Water       Sampling Point       Sampling Point       Cotal       Lead and       Copper       Status         Water       Sampling Point       Sampling Point       Coliform       Copper       Status         Water       Sampling Point       Sampling Point       Coliform       Copper       Status         Water       Sampling Point       Sampling Point       Coliform       Copper       Status         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         000700       ENTRY POINT       3       ENTRY POINT       A       Y         Contact Information         Name       Organization       Job Title         Dr. Jod													
Water System Facility: ENTRY POINT (WSF ID: 00700)         Nitrate And Nitrite (NOX)       I routine (RT) per yes         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       1/1/25 - 12/31/25       Complete         Water System Facility and Sampling Point Inventory         Water       Sampling Point Sampling Point       Total Lead and Coliform Copper       Status         System Water System Facility       Sampling Point Sampling Point       Coliform Copper       Statu         90600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A       Y         23053       WELL #1       2       WELL #1       A         Dor Spinning Reels/Bantam Cinema         Pr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759													
Nitrate And Nitrite (NOX)       1 routine (RT) per yee         Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       1/1/25 - 12/31/25       Complete         Water       Sampling Point       Sampling Point       Inventory         Water       Sampling Point       Sampling Point       Coliform       Copper       Status         System       Water System Facility       Sampling Point       Sampling Point       Coliform       Copper       Status         60000       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A       23053       WELL #1       A         Value       Organization       Job Title       Job Title       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director       Zip Code         Nailing Address Line Two       City       State       Zip Code						7/1/24 ·	9/30/2	24					
Sampling Point (Sampling Point ID)       Monitoring Period       Collection Period       Compliance Statu         ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/24 - 12/31/24       1/1/25 - 12/31/25       1/1/25 - 12/31/25         Water System Facility and Sampling Point Inventory         Water       Total       Lead and         System       Water System Facility       Sampling Point       Coliform       Copper       Status         Goodon       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A       2         23053       WELL #1       2       WELL #1       A       2         Idot Status         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759	Water System Fa	acility: ENTRY POINT	(WSF ID:	00700)									
ENTRY POINT (3)       1/1/23 - 12/31/23       Complete         1/1/23 - 12/31/24       1/1/24 - 12/31/24       1/1/25 - 12/31/25         Water System Facility and Sampling Point Inventory         Water       Sampling Point       Sampling Point       Lead and         System       Water System Facility       Sampling Point       Sampling Point       Coliform       Copper       Status         Facility ID       ID       Description       Status       Rule       Rule Tier       Asbestos       WQP 2 DE         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       ENTRY POINT       3       ENTRY POINT SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A         23053       WELL #1       2       WELL #1       A         Contact Information         Name       Organization       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759	Nitrate And Nit	rite (NOX)								1	routine (I	RT) per year	
2 BANTAM LAKE ROAD       Connections       1         Owns Served: LITCHFIELD       Monitoring Requirements         Atter System Facility:       DISTRIBUTION SYSTEM (WSF ID: 00600)         Otal Coliform (3100)       1 routine (RT) per quar         Select from Inventory of Active Sampling Point ID)       Monitoring Period       Collection Period       Complete         1/1/24 - 3/31/24       4/1/24 - 6/30/24       7/3/24 - 9/30/24       Complete       Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete         Select from Inventory of Active Sampling Point ID)       Monitoring Period       Collection Period       Complete         10/1/23 - 12/31/23       Complete       10/1/23 - 12/31/23       Complete         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete       I/1/1/24 - 9/30/24         4/1/24 - 6/30/24       7/1/24 - 9/30/24       7/1/24 - 9/30/24       Complete       I/1/24 - 1/3/3/2         Select from Inventory of Active Sampling Points       10/1/23 - 12/31/23       Complete       Complete         11/1/24 - 12/31/24       -1/1/24 - 9/30/24       -1/1/24 - 9/30/24       Complete       Complete         11/1/24 - 12/31/24       -1/1/24 - 1/23/1/23       Complete       Complete       Complete       Complete       Complete       1/1/23 - 12/31/23 <td>iance Status</td>		iance Status											
1/1/25 - 12/31/25         Water System Facility and Sampling Point Inventory         Water       Sampling Point       Sampling Point       Total Lead and Coliform       Lead and Copper       Status Rule Tier       Asbestos       WQP 2 DE         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A         23053       WELL #1       2       WELL #1       A         Contact Information         Name       Organization       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759	ENTRY POINT	- (3)				1/1/23 -	12/31/	23			Co	omplete	
