	Connecticut Dej	partment of	f Public H	<b>I</b> ealth	Drir	nking V	Vater Se	ection	
	Water Qu	ality Monit	oring an	d Com	plia	nce Sc	hedule		
PWS ID	PWS Name	<u>J</u>						ner Type Pi	rimary Source
CT1230014	HIGHLAND CAMPGROUN	D			N	IC	50	Р	GW
Local Address	(where applicable)		Service	Resident	tial Co	mmercial	Industrial	Combined	Agricultural
42 TOLERATIO	N ROAD		Connections			1			
Towns Served:	SCOTLAND					,	'		
		Monit	oring Requ	uireme	nts				
Water Syster	n Facility: <b>DISTRIBUTION</b>	I SYSTEM (WSF I	D: 00600)						
<b>Total Colifor</b>	m (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Peri	od Colle	ection Period	Compli	ance Status
Select fro	m Inventory of Active Sampl	ing Points		10/1/23 -	12/31/	/23		Co	mplete
				4/1/24 -	6/30/2	24			
				7/1/24 -	9/30/2	24			
Physical Para	ameters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Peri	od Colle	ection Period	Compli	ance Status
Select fro	m Inventory of Active Sampl	ing Points		10/1/23 -				Со	mplete
				4/1/24 -	-				
				7/1/24 -	9/30/2	24			
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Peri	od Colle	ection Period	Compli	ance Status
ENTRY PC	DINT (3)			1/1/23 -				Со	mplete
				1/1/24 -					
				1/1/25 - :	12/31/	25			
		Other C	ompliance	Sched	ules				
Compliance So	hedule Activity			L	Due Da	te	Achieved	Date	
	SANITARY SURVEY			6	/12/20	19			
CROSS CONNE	CTION SURVEY REPORT			3	3/1/202	20			
CROSS CONNE	CTION SURVEY REPORT			3	3/1/202	21			
CROSS CONNE	CTION SURVEY REPORT			3	3/1/202	22			
SEASONAL STA	ART UP COMPLETION			5	5/1/202	23			
CROSS CONNE	CTION SURVEY REPORT				3/1/202				
SEASONAL STA	ART UP COMPLETION				5/1/202	24			
	Water	System Facil	ity and Sai	mpling	Poin	t Invent	ory		
Water	tor Sustan Escilit:	Campling Doint	Campling De	int		Tota		1	C4
System Wa Facility ID	ter System Facility	Sampling Point ID	Description	nt		Colifoi Rule		· Ashestos	Stage WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION	V SYSTEM		i <i>tus Ruie</i> A Y	. Auto He	,	Q. 2 DUFN
00000 013	THE STICK STOTE IN	DOWNSTREAM				Α Ι			
		UPSTREAM	WITHIN 5 SEF			Ą			
		· · · · · · · · · · · · · · · · ·							

59553 HYDROPNEUMATIC TANK	<			
	Contact Information			
Name	Organization		Job Title	e
Mr. James Davis	Highland Campground	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

22100 WELL

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 Departn	nent of	Public	Health	ו שו	rinking	g water	Section	l	
	Wa	ter Quality	Monit	oring ai	nd Con	npl	liance S	Schedul	le		
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Prim	ary Source
CT1230014	HIGHLAND CAM	PGROUND					NC	50	Р		GW
Local Address (wh	here applicable)			Service	Resider	ntial	Commerci	ial Industri	al Combin	ed A	gricultural
42 TOLERATION F	ROAD			Connection	ıs		1				
Towns Served: SO	COTLAND										
42 Toleration Roa	ad	POI	Box 305				Scotlai	าต	СТ	(	06264
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	y Pho	one Email /	Address			
860-423-5684		860-423-5684					mdavis	s24@snet.ne	et		

