			CD III II	1.1	D	. 1 .	TAT .	0		
	Connecticut De Water O	epartment (Quality Mon				_			ection	
PWS ID	PWS Name	guarrey 1-1011	itoring and	4 0011			T		vner Type F	Primary Source
CT0920014	ALCOVE MOTEL				Cius	NC	30		P	GW
	ss (where applicable)		Service	Resident	tial	Commerci		rial	Combined	
87 MAIN ST			Connections			14				
	ed: NEW HARTFORD		l.							
		Mon	toring Requ	ireme	nts					
Water Syst	em Facility: DISTRIBUTIO	N SYSTEM (WSI	ID: 00600)							
Total Colif	orm (3100)							1 ro	utine (RT)	per quarter
Sampli	ing Point (Sampling Point ID)			Monitorii	ng Pe	eriod C	ollection P	eriod	d Compl	iance Status
Select	from Inventory of Active Sam	pling Points	:	LO/1/23 -	12/3	31/23			C	omplete
				1/1/24 -	3/31	1/24				
				4/1/24 -	-	·				
				7/1/24 -	9/30	0/24				
-	arameters (PPS)									per quarter
-	ing Point (Sampling Point ID)			Monitorii			ollection P	eriod		iance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 -					C	omplete
				1/1/24 -						
				4/1/24 - 7/1/24 -						
Mater Cust	om Facility: FNTDV DOIN	T /WSE ID: 0070	0)	//1/24 -	9/30	J/ 24				
	em Facility: ENTRY POIN	1 (W3F ID: 0070	U)							DT\
	nd Nitrite (NOX) ing Point (Sampling Point ID)			Monitorii	na D	eriod C	ollection P		=	RT) per year liance Status
_	POINT (3)			1/1/23 - :			onection P	eriot		omplete
LIVII	10111 (3)			1/1/24 - :						Jilipiete
				1/1/25 - :						
		Other	Compliance							
Compliance	Schedule Activity	Other	compliance			Date	Ach	iovor	l Date	
_	O SANITARY SURVEY					/2019	Acm	evec	Dute	
KESI OND I	O SANTANT SONVET	Public No	otification R							
			Compliance	Notice			otification		PN Cei	<u>tification</u>
Violation/S	ituation		Period	Tier		Required	Perform	ed	Due to DPH	=
Nitrate And	Nitrite M&R Violation	1/	1/15 - 12/31/15	2		6/1/2016			6/11/2016	
Nitrate And	Nitrite M&R Violation	1/	1/19 - 12/31/19	3	4	4/13/2021			4/23/2021	
	Wate	er System Fac	ility and Sar	npling	Poi	int Inve	ntory			
Water		•	•					d and	<u> </u>	
	Nater System Facility	Sampling Poi	nt Sampling Poi	nt				pper		Stage
Facility ID		ID	Description		9	Status F	Rule Rul	e Tie	r Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ			
			M WITHIN 5 SER			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
	NTRY POINT	3	ENTRY POINT			Α				
21608 V	VELL	2	WELL			Α				

 Contact Information

 Name
 Organization
 Job Title

 Mr. Bhasker Desai
 Alcove Motel
 Member

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

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

	Connecticut Department of Fublic Health Drinking Water Section										
	Wa	ter Quality N	Monit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Pri	mary Source
CT0920014 ALCOVE MOTEL						N	IC	30	Р		GW
Local Address (where applicable)				Service	Resider	Residential Cor		al Industri	al Combin	ed	Agricultural
87 MAIN STREET				Connection	ns		14				
Towns Served: N	NEW HARTFORD								·		
87 Main Street		PO Box	¢ 372				New Ha	artford	СТ		06057
Business Phor	ne Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address			
860-693-857	7	860-693-8577			860-693	-8577	anubha	as1030@gm	ail.com		

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

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

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

End of schedule

PWS Name	Classification	Population	Owner Type	Primary S			
Water Quality Monitoring and Compliance Schedule							
Connecticut Department of Public Health Drinking Water Section							

PWS ID	PWS Name			Classi	fication	Population	Owner Type	Primary Source
CT0920024	1165 LITCHFIELD TURNPIKE			1	NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Co	ommercia	l Industria	al Combine	ed Agricultural
		Connections			1			

Monitoring Re	quirements
---------------	------------

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

Total Coliform (3100)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX) 1 routine (RT) per year							
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						

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/8/2010	
RESPOND TO SANITARY SURVEY	2/11/2021	

Public Notification Requirements						
	Compliance	Notice	Public Notification		PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	11/12/2024		11/22/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	11/12/2024		11/22/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	11/12/2024		11/22/2024	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	11/12/2024		11/22/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	11/12/2024		11/22/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	11/12/2024		11/22/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	11/12/2024		11/22/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	11/12/2024		11/22/2024	
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	12/10/2024		12/20/2024	
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	12/10/2024		12/20/2024	

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 DBPR

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

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

	<u> </u>	,		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0920024	1165 LITCHFIELD TURNPIKE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
		Connections		1			

	Wa	iter System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21609	WELL	2	WELL	Α					

			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Jeffrey Radwicl	(The Bakersvi	lle Mall, LLC		Manager		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
The Bakersville Mal	l, LLC		P.O. Box 223	3		New Ha	rtford	СТ	06057
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
860-294-6826									