Water System Facility and Sampling Point Inventory         Water System       Water System Facility       Sampling Point ID       Sampling Point Description       Total Coliform       Lead and Coliform       Status         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         00700       ENTRY POINT       3       ENTRY POINT       A         23053       WELL #1       2       WELL #1       A         Version         Organization         Organization         Organization         Orticl         Mailing Address Line One         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759						1/1/24 -	12/31/	24					
Water       Sampling Point       Sampling Point       Total       Lead and         Facility ID       ID       Description       Status       Rule       Rule Tier       Asbestos       WQP 2 DE         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y       DOWNSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       Y         23053       WELL #1       2       WELL #1       A       Y         Contact Information         Name       Organization       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759						1/1/25 -	12/31/	′25 					
System       Water System Facility       Sampling Point       Sampling Point       Coliform       Copper       Status       Status       Rule       Rule Tier       Asbestos       WQP 2 De         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y       V <td></td> <td>Wate</td> <td>r System</td> <td>Facil</td> <td>ity and S</td> <td>Sampling</td> <td>Poin</td> <td>t Inver</td> <td>ntory</td> <td>1</td> <td></td> <td></td>		Wate	r System	Facil	ity and S	Sampling	Poin	t Inver	ntory	1			
Facility ID       ID       Description       Rule       Rule       Rule Tier       Asbestos       WQP 2 De         00600       DISTRIBUTION SYSTEM       4       DISTRIBUTION SYSTEM       A       Y         DOWNSTREAM       WITHIN 5 SERVICE CON       A       Y       DOWNSTREAM       WITHIN 5 SERVICE CON       A         00700       ENTRY POINT       3       ENTRY POINT       A       Z       Z         23053       WELL #1       2       WELL #1       A       Z </td <td></td> <td>1</td> <td></td>											1		
O0600     DISTRIBUTION SYSTEM     4     DISTRIBUTION SYSTEM     A     Y       DOWNSTREAM     WITHIN 5 SERVICE CON     A     V       UPSTREAM     WITHIN 5 SERVICE CON     A       00700     ENTRY POINT     3     ENTRY POINT       23053     WELL #1     2     WELL #1       Contact Information       Name       Organization     Job Title       Dr. Jodiann Tenney     Spinning Reels/Bantam Cinema     Executive Director       Mailing Address Line One     Mailing Address Line Two     City     State     Zip Code       P.O. Box 262     Litchfield     CT     06759		System Facility						-				Stage	
DOWNSTREAMWITHIN 5 SERVICE CONAUPSTREAMWITHIN 5 SERVICE CONA00700ENTRY POINT3ENTRY POINTA23053WELL #12WELL #1AContact InformationNameOrganizationDr. Jodiann TenneySpinning Reels/Bantam CinemaCityStateZip CodeP.O. Box 262CityStateZip Code	-							lus		Rule Tie	r Asbestos	WQP 2 DBPR	
UPSTREAMWITHIN 5 SERVICE CONA00700ENTRY POINT3ENTRY POINTA23053WELL #12WELL #1AContact InformationNameOrganizationJob TitleDr. Jodiann TenneySpinning Reels/Bantam CinemaExecutive DirectorMailing Address Line OneMailing Address Line TwoCityStateZip CodeP.O. Box 262IILitchfieldCT06759	00600 DISTRIE	BUTION SYSTEM							ſ				
00700ENTRY POINTA23053WELL #1AContact InformationNameOrganizationJob TitleDr. Jodiann TenneySpinning Reels/Bantam CinemaExecutive DirectorMailing Address Line OneMailing Address Line TwoCityStateZip CodeP.O. Box 262LitchfieldCT06759								A					
23053 WELL #1       2       WELL #1       A         Contact Information         Name       Organization       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759			UPST	REAM	WITHIN 5	SERVICE COI	N .	A					
Contact Information         Name       Organization       Job Title         Dr. Jodiann Tenney       Spinning Reels/Bantam Cinema       Executive Director         Mailing Address Line One       Mailing Address Line Two       City       State       Zip Code         P.O. Box 262       Litchfield       CT       06759	00700 ENTRY	POINT		3	ENTRY PO	INT		A					
NameOrganizationJob TitleDr. Jodiann TenneySpinning Reels/Bantam CinemaExecutive DirectorMailing Address Line OneMailing Address Line TwoCityStateZip CodeP.O. Box 262LitchfieldCT06759	23053 WELL #	1		2	WELL #1			A					
Dr. Jodiann TenneySpinning Reels/Bantam CinemaExecutive DirectorMailing Address Line OneMailing Address Line TwoCityStateZip CodeP.O. Box 262LitchfieldCT06759				Con	tact Info	ormatior	1						
Mailing Address Line OneMailing Address Line TwoCityStateZip CodeP.O. Box 262LitchfieldCT06759	Name			0	rganization						Job Title		
P.O. Box 262 Litchfield CT 06759	Dr. Jodiann Tenne	ey		Sp	pinning Ree	ls/Bantam C	nema		Execu	utive Dir	ector		
	Mailing Address Li	ne One	Mailing	, Addres	s Line Two				City	1	State	Zip Code	
Rusiness Dhone Extension Eav Mobile Dhone Emergency Dhone Emeil Address	P.O. Box 262							Litchfiel	d		СТ	06759	
Dusiness Fridhe   Extension   Fax   Wobile Prione   Energency Prione   Endit Address	Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	e Email A	ddress				
	860-733-2108										na.com		
Contact Role(s): Administrative Contact	Contact Role(s):	Administrative Contact				1		1					