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

		ut Departme								ction	
	Wat	ter Quality N	<b>Ionit</b>	oring a	nd Comp	olia	nce So	chedu	ıle		
PWS ID	PWS Name				C	lassifi	cation P	opulatio	n Ow	ner Type P	rimary Source
CT1230034	SCOTLAND FIRE	DEPT				N	С	25		L	GW
Local Address	(where applicable)			Service	Residentia	al Co	mmercial	Indust	rial	Combined	Agricultural
47 BROOK ROA	AD (ROUTE 14)			Connection	ns		2				
Towns Served:	SCOTLAND										
					quiremen	ts					
•	•	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Colifor	• •										per quarter
	Point (Sampling Po				Monitoring			lection P	eriod		iance Status
Select fro	m Inventory of Acti	ve Sampling Points			10/1/23 - 1						omplete
					1/1/24 - 3					Co	omplete
					4/1/24 - 6						
Dhueles D	anatara (DDC)				7/1/24 - 9	/30/2	4		1	.tin = /DT\	
•	ameters (PPS)	nint (D)			Monitori	. David	-d - C-1	lastia - S			per quarter
	Point (Sampling Po	-			Monitoring			lection P	erioa		iance Status
Select fro	m Inventory of Acti	ve Sampling Points			10/1/23 - 1						omplete
					1/1/24 - 3 4/1/24 - 6					CC	omplete
					7/1/24 - 6						
Mator Syston	a Facility: FNTD	POINT (WSF ID:	00700\		7/1/24 - 9	/30/2	4				
•	•	POINT (WSFID:	00700)								T)
	Nitrite (NOX)  Point (Sampling Po	oint ID)			Monitoring	. Dorid	nd Col	lection P		<del>-</del>	RT) per year iance Status
ENTRY PC		ome ibj			1/1/23 - 12			iection r	eriou		omplete
LIVINIFO	/INT (3)				1/1/24 - 12						mplete
					1/1/25 - 12	-					
		0	hor C	omplione			.5				
a " a		U	mer C	omphanc	ce Schedu					<u> </u>	
	hedule Activity					e Dat		Ach	ieved	Date	
RESPOND TO S	SANITARY SURVEY					80/202					
		Water System	Facil	ity and Sa	ampling P	oint	Inven	tory			
Water							Tota		d and		
•	ter System Facility	•	_	Sampling P			Colifo		pper 		Stage
Facility ID			D	Description		Sta			e Her	Aspestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTION		Α					
				WITHIN 5 S		Α					
00700 511	-DV DOINT		REAM		ERVICE CON	Α					
	RY POINT		3	ENTRY POIN	N I	Α					
22102 WE	LL		2	WELL		Α	\				
				tact Info	rmation						
Name				rganization						Job Title	
Mr. Daniel D.	-			own of Scotla	and		T	First Sele	ectma		
Mailing Addres			•	s Line Two				City		State	Zip Code
9 Devotion Ro		P.O. Bo				_	Scotland			СТ	06264
Business Pho	one Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress			

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.

Scotlandselect1@yahoo.com

860-456-3666

Contact Role(s): Administrative Contact, Legal Contact

860-456-7797

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

	<b>C</b> 313	<del>-</del>					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1230034	SCOTLAND FIRE DEPT			NC	25	L	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
47 BROOK ROAD	(ROUTE 14)	Connections		2			
Towns Served: S	COTLAND						

# Please note the following:

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

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

End of schedule

PWS ID PWS Name Classification Population Owner Type Primary Sou  CT1231024 CHRISTIAN FELLOWSHIP CHURCH OF SCOTLAND NC 100 P GW									
PWS ID	PWS Name	Classification	Donulation	Owner Type	Primary Source				
	Water Quality Monitoring and Compliance Schedule								
	Connecticut Department of Public Health	ı Drinking	g Water	Section					

Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 140 PUDDING HILL ROAD 2

Towns Served: SCOTLAND

**Compliance Schedule Activity** 

Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0			
Total Coliform (3100)	<b>,</b>	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		Complete
	4/1/24 - 4/30/24		•
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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		

### 3/1/2025 CROSS CONNECTION SURVEY REPORT **Water System Facility and Sampling Point Inventory**

**Due Date** 

**Achieved Date** 

Stage

**Total** Lead and Water System Water System Facility Sampling Point Sampling Point Coliform Copper

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	Connecticut De	epartment of	Public H	lealui	וע	HIKIHE	g water	26	ection		
	Water Q	<b>Quality Monit</b>	oring and	d Com	pl	iance S	Schedu	le			
PWS ID	PWS Name				Clas	ssification	Population	Ow	vner Type	Pri	mary Source
CT123102	24 CHRISTIAN FELLOWSHIP	CHURCH OF SCOTLA	AND			NC	100		Р		GW
Local Add	dress (where applicable)		Service	Resident	ial	Commerci	ial Industr	ial	Combine	ed	Agricultural
140 PUD	DING HILL ROAD		Connections						2		
Towns Se	erved: SCOTLAND										
Facility IL	D	ID	Description			Status F	Rule Rule	Tie	r Asbesto	s l	NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON		Α					
		UPSTREAM	WITHIN 5 SER	VICE CON		Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
57528	WELL 1	2	WELL 1			Α					

Connecticut Department of Dublic Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Kevin Caswell				Christian Fel	lowship Church		Deacon			
Mailing Address Line One Mailing Addre			ddress Line Two			City	State	Zip Code		
140 Pudding Hill Ro	ad		P.O. Box 3	344		Scotland		СТ	06264	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	dress			
860-456-2759		860-423-9	177		959-444-2919	Office@c	fcscotland.org			