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

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 4/3/2024

Total Colliform Inventory of Active Sampling Point ID Monitoring Period Select from Inventory of Active Sampling Point (Sampling Point (Sampling Point (Sampling Point Sampling Point (Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Poi									
PMUS D		Connecticut De	partment of	Public Health	. Drink	ing W	ater Se	ction	
PMUS D		Water Qu	iality Monit	oring and Cor	npliano	ce Sch	edule		
107 MAIN STREET Service Servic	PWS ID		<u>J</u>	<u> </u>	_			ner Type Pri	mary Source
Connections	CT0920034	1 107 MAIN STREET							
Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements	Local Addr	ess (where applicable)		Service Resider	ntial Comn	nercial Ir	ndustrial	Combined	Agricultural
Monitoring Requirements Monitoring Requirements				Connections		1			
Total Coliform (3100 Sampling Point (Sampling Point 10 Monitoring Period Collection Period Compliance Status	Towns Serv	ved: NEW HARTFORD			'	'	'		
Tout			Monito	oring Requireme	ents				
Sampling Point (Sampling Point (Sampling Points) Monitoring Period Collection Period Compliance Status	Water Sys	stem Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)					
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/24	Total Col	iform (3100)					1 ro	ıtine (RT) p	er quarter
1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/	Samp	ling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	Complia	nce Status
A/1/24 - 6/30/24 7/1/24 - 9	Select	t from Inventory of Active Samp	ling Points	10/1/23	- 12/31/23			Con	nplete
Physical Parameters (PPS)				1/1/24	- 3/31/24				
Physical Parameters (PPS) Monitoring Period Collection Peri				4/1/24	- 6/30/24				
Sampling Point (Sampling Point 1D)				7/1/24	- 9/30/24				
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 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 12/31/23 Toutine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1/1/24 - 12/31/24 7/1/24 - 12/31/25 Complete 1/1/24 - 12/31/25 7/1/24 - 12/31/25 Toutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1/1/24 - 3/31/24 7/1/24 - 9/30/24 7/1/24 - 9	Physical I	Parameters (PPS)					1 rou	ıtine (RT) p	er quarter
1/1/24 - 3/31/24	Samp	ling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	Complia	nce Status
A 1/24 - 6/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/24 - 9/30/24 7/1/23 - 12/31/23 7/1/23 - 12/31/23 7/1/23 - 12/31/23 7/1/23 - 12/31/25 7/1/25 - 12/31	Select	t from Inventory of Active Samp	ling Points	10/1/23	- 12/31/23			Con	nplete
Toutine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status				1/1/24	- 3/31/24				
Nitrate And Nitrite (NOX)				4/1/24	- 6/30/24				
Nitrate				7/1/24	- 9/30/24				
Sampling Point (Sampling Point ID)	Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Sampling Point (Sampling Point ID)	Nitrate A	and Nitrite (NOX)					1	routine (R1	T) per vear
ENTRY POINT (3)		• •		Monitor	ing Period	Collect		-	
1/1/24 - 12/31/24 1/1/25 - 12/31/25 Water System Facility: WELL 1 (WSF ID: 48669) E. Coli (3014)	-				_				
1/1/25 - 12/31/25		. ,							<u>·</u>
E. Coli (3014) Second (3014) WELL 1 (WSF ID: 48669) E. Coli (3014) WELL 1 (2) Monitoring Period Collection Period Compliance Status 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Water System Facility Water System Facility ID Mater System Pacility ID Sampling Point Description Status None Status No									
E. Coli (3014) Sampling Point (Sampling Point ID) WELL 1 (2) 10/1/23 - 12/31/23 WELL 1 (2) 10/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Water System Facility and Sampling Point Inventory Water System Facility ID 1D 1D 1D 1D 1D 1D 1D 1D 1D	Water Sys	stem Facility: WELL 1 (WSF	ID: 48669)	,,-	, , , ,				
Monitoring Period Collection Period Compliance Status	•	<u> </u>	,				1 roı	utine (RT) p	er guarter
WELL 1 (2)	-	•		Monitor	ina Period	Collect			-
1/1/24 - 3/31/24	-							-	
A/1/24 - 6/30/24 T/1/24 - 9/30/24 T/1/24 - T/1/24 T/1/24 - T/1/24 T/1/24 - T/1/24 T/1/24 - T/1/2	***	- (2)							приссе
Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description O0600 DISTRIBUTION SYSTEM O0700 ENTRY POINT A 48669 WELL 1 OVERNOR System Facility Water System Facility Sampling Point Sampling Point Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBPR Oo700 ENTRY POINT A 4 48669 WELL 1 OO700 WATER WITHIN 5 SERVICE CON A WITHIN 5 SERVICE CON A WELL 1 WELL 1 A									
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 48669 WELL 1 2 WELL 1 A									
Water System Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM O0700 ENTRY POINT A Sampling Point System Facility Sampling Point Description Sampling Point System Facility ODESCRIPTION SYSTEM A DISTRIBUTION SYSTEM A DISTRIBUTION SYSTEM A VITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT A WELL 1 A Total Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT A		Water	System Facili			nvento	rv		
System Water System Facility Facility ID Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 4 SERVICE CON A 5 SERVICE CON A 6 SERVICE CON	Water			cy and camping	,		•		
Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 48669 WELL 1 2 WELL 1 A		Water System Facility	Sampling Point	Sampling Point					Stage
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 48669 WELL 1 2 WELL 1 A	Facility ID	•			Status	D. J.		Asbestos I	_
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 48669 WELL 1 2 WELL 1 A	00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM					
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 48669 WELL 1 2 WELL 1 A			DOWNSTREAM	WITHIN 5 SERVICE CO	N A				
00700 ENTRY POINT 3 ENTRY POINT A 48669 WELL 1 2 WELL 1 A									
48669 WELL 1 2 WELL 1 A	00700	ENTRY POINT							

Contact Information

Name
Organization
Job Title

Ms. Barbara J. Krohner

Mailing Address Line One
Mailing Address Line Two
City
State
Zip Code

New Hartford
CT
06057-0206

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	Connecticu	ıt Depa	rtment of	Public I	Health	Drir	nking	, Water	Section	
	Wat	er Qual	ity Monito	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0920034	107 MAIN STREET	Γ				N	С	25	Р	GW
Local Address (v	where applicable)			Service	Resider	itial Co	mmerci	al Industri	al Combin	ed Agricultural
				Connections	S		1			
Towns Served: I	NEW HARTFORD									
1 .O. DOX 200							INC VV II	ai tioi a	Ci	00037 0200
Business Phor	ne Extension	Fax	Mobile	e Phone E	Emergency	/ Phone	Email A	Address		
860-689-470	0									
		·	·						·	·

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

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

End of schedule

	Connecticut Do	nartmon	t of D	uhlic I	Jaalth	Drin	king	Mat	tor S	Sec	tion	
	Connecticut De Water Qu	-					_				CIOII	
PWS ID	PWS Name	adirey 1.10	7111001	mg an	u don	_					r Type F	rimary Source
CT092004		NDSHIP - WELI	L #3)			N		25			P	GW
	ress (where applicable)			rvice	Residen	tial Co	mmercia	I Ind	ustrial	C	ombined	_
	HILL ROAD		Co	nnections			1					0 11 11
	rved: NEW HARTFORD											
		Mo	onitori	ng Requ	uireme	nts						
Water Sy	stem Facility: DISTRIBUTION	N SYSTEM (V	WSF ID: (00600)								
Total Co	liform (3100)								1 r	outi	ne (RT)	per quarter
Sam	pling Point (Sampling Point ID)				Monitori	ing Perio	od Co	llectio	n Perio	od	Compl	iance Status
Selec	ct from Inventory of Active Samp	ling Points			10/1/23 -	12/31/	23				Co	omplete
					1/1/24 -	3/31/2	4				Co	omplete
					4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
-	Parameters (PPS)											per quarter
-	pling Point (Sampling Point ID)				Monitori			llectio	n Perio	od		iance Status
Selec	ct from Inventory of Active Samp	ling Points			10/1/23 -							omplete
					1/1/24 -						Co	omplete
					4/1/24 -							
		/a			7/1/24 -	9/30/2	4					
	stem Facility: ENTRY POINT	(WSF ID: 00	1700)							_		
	And Nitrite (NOX)										-	RT) per year
-	pling Point (Sampling Point ID)				Monitori			llectio	n Perio	od		iance Status
ENTE	RY POINT (3)				1/1/23 -						Co	omplete
				-	1/1/24 -						_	
		- 111			1/1/25 -							
		Public		cation F	Require					1		
	total at			pliance	Notice		<u>ublic No</u>	-				<u>tification</u>
	/Situation			riod	Tier		quired	Perfo	rmed		e to DPH	
Total Coli	form M&R Violation			- 9/30/22	3		12/2024			11/	22/2024	
	Water	System F	acility	and Sa	mpling	Point	Inver	ntory				
Water		c !:		<i>!</i> : 5					ead ar			
System Facility ID	Water System Facility	Sampling I ID		mpling Pol scription	int		Colif		Coppe		Ichactac	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		STRIBUTIO	NI CVCTENA	Sta	tus	rie i	ruie II	ei F	13063103	WQF Z DDFN
00000	DISTRIBUTION STSTEIN	DOWNSTR						ſ				
		UPSTREA		THIN 5 SEI								
00700	ENTRY POINT	3		TRY POINT		ν Α						
21611	WELL	2		ELL	<u> </u>							
21011	WELL			ct Infor	mation		`					
Name				nization						ı	ob Title	
	l J. Boyajian			couts of A	merica			Range	⊃r	J	OD TILIC	
	ddress Line One	Mailing A			incilca			City			State	Zip Code
I A SULLING	dai C33 EIIIC OHC	IVIGITING A	uui C33 LII	IC I WU							Juice	Zip Code
791 West	Hill Road						New Ha	rtford			CT	06057

Emergency Phone Email Address

rangerdave.seq@gmail.com

Mobile Phone

Business Phone

860-379-2009

Extension

Contact Role(s): Administrative Contact

Fax

860-379-8977

(Connecticut	t Depa	irtment of	Public	Health	ı Drii	nkıng	g Water	Section	
	Wate	r Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0920044	AMP SEQUASSEN	(FRIENDS	SHIP - WELL #3)			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
791 WEST HILL RC)AD			Connection	S		1			
Towns Served: NE	W HARTFORD					,				
Name			Or	ganization					Job Titl	e
Mr. Joseph Andre	90		СТ	Yankee Cou	ncil Bsa			Ceo		
Mailing Address Li	ine One		Mailing Address	Line Two				City	State	Zip Code
60 Wellington Roa	ad		P.O. Box 32				Milford	t	СТ	06461
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	Address		
203-961-0518							joseph	.andreo@sc	outing.org	
Contact Role(s):	Legal Contact, Ow	ner								