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sou	rce
СТ0740604	BANTAM CINEMA				NC	25	Р	GW	
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultu	ıral
99 BANTAM LA	KE ROAD	Connections			1				
Towns Served:	LITCHFIELD	· ·							

### Please note the following:

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

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

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

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

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

	Connecticut Dep						0			ction		
		ality Monit	oring an	d Com								
PWS ID	PWS Name				Clas	ssificati	on Pop	ulation	Owr	ner Type	Prim	nary Source
CT0740614		CHINQUEKA)	-			NC		25		Р		GW
Local Addre	ess (where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combine	d A	Agricultural
1519 BANT			Connections							1		
Towns Serv	ed: LITCHFIELD, WASHINGTON											
			oring Requ	iireme	nts							
	tem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSFI	D: 00600)									
	iform (3100)				_					-		er month
	ling Point (Sampling Point ID)			Monitori	_		Collec	tion Pe	riod	Сотр	olian	ce Status
Select	from Inventory of Active Samplin	ng Points		6/1/24 -								
				7/1/24 -		-						
				8/1/24 -	8/3	1/24						
-	Parameters (PPS)									-		er month
	ling Point (Sampling Point ID)	- Deinte		Monitori	-		Colle	tion Pe	riod	Comp	lian	ce Status
Select	from Inventory of Active Samplin	ng Points		6/1/24 -								
				7/1/24 -				14 0/20				
				8/1/24 -	8/3	1/24	8	/1-8/30				
	tem Facility: ENTRY POINT (	(WSF ID: 00700)										
	nd Nitrite (NOX)						<b>c</b> "					per year
	ling Point (Sampling Point ID)			Monitori				tion Pe				ce Status
ENTRY	Y POINT (3)			1/1/23 -				/1-9/30		Ĺ	.om	olete
				1/1/24 -				/1-9/30				
Mator Cur		()	CE ID. 470C2	1/1/25 -	12/3	31/25	4	/1-9/30				
	tem Facility: WELL #1	(\V\)	SF ID: 47963)							(5=		
E. Coli (3	•						<b>c</b> "			•	•••	r quarter
	ling Point (Sampling Point ID)			Monitori	-		Collec	tion Pe	riod	Comp	lian	ce Status
WELL	(2)			4/1/24 -								
				7/1/24 -		•						
		Other C	ompliance	Sched	ule	es						
Compliance	e Schedule Activity				Due	Date		Achie	ved	Date		
SEASONAL	START UP COMPLETION				5/1/	2024						
CROSS CON	NECTION SURVEY REPORT			:	3/1/	2029						
	Water	System Facili	ity and Sar	npling	Ро	int In	vento	ory				
Water							Total	Lead	and			
	Water System Facility	Sampling Point		nt			Coliforn					Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbesto	s W	QP 2 DBPI
00600	DISTRIBUTION SYSTEM	001	KITCHEN HAN	ID SINK		А	Y					
		002	3 BAY SINK KI	TCHEN		А	Y					
		4	DISTRIBUTION			А	Y					
		DOWNSTREAM				А						
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α						
00700	ENTRY POINT	3	ENTRY POINT			А						
47963	WELL #1	2	WELL			А						
57072	ATMOSPHERIC STORAGE TANK											
57074	TRANSFER PUMP											
60260	TREATMENT PLANT											
57074	TRANSFER PUMP											

