	Connectic	ut Denar	tment of	Public	Health	Drin	king M	Vater Se	ection			
		ter Quali					0					
PWS ID	PWS Name	ter Quali	ty Monit	or mg a		Classific				Primary Source		
CT1290034	CEDAR KNOB G					NC		25	P	GW		
	where applicable)			Service	Resident			Industrial	Combined	-		
446 BILLINGS R				Connectio			1	muustnai	combined			
Towns Served: S							-					
			Monito	oring Re	quiremer	nts						
Water System	Facility: DISTR	RIBUTION SYS			-							
<b>Total Coliforn</b>	n (3100)							1 ro	utine (RT)	per quarter		
Sampling I	Point (Sampling P	oint ID)			Monitorin	g Perio	d Colle	ction Period	l Compl	iance Status		
Select from	n Inventory of Act	ive Sampling P	oints		10/1/23 - 2	12/31/2	3		Co	omplete		
					1/1/24 - 3	3/31/24						
					4/1/24 - 6	6/30/24	-					
					7/1/24 - 9	9/30/24	•					
Physical Para									1 routine (RT) per quarter			
	Point (Sampling P	-	- into		Monitorin	-		ction Period		iance Status		
Select from	n Inventory of Act	ive sampling P	oints		10/1/23 - 11/1/24					omplete		
					4/1/24 - 0							
Water System	Facility: ENTR	Y POINT (WS	F ID: 00700)		7/1/24 - 9	5,50,21						
Nitrate (1040								1 ro	utine (RT)	per quarter		
-	Point (Sampling P	oint ID)			Monitorin	g Perio	d Colle	ction Period		iance Status		
	ENTRY POINT (3)				10/1/23 - 1	-				omplete		
					1/1/24 - 3	3/31/24	Ļ					
					4/1/24 - 6	6/30/24						
					7/1/24 - 9	9/30/24	ļ					
Nitrite (1041	)							1	routine (	RT) per year		
	Point (Sampling P	oint ID)			Monitorin	-		ction Period		iance Status		
ENTRY POI	NT (3)									omplete		
					1/1/24 - 1							
					1/1/25 - 1							
		Water Sys	stem Facili	ty and S	ampling	Point	Invent	-				
Water	er System Facility		Impling Point	Sampling	Doint		Total		1	Ctores		
System Wate Facility ID	er system raciity	50	ID	Description		<b>C</b> 11	Colifori us Rule		r Asbestos	Stage WQP 2 DBP		
	RIBUTION SYSTEM	1	4		ION SYSTEM	<u>Stat</u> A	<u>us nuic</u> Y	nuic ne	7.5505105	1101 2001		
			OWNSTREAM									
			UPSTREAM		SERVICE CON							
00700 ENTF	RY POINT		3	ENTRY POI		А						
	L		2	WELL		А						
22167 WEL			Con	tact Info	ormation							
22167 WEL			1	ganization					Job Title			
			- ·	-			0	wner				
Name Mr. John Gale			Ce	dar Knob G	olf Course		U					
Name	s Line One	N	Ce 1ailing Address		olf Course			City	State	Zip Code		
Name <b>Mr. John Gale</b> Mailing Address					olf Course	(			State CT	Zip Code 06071		
Name Mr. John Gale	ion, Inc.		1ailing Address .O. Box 455		Emergency		Somers	City				

Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name					ssification	Population	Owner Type	Primary Source		
СТ1290034	CEDAR KNOB GOL						NC	25	Р	GW	
Local Address (wh	Address (where applicable) Service Residential Commercial Indust					al Industri	al Combin	ed Agricultural			
446 BILLINGS ROA	٩D			Connections	;		1				
Towns Served: SC	MERS				L		1				
Contact Role(s):	Administrative Co	ntact									
Name			Or	rganization				Job Title			
Somers Recreation	on Incorporated										
Mailing Address L	ine One		Mailing Address	ng Address Line Two				City	State	Zip Code	
P. O. Box 455							Somer	s	СТ	06071	
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	y Pho	one Email /	Address	dress		
Contact Role(s):	Legal Contact, Ow	ner									
Please note the f	<b>-</b> .	-									
1 The residual di	sinfoctant concontra	tion must h	a massurad at the	camo location	and time		ch total colif	orm complo			