CD block all Datality Water Coart

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic					Health and Com			0		ection		
PWS ID	PWS Name	ter Qua	iity ivio	/111C	or mg a	iiia coii					upor Typo	Drin	nary Source
CT092005		EN /I OOMIS	\A/ELL #2\					ICALIO IC		15	P P	PIII	GW
		EIN (LOOIVIIS	- WELL #2)	1	Service	Docidon		mme			-		
	ress (where applicable) HILL ROAD				Connectio	Residen	tiai Co		i Ciai III	dustrial	Combine	·u	Agricultural
	rved: NEW HARTFORD				Comiccio	7113		1					
TOWNS Ser	rved: NEW HARTFORD			•-									
Water Sy	stem Facility: DISTR	IBUTION SY				quireme	nts						
•	liform (3100)		•		-					1 rc	outine (RT) pe	r guarter
	pling Point (Sampling Po	oint ID)				Monitori	ng Peri	od	Collecti	ion Perio	=		ce Status
	ct from Inventory of Acti		Points			10/1/23 -	_				_		plete
		1 0				1/1/24 -							plete
						4/1/24 -							
						7/1/24 -							
Physical	Parameters (PPS)					., -,	-,,-			1 rc	outine (RT	') ne	r quarter
-	pling Point (Sampling Po	oint ID)				Monitori	ng Peri	od	Collecti	ion Perio	· -		ice Status
_	ct from Inventory of Acti		Points			10/1/23 -							plete
	, , , , , , , , , , , , , , , , , , , ,					1/1/24 -							plete
						4/1/24 -	-						p. 010
						7/1/24 -							
Water Sv	stem Facility: ENTRY	POINT (W	/SE ID: 00	700)		., _,	-,,-						
•	And Nitrite (NOX)			, ,							1 routine	/DT	nor voar
	pling Point (Sampling Po	oint ID)				Monitori	na Peri	od	Collecti	ion Perio		-	ice Status
_	RY POINT (3)					1/1/23 -			Concen	OII I CITO			plete
LINIT	(110111 (5)					1/1/24 -						20111	piete
						1/1/25 -							_
		M		• 1 •		· ·	<u> </u>						
		water Sy	ystem F	acııı	ity and S	Sampling	Poin	t inv	entor/	У			
Water					. "				Total	Lead an			
System		•	Sampling F ID	oint	Sampling Description				· .	Coppe		- 14	Stage
Facility ID			טו		Descriptio	n	Sta	itus	Rule	Kule He	er Aspesto)S VI	/QP 2 DBPR
00301	PRESSURE TANKS	1	_		DICTO:-	10N 6V6==:			.,				
00600	DISTRIBUTION SYSTEM		4			TON SYSTEM		4	Υ				
						SERVICE CON		4					
			UPSTREA	AIVI		SERVICE CON		4					
00700	ENTRY POINT		3		ENTRY PO	INT		4					
21612	WELL		2		WELL			4					
				Con	tact Info	ormation							
Name				Or	rganization						Job Title	9	
Mr. David	l J. Boyajian				by Scouts of	f America			Ran	ger			
	ddress Line One		Mailing Ac						Ci		State	7	Zip Code
791 West								New	Hartfor		СТ		06057
Busines	s Phone Extension	Fax		Mobi	le Phone	Emergency	Phone	Ema	il Addres	SS			
860-37		860-379-8				,		_		eq@gma	il.com		
	ole(s): Administrative					1				0			
	, , , ,												

(Connectic	ut Departmen	it of Public	Health	Drin	ıking	, Water	Section	
	Wa	ter Quality Mo	onitoring a	nd Com	plia	nce S	Schedul	le	
PWS ID F	PWS Name				Classifi	cation	Population	Owner Type	Primary Source
СТ0920054	CAMP SEQUASS	EN (LOOMIS - WELL #2)		N	С	25	GW	
Local Address (wh	nere applicable)		Service	Resident	tial Co	mmerci	al Industri	al Combine	ed Agricultural
791 WEST HILL RO	DAD		Connection	ns		1			
Towns Served: NE	W HARTFORD		'	1	'		1	'	
Name			Organization					Job Titl	e
Mr. Joseph Andre	90		CT Yankee Cou	ıncil Bsa			Ceo		
Mailing Address L	ine One	Mailing A	ddress Line Two				City	State	Zip Code
60 Wellington Ro	ad	P.O. Box 3	32			Milford	I	СТ	06461
Business Phone	Extension	Fax	Mobile Phone	Emergency	Phone	Email A	Address		
203-961-0518						joseph.	.andreo@sc	outing.org	
Contact Role(s):	Legal Contact, C	Owner							

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

End of schedule

	Co	nnectic	ut Depar	tmer	nt of	Public	Не	alth D	rin	kino	Water	Se	ection	
			ut Depai ter Quali											
PWS ID	D\A	'S Name	tei Quaii	ty IVI	UIIIU	or mg ar	IIu						mer Type [Primary Source
CT092007			EN (SOUTH - V	VFII #4\	\			Cic	N(25	OVV	P P	GW
		e applicable)	211 (300111 1	V L L L 11-1	/	Service	F	Residential		nmercia		al	Combined	_
	HILL ROA					Connection		icoraerrerar		1	maasen	u.	Combined	, Agricultura
		' HARTFORD												
				М	onite	oring Rec	nuir	rement	<u> </u>					
Water Sy	stem Fac	ility: DISTR	IBUTION SYS				14							
Total Co	liform (3	100)									1	l ro	utine (RT)	per quarter
	-	t (Sampling P	oint ID)				М	onitoring	Perio	d Co	llection Pe			iance Status
Selec	t from Inv	entory of Act	ive Sampling P	oints			4	/1/24 - 6/3	30/24	1				
							7	/1/24 - 9/3	30/24	1				
Physical	Paramet	ers (PPS)									1	l ro	utine (RT)	per quarter
-		t (Sampling P	oint ID)				M	onitoring	Perio	d Co	llection Pe			iance Status
Selec	ct from Inv	entory of Act	ive Sampling P	oints			4	/1/24 - 6/3	30/24	1				
							7	/1/24 - 9/3	30/24	1				
Water Sy	stem Fac	ility: ENTR	Y POINT (WS	SF ID: 0	0700)									
Nitrate A	And Nitri	te (NOX)										1	routine (RT) per year
Sam	pling Point	t (Sampling P	oint ID)				M	onitoring	Perio	d Co	llection Pe	riod	Comp	iance Status
ENTR	RY POINT (3)					1,	/1/23 - 12/	31/2	3	4/1-9/30		C	omplete
							1,	/1/24 - 12/	31/2	4	4/1-9/30			
							1,	/1/25 - 12/	'31/2	5	4/1-9/30			
				Oth	er C	ompliand	ce S	chedul	es					
Complian	ce Schedu	le Activity						Due	. Dat	е	Achie	ved	Date	
SEASONAI	L START UI	P COMPLETIO	N					5/1	/202	4				
				Public	Not	ification	Re	quirem	ent	S				
					C	ompliance		Notice	P	ublic No	<u>tification</u>		PN Cei	<u>tification</u>
Violation/						Period		Tier		quired	Performe		Due to DPF	
Total Colif	form M&R	Violation			7/1/	/22 - 9/30/22	2	3	11/1	2/2024		- 1	11/22/2024	ļ.
			Water Sys	stem	Facili	ity and Sa	am	pling Po	oint	Inver	itory			
Water										Tot		ana	1	
System	-	stem Facility	So		Point	Sampling P				Colif				Stage
Facility ID				ID		Description	1		Stat	tus Ru	le Rule	Tie	r Asbestos	WQP 2 DBP
00201	BOOSTER													
00301		HERIC STORA												
00600	DISTRIBU	ITION SYSTEM		4		DISTRIBUTION		_	Α		,			
			D			WITHIN 5 SI			Α					
				UPSTRE	:AM	WITHIN 5 SI		CE CON	A					
00700	ENTRY PO	INT		3		ENTRY POIN	NΤ		A					
21614	WELL #4			2		WELL			A					
					Con	tact Info	rm	ation						
Name					Or	rganization							Job Title	
	l J. Boyajia					y Scouts of A	Ame	rica			Ranger			
Mailing Ad	ddress Line	e One	Ν	/lailing /	Address	s Line Two					City		State	Zip Code
791 West	Hill Road					1				New Ha			СТ	06057
Busines	s Phone	Extension	Fax		Mobi	le Phone	Eme	ergency Ph	one	Email Ad	ddress			

rangerdave.seq@gmail.com

860-379-8977

860-379-2009

(Connecticut	t Depa	irtment of	Public	Health	Drir	ıking	Water	Section	
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0920074	CAMP SEQUASSEN	(SOUTH -	WELL #4)			N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
791 WEST HILL RO	DAD			Connection	S		1			
Towns Served: N	W HARTFORD								,	
Contact Role(s):	Administrative Co	ntact								
Name			Or	ganization					Job Titl	e
Mr. Joseph Andre	90		СТ	Yankee Cou	ncil Bsa			Ceo		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
60 Wellington Ro	ad		P.O. Box 32				Milford		СТ	06461
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	ddress	,	
203-961-0518							joseph.	andreo@sc	outing.org	
Contact Role(s):	Legal Contact. Ow	ner								