(	Connectic	ut Depa	rtment	of Publ	lic H	lealth	Dri	nking	g Water	Sec	tion	
	Wa	ter Qua	lity Mon	itoring	g an	d Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name	~									er Type	Primary Source
СТ0740614	EBNER CAMPS,	INC (CAMP C	HINQUEKA)				1	IC	25		Р	GW
Local Address (w	here applicable)			Service	2	Residen	tial C	ommerci	al Industr	ial C	Combine	d Agricultural
1519 BANTAM RO	DAD			Connec	ctions						1	
Towns Served: Ll	TCHFIELD, WASH	HINGTON				1						I
			Co	ontact Ir	nforr	mation	1					
Name				Organizati	on						Job Title	
Mrs. Kristin Ebne	er-Martin			Ebner Cam	nps, In	с.			Managin	g Direc	tor	
Mailing Address I	ine One		Mailing Addr	ess Line Tw	0				City		State	Zip Code
176 Migeon Aver	nue							Torring	gton		СТ	06790
Business Phone	e Extension	Fax	Mo	obile Phone	e Er	mergency	/ Phone	Email A	Address			
860-626-8300						860-307-	-4043	kris@e	bnercamps	.com		
Contact Role(s):	Owner		·									
Name				Organizati	on						Job Title	
Ms. Nicole Kelley	1			Ebner Cam	nps, In	с.			Bookkee	ber		
Mailing Address I	ine One		Mailing Addr	ess Line Tw	vo				City		State	Zip Code
176 Migeon Aver	nue							Torring	gton		СТ	06790
Business Phone	e Extension	Fax	Mo	obile Phone	e Er	mergency	/ Phone	Email /	Address			
860-626-8300						860-480-	2052	nicole(	@chinqueka	.com		
Contact Role(s):	Administrative	Contact										
Name				Organizati	on						Job Title	
Mr. Edward Stim	son			Ebner Cam	nps, In	с.			Facilities	Directo	or	
Mailing Address I	ine One		Mailing Addr	ess Line Tw	vo				City		State	Zip Code
176 Migeon Aver	nue							Torring	gton		СТ	06790
Business Phone	e Extension	Fax	Mo	obile Phone	e Er	mergency	/ Phone	Email A	Address			
860-379-6500			86	0-307-1713	3	860-567-	-9678	facilitie	es@ebnerca	mps.co	om	
Contact Role(s):	Legal Contact											
Please note the f	ollowing:											

