	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1120034	37 PUTNAM ROAD			NC		25	Р	GW			
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
37 PUTNAM ROA	Connections			1							
Towns Served: P	Towns Served: POMFRET										

CT1120034	37 PUTNAM RO	AD			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resident	ial Commer	cial Industria	Combined	Agricultura
37 PUTNAM ROA	AD		Connection	S	1			
Towns Served: P	OMFRET							
		N	Nonitoring Req	uiremer	nts			
Water System	Facility: DISTR	RIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform	•					1	routine (RT)	per quarter
	oint (Sampling P	oint ID)		Monitorin	ng Period	Collection Peri		ance Status
Select from	Inventory of Act	ive Sampling Points		10/1/23 -	12/31/23		Со	mplete
				1/1/24 - :	3/31/24		Co	mplete
				4/1/24 -	6/30/24			
				7/1/24 - 9	9/30/24			
Physical Paran	neters (PPS)					1	routine (RT)	per quarter
Sampling P	oint (Sampling P	Point ID)		Monitorin	ng Period	Collection Peri	od Compli	ance Status
Select from	Inventory of Act	ive Sampling Points		10/1/23 -	12/31/23		Со	mplete
				1/1/24 - :	3/31/24		Со	mplete
				4/1/24 -				
				7/1/24 -	9/30/24			
Water System	Facility: ENTR	Y POINT (WSF ID:	00700)					
Nitrate And N							1 routine (R	
	oint (Sampling P	Point ID)		Monitorin		Collection Peri		ance Status
ENTRY POIN	NT (3)			1/1/23 - 1			Со	mplete
				1/1/24 - 1				
				1/1/25 - 1				
		Publi	c Notification	Require	ments			
L			Compliance	Notice		<u>Notification</u>		<u>ification</u>
Violation/Situat			Period	Tier	Required	-		Received
Total Coliform N			7/1/14 - 9/30/14		12/25/201		1/4/2015	
Physical Parame	ters M&R Violation		7/1/14 - 9/30/14		11/25/201		12/5/2015	
		Water System	Facility and Sa	ampling	Point Inv	entory		
Water		. "				Total Lead a		
- /	r System Facility	Samplin IL	g Point Sampling Po Description			oliform Coppe		Stage
Facility ID	NOUTE ON CACTER				Jiuius		ier Asbestos	WQP 2 DBP
00600 DISTR	RIBUTION SYSTEM		DISTRIBUTION TREAM WITHIN 5 SI		Α	Υ		
		UPSTF						
00700 ENTR	Y POINT	3						
21936 WELL				11	Α			
21936 WELL					A			
			Contact Info	rmation				
Name			Organization				Job Title	
Mr. Craig M. Ga			Diamonds In Tl	ne Rough, Ll	LC	Owner/Pre		
Mailing Address	Line One	Mailing	Address Line Two			City	State	Zip Code
P.O. Box 130			T			Windham	СТ	06256
Business Phon	e Extension	Fax	Mobile Phone	Emergency	Phone Email	Address		

860-456-0055

(Connecticut	Depa	rtment (of Public	Health	Dri	nking	Water	Section	
	Wate	r Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name			C		Classif	ication	Population	Owner Type	Primary Source
CT1120034	37 PUTNAM ROAD					Ν	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultural
37 PUTNAM ROA	7 PUTNAM ROAD				ıs		1			
Towns Served: PC	OMFRET				'					
Contact Role(s):	Administrative Co	ntact, Leg	gal Contact, O	wner						
Name				Organization					Job Titl	е
Mr. John A. Bella	vance			Diamonds In T	he Rough, I	LLC		Legal Con	tact	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
PO Box 130							North \	Vindham	СТ	06256
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress		
Contact Role(s):	Legal Contact, Ow	ner								

Please note the following:

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

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

chorbaty@outlook.com

203-645-6443

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

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

	200011 2001			- P			
PWS ID	/S ID PWS Name C			Classification	Population	Owner Type	Primary Source
CT1120204	19 PUTNAM RD STORE LLC			NC	25	Р	GW
Local Address (v	here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
19 PUTNAM RO	AD (ROUTE 44)	Connections		1			
Towns Served: P	OMFRET						