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

End of schedule

	Connectic	ut Departme	ent of	f Public	Health	Drir	king	Water S	ection	
		ter Quality N					_			
PWS ID	PWS Name	C s		0 -					vner Type I	Primary Source
CT0920084	CAMP SEQUASSE	EN (NORTH-WELL #5	5)			N	С	25	Р	GW
Local Addres	s (where applicable)			Service	Resident	ial Co	mmercial	Industrial	Combined	d Agricultural
791 WEST HI	LL ROAD			Connection	ns		1			
Towns Serve	d: NEW HARTFORD					·				
		N	/lonit	oring Red	quiremer	nts				
Water Syste	em Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)						
Total Colifo	orm (3100)							1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	llection Perio	d Comp	liance Status
Select fr	om Inventory of Acti	ve Sampling Points			10/1/23 -	12/31/	23		С	omplete
					1/1/24 -	3/31/2	4		С	omplete
					4/1/24 -	6/30/2	4			
					7/1/24 -	9/30/2	4			
Physical Pa	rameters (PPS)							1 rc	outine (RT)	per quarter
Samplin	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	llection Perio	d Comp	liance Status
Select fr	om Inventory of Acti	ve Sampling Points			10/1/23 -	12/31/	23		С	omplete
					1/1/24 -	3/31/2	4		С	omplete
					4/1/24 -	6/30/2	4			
					7/1/24 -	9/30/2	4			
Water Syste	em Facility: ENTRY	POINT (WSF ID:	00700)							
Nitrate And	d Nitrite (NOX)								1 routine (RT) per year
Samplin	g Point (Sampling Po	oint ID)			Monitorin	g Perio	od Col	llection Perio	d Comp	liance Status
ENTRY F	POINT (3)				1/1/23 - 1	.2/31/2	23		C	omplete
					1/1/24 - 1	.2/31/2	24			
					1/1/25 - 1	.2/31/2	25			
		Water System	Facil	ity and S	ampling	Point	Inven	tory		
Water								al Lead an		
-	ater System Facility		_	Sampling P				orm Copper		Stage
Facility ID			D	Description		Sta			er Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM		4		ON SYSTEM	P		,		
					SERVICE CON		4			
		UPST	REAM		SERVICE CON	P	4			
00700 EN	NTRY POINT		3	ENTRY POII	NT	P	١			
21615 W	'ELL		2	WELL		P	١			
			Con	tact Info	rmation					
Name			0	rganization					Job Title	
Mr. David J.	Boyajian		Во	by Scouts of	America			Ranger		
Mailing Addr	ess Line One	Mailing	Addres	s Line Two				City	State	Zip Code
791 West Hil	l Road						New Har	tford	СТ	06057
Business Pl	none Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ac	ldress		
960 270 2	000	960 270 9077					rongord	wa caa@ama	il som	

rangerdave.seq@gmail.com

860-379-8977

860-379-2009

Contact Role(s): Administrative Contact

(Lonnectic	ut Departmen	t of Public	Health	Drin	iking	Water	Section			
	Wat	ter Quality Mo	nitoring a	nd Com	plia	nce S	chedul	le			
PWS ID F	WS Name				Classifi	cation	Population	Owner Type	Primary Source		
СТ0920084	AMP SEQUASS	EN (NORTH-WELL #5)			N	С	25	Р	GW		
Local Address (wh	ere applicable)		Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultural		
791 WEST HILL ROAD			Connection	ns							
Towns Served: NE	W HARTFORD		1	"	'			'			
Name			Organization					Job Titl	e		
Mr. Joseph Andre	90		CT Yankee Cou	CT Yankee Council Bsa				Ceo			
Mailing Address L	ine One	Mailing Ad	ddress Line Two			City		State	Zip Code		
60 Wellington Roa	ad	P.O. Box 3	2			Milford		СТ	06461		
Business Phone	Extension	Fax	Mobile Phone	Emergency	Phone	Email A	ddress				
203-961-0518						joseph.	andreo@sc	outing.org			
Contact Role(s):	Legal Contact. C	Owner				1					

A ---- CD blis Health Detail to Marco Contin

Contact Role(s): Legal Contact, Owner

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End of schedule

Co		•			Health I					ction		
PWS ID PW	/S Name									ner Type	Prir	mary Source
CT0920094 CA	MP WORKCO	EMAN - DININ	G HALL			NC		25		P		GW
Local Address (whe	re applicable)			Service	Residentia	l Con	nmercial	Indu	strial	Combin	ed	Agricultural
WEST HILL ROAD				Connectio	ns		6					
Towns Served: NEW	/ HARTFORD											
			Monito	oring Re	quirement	ts						
Water System Fac	cility: DISTR	IBUTION SYS	STEM (WSF I	D: 00600)								
Total Coliform (3	3100)								1 rou	tine (R	Г) ре	er quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	Com	pliar	nce Status
Select from Inv	entory of Act	ive Sampling P	oints		10/1/23 - 12	2/31/2	23					
					1/1/24 - 3,	/31/24	1					
					4/1/24 - 6,	/30/24	1					
					7/1/24 - 9,	/30/24	1					
Physical Paramet	ers (PPS)								1 rou	tine (R	Г) ре	er quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	Com	pliar	nce Status
Select from Inv	entory of Act	ive Sampling P	oints		10/1/23 - 12	2/31/2	23				Com	plete
					1/1/24 - 3,	/31/24	1				Com	plete
					4/1/24 - 6,	/30/24	1					
					7/1/24 - 9,	/30/24	1					
Water System Fac	cility: ENTR	Y POINT (WS	SF ID: 00700)									
Nitrate And Nitri	te (NOX)								1	routine	(RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection	Period	Com	pliai	nce Status
ENTRY POINT (3)				1/1/23 - 12	/31/2	3				Com	plete
					1/1/24 - 12	/31/2	4				Com	plete
					1/1/25 - 12	/31/2	5					
		Water Sys	stem Facili	ity and S	Sampling P	oint	Invent	tory				
Water							Tota	ıl Le	ad and			
System Water S	stem Facility	Sa	ampling Point	Sampling	Point		Colifo	rm C	Copper			Stage
Facility ID			ID	Descriptio	n	Stat	us Rule	e R	ule Tier	Asbesto	os V	VQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	Α	Υ					
		D	OWNSTREAM	WITHIN 5	SERVICE CON	Α						
			UPSTREAM	WITHIN 5	SERVICE CON	Α						
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α						
21616 WELL #1			2	WELL #1		Α						
			Con	tact Info	ormation							
Name			Or	ganization						Job Titl	e	
Mr. Sean Fogle				y Scouts of	America			Bsa Pro	operty N	/lanager	T.	
Mailing Address Lin	e One	N	Mailing Address	s Line Two				City		State	7	Zip Code
60 Darling Street	T				_		East Hart	ford		СТ		06108
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Add	dress				

sean.fogle@scouting.org

603-785-1205

860-913-2714

Contact Role(s): Administrative Contact

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0920094	CAMP WORKCOEMAN	I - DININ	NG HALL			NC	25	Р	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
WEST HILL ROA	D			Connections		6			