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

	Connectic	-								<u> </u>				on	
		ter Qua	ity M	onit	oring a	inc	i Con								
	PWS Name WEST SHORE SE							Clas		on P		tion (	Jwner I P	/pe H	Primary Source
CT0745124 Local Address (w		AFOOD LLC			Service		Residen	tial	NC Comme	orcial	30	ustrial	-	hinor	GW Agricultura
442 BANTAM LA					Connectio		Residen	lidi	2	l'Cidi	inu	ustrial	Com	binet	Agricultura
Towns Served: L									2						
Towns Served. E			N/	onite	oring Re	aui	iromo	ntc							
Water System	Facility: DISTR					qu	neme	1115	_	-	_	_		-	
Total Coliform Sampling P	oint (Sampling P	Point ID)				^	Monitori	ng P	eriod	Col	lectio	ا 1 n Perio			per quarter iance Status
	Inventory of Act		Points				.0/1/23 -	_							omplete
							1/1/24 -	3/31	1/24					C	omplete
							4/1/24 -	6/30	0/24						
							7/1/24 -	9/30	0/24						
Physical Paran	neters (PPS)											1 1	routine	(RT)	per quarter
Sampling P	oint (Sampling P	oint ID)				Λ	Monitori	ng P	eriod	Col	lectio	n Peri	od C	ompl	iance Status
Select from	Inventory of Act	ive Sampling	Points			1	.0/1/23 -	12/3	31/23						omplete
							1/1/24 -							C	omplete
							4/1/24 -								
							7/1/24 -	9/30	0/24						
Water System		Y POINT (W	/SF ID: 0	0700)											
Nitrate And N														-	RT) per year
	oint (Sampling P	oint ID)					Monitori	-		Col	lectio	n Peri	od C		iance Status
ENTRY POIN	NT (3)						1/1/23 -								omplete
							1/1/24 -							C	omplete
				•••			1/1/25 -								
			Public	: Not	ificatior	ו Re	equire	eme	ents				1		
				С	ompliance		Notice				tificat.				<u>tification</u>
Violation/Situat				40/4	Period	/00	Tier				Perfo	rmed	Due to		Received
Total Coliform M	I&R Violation				/09 - 12/31,		2		4/1/20				4/11/	2010	
		Water Sy	/stem l	Facili	ity and S	Sam	npling	Poi	int In	ven	tory	7			
Water	с., <u>с</u> ., <u>к</u> .,		- <i>I</i>		с <i>и</i>					Tot		ead a			
System Wate Facility ID	r System Facility		sampling ID	Point	Sampling Descriptio		It			Colifo Rul		Сорре Рија т		octor	Stage WQP 2 DBPI
	BUTION SYSTEM	Λ	4		DISTRIBUT				<u>Status</u> A	nui		NUIC I	ICI ASD	23103	WQF 2 DDFI
00000 DISTR				RFΔM	WITHIN 5			d.	A						
			UPSTRE		WITHIN 5				A						
00700 ENTR	Y POINT		3	-/ \  ¥	ENTRY PO			•	A						
53106 WELL			2		WELL 1				A						
			_	Con	tact Info	<b></b>	aation								
News						5111	ation							Tiel	
Name Mc Susan E Bor	taccini				rganization	oofe					Man	hor	gor	Title	
Ms. Susan F. Ber Mailing Address			Mailing		est Shore S s Line Two	earo					Mem		C+-	ate	Zip Code
449 Bantam Lake			ivialility A	aures	S LINE I WO				Мо	rric	City			T	06763
Business Phon		Fax	<u> </u>	Mobi	le Phone	Fm	nergency	Pho			Idress		(	1	00703
860-567-8000		860-567-8	3828		ie i none	-	860-201-					oresea	afood.co	m	
	, Administrative		.520			C	200 201-	, 014	. 3031	۷۷ ص	3 - 3 - 1	5, 2500			
	, tannin sti ative	contact													

		<b>1</b>							-	
PWS ID P	WS Name					Clas	sification	Population C	Owner Type	Primary Sourc
СТ0745124 У	VEST SHORE SEAFC	OD LLC					NC	30	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	ial Industrial	Combine	ed Agricultura
442 BANTAM LAK	E ROAD			Connectio	ns		2			
Towns Served: LIT	CHFIELD									1
Name				Organization					Job Title	e
Ms. Linda E Berta	ccini			442 Batam Ro	ł					
Mailing Address L	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
442 Bantam Rd							Litchfie	eld	СТ	06750
Business Phone	Extension	Fax	Mc	bile Phone	Emergency	y Pho	ne Email /	Address	i	
Contact Role(s):	Legal Contact, Own	ner								
Plaasa nota tha fr	llowing									