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End of schedule

	Co	nnectic	ut Departmen	it of	Public	Health D	rin	king '	Water	Se	ction	
		Wat	ter Quality Mo	onit	oring a	nd Comp	liar	ice So	chedul	le		
PWS ID	PW	S Name				CI	assific	ation P	opulation	Owr	ner Type P	rimary Source
CT112023	4 THE	VANILLA BE	AN CAFE				NC	2	47		Р	GW
Local Add	ress (where	e applicable)			Service	Residentia	l Cor	nmercial	Industri	ial	Combined	Agricultural
448-450 D	EERFIELD	ROAD (ROUTI	E 97)		Connection	IS		1				
Towns Ser	rved: POM	FRET										
			Me	onito	oring Rec	quirement	:S					
Water Sy	stem Faci	lity: DISTR	IBUTION SYSTEM (\	NSF II	D: 00600)							
Total Co	liform (3	100)							1	L rou	tine (RT)	per quarter
Sam	oling Point	(Sampling Po	oint ID)			Monitoring	Perio	d Col	lection Pe	riod	Compl	iance Status
Selec	t from Inve	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			Cc	omplete
						1/1/24 - 3/	31/24	ļ.			Cc	omplete
						4/1/24 - 6/	30/24	ļ.				
						7/1/24 - 9/	30/24	ļ.				
Physical	Paramete	ers (PPS)							1	L rou	tine (RT)	per quarter
Samı	oling Point	(Sampling Po	oint ID)			Monitoring	Perio	d Col	lection Pe	riod	Compl	iance Status
Selec	t from Inve	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			Cc	mplete
						1/1/24 - 3/	31/24	ļ.			Cc	mplete
						4/1/24 - 6/	30/24	ļ.				
						7/1/24 - 9/	30/24	ļ.				
Water Sy	stem Faci	lity: ENTRY	POINT (WSF ID: 00	700)								
Nitrate A	And Nitrit	e (NOX)								1	routine (F	RT) per year
Sam	oling Point	(Sampling Po	oint ID)			Monitoring	Perio	d Col	lection Pe	riod	Compl	iance Status
ENTR	RY POINT (3	. 1				1/1/23 - 12	/31/2	3			Co	mplete
	,	3)				1/1/20 12					CC	mpiete
	`	3)				1/1/24 - 12	/31/2	4				mplete
		5)										
	,		Water System F	acili	ty and Sa	1/1/24 - 12 1/1/25 - 12	/31/2	5	tory			
Water			-			1/1/24 - 12 1/1/25 - 12 ampling P	/31/2	Inven	al Lead			
System	Water Sy.		Sampling		Sampling P	1/1/24 - 12 1/1/25 - 12 ampling P	/31/2	Inven Tota Colifa	al Lead orm Cop	per	Cc	omplete Stage
System Facility ID	Water Sy.	stem Facility	Sampling ID		Sampling Po	1/1/24 - 12 1/1/25 - 12 ampling P	/31/2 oint <i>Stat</i>	Inven Toto Colifo	al Lead orm Cop _l le Rule	per	Cc	omplete
System	Water Sy.		Sampling ID 4	Point	Sampling Popularion	1/1/24 - 12 1/1/25 - 12 ampling Point	/31/2 oint Stat	Inven Toto Colifor us Rul	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID	Water Sy.	stem Facility	Sampling ID 4 DOWNSTE	Point	Sampling Population DISTRIBUTION WITHIN 5 SI	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON	/31/2 oint Stat A A	Inven Toto Colifor us Rui	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600	Water Sy.	stem Facility	Sampling ID 4 DOWNSTR	Point	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	/31/2 oint Stat A A A	Inven Tota Colifo Rus Y	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600	Water Sy. DISTRIBU	stem Facility	Sampling ID 4 DOWNSTR UPSTRE 3	Point	Sampling Popular Popul	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	/31/2 oint Stat A A	Inven Tota Colifo Rus Y	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600	Water Sy.	stem Facility	Sampling ID 4 DOWNSTR	Point	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	/31/2 oint Stat A A A	Inven Tota Colife us Rui Y	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600	Water Sy. DISTRIBU	stem Facility	Sampling ID 4 DOWNSTR UPSTRE 3	Point REAM AM	Sampling Popular Popul	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	Stat A A A	Inven Tota Colife us Rui Y	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600	Water Sy. DISTRIBU	stem Facility	Sampling ID 4 DOWNSTR UPSTRE 3	Point REAM AM Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	Stat A A A	Inven Tota Colife us Rui Y	al Lead orm Cop _l le Rule	per	Cc	omplete Stage
System Facility ID 00600 00700 21953	Water Sy. DISTRIBU ENTRY PO	stem Facility	Sampling ID 4 DOWNSTR UPSTRE 3 2	Point REAM AM Con	Sampling Popular Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info ganization e Vanilla Bea	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	Stat A A A	Inven Tota Colife us Rui Y	al Lead orm Cop _l le Rule	per	Asbestos	omplete Stage
System Facility ID 00600 00700 21953 Name Mr. Barry	Water Sy. DISTRIBU ENTRY PO	Stem Facility TION SYSTEM	Sampling ID 4 DOWNSTR UPSTRE 3 2	Point REAM AM Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	Stat A A A	Inven Tota Colife us Rui Y	al Lead orm Copp le Rule	per	Asbestos	omplete Stage
System Facility ID 00600 00700 21953 Name Mr. Barry	Water Sy. DISTRIBUTE ENTRY PO WELL Jessurun ddress Line	Stem Facility TION SYSTEM	Sampling ID 4 DOWNSTR UPSTRE 3 2	Point REAM AM Or Th	Sampling Popular Description DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info ganization e Vanilla Bea	1/1/24 - 12 1/1/25 - 12 ampling Point ON SYSTEM ERVICE CON ERVICE CON	/31/2 oint	Inven Tota Colife us Rui Y	al Lead orm Cop _l le Rule	per	Asbestos Job Title	Stage WQP 2 DBPR