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End of schedule

	Connecticut Department of Water Quality Monitor				U			ction	
PWS ID	PWS Name			Classificat	ion F	opulation	Owne	er Type Pr	imary Source
СТ0920104	TO920104 TOWN OF NEW HARTFORD - BROWN'S CORNER					200		L	GW
Local Address (where applicable) Service Resid			Resider	ntial Comn	ial Commercial Indus		al C	Combined	Agricultural
812 STEELE ROA	AD	Connections			3				
Towns Served:	NEW HARTFORD			,			·		
	Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)							

Towns Served: NEW HARTFORD		1	'
Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	<u> </u>		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling 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		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling 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 System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (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		
	1/1/25 - 12/31/25		
Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	Pate
CROSS CONNECTION SURVEY REPORT	3/1/2022		
CROSS CONNECTION SURVEY REPORT	3/1/2023		
i e e e e e e e e e e e e e e e e e e e			

Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2022								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								
SEASONAL START UP COMPLETION	4/1/2024								
Water System Facility and Sampling Point Inventory									

	W	ater System Facili	ity and Sampling P	oint Ir	iventoi	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21617	WELL	2	WELL	Α				

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

PWS ID	PWS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0920104	920104 TOWN OF NEW HARTFORD - BROWN'S CORNER			NC	200	L	GW
Local Address (v	Local Address (where applicable)		Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
812 STEELE ROA	ND	Connections		3			

			Contact Inf	ormation				
Name				1	Job Title			
Mr. Daniel V. Jerram				v Hartford	First Selectman			
Mailing Address Line One Mailing Addr			Address Line Two		City		State	Zip Code
		P.O. Box	316		New Ha	rtford	СТ	06057
Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
	860-379-0	0940		860-480-1377	djerram@town.new-hartford.ct.us			IS
	e One	e One Extension Fax	e One Mailing P.O. Box	Organization Town of New e One Mailing Address Line Two P.O. Box 316 Extension Fax Mobile Phone	e One Mailing Address Line Two P.O. Box 316 Extension Fax Mobile Phone Emergency Phone	Organization Town of New Hartford e One Mailing Address Line Two P.O. Box 316 New Hartford New Hartford Provided Provide	Organization Town of New Hartford First Select e One Mailing Address Line Two P.O. Box 316 New Hartford Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Town of New Hartford First Selectman e One Mailing Address Line Two City State P.O. Box 316 New Hartford CT Extension Fax Mobile Phone Emergency Phone Email Address

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

Please note the following:

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

End of schedule

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	Connecticut De	•							ction	
	Water Q	uality Monit	coring and							
PWS ID	PWS Name				Classific	ation P	-	Owr	ner Type P	rimary Source
CT0920124	SKI SUNDOWN, INC.				NC		600		Р	GW
Local Addre	ess (where applicable)		Service	Resident	tial Con	nmercial	Industria	al	Combined	Agricultural
126 RATLUI	M ROAD		Connections			4				
Towns Serv	ved: NEW HARTFORD									
		Monit	oring Requ	iiremei	nts					
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
	form (3100)						1	rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Perio	d Col	lection Per	riod	Compli	ance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 - 12/31/23					Со	mplete
				1/1/24 -	3/31/24	ļ.			Со	mplete
				4/1/24 -	6/30/24	ļ.				
				7/1/24 -	9/30/24	ļ				
Physical F	Parameters (PPS)						1	rou	tine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitorin	ng Perio	d Col	lection Per	riod	Compli	ance Status
Select	from Inventory of Active Sam	pling Points		10/1/23 - 12/31/23					Со	mplete
				1/1/24 -	3/31/24	1			Со	mplete
				4/1/24 -	6/30/24	ļ				
				7/1/24 -	9/30/24	ļ.				
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	nd Nitrite (NOX)							1	routine (R	T) per year
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Perio	d Col	lection Per	riod	Compli	ance Status
ENTRY	POINT (3)			1/1/23 - 1	12/31/2	3			Co	mplete
				1/1/24 - 1	12/31/2	4			Со	mplete
				1/1/25 - 1	12/31/2	5				
		Other C	ompliance	Sched	ules					
Compliance	e Schedule Activity				Due Date	е	Achie	ved l	Date	
SUBMIT LEA	AD SERVICE LINE INVENTORY			10)/16/202	24				
COMPLETE	INITIAL LSL INVENTORY			10)/16/202	24				
	Wate	r System Facil	ity and Sar	mpling	Point	Inven	tory			
Water						Tot	al Lead	and		
	Water System Facility	Sampling Point		nt		Colifo				Stage
Facility ID		ID	Description		Stat	us Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A					
		UPSTREAM	WITHIN 5 SER	VICE CON	l A					
00700	ENTRY POINT	3	ENTRY POINT		Α					
21619	WELL	2	WELL		Α					
		Con	tact Inform	mation						
Name		0	rganization						Job Title	
Mr. Robert	: Switzgable	SI	ki Sundown				President			

State Mailing Address Line One Mailing Address Line Two City Zip Code PO Box 208 CT 06057-0208 **New Hartford Business Phone** Extension Mobile Phone Emergency Phone Email Address Fax 860-379-7669 220 860-379-1853 860-379-2840 Bob@skisundown.com Contact Role(s): Administrative Contact, Legal Contact, Owner

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

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

PWS Name			Clas	ssification	Population	Owner Type	Primary Source
SKI SUNDOWN, INC.				NC	600	Р	GW
Local Address (where applicable)			itial	Commerci	al Industri	al Combine	ed Agricultural
AD	Connections			4			
/	SKI SUNDOWN, INC. here applicable)	SKI SUNDOWN, INC. here applicable) Service	SKI SUNDOWN, INC. here applicable) Service Resider	SKI SUNDOWN, INC. here applicable) Service Residential	SKI SUNDOWN, INC. here applicable) Service Residential Commerci	SKI SUNDOWN, INC. NC 600 here applicable) Service Residential Commercial Industrial	SKI SUNDOWN, INC. NC 600 P here applicable) Service Residential Commercial Industrial Combine

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

End of schedule

		Connecticut Dep	artment of	Public Healt	h Drin	king	Wa	ter Se	ction	
		Water Qua	ality Monit	oring and Co	mplia	nce So	che	dule		
PWS ID		PWS Name			Classifi	cation P	opula	ation Owr	ner Type P	rimary Source
СТ092014	14	TRINITA			N	С	30)	Р	GW
Local Add	ress (w	here applicable)		Service Reside	ential Co	mmercial	Ind	lustrial	Combined	Agricultura
595 TOW	N HILL	ROAD		Connections		6				
Towns Se	rved: N	EW HARTFORD								
			Monito	oring Requirem	ents					
		Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)						
Total Co		•		8.6 16 -	utu u Daut					per quarter
		oint (Sampling Point ID)	.		ring Perio		iectio	n Period		iance Status
Selec	ct from	Inventory of Active Samplin	g Points		3 - 12/31/					mplete
					- 3/31/2 - 6/30/2				Co	mplete
					i - 6/30/2 i - 9/30/2					
Physical	Daran	neters (PPS)		//1/24	+ - 3/3U/Z	+		1 rou	tine (DT)	per quarter
-		oint (Sampling Point ID)		Monito	ring Perio	nd Col	lectio	n Period		iance Status
		Inventory of Active Samplin	g Points		3 - 12/31/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iii ciioa		mplete
00.0			B : 0s		- 3/31/2					mplete
					- 6/30/2					
					 - 9/30/2					
Water Sy	/stem	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate A	And N	itrite (NOX)						1	routine (I	RT) per year
Sam	pling P	oint (Sampling Point ID)		Monito	ring Perio	od Col	lectio	n Period	Compl	iance Status
ENT	RY POIN	NT (3)		1/1/23	- 12/31/2	23			Co	mplete
				1/1/24	- 12/31/2	24			Co	mplete
				1/1/25	- 12/31/2	25				
			Other C	ompliance Sche	dules					
Complian	ce Sche	edule Activity			Due Dat	te	-	Achieved I	Date	
CROSS CC	NNECT	TION SURVEY REPORT			3/1/202	.7				
		Water S	System Facili	ity and Samplin	g Point	t Inven	tory	/		
Water						Tot	al I	Lead and		
System	Wate	r System Facility	Sampling Point	Sampling Point		Colife		Copper		Stage
Facility II			ID	Description	Sta	tus Ru	le	Rule Tier	Asbestos	WQP 2 DBPI
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION SYSTE						
				WITHIN 5 SERVICE CO						
			UPSTREAM	WITHIN 5 SERVICE CO	ON A	4				
00700		Y POINT	3	ENTRY POINT	Α					
21621	WELL		2	WELL	P	4				
				tact Informatio	n					
Name				rganization					Job Title	
		stopher Langford						General Treasurer City Stat		
Mailing A	-			Address Line Two				City ladelphia		Zip Code
3501 Solly									PA	19136