oncentration 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 Depa					0		ction	
	Water Qua	lity Monito	ring and	d Compl	lianc	e Sche	edule		
PWS ID	PWS Name			Cla	ssificati	on Popu	ation Owr	ner Type P	rimary Source
CT1290084	PLEASANT VIEW GOLF CTR.				NC	2	5	Р	GW
Local Address (	where applicable)	9	Service	Residential	Comm	ercial In	dustrial	Combined	Agricultural
430 SOUTH RO	AD	(	Connections		1				
Towns Served:	SOMERS								
		Monito	ring Requ	uirements	5				
Water System	Facility: DISTRIBUTION S	YSTEM (WSF ID:	: 00600)						
<b>Total Coliform</b>	n (3100)						1 rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring P	Period	Collecti	on Period		iance Status
Select fror	n Inventory of Active Sampling	g Points	:	10/1/23 - 12/	/31/23			Сс	omplete
				4/1/24 - 6/3	0/24				
				7/1/24 - 9/3	0/24				
<b>Physical Para</b>	meters (PPS)						1 rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring P	Period	Collecti	on Period	Compl	iance Status
Select from	n Inventory of Active Sampling	g Points	:	10/1/23 - 12/	/31/23			Co	omplete
				4/1/24 - 6/3	0/24				
				7/1/24 - 9/3	0/24				
Water System	Facility: ENTRY POINT (	VSF ID: 00700)							
Nitrate (104	0)						1 rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring P		Collecti	on Period		iance Status
ENTRY PO	INT (3)		:	10/1/23 - 12/				Co	omplete
				4/1/24 - 6/3					
				7/1/24 - 9/3	0/24				
Nitrite (1041	•							-	RT) per year
	Point (Sampling Point ID)			Monitoring P		Collection Period Compliance Status			
ENTRY PO	INT (3)			1/1/23 - 12/3				C	omplete
				1/1/24 - 12/3					
				1/1/25 - 12/3					
	Water S	ystem Facilit	y and Sar	npling Po	oint In		-		
Water	en Custem Ensility	Concelling Deint (	Sama lina Dai			Total	Lead and		<i>c</i> ,
System Wat Facility ID	er System Facility	Sampling Point S	Compling Poli Description			Coliform Rule	Copper Rule Tier	Ashestos	Stage WQP 2 DBPR
	RIBUTION SYSTEM				<u>Status</u> A	Y	nuie nei	A30C3103	
00000 2131		DOWNSTREAM V			A	1			
			WITHIN 5 SER		A				
00700 ENT	RY POINT		ENTRY POINT		A				
22172 WEL	-		WELL		A				
	-		act Inforr	mation					
Nerree				nation				Job Title	
Name Mr. Jeffrey Lint	on		anization asant View Go	olf Centor				Job Title	
Mr. Jeffrey Lipt		Mailing Address L		on Center		Ci	tv.	State	Zip Code
452 South Rd.					50	mers	Ly	CT	06071
Business Pho	ne Extension Fax	Mobile	Phone Fr	mergency Pho			s		00071
860-749-586		woolle		860-305-195					
	: Administrative Contact, Leg	al Contact, Owne		550 505-195	-				
			•						

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. Schedule Generation Date: 4/3/2024

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

	· · ·						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1290084	PLEASANT VIEW GOLF CTR.			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
430 SOUTH ROA	D	Connections		1			
Towns Served: S	OMERS			·	·		

### Please note the following:

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

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

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

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

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

End of schedule

(			artment o lity Moni					U			ction	
PWS ID F	WS Name	tor quu									ner Type P	rimary Sou
СТ1299034	VORTHINGTON	POND FARM	N				١C		100		P	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	omme	rcial	Industria	al	Combined	Agricultu
359 MOUNTAIN R	OAD			Connection	S		1					
Towns Served: SO	MERS				I							
			Monit	oring Req	uireme	nts						
Water System F	acility: DISTR				<u> </u>							
Total Coliform	(3100)								1	. rou	itine (RT)	per quart
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Peri	iod	Colle	ction Pe			iance Statu
Select from I	nventory of Act	ive Sampling	g Points		10/1/23 -	12/31,	/23				Сс	mplete
					1/1/24 -	3/31/2	24					
					4/1/24 -	6/30/2	24					
					7/1/24 -	9/30/2	24					
Physical Param									1	. rou		per quart
	int (Sampling P	-			Monitori	ng Peri	iod	Colle	ction Pe	riod	Compl	iance Statu
Select from I	nventory of Act	ive Sampling	g Points		10/1/23 -		-				Co	omplete
					1/1/24 -							
					4/1/24 -							
		···· •			7/1/24 -	9/30/2	24					
Water System F		y point (V	NSF ID: 00701									
Nitrate And Nit	• •					_		~ "			-	RT) per ye
	int (Sampling P	oint ID)			Monitori			Colle	ction Pe	riod		iance Statu
ENTRY POIN	(3)				1/1/23 -						C	omplete
					1/1/24 - 1/1/25 -							
		Water S	ystem Facil	ity and Sa				ont	) T			
Water		water 5	ystemraen	ity and se		1 0111		Total	Lead	and		
	System Facility		Sampling Point	Sampling P	oint		c	olifor				Sta
Facility ID			ID	Description		Sto	atus	Rule			Asbestos	WQP 2 DE
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUTIO	ON		A					
			DOWNSTREAM	I WITHIN 5 SI	ERVICE CON	J .	A					
			UPSTREAM	WITHIN 5 SI	ERVICE CON	J.	A					
00701 ENTRY	POINT		3	ENTRY POIN	IT		A					
58034 WELL #	2		2	WELL #2			A					
58036 BLADD	ER TANK #2											
			Cor	ntact Info	rmation							
Name				rganization							Job Title	
Ms. Karen Murdo	ch			omers Mount	ain Propert	ies						
Mailing Address L			Mailing Addres		· ·			I	City		State	Zip Code
349 Mountain Ro							Som	ers			СТ	06071
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	e Ema	il Addr	ess			
413-896-3288					413-519-	7709	kem	urdocł	n@gmail	.com	ı	
Contact Role(s):	Administrative	Contact, Leg	gal Contact									

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. Schedule Generation Date: 4/3/2024 Page 5

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

		<b>~</b>		0							
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	<b>Primary Source</b>		
СТ1299034	WORTHINGTON	POND FARM	Λ				NC	100	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural	
359 MOUNTAIN	ROAD			Connectio	ns		1				
Towns Served: Se	OMERS			·							
Name				Organization				Job Title			
Somers Mountai	n Properties										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code	
Business Phone	e Extension	Fax	Mo	obile Phone	Emergenc	y Pho	one Email	Email Address			
413-896-3288											
Contact Role(s):	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 guality samples must be collected during the specified period.

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End of schedule