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

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	Connections	nortmont	Duble	alth	Drinl	ting L	Votor	<b>S</b> ~	ation		
	Connecticut De	*				0			ction		
	Water Q	uality Monit	oring an	d Com	plian	ce Sc	hedule	e			
PWS ID	PWS Name				Classifica	tion Po	pulation	Owr	ner Type P	rimary S	Source
СТ074062	4 COZY HILLS CAMPGROU	IND - WELL 3			NC		25		Р	GW	1
Local Add	ress (where applicable)		Service	Resident	ial Com	mercial	Industria		Combined	Agric	ultural
11 COZY H	HILL (ROUTE 202)		Connections			1					
Towns Ser	rved: LITCHFIELD										
		Monite	oring Requ	iremer	nts						
Water Sy	stem Facility: DISTRIBUTIC	N SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)						1	l ro	utine (RT)	per m	onth
	oling Point (Sampling Point ID)			Monitorin	ng Period	Colle	ection Per			ance St	
Selec	t from Inventory of Active Sam	pling Points		4/1/24 -	4/30/24						
				5/1/24 -	5/31/24						
				6/1/24 -	6/30/24						
				7/1/24 -							
				8/1/24 -	8/31/24						
				9/1/24 -							
				10/1/24 -	10/31/24	ŀ					
Physical	Parameters (PPS)						1	l ro	utine (RT)	per m	onth
Samp	oling Point (Sampling Point ID)			Monitorin	ng Period	Colle	ection Per	iod	Compl	iance St	atus
Selec	ct from Inventory of Active Sam	pling Points		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 Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine (F	RT) per	year
Samp	oling Point (Sampling Point ID)			Monitorin	ng Period	Colle	ection Per	iod	Compl	iance St	atus
EP - \	WELL 3 (3)			1/1/23 - 1	12/31/23				Co	mplete	
				1/1/24 - 1							
				1/1/25 - 1	12/31/25						
		Other C	ompliance	Sched	ules						
Compliand	ce Schedule Activity			D	oue Date		Achiev	ved I	Date		
RESPOND	TO SANITARY SURVEY			7,	/31/2008						
RESPOND	TO SANITARY SURVEY				/19/2014						
RESPOND	TO SANITARY SURVEY			10	/18/2018	3					
SEASONAL	L START UP COMPLETION			4	/1/2024						
	Wate	er System Facili	ity and Sar	npling	Point I	nvent	ory				
Water		•	•			Tota	Lead o	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colifor					Stage
Facility ID	)	ID	Description		Statu	<sub>s</sub> Rule	Rule 1	Tier	Asbestos	WQP 2	2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	<b>SYSTEM</b>	А						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А						
		UPSTREAM	WITHIN 5 SER	VICE CON	А						
00700	ENTRY POINT	3	EP - WELL 3		А						
F 4700											

А

WELL 3

2

54792

WELL 3

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0740624	COZY HILLS CAMPGROUND - WELL 3			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
11 COZY HILL (F	ROUTE 202)	Connections		1			
Towns Served:	LITCHFIELD	·			·		

				Contact Inf	ormation			
Name				Organizatior	1		Job Title	
Ms. Lelah Campo				Cozy Hills Ca	mpground	Owner		
Mailing Address Lin	e One		Mailing A	Address Line Two		City	State	Zip Code
1311 Bantam Road						Bantam	СТ	06750
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-567-2119		860-567-	8117		860-281-4051	lcampo@cozyhills.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.