Mobile Phone

Fax

215-335-7580

Extension

Contact Role(s): Legal Contact, Owner

Business Phone

215-335-7502

Emergency Phone Email Address

JLANGF422@AOL.COM

215-335-7500

	Connectic	ut Depa	rtmei	nt of	Public	Health	ı Drii	nking	g Water	Section			
	Wat	ter Qua	lity M	onite	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Sou		
СТ0920144 Т	RINITA						N	IC	30	Р	GW		
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricult		
95 TOWN HILL ROAD					Connections		6						
Towns Served: NE	W HARTFORD					,	'		"	'	1		
Name				Or	Organization					Job Title			
Mr. Deborah Wils	on			Ms	Msbt Team Member					mber			
Mailing Address L	ine One		Mailing A	Address	Line Two	/0			City		Zip Code		
595 Town Hill Roa	d							New H	artford	СТ	06057		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address				
860-379-4329		860-379-4	4329			860-738	-0337	trinita(ita@charter.net				
Contact Role(s):	Administrative	Contact	1					1					

contact Role(s). Administrative con

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End of schedule

	Сс		*	rtment o							ection	
			ter Qua	lity Moni	toring a						_	
PWS ID		S Name										rimary Source
CT0920154		ST HILL BEAC	H CLUB, INC	•			N	_	25		Р	GW
	· · · · · ·	e applicable)			Service	Resident	ial Co	mmercial	Ind	ustrial	Combined	Agricultura
730 WEST					Connection	15 2		2				
Towns Ser	ved: NEW	HARTFORD										
\A/=+= C	-t	ilia DICTO	IDUTION C		toring Red	quiremer	nts					
•		•	IRO LION 2	STEM (WSF	ID: 00600)							
Total Col	-	•										per quarter
		: (Sampling P				Monitorin			lectio	n Period		iance Status
Select	t from Inv	entory of Acti	ve Sampling	Points		10/1/23 -						omplete
						1/1/24 -					Co	omplete
						4/1/24 -						
						7/1/24 -	9/30/2	4				
-		ers (PPS)								1 rou		per quarter
Samp	oling Point	(Sampling P	oint ID)			Monitorin	ng Perio	od Col	lectio	n Period	Compl	iance Status
Select	t from Inv	entory of Acti	ive Sampling	Points		10/1/23 -	12/31/	23			Co	omplete
						1/1/24 -	3/31/2	4			Co	omplete
						4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4				
Water Sys	stem Fac	ility: ENTR	POINT (V	/SF ID: 00700)							
Nitrate A	and Nitrit	e (NOX)								1	routine (RT) per year
		: (Sampling P	oint ID)			Monitorin	na Perio	od Col	lectio	n Period	=	iance Status
	Y POINT (3		•			1/1/23 - 1						omplete
	`	,				1/1/24 - 1						<u> </u>
						1/1/25 - 1						
				Other (Complian							
Complianc	e Schedul	le Activity			•	E	ue Dat	te		Achieved	Date	
-		ARY SURVEY				6,	/25/200	06				
			Matar S	stem Faci	lity and S				tory			
			water 5	ystein raci	iity aiiu 3	ampinig	PUIII					
Water System	Mater Su	stem Facility		Sampling Point	t Samplina D	Point		Tot		ead and		Chara
	vvulei 3v	Stem rucinty		Sumpling Point	. Sumpling F	OIIIL		Colife		Copper	Achestos	Stage WQP 2 DBP
-	_	_		ID	Description	7		. Ru	IP .		73063603	WQI Z DDI
Facility ID		TION SYSTEM	1	ID A	DISTRIBUTE		Sta			rture rier		
Facility ID		TION SYSTEM		4	DISTRIBUTI	ON SYSTEM	A	Y		rtare rier		
Facility ID		TION SYSTEM		4 DOWNSTREAM	DISTRIBUTI 1 WITHIN 5 S	ON SYSTEM SERVICE CON	A A	A Y		itare rier		
Facility ID 00600	DISTRIBU			4 DOWNSTREAM UPSTREAM	DISTRIBUTI 1 WITHIN 5 S WITHIN 5 S	ON SYSTEM SERVICE CON SERVICE CON	A A	A Y A				
00600 00700	DISTRIBU			4 DOWNSTREAM UPSTREAM 3	DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POI	ON SYSTEM SERVICE CON SERVICE CON	# # #	A Y				
00600 00700	DISTRIBU			4 DOWNSTREAM UPSTREAM	DISTRIBUTI 1 WITHIN 5 S WITHIN 5 S	ON SYSTEM SERVICE CON SERVICE CON	A A	A Y				
00600 00700	DISTRIBU			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POI	ON SYSTEM ERVICE CON ERVICE CON NT	# # #	A Y				
00600 00700	DISTRIBU			4 DOWNSTREAM UPSTREAM 3 2	DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL	ON SYSTEM ERVICE CON ERVICE CON NT	# # #	A Y			Job Title	
00600 00700 21622	DISTRIBU ENTRY PO WELL			4 DOWNSTREAM UPSTREAM 3 2 COI	DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	ON SYSTEM SERVICE CON SERVICE CON NT Ormation	# # #	A Y			Job Title	
00600 00700 21622	ENTRY POWELL	DINT		4 DOWNSTREAM UPSTREAM 3 2 COI	DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info Organization West Hill Beach	ON SYSTEM SERVICE CON SERVICE CON NT Ormation	# # #	A Y		dent	Job Title	Zip Code
00600 00700 21622 Name Mr. Sally A	ENTRY POWELL Albrecht Idress Line	DINT		4 DOWNSTREAM UPSTREAM 3 2 COI	DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info Organization West Hill Beach	ON SYSTEM SERVICE CON SERVICE CON NT Ormation	# # #	A Y	Presid	dent		Zip Code 06019

Contact Role(s): Legal Contact

(Connecticu	it Depa	rtment (of Public	Health	Drir	nking	Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID F	PWS Name					Classif	ication F	opulation	Owner Type	Primary Source	
CT0920154 \	WEST HILL BEACH	CLUB, INC	•			N	С	25	Р	GW	
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	Industri	al Combine	d Agricultural	
730 WEST HILL ROAD				Connection	ns 2		2				
Towns Served: NE	W HARTFORD				,				,		
Name				Organization				Job Title			
Mr. Richard Albre	echt			West Hill Beac	ch Club, Inc			Vol Groun			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code	
11 Buttonwood H	ill Road						Canton		СТ	06019	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Address				
860-810-8599							ralbrech	t08@gmai	l.com		
Contact Role(s):	Administrative (ontact. Les	al Contact	,							