860-974-1691

barry@thevanillabeancafe.com

860-928-6139

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

860-928-1562

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

	2010110j 1 10 1110		- P -		0 2 2 0 0 0 0 1			
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source
CT1120234	34 THE VANILLA BEAN CAFE					47	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
448-450 DEERF	ELD ROAD (ROUTE 97)	Connections			1			

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

End of schedule

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			Department of							ection	
		Wate	r Quality Monit	oring and	d Con				_		
PWS ID		PWS Name				Classifica	tion P	opulation	Ow	ner Type I	Primary Source
CT112025	4	WE-LI-KIT ICE CREA	M			NC		25		Р	GW
Local Addı	ress (v	here applicable)		Service	Residen	tial Com	mercial	Industri	al	Combined	d Agricultural
ROUTE 97	(728 I	HAMPTON ROAD)		Connections			1				
Towns Ser	rved: F	OMFRET									
			Monito	oring Requ	iireme	nts					
Water Sy	stem	Facility: DISTRIBU	JTION SYSTEM (WSF I	D: 00600)							
Total Co	liform	ı (3100)						1	l rou	ıtine (RT)	per quarter
Samp	pling P	oint (Sampling Poin	t ID)		Monitori	ng Period	Col	lection Pe	riod	Comp	liance Status
Selec	t from	Inventory of Active	Sampling Points		4/1/24 -	6/30/24					
					7/1/24 -	9/30/24					
Physical	Parar	meters (PPS)								utine (RT)	per quarter
Samp	oling P	oint (Sampling Poin	t ID)		Monitori	ng Period	Col	lection Pe	riod	Comp	liance Status
Selec	t from	Inventory of Active	Sampling Points		4/1/24 -	6/30/24					
					7/1/24 -	9/30/24					
Water Sy	stem	Facility: ENTRY P	OINT (WSF ID: 00700)								
Nitrate	(1040)						1	l rou	utine (RT)	per quarter
Samp	oling P	oint (Sampling Poin	t ID)		Monitori	ng Period	Col	lection Pe	riod	Comp	liance Status
ENTR	RY POII	NT (3)			4/1/24 -	6/30/24					
					7/1/24 -	9/30/24					
Nitrite (1041								1	routine (RT) per year
Samp	oling P	oint (Sampling Poin	t ID)		Monitori	ng Period	Col	lection Pe	riod	Comp	liance Status
ENTR	RY POII	NT (3)			1/1/23 -	12/31/23				C	omplete
					1/1/24 -	12/31/24					
					1/1/25 -	12/31/25					
			Other C	ompliance	Sched	lules					
Compliand	ce Sch	edule Activity			ı	Due Date		Achie	ved	Date	
RESPOND	TO SA	NITARY SURVEY				8/1/2014					
RESPOND	TO SA	NITARY SURVEY				5/9/2019					
SEASONAL	L STAR	T UP COMPLETION			4	4/9/2024					
		W	ater System Facili	ity and Sar	npling	Point I	nven	tory			
Water							Tota	al Lead	and		
System		er System Facility	Sampling Point		nt		Colifo				Stage
Facility ID)		ID	Description		Statu	s Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTE	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5 SER	VICE CON	N A					
			UPSTREAM	WITHIN 5 SER	VICE CON	N A					
00700	ENTR	Y POINT	3	ENTRY POINT		Α					
21955	WELL		2	WELL		А					
			Con	tact Inforr	mation						
Name			0	rganization						Job Title	
Na Chaal	: C D:	•							_		