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Co	onnecticu	it Departme	ent of Publ	ic Health Drir	iking	Water Se	ection	
	Wat	er Quality N	<b>Ionitoring</b>	and Complia	nce So	chedule		
PWS ID PW	/S Name			Classif	ication P	opulation Ow	ner Type	Primary Source
CT0745134 NO	RTHLAND PRO	OPERTIES, LLC		N	С	25	Р	GW
Local Address (wher	e applicable)		Service	Residential Co	mmercial	l Industrial	Combined	d Agricultura
583 BANTAM RD			Connec	tions			1	
Towns Served: LITC	HFIELD							
			•	equirements				
Water System Fac	ility: DISTRI	<b>BUTION SYSTEM</b>	(WSF ID: 00600	)				
Total Coliform (3	100)					1 roi	utine (RT)	per quarter
Sampling Point	t (Sampling Po	oint ID)		Monitoring Peri	od Col	llection Period	Comp	liance Status
Select from Inv	entory of Activ	ve Sampling Points		10/1/23 - 12/31/	23			
				1/1/24 - 3/31/2	4		C	omplete
				4/1/24 - 6/30/2	4			
				7/1/24 - 9/30/2	4			
<b>Physical Paramet</b>	ers (PPS)					1 roi	utine (RT)	per quarter
Sampling Point	t (Sampling Po	oint ID)		Monitoring Peri	od Col	llection Period	Comp	liance Status
Select from Inv	entory of Activ	ve Sampling Points		10/1/23 - 12/31/	'23			
				1/1/24 - 3/31/2	4		C	omplete
				4/1/24 - 6/30/2	4			
				7/1/24 - 9/30/2	4			
Water System Fac	ility: ENTRY	POINT (WSF ID:	00700)					
Nitrate And Nitri	te (NOX)					1	routine (	RT) per year
Sampling Point	• •	oint ID)		Monitoring Peri	od Col	llection Period	-	liance Status
ENTRY POINT (	3)			1/1/23 - 12/31/2	23			
				1/1/24 - 12/31/2			С	omplete
				1/1/25 - 12/31/2	25			
		O	her Complia	ince Schedules				
Compliance Schedu	le Activity			Due Da	te	Achieved	Date	
RESPOND TO SANIT	ARY SURVEY			10/25/20	)20			
		Water System	Facility and	Sampling Poin	t Inven	tory		
Water		-			Tot			
System Water Sy	stem Facility	Samplii	ng Point Samplin	g Point	Colife	orm Copper		Stage
Facility ID			D Descript	ion Sta	tus Ru	le Rule Tier	Asbestos	WQP 2 DBP
			4 DISTRIB	JTION SYSTEM	A Y	,		
00600 DISTRIBU	<b>JTION SYSTEM</b>		I DISTRIBU		י ר			
00600 DISTRIBU	ITION SYSTEM		STREAM WITHIN		ч ч			
00600 DISTRIBU	ITION SYSTEM	DOWN	STREAM WITHIN	5 SERVICE CON				
00600 DISTRIBU 00700 ENTRY PC		DOWN UPST	STREAM WITHIN	5 SERVICE CON	4			
		DOWN UPST	STREAM WITHIN REAM WITHIN	5 SERVICE CON / 5 SERVICE CON / OINT /	۹ ۹			
00700 ENTRY PO		DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1	5 SERVICE CON / 5 SERVICE CON / OINT /	4 4 4			
00700 ENTRY PO		DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1	5 SERVICE CON 5 SERVICE CON OINT formation	4 4 4		Job Title	
00700 ENTRY PO 05501 WELL 1		DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1 Contact In Organizatio	5 SERVICE CON 5 SERVICE CON OINT formation	4 4 4	Land Owner	Job Title	
00700 ENTRY PO 05501 WELL 1 Name	DINT	DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1 Contact In Organizatio	5 SERVICE CON / 5 SERVICE CON / OINT / formation on Country Living, LLC	4 4 4	Land Owner City	Job Title	Zip Code
00700 ENTRY PO 05501 WELL 1 Name Mr. Mark Zappone	DINT	DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1 Contact In Organization Northland	5 SERVICE CON / 5 SERVICE CON / OINT / formation on Country Living, LLC	4 4 4			Zip Code 06750
00700 ENTRY PO 05501 WELL 1 Name Mr. Mark Zappone Mailing Address Line	DINT	DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1 Contact In Organization Northland	5 SERVICE CON / 5 SERVICE CON / OINT / formation on Country Living, LLC	A A A Bantam	City	State	
00700 ENTRY PC 05501 WELL 1 Name Mr. Mark Zappone Mailing Address Line P.O. Box 10	DINT e One	DOWN UPST	STREAM WITHIN REAM WITHIN 3 ENTRY P 2 WELL 1 Contact In Organizatio Northland	5 SERVICE CON / 5 SERVICE CON / OINT / formation on Country Living, LLC	A A A Bantam Email Ac	City	State CT	