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

	Connecticut De	partment of	Public H	ealth D	rinl	king \	Vate	r Se	ection	
	Water 0	uality Monit	oring and	d Compl	lian	ice Sc	hedu	le		
PWS ID	PWS Name	<u>J</u>	0 -	_				_	ner Type F	Primary Source
СТ0920284	CAMP WORKCOEMAN -	CAMPSITE			NC		25		P	GW
Local Addre	ess (where applicable)		Service	Residential	Com	mercial	Industi	rial	Combined	d Agricultural
WEST HILL I			Connections	1						
Towns Serv	ed: NEW HARTFORD					I				
		Monito	oring Requ	irements	5					
Water Syst	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Coli	form (3100)							1 rou	utine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)		ı	Monitoring I	Period	d Coll	ection Po	eriod	Comp	liance Status
Select	from Inventory of Active Samp	oling Points	-	10/1/23 - 12/	/31/2	3				
				1/1/24 - 3/3	31/24					
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical P	arameters (PPS)							1 rou	utine (RT)	per quarter
Sampl	ing Point (Sampling Point ID)		1	Monitoring F	Period	d Coll	ection Po	eriod	Comp	liance Status
Select	from Inventory of Active Samp	oling Points	-	10/1/23 - 12/	/31/2	3			C	omplete
				1/1/24 - 3/3	31/24				C	omplete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Syst	tem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate Ar	nd Nitrite (NOX)							1	routine (RT) per year
Sampl	ing Point (Sampling Point ID)			Monitoring F	Period	d Coll	ection Po	eriod	Comp	liance Status
ENTRY	POINT (3)			1/1/23 - 12/	31/23	3			C	omplete
				1/1/24 - 12/	31/24	ļ			C	omplete
				1/1/25 - 12/	31/25	5				_
	Wate	r System Facili	ity and San	npling Po	oint	Invent	ory			
Water						Tota			1	
-	Water System Facility	Sampling Point		nt		_	rm Cop	-		Stage
Facility ID		ID	Description		Statu		e Rule	e Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 E	ENTRY POINT	3	ENTRY POINT		Α					
48806 \	WELL # 2	2	WELL # 2		Α					
61897 A	ATMOSPHERIC STORAGE TANK	S								
		Con	tact Inforn	nation						
Name		Oı	rganization						Job Title	
Mr. Sean Fo	ogle	Вс	y Scouts of Am	nerica			Bsa Prop	erty l	Manager	
Mailing Add	dress Line One	Mailing Address	s Line Two				City		State	Zip Code
60 Darling S	Street				E	ast Hart	ford		CT	06108

Emergency Phone Email Address

sean.fogle@scouting.org

Mobile Phone

603-785-1205

Business Phone

860-913-2714

Extension

Contact Role(s): Administrative Contact

Fax

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0920284	CAMP WORKCOEMAI	N - CAMPSITE			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
WEST HILL ROA	D		Connections	1				

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End of schedule

	Connecticut Departmen	nt of Public H	lealth l	Drinkii	ng Water S	Section	
	Water Quality M						
PWS ID	PWS Name	0111011119 0111			n Population C		imary Source
СТ0920294	CAMP WORKCOEMAN - BAILEY			NC	25	P	GW
Local Address (where applicable)	Service	Residenti	al Comme	ercial Industrial	Combined	Agricultural
WEST HILL ROA	,D	Connections	1				
Towns Served:	NEW HARTFORD	1		1	'		
	M	onitoring Requ	uiremen	ts			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliforn					1 r	outine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)		Monitoring		Collection Perio	od Complic	ance Status
Select fror	m Inventory of Active Sampling Points		10/1/23 - 1				
			1/1/24 - 3				
			4/1/24 - 6				
			7/1/24 - 9	/30/24			
-	meters (PPS)					outine (RT) բ	•
Sampling Point (Sampling Point ID)			Monitoring		Collection Perio		ance Status
Select fror	n Inventory of Active Sampling Points		10/1/23 - 1				mplete
			1/1/24 - 3			Соі	mplete
			4/1/24 - 6	•			
			7/1/24 - 9	/30/24			
-	Facility: ENTRY PIONT (WSF ID: 0	0700)					
Nitrate And I	• •					1 routine (R	
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
ENTRY PO	INT (3)		1/1/23 - 1				mplete
			1/1/24 - 1		_		nplete
			1/1/25 - 1				
	Oth	er Compliance	Schedu	iles			
Compliance Scl				ie Date	Achieve	ed Date	
	RT UP COMPLETION			1/2022			
	RT UP COMPLETION			1/2023			
SEASONAL STA	RT UP COMPLETION		5/	1/2024			
	Public	Notification F	Requirer	nents			
		Compliance	Notice		Notification	PN Cert	fication
Violation/Situa		Period	Tier	Require		Due to DPH	Received
Total Coliform		7/1/04 - 9/30/04	2	2/25/20		3/7/2005	
	eters M&R Violation	7/1/04 - 9/30/04	3	1/26/20		2/5/2006	
Physical Param	eters M&R Violation	4/1/09 - 6/30/09	3	9/8/202		9/18/2010	
	Water System I	Facility and Sa	mpling F	oint In	ventory		

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY PIONT	3	ENTRY POINT	Α								
48818	WELL # 3	2	WELL # 3	Α								

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920294	CAMP WORKCOEMAN - BAILEY			NC	25	Р	GW
Local Address (Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural	
WEST HILL ROA	Connections	1					

		Co	ontact Inf	ormation				
	Organization	1		Job Title				
	Boy Scouts o	Boy Scouts of America			Bsa Property Manager			
Mailing Address Line One Mailing Addr				ess Line Two			State	Zip Code
				East Hartford CT			06108	
Extension	Fax	Mo	Mobile Phone Emer		Email Ad	Address		
		603	3-785-1205		sean.fogle@scouting.org			
			e One Mailing Addr Extension Fax Mo	Organization Boy Scouts of Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Boy Scouts of America e One Mailing Address Line Two East Har Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Boy Scouts of America Boy Scouts of America Boy Scouts of America Boy Scouts of America City East Hartford Extension Fax Mobile Phone Emergency Phone Email Address	Organization Boy Scouts of America City State East Hartford CT Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	nt of Public H	ealth I	Orinking V	Vater S	ection	
	Water Quality M			<u> </u>			
PWS ID	PWS Name	officoring and		lassification Po		wner Type Pr	imary Source
CT0925014	BERKSHIRE HALL AT BRODIE PARK			NC NC	28	P	GW
	vhere applicable)	Service	Residentia	I Commercial	Industrial	Combined	Agricultural
580 WEST HILL F		Connections				6	
Towns Served: N	NEW HARTFORD						
	M	onitoring Requ	iremen	ts			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	1 (3100)				1 r	outine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)	1	Monitoring	Period Colle	ction Perio		nce Status
Select from	Inventory of Active Sampling Points	1	10/1/23 - 1	2/31/23		Cor	mplete
			1/1/24 - 3	/31/24			
			4/1/24 - 6	/30/24			
			7/1/24 - 9	/30/24			
Physical Parai	meters (PPS)				1 r	outine (RT) p	er quarter
	Point (Sampling Point ID)		Monitoring		ction Perio	•	ance Status
Select from	Inventory of Active Sampling Points		10/1/23 - 1			Cor	mplete
			1/1/24 - 3				
			4/1/24 - 6				
			7/1/24 - 9	/30/24			
-	Facility: ENTRY POINT (WSF ID: 0	0700)					<u>.</u>
Nitrate And N	• •					1 routine (R	
	Point (Sampling Point ID)		Monitoring		ction Perio		ince Status
ENTRY POI	N1 (3)		1/1/23 - 12			Cor	nplete
			1/1/24 - 12				
	D 11.		1/1/25 - 12 •				
	Public	Notification R	equiren	1			
V:- I i (Cit	Maria.	Compliance	Notice	Public Notif		PN Certi	=
Violation/Situat		Period	Tier		erformed	Due to DPH	Received
Total Coliform N		4/1/11 - 6/30/11	2	10/19/2011		10/29/2011	
Total Coliform N	ters M&R Violation	4/1/11 - 6/30/11 1/1/14 - 3/31/14	3	9/18/2012 6/26/2014		9/28/2012	
		1/1/14 - 3/31/14	3			7/6/2014 6/6/2015	
Priysical Parame	ters M&R Violation		3	5/27/2015		0/0/2013	
	Water System I	Facility and San	npling P				
Water	Companies Companies	Daint Committee Dain	-4	Total			Charac
System Water Facility ID	er System Facility Sampling ID	Point Sampling Poir Description	π	Colifor		r er Asbestos	Stage WOP 2 DRPR
	RIBUTION SYSTEM 4	DISTRIBUTION	ISVSTEM	Status Rule A Y	Nuic III	er Asbestos	VQI ZDDIN
00000 01311		REAM WITHIN 5 SER		A			
	UPSTRE			A			
00700 ENTR	Y POINT 3	ENTRY POINT		Α			
57701 WELL		WELL 1		Α			
J,,OI WELL		4 V L L L L		/ \			