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

57532 ATMOSPHERIC TANKS

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

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section  Water Quality Monitoring and Compliance Schedule  WS ID PWS Name Classification Population Owner Type Primary Source									
PWS ID	PWS Name			Classification		Population	Owner Type	Primary S	ource	
CT1231034	THE VINEYARD AT HILLYLAND			NC		28	Р	GW		
Local Address (v	vhere applicable)	Residen	ntial Commerc		l Industri	al Combine	ed Agricu	ıltural		
75 MURPHY HIL	5 MURPHY HILL ROAD Connections									

Towns Served: SCOTLAND

Towns Served: SCOTLAND	_		
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	4/1/24 - 4/30/24		Out of Service
	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		
Total Coliform (3100)		3 rej	peat (RP) per period
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/14/23 - 10/19/23		Complete
	12/1/23 - 12/6/23		Complete
	12/28/23 - 1/2/24		Out of Service
Physical Parameters (PPS)		1 rou	tine (RT) per mont
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	4/1/24 - 4/30/24		Out of Service
	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 (1040)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Out of Service
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		1 r	outine (RT) per yea
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24	<del>-</del>	-
	1/1/25 - 12/31/25		

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	0		. D		CD 111	** 1.1	D 1	7.1	Y 4 7					
	Co	onnecticu	t Depa	rtment c	of Public	Health	Drir	ıkin	g W	ater S	Section			
		Wate	er Qual	lity Moni	toring an	nd Con	ıplia	nce	Sch	edule				
PWS ID	'S ID PWS Name					Class			ication Population C			Pri	mary Sourc	
CT123103	34 TH	E VINEYARD AT	HILLYLANI	)			N	С		28	Р		GW	
Local Add	lress (wher	e applicable)			Service	Residen	tial Co	mmerc	ial I	ndustrial	Combine	ed	Agricultur	
75 MURPHY HILL ROAD					Connection	S		1						
Towns Se	rved: SCO	ΓLAND			,		·							
				Moni	toring Req	Juireme	nts							
Water Sy	stem Fac	ility: WELL (	WSF ID: 6	1338)										
E. Coli (	(3014)									1 tr	iggered (T	G)	per period	
Sampling Point (Sampling Point ID)					Monitoring Period Collection Period						od Com	Compliance Status		
WELL (2)					10/13/23 - 10/19/23							Complete		
					11/30/23 - 12/6/23						Complete			
						12/27/23	3 - 1/2/2	24			Οι	ut o	f Service	
				Other (	Compliand	e Sched	lules							
Complian	ce Schedu	le Activity		Due Date					Achieved Date					
SANITARY	/ DEFECT C	ORRECTIVE ACT	ION			4	/30/20	24						
		٧	Vater Sy	stem Faci	lity and Sa	ampling	Poin	t Inve	ento	ry				
Water	Markon Co	estam Facility		Samuelina Dain	t Camplina D	aint		-	otal	Lead a			Channe	
System Facility IE	_	stem Facility	•	Sumping Poin ID	t Sampling Po Description				liform Rule		r er Asbesto	ne l	Stagi NOD 2 DRI	
00600		ITION SYSTEM		4	DISTRIBUTION			i <b>tus</b> A	Y	Nuic 11	CI ASSEST	,,	VQI Z DDI	
00000	DISTRIBO	TION SISILIVI		•	И WITHIN 5 SI			¬ 4	Ϋ́					
				UPSTREAM	WITHIN 5 SI			Α	Y					
00700	ENTRY PO	DINT		3	ENTRY POIN			· 4	•					
61338	WELL			2	WELL			<u>.</u> 4						
01330	***				ntact Info	rmation		<u>.                                      </u>						
Name					Organization	imation					Job Titl	<u>е</u>		
Hillyand F	Farm Inc				31841112411011						300 1101			
Mailing Address Line One Mailing Addr					ss Line Two					City	State		Zip Code	
75 Murphy Hill Road								Windh			СТ		06280	
	s Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone			ess	-			
	66-4877					<u> </u>								
	Role(s): Ov	wner						1						
Name			(	Organization					Job Title					

## Please note the following:

Extension

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

Mr. Douglas Stearns

75 Murphy Hill Road

**Business Phone** 

860-456-4877

Mailing Address Line One

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

Mailing Address Line Two

Mobile Phone

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

Fax

860-423-1648

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.

Hillyand Farm Inc

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

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

End of schedule

Zip Code

06280

State

CT

City

stearnslaw@hotmail.com

Windham

**Emergency Phone Email Address** 

860-456-4877