				0		1				
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
СТ0745134	CT0745134 NORTHLAND PROPERTIES, LLC						NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ential (	Commerc	ial Industr	ial Combin	ed Agricultural
583 BANTAM RD				Connecti	ons				1	
Towns Served: LI	TCHFIELD								!	l
Name				Organizatior	า				Job Titl	e
North Land Prop	erties LLC									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
583 Bantam Rd							Litchfi	eld	СТ	06750
Business Phone	e Extension	Extension Fax		obile Phone	Emergen	nergency Phone		Email Address		
Contact Role(s):	Owner									
Please note the	ollowing:									

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	Commont' and D		Dublic Health	Detal			at an	
	Connecticut De	•			0		ction	
	Water Q	uality Monit	oring and Cor	nplianc	e Sche	edule		
PWS ID	PWS Name			Classificati	on Popu	lation Ow	ner Type P	rimary Source
СТ0745144	COZY HILLS CAMPGROU	ND WELL #4		NC	7	0	Р	GW
Local Addres	s (where applicable)		Service Resider	ntial Comm	ercial In	dustrial	Combined	Agricultural
1311 BANTA	M RD		Connections				1	
Towns Serve	d: LITCHFIELD							
		Monite	oring Requireme	ents				
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
	orm (3100)					1 ro	-	) per month
	ng Point (Sampling Point ID)			ing Period	Collecti	ion Period	Compl	iance Status
Select f	rom Inventory of Active Sam	oling Points		- 4/30/24				
				- 5/31/24				
				- 6/30/24				
				- 7/31/24				
				- 8/31/24				
				- 9/30/24				
			10/1/24	- 10/31/24				
-	arameters (PPS)						-	) per month
	ng Point (Sampling Point ID)			ing Period	Collecti	ion Period	Compl	iance Status
Select f	rom Inventory of Active Sam	oling Points		- 4/30/24				
				- 5/31/24				
				- 6/30/24				
				- 7/31/24				
				- 8/31/24				
				- 9/30/24				
				- 10/31/24				
-	em Facility: ENTRY POIN	r (WSF ID: 00700)						
Nitrate An	d Nitrite(NOX)					1	routine (	RT) per year
	ng Point (Sampling Point ID)			ing Period	Collecti	ion Period		iance Status
ENTRY I	POINT (3)			12/31/23			Co	omplete
				12/31/24				
			1/1/25 -	12/31/25				
		Other C	ompliance Schee	dules				
Compliance	Schedule Activity			Due Date		Achieved	Date	
SEASONAL S	TART UP COMPLETION			4/20/2024				
	Wate	r System Facili	ity and Sampling	g Point Ir	ventor	.v		
Water		-			Total	Lead and		
System W	/ater System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	/I A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A				
		UPSTREAM	WITHIN 5 SERVICE CO	N A				
00700 EI	NTRY POINT	3	ENTRY POINT	А				
61291 W	/ELL	2	WELL	А				

	č 7	0		1				
PWS ID	PWS Name C			Classification	Population	Owner Type	Primary Source	
СТ0745144	COZY HILLS CAMPGROUND WELL #4			NC	70	Р	GW	
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural	
1311 BANTAM	RD	Connections				1		
Towns Served: I	ITCHFIELD	÷		·				

				Contac	t Inf	ormation					
Name				Organi	Organization				Job Title		
Ms. Lelah Campo				Cozy H	Cozy Hills Campground			Owner			
Mailing Address Line One Mailing Address Line One			Address Line	dress Line Two			City	State	Zip Code		
1311 Bantam Road							Bantam		СТ	06750	
Business Phone	Extension	Fax		Mobile Ph	one	Emergency Phone	Email Address				
860-567-2119		860-567-8	8117			860-281-4051	lcampo@	cozyhills.com			

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