Mailing Address Line Two

Mobile Phone

Property Owner

Pomfret Center

Emergency Phone Email Address

Zip Code

06259

State

 CT

Mr. Chaplin S Rich

Business Phone

16 Rich Road

Mailing Address Line One

Extension

Fax

Connecticut Department of Public Health	Drinkin	g W	/ater	Sec	tion	
Water Quality Monitoring and Com	ipliance	Sch	nedul	e		
						\mathbf{T}

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1120254	WE-LI-KIT ICE CREAM				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
ROUTE 97 (728 HAMPTON ROAD)		Connections			1			

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT1120264	TT1120264 WINDHAM/TOLLAND 4-H CAMP - DINING HALL NC 25 P GW									
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combine	ed Agricultural		

Connections

1

Towns Served: POMFRET

326 TAFT POND ROAD

Towns Served: POMFRET			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	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		
Vater System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea
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		

	,	Water System Facili	ity and Sampling P	Point Ir	nvento	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				

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

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

PWS ID PWS Name CI					Population	Owner Type	Primary Source
CT1120264 WINDHAM/TOLLAND 4-H CAMP - DINING HALL				NC	25	Р	GW
Local Address (Local Address (where applicable)			itial Commerc	ial Industri	al Combine	ed Agricultural
326 TAFT POND	Connections		1				

	W	ater System Facili	ity and Sampling F	Point Ir	nvento	ry			
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
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21956	WELL 1	2	WELL 1	Α					
46632	TREATMENT PLANT								
59728	WELL 4	2	WELL 4	Α					
59733	ATMOSPHERIC TANKS								
59737	PUMP STATION								

				Contact In	formation					
Name				Organizatio	n		Job Title			
Ms. Mary D. Seguine				Windham C	ounty 4-H Foundation	Rental Chair Person				
Mailing Address Lin	e One		Mailing	Address Line Two	ress Line Two			State	Zip Code	
326 Taft Pond Road						Pomfret	Center	СТ	06259	
Business Phone Extension Fax N				Mobile Phone	Emergency Phone	Email Address				
860-974-3379 860-974-3327 8				860-450-6711	860-779-6200	wt4hoff	ice@gmail.com			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