Contact Information Organization Job Title Name Mr. Daniel V. Jerram Town of New Hartford First Selectman Mailing Address Line One Mailing Address Line Two Zip Code City State 530 Main Street P.O. Box 316 06057 **New Hartford** CT Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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

	Connectic	ut Depa	rtme	ent of	Public	Health	Drii	ıking	Water	Section	
	Wat	ter Qua	lity N	Ionito	oring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0925014	BERKSHIRE HALL	AT BRODIE	PARK				N	С	28	Р	GW
Local Address (w	here applicable)				Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
80 WEST HILL ROAD					Connection	IS				6	
Γowns Served: N										'	
business Filoni	DUSINESS PHONE EXCENSION FAX IVIODI				e Phone	none Emergency Phone Email Address					
860-379-3389		860-379-	0940			860-480-1377 djerram@town.new-hartford.ct.us				us	
Contact Role(s):	Administrative (Contact, Leg	al Cont	act							
Name				Org	rganization Job Tit				Job Title	9	
Town of New Ha	rtford										
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code
580 Main St								New Ha	artford	СТ	06057
Business Phone	s Phone Extension Fax Mobi		Mobile	e Phone Emergency I		y Phone Emai		mail Address			
Contact Role(s):	Owner										

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End of schedule

Connecticut Depar	rtment of	Public	Health l	Drin	king '	Water	Section	1	
Water Qual									
PWS ID PWS Name	icy 1.10111c	ormg ar						e Prin	nary Source
CT0920304 CAMP SEQUASSEN (SOUTH SE	HOWER - WELL	#6)		N		25	P		GW
Local Address (where applicable)		Service	Residenti		mmercial		-	ned	Agricultural
791 WEST HILL ROAD		Connections		u. 00.	1				18.104.14.14.
Towns Served: NEW HARTFORD									
	Monito	oring Req	Juiremen	ts					
Water System Facility: DISTRIBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform (3100)						1	routine (F	RT) pe	er quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Col	lection Per	iod Cor	nplian	ice Status
Select from Inventory of Active Sampling I	Points		10/1/23 - 1	2/31/2	23			Com	plete
			1/1/24 - 3	/31/2	4			Com	plete
			4/1/24 - 6	/30/2	4				
			7/1/24 - 9	/30/24	4				
Physical Parameters (PPS)						1	routine (F	RT) pe	r quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Col	lection Per	iod Cor	nplian	ice Status
Select from Inventory of Active Sampling I	Points		10/1/23 - 1	.2/31/2	23			Com	plete
			1/1/24 - 3	/31/2	4			Com	plete
			4/1/24 - 6	/30/2	4				
			7/1/24 - 9	/30/24	4				
Water System Facility: ENTRY POINT (W	SF ID: 00700)								
Nitrate And Nitrite (NOX)							1 routin	e (RT)) per year
Sampling Point (Sampling Point ID)			Monitoring	g Perio	d Col	lection Per	iod Cor	nplian	ice Status
ENTRY POINT (3)			1/1/23 - 12	2/31/2	3			Com	plete
			1/1/24 - 12	2/31/2	4				
			1/1/25 - 1	2/31/2	.5				
Water Sy	stem Facili	ity and Sa	ampling F	oint	Inven	tory			
Water					Tota				
,	ampling Point				Colifo				Stage
Facility ID	ID	Description		Stat		le Rule	Tier Asbes	tos W	/QP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		А					
	OOWNSTREAM			А					
	UPSTREAM	WITHIN 5 SE		Α					
00700 ENTRY POINT	3	ENTRY POIN	IT	А					
62519 WELL #6	2	WELL #6		А	\				
	Con	tact Info	rmation						
Name	10	rganization					Job Ti	tle	
Mr. David J. Boyajian	Вс	y Scouts of A	America			Ranger			
Mailing Address Line One	Mailing Address	s Line Two				City	State	e Z	Zip Code
791 West Hill Road					New Har	tford	СТ		06057
Business Phone Extension Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress			

rangerdave.seq@gmail.com

860-379-8977

Contact Role(s): Administrative Contact, Legal Contact

860-379-2009

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

		- 0					
PWS ID PWS Name CI					Population	Owner Type	Primary Source
CT0920304	CAMP SEQUASSEN (SOUTH SHOWER - WELL	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerci	al Industri	al Combine	ed Agricultural
791 WEST HILL I	ROAD	Connections		1			

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End of schedule

	Co	nnectic	ut Departme	nt of	Public	Health I)rin	kin	g Wa	ater Se	ction			
	G 07		ter Quality M					`	_					
PWS ID	DVVC	Name	ter Quarity iv	101110	ornig a			cation	_		nor Typo I	Primary Source		
			AL - NEW HARTFORD				NO			5	P P	GW		
CT0925024			AL - NEW HARTFORD		Comico	Docidontia				-	-	_		
Local Addre		applicable)			Service Connectio	Residentia	al Col	mmero	ciai in	dustrial	Combined	d Agricultural		
173A MAIN Towns Serve		1 A DTEODD			Connectio	113		1						
TOWIIS SELVE	eu. NEW I	IAKTFORD	N	/onit	oring Po	quiremen	ł c							
Water Syst	tem Facil	ity: DISTR	IBUTION SYSTEM			quireineir	LS							
Total Colif		•		(1101)	J. 00000,					1 roi	ıtine (RT)	per quarter		
	-	(Sampling P	oint ID)			Monitoring	ı Perio	nd (Collecti	ion Period		liance Status		
			ive Sampling Points			10/1/23 - 1			ooneer.			omplete		
Jeicet	11011111111	intory of Act	ive sampling i onits			1/1/24 - 3						omplete		
						4/1/24 - 6	-				C	ompiete		
						7/1/24 - 0	•							
Physical P)aramata	rc (DDC)				7/1/24 - 9	/30/24	4		1	ıtina (DT)	per quarter		
-		is (PP3) (Sampling P	oint ID)			Monitoring	ı Peric	nd (Collecti	ion Period		liance Status		
			ive Sampling Points			10/1/23 - 1			concen	on remou		Complete		
Sciect	11011111111	intory or rice	ive sampling rollies			1/1/24 - 3						omplete		
						4/1/24 - 6	-					ompiete		
						7/1/24 - 9								
Water Syst	tem Facil	itv: ENTR	Y POINT (WSF ID:	00700)		,, _, _ ,	750,2	•						
Nitrate Ar			(1101 121	,						1	routine (RT) per year		
		(Sampling P	oint ID)			Monitoring	ı Perio	od (Collecti	on Period	=	liance Status		
	POINT (3)		,			1/1/23 - 12						omplete		
	(-)	<u> </u>				1/1/24 - 12						omplete		
						1/1/25 - 12								
			Water System	Facili	ity and S				entor	'V				
Water			•		•				Total	Lead and				
System 1	Water Sys	tem Facility	Samplin	g Point	Sampling I	Point		Со	liform	Copper		Stage		
Facility ID			II	ס	Description	1	Sta	tus	Rule	Rule Tier	Asbestos	WQP 2 DBPR		
00600	DISTRIBUT	ION SYSTEM	1 4	ļ	DISTRIBUT	ION SYSTEM	А							
			DOWNS	TREAM	WITHIN 5 S	SERVICE CON	А	١	Υ					
			UPSTF	REAM	WITHIN 5 S	SERVICE CON	А	١	Υ					
00700 E	ENTRY PO	INT	3	}	ENTRY POI	NT	А	١						
62602 \	WELL1		2	2	WELL1		А	١						
62606 1	TREATMEN	NT PLANT												
	PRESSURE													
				Con	tact Info	rmation								
Name					rganization						Job Title			
Mr. Gary Eu	ucalitto				-									
Mailing Add		One	Mailing	Addres	s Line Two				Ci	ty	State	Zip Code		
PO Box 748								Torrin		•	СТ	06790		
Business I		Extension	Fax	Mobi	le Phone	Emergency P	hone		Addres	SS				

eucalittogary@gmail.com

860-307-5479

Contact Role(s): Administrative Contact, Owner

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0925024	DOLLAR GENERAL - N	NEW HAF	RTFORD			NC	25	Р	GW
Local Address (\	Local Address (where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
173A MAIN ST	BA MAIN ST Connections 1				1				

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