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PWS ID PV	VS Name	cr Quan	tty Monit	oring a						e Primary Sour
	INDHAM/TOLI	AND 4-H CAN	/ID _ \WFII #2			N		31	P P	GW
Local Address (whe		-AND 4-11 CAN	VIF - VVLLL #2	Service	Resident		mmercial		-	
326 TAFT POND RO				Connection		iai co	4	mustri	ai Combi	Agricultu
Towns Served: PON							-			
Towns Served. FOR	ALINE I		D.O!4	D	•					
				oring Red	quiremer	nts				
Water System Fac	•	IBUTION SYS	STEM (WSF I	D: 00600)						
Total Coliform (3	-								' - '	RT) per quarte
Sampling Poin					Monitorin			lection Pe		npliance Status
Select from In	ventory of Acti	ve Sampling P	oints		4/1/24 -					Out of Service
					7/1/24 - :	9/30/2	4		(Out of Service
Physical Parame								1	routine (F	RT) per quarte
Sampling Poin	t (Sampling Po	oint ID)			Monitorin			lection Pe	riod Cor	npliance Status
Select from In	ventory of Acti	ve Sampling P	oints		4/1/24 -	6/30/2	4	6/1-6/30	(Out of Service
					7/1/24 - :	9/30/2	4		(Out of Service
Water System Fac	cility: ENTRY	POINT (W	SF ID: 00700)							
Nitrate And Nitri	te (NOX)								1 routin	e (RT) per yea
Sampling Poin	t (Sampling Po	oint ID)			Monitorin	ng Perio	od Col	lection Pe	riod Cor	npliance Status
ENTRY POINT	(3)				1/1/23 - 1	2/31/2	23			Complete
					1/1/24 - 1	2/31/2	24			
					1/1/25 - 1	2/31/2	25			
			Other C	omplian	ce Sched	ules				
Compliance Schedu	ıle Activity				D	ue Dat	te	Achie	ved Date	
SEASONAL START U	P COMPLETIO	N			6	/1/202	.4			
		Water Sv	stem Facil	itv and S	ampling	Point	t Inven	torv		
Water							Total	-	and	
	ystem Facility	So	ampling Point	Sampling P	oint		Colife			Stag
Facility ID			ID	Description)	Sta			Tier Asbes	tos WQP 2 DB
00600 DISTRIBU	JTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	A				
		D	OWNSTREAM	WITHIN 5 S	ERVICE CON	A	4			
			UPSTREAM	WITHIN 5 S	ERVICE CON	A	4			
00700 ENTRY P	OINT		3	ENTRY POI	NT	A	١			
21957 WELL #2			2	WELL		A	4			
			Con	ntact Info	rmation					
Name				rganization					Job Ti	tle
Ms. Mary D. Seguir	16			/indham Cou	nty 4-H Four	ndation	<u> </u>	Rental Ch	air Person	lic
Mailing Address Lin		N.	vv Nailing Addres		nty +-11 Foul	iuatiUl	•	City	State	Zip Code
326 Taft Pond Road		IV	rialling Addites	3 LINE I WU			Pomfret		CT	06259
Business Phone	Extension	Fax	Mah	ile Phone	Emergency	Dhono			CI	00233
860-974-3379	EXTENSION	860-974-33		450-6711	860-779-6			ce@gmail.	com	
000-974-3379		000-974-33	021 80U-2	+20-0/11	000-779-6	200	WL4HOITI	cewgiiiali.	COIII	

Contact Role(s): Administrative Contact, Legal Contact

C	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance	Schedul	e	
P	WS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Classific	Jation PC	opulation	Owner iy	/pe Pr	imary Source
CT1120274	20274 WINDHAM/TOLLAND 4-H CAMP - WELL #2					31			GW
Local Address (w	Service	Residen	tial Com	mmercial	Industri	al Com	bined	Agricultural	
326 TAFT POND	ROAD	Connections			4				

DIAKE ID

Please note the following:

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

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

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

End of schedule

	Connecticut Dep	artment of	Public H	lealth	Drin	king V	Water S	Section	
	*	ality Monit							
PWS ID	PWS Name	<u>-</u>	0 -		Classific				Primary Sour
CT1120284	WOLF DEN STATE PARK/CA	MPGROUND WE	LL		NC		83	S	GW
Local Address	(where applicable)		Service	Residen	tial Con	nmercial	Industrial	Combine	d Agricultur
WOLF DEN RO	AD		Connections	1					_
Towns Served:	POMFRET				'	-			
		Monit	oring Requ	ıireme	nts				
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1	routine (R1) per montl
Sampling	Point (Sampling Point ID)			Monitori	ng Perio	d Coll	ection Perio	d Comp	liance Status
Select fro	m Inventory of Active Samplir	ng Points		5/1/24 -	5/31/24	ļ			
				6/1/24 -	6/30/24	ļ			
				7/1/24 -	7/31/24				
				8/1/24 -	8/31/24				
				9/1/24 -	9/30/24				
Total Colifor	m (3100)							=) per montl
Sampling	Point (Sampling Point ID)			Monitori			ection Perio	d Comp	liance Status
Select fro	m Inventory of Active Samplir	ng Points		4/1/24 -	4/30/24	ļ			
•	ameters (PPS)						1	-) per montl
	Point (Sampling Point ID)			Monitori			ection Perio	d Comp	liance Status
Select fro	m Inventory of Active Samplir	ng Points		4/1/24 -					
					5/31/24				
				6/1/24 -					
					7/31/24				
				8/1/24 -					
	- 44.			9/1/24 -	9/30/24				
	n Facility: ENTRY POINT (WSF ID: 00700)							
	Nitrite (NOX)								RT) per yea
	Point (Sampling Point ID)			Monitori	_		ection Perio	-	liance Status
ENTRY PC	JINT (3)			1/1/23 -				C	omplete
				1/1/24 -					
			•	1/1/25 -		5			
		Other C	ompliance						
Compliance Sc	chedule Activity				Due Date		Achieve	d Date	
	ART UP COMPLETION				4/1/2024				
SANITARY DEF	ECT CORRECTIVE ACTION				/15/202				
	Water	System Facil	ity and Sai	mpling	Point	Invent	tory		
Water						Tota		nd	
-	ter System Facility	Sampling Point		nt		Colifor			Stag
Facility ID	TRIBLITIONI CVCTENA	ID	Description		Stat	us Rule	e Rule Ti	er Asbestos	WQP 2 DBI

ENTRY POINT

DOWNSTREAM WITHIN 5 SERVICE CON

EXTERIOR FAUCET

MEN'S BATHROOM

WOMEN'S BATHROOM

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

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101

102

103

4

UPSTREAM

3

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

	Connecticut Department of Lubiic Hearth Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification Population Owner Type Pri			Prim	ary Source				
CT1120284	WOLF DEN STATE PARK/CAMPGROUND WEL	L			NC	83	S		GW		
Local Address	(where applicable)	Residen	tial	Commerci	al Industri	al Combin	ed A	gricultural			
WOLF DEN RO	AD	Connections	1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: POMFRET

vva	ter system raci	nty and Samping	g Point inve	entory			
Water			7	Total L	ead and		
System Water System Facility	Sampling Point	t Sampling Point	Со	liform	Copper		Stage
Facility ID	ID	Description	Status	Rule F	Rule Tier	Asbestos	WQP 2 DBPR
21958 WELL	2	WELL	Α				
	Coi	ntact Informatio	n				
Name	C	Organization				Job Title	
Mr. David Cooley	С	Deep-Engineering Unit		Supv	Civil Engi	neer	
Mailing Address Line One	Mailing Addre	ss Line Two		City		State	Zip Code
163 Great Hill Road			Portla	ınd		СТ	06480

Emergency Phone Email Address

david.cooley@ct.gov

860-424-3333

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

Extension

Please note the following:

Business Phone

860-342-2215

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

Mobile Phone

860-205-7552

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

Fax

860-344-2560

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

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

End of schedule

	Connectic	ut Depa	rtment of	Public	Health	Drin	king V	Water So	ection	
		•	lity Monit							
PWS ID	PWS Name	tor qua	irey 1-10111e			Classifi			vner Type	Primary Source
CT1120344	SHARPE HILL VIN	NEYARD - TA	STING ROOM			N		37	Р	GW
	where applicable)			Service	Residenti		mmercial	Industrial	Combine	ed Agricultural
108 WADE ROA				Connection			1			8
Towns Served: I										
			Monite	oring Red	quiremen	nts				
Water System	Facility: DISTR	IBUTION S'	STEM (WSF I	D: 00600)						
Total Coliforn	n (3100)							1 ro	utine (R1	「) per quarter
	Point (Sampling P	oint ID)			Monitorin	g Perio	od Coll	lection Period	=	pliance Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 - 1	12/31/2	23			Complete
					1/1/24 - 3	3/31/2	4			Complete
					4/1/24 - 6	6/30/2	4			
					7/1/24 - 9	9/30/2	4			
Physical Para	meters (PPS)							1 ro	utine (R1	() per quarter
Sampling I	Point (Sampling P	oint ID)			Monitorin	g Perio	od Coll	lection Period	d Com	pliance Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 - 1	12/31/2	23		ı	Complete
					1/1/24 - 3	3/31/2	4		-	Complete
					4/1/24 - 6	6/30/2	4			
					7/1/24 - 9	9/30/2	4			
Water System	Facility: ENTR	Y POINT - V	/ELL 1 (WSF II	D: 00700)						
Nitrate And N	litrite (NOX)							1	L routine	(RT) per year
Sampling I	Point (Sampling P	oint ID)			Monitorin	g Perio	od Coll	lection Period	d Com	pliance Status
EP - WELL	1 (3)				1/1/23 - 1	.2/31/2	23			Complete
					1/1/24 - 1	.2/31/2	24			Complete
					1/1/25 - 1	.2/31/2	25			
		Water Sy	ystem Facili	ity and Sa	ampling I	Point	Inven	tory		
Water							Tota			
-	er System Facility		Sampling Point	Sampling P Description			_	rm Copper		Stage
Facility ID	D.D. IT. O. I. S. IST.		ID	•		Sta			r Aspesto	os WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUTION		A				
			DOWNSTREAM							
00700 [517]	DV DOINT MELL 4		UPSTREAM		ERVICE CON					
	RY POINT - WELL 1	-	3	EP - WELL 1	<u> </u>	A				
22940 WEL	L #1		2	WELL		Α	\ 			
			Con	tact Info	rmation					
Name			0	rganization					Job Titl	е
The second secon	D. Vollweiler			narpe Hill Vin	neyard			Vp/Secretary	,	
Ms. Catherine (1	a Lina Tura				City	State	Zip Code
Mailing Address			Mailing Address	s line Two				0.01	State	Zip Code
							Pomfret	3.07	CT	06258-0001
Mailing Address	s Line One	Fax		le Phone	Emergency I	Phone	Email Ad	•	СТ	

Contact Role(s): Legal Contact, Owner

(Connectic	ut Depa	irtment o	of Public	Health	Dri	inking	g Water	Section			
	Wa	ter Qua	lity Moni	toring a	nd Con	npli	ance S	Schedul	le			
PWS ID I	PWS Name						ification	Population	Owner Type	Primary Source		
CT1120344	SHARPE HILL VIN	NEYARD - TA	STING ROOM				NC	37	Р	GW		
Local Address (wh	Local Address (where applicable)					itial C	Commerci	al Industri	al Combine	ed Agricultural		
108 WADE ROAD				Connection	ns		1					
Towns Served: PC	OMFRET			'	1			1	1	,		
Name			C	Organization				Job Title				
Ms. Jill R. Vollwe	iler		S	Sharpe Hill Vir	neyard			Owner / Book Keeper				
Mailing Address L	ine One		Mailing Addre	ress Line Two				City	State	Zip Code		
PO Box 1			108 Wade Roa	oad			Pomfre	et	СТ	06258		
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	/ Phon	e Email A	Address				
860-974-1503					860-325-	-5970	jilvllwli	r@aol.com				
Contact Role(s):	Administrative	Contact, Leg	gal Contact, Ow	/ner								

Please note the following:

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- 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 De	nartment of	Public H	ealth	Dri	inki	nσ M	<i>l</i> ater	Spi	ction	
		uality Monit								CUOII	
PWS ID	PWS Name	durity 14101111	oring and	a don						er Type P	rimary Source
CT1120384	VINEYARD VALLEY GOLI	CLUB				NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial C	Commo	ercial	Industria	al (Combined	Agricultural
106 BRAYMAI	N HOLLOW ROAD		Connections			1					
Towns Served	: POMFRET						-				<u>'</u>
		Monito	oring Requ	ireme	nts						
Water Syste	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifo	rm (3100)							1	l rou	itine (RT) per month
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Per	iod	Compl	iance Status
Select fro	om 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 -	10/3	1/24					
Physical Par	rameters (PPS)							1	l rou	itine (RT) per month
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Per	iod	Compl	iance Status
Select fro	om 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 -			_				_
				10/1/24 -							
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00700)			•	·					
Nitrate And	Nitrite (NOX)								1 r	outine (I	RT) per year
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	riod	Colle	ction Per		-	iance Status
ENTRY P				1/1/23 -	12/31	/23				Co	mplete
				1/1/24 -							·
				1/1/25 -	12/31	/25					
		Other Co	ompliance								
Compliance S	chedule Activity				Due D	ate		Achiev	ved L	Date	
SEASONAL ST	ART UP COMPLETION			4	1/15/2	2024					
	Wate	r System Facili	ity and Sar	npling	Poi	nt In	vent	ory			
Water							Total	Lead o	and		
-	ater System Facility	Sampling Point		nt			Colifori	п Сорр	er		Stage
Facility ID		ID	Description		Si	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	1		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	Α					

ENTRY POINT

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

55929 WELL 1

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
CT1120384	VINEYARD VALLEY GOLF CLUB			NC		25	Р	GW				
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	nmercial Industrial Combined Agricu						
106 BRAYMAN H	Connections			1								

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation					
Name				Organization]			Job Title		
Mr. James Wright				Vineyard Val	ley Golf Club					
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
106 Brayman Hollov	w Road					Pomfret		СТ	06259	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress			
860-230-3495						madewright0077@yahoo.com				
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact, C)wner						
Name				Organization	l		Job Title			
Ms. Amber Wright				Vineyard Val	ley Golf Club					
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
106 Brayman Hollov	w Road					Pomfret		СТ	06259	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
401-714-7776						amhywri	ght15@yah	oo com		

Please note the following:

Towns Served: POMFRET

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End of schedule

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Schedule Generation Date: 4/3/2024

			t Departme er Quality M									ction	
DIAIC ID			or Quarry in	OIIIC	or mg a							T D	
PWS ID	PWS Name					C					Own		rimary Source
CT1129094	WATERCUI		M, LLC				NO		2			Р	GW
Local Addres	ss (where applic	able)			Service	Residentia	l Cor	nmercia	l In	dustria	al	Combined	Agricultural
WATERCURE	FARM, LLC				Connection	าร						1	
Towns Serve	ed: POMFRET												
			N	lonite	oring Red	quirement	ts						
Water Syst	em Facility: 🛭	DISTRIE	BUTION SYSTEM	(WSF I	D: 00600)								
Total Colif	orm (3100)									1	rou	tine (RT)	per quarter
Sampli	ng Point (Samp	ling Poi	nt ID)			Monitoring	Perio	d Co	llecti	on Per	iod	Compli	ance Status
Select f	rom Inventory	of Activ	e Sampling Points			10/1/23 - 13	2/31/2	23				Co	mplete
						1/1/24 - 3,	/31/24	1				Co	mplete
						4/1/24 - 6,	/30/24	1					
						7/1/24 - 9	/30/24	1					
Physical Pa	arameters (PF	PS)								1	rou	tine (RT)	per quarter
-	ng Point (Samp	-	nt ID)			Monitoring	Perio	d Co	llecti	on Per			ance Status
Select f	rom Inventory	of Activ	e Sampling Points			10/1/23 - 1	2/31/2	23				Co	mplete
	•		. <u> </u>			1/1/24 - 3						Сс	mplete
						4/1/24 - 6	/30/24	1					.
						7/1/24 - 9							·
Water Syst	em Facility: E	ENTRY	POINT (WSF ID: 0	0700)									
*	d Nitrite (NO		- (-								1 1	routine (F	RT) per year
	ng Point (Sampl	-	nt ID)			Monitoring	Perio	d Co	llecti	on Per		=	ance Status
-	POINT (3)	g . o.				1/1/23 - 12					100		mplete
LIVIIVI	10111 (3)					1/1/24 - 12							mpiece
						1/1/25 - 12							
				-									
		V	Vater System	Facili	ity and S	ampling P	oint	inver	itor	У			
Water								Tot		Lead o			
-	Vater System Fo	acility			Sampling P			Colif		Copp			Stage
Facility ID			ID		Description		Stat			Rule	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SY	/STEM	4			ON SYSTEM	Α						
						ERVICE CON	Α	Υ	′				
			UPSTR	EAM	WITHIN 5 S	ERVICE CON	Α	Υ	′				
00700 E	NTRY POINT		3		ENTRY POI	NT	Α						
61607 V	VELL 1		2		WELL 1		Α						
				Con	tact Info	rmation							
Name				Oı	rganization							Job Title	
Mr. Daniel N	Nagy												
Mailing Add	ress Line One		Mailing	Addres	s Line Two				Ci	ty		State	Zip Code
94 Hampton	Road							Pomfret	Cen	ter		СТ	06259
Business P	hone Extens	sion	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ddres	SS		•	
000 000	4000												

860-208-4083

Contact Role(s): Administrative Contact, Owner

daniel@watercurefarm.com

Connecticut Department of Public Health	Drinking	g Water	Section					
Water Quality Monitoring and Compliance Schedule								
PWS Name	Classification	Population	Owner Tyne	Prin				

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1129094	WATERCURE FARM, LLC			NC	25	Р	GW
Local Address (w	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
WATERCURE FA	Connections				1		
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		

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End of schedule