			(n. 1.1)	II 1/1 P	. • 1				
C	onnecticut Depa					0		ection	
	Water Qua	lity Monit	coring a	nd Comp	olianc	e Sch	edule		
PWS ID PV	VS Name			C	lassificat	ion Popu	lation Ow	ner Type	Primary Source
CT1340212 SU	JN VALLEY CAMPGROUND	D-SYSTEM #1:WE	LL194		NC	ļ,	50	Р	GW
Local Address (whe	ere applicable)		Service	Residentia	l Comm	nercial Ir	ndustrial	Combined	d Agricultural
51 OLD SPRINGFIEL	.D ROAD		Connectio	ns 1					
Towns Served: STA	FFORD								
		Monit	oring Re	quirement	ts				
Water System Fa	cility: <b>DISTRIBUTION</b>	SYSTEM (WSFI	D: 00600)						
Total Coliform (	3100)						1 roi	utine (RT)	per quarter
Sampling Poir	nt (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Comp	liance Status
Select from In	ventory of Active Samplin	g Points		4/1/24 - 6/	/30/24				
				7/1/24 - 9/	/30/24				
<b>Physical Parame</b>									per quarter
	nt (Sampling Point ID)			Monitoring		Collect	ion Period	Comp	liance Status
Select from In	ventory of Active Samplin	g Points		4/1/24 - 6/	-				
				7/1/24 - 9/	/30/24				
Water System Fa	cility: ENTRY POINT (	WSF ID: 00700)							
Nitrate And Nitr	ite (NOX)							routine (	RT) per year
	nt (Sampling Point ID)			Monitoring		Collect	ion Period	Comp	liance Status
ENTRY POINT	(3)			1/1/23 - 12			1-9/30	C	omplete
				1/1/24 - 12	/31/24	4/:	1-9/30		
				1/1/25 - 12	/31/25	4/:	1-9/30		
		Other C	omplian	ce Schedu	les				
Compliance Schedu	ule Activity			Du	e Date		Achieved	Date	
SEASONAL START L	JP COMPLETION			4/1	5/2024				
	Water S	ystem Facil	ity and S	ampling P	oint Ir	vento	ry		
Water						Total	Lead and	1	
System Water S	ystem Facility	Sampling Point				Coliform			Stage
Facility ID			Description		Status		Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	4		ION SYSTEM	A	Y			
		DOWNSTREAM			A				
		UPSTREAM		SERVICE CON	A				
00700 ENTRY P	'UIN I	3	ENTRY POI	NI	A				
20031 WELL		2	WELL		A				
60797 ATM TA	NK								
		Con	ntact Info	ormation					
Name		0	rganization					Job Title	
Mr. Michael J. Min	or	รเ	un Valley Be	ach Club, Inc.		Vic	e Presiden	t/Sec	
Mailing Address Lir	ne One	Mailing Addres	s Line Two			С	ity	State	Zip Code
51 Springfield Road	1				Sta	afford Spr	ings	СТ	06076
Business Phone	Extension Fax	( Mobi	ile Phone	Emergency P	hone Err	nail Addre	SS	· · · · ·	
860-684-5861	860-684	-2635			tra	iciezelonk	a@aol.con	י ז	
Contact Role(s): A	dministrative Contact, Le	gal Contact, Owi	ner						
·									

PWS ID	PWS Name	/S Name					Owner Type	Pri	mary Source
CT1340212	SUN VALLEY CAMPGROUND-SYSTEM #1:WEI								GW
Local Address (v	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed	Agricultural
51 OLD SPRING	FIELD ROAD	Connections	1						
Towns Served:	STAFFORD					1			

#### Please note the following:

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

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

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

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

Connecti	cut Departme	nt of Public	Health D	rink	ing Wa	ater Se	ction	
Wa	ater Quality M	lonitoring a	nd Comp	lianc	e Sche	edule		
PWS ID PWS Name			CI	assificati	ion Popu	lation Owr	ner Type P	rimary Source
CT1340282 STAFFORD PRO	DFESSIONAL SUITES			NC	3	33	Р	GW
Local Address (where applicable	2)	Service	Residentia	l Comm	nercial In	ndustrial	Combined	Agricultura
5 MAGAURAN DRIVE		Connectio	ns 2					
Towns Served: STAFFORD					·	·		
	N	Aonitoring Re	quirement	S				
Water System Facility: DIST	<b>RIBUTION SYSTEM</b>	(WSF ID: 00600)						
Total Coliform (3100)						1 rou	tine (RT)	per quarter
Sampling Point (Sampling			Monitoring		Collect	ion Period	Compl	iance Status
Select from Inventory of A	ctive Sampling Points		10/1/23 - 12				Co	omplete
			1/1/24 - 3/	31/24			Co	omplete
			4/1/24 - 6/	30/24				
			7/1/24 - 9/	30/24				
Physical Parameters (PPS)	0-(-+ (0)			Deviad	6-11			per quarter
Sampling Point (Sampling			Monitoring		Collect	ion Period		iance Status
Select from Inventory of A	ctive Sampling Points		10/1/23 - 12					omplete
			1/1/24 - 3/				Co	omplete
			4/1/24 - 6/					
			7/1/24 - 9/	30/24				
Water System Facility: ENT	RY POINT (WSFID:	00700)						
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling	Point ID)		Monitoring		Collect	ion Period		iance Status
ENTRY POINT (3)			1/1/23 - 12,				Сс	omplete
			1/1/24 - 12,	-				
			1/1/25 - 12,					
	Ot	her Complian	ce Schedul	les				
<b>Compliance Schedule Activity</b>			Due	e Date		Achieved I	Date	
CROSS CONNECTION EXEMPTIO	N		3/1	./2018				
	Water System	Facility and S	ampling P	oint Ir	vento	ry		
Water		-			Total	Lead and		
System Water System Facilit		g Point Sampling			Coliform			Stage
Facility ID	11	D Descriptio	n	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTE	M 4	DISTRIBUT	ION SYSTEM	Α	Y			
	DOWNS	TREAM WITHIN 5	SERVICE CON	А				
	UPSTF	REAM WITHIN 5	SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POI	NT	Α				
10593 WELL #1	2	WELL #1		А				
62238 TREATMENT								
		Contact Info	ormation					
Name		Organization					Job Title	
Mr. Phil Tartsinis			essional Suites		lts l	Member		
Mailing Address Line One	Mailing	Address Line Two				ty	State	Zip Code
855 Sullivan Avenue		f Management Cor	p.	So	uth Winds		CT	06074
Business Phone Extension	Fax	Mobile Phone	Emergency Ph					
860-644-4583	860-644-5598					nent@aol.o	com	
Contact Role(s): Administrativ		ct	<u> </u>	uii		uon		
NOTE: This information has been provi	_		ystems maintain c	ompliance	with drinki	ng water qual	ity monitorin	g requirements.

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1340282	STAFFORD PROFESSIONAL SUITES		NC	33	Р	GW	
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
5 MAGAURAN D	DRIVE	Connections	2				
Towns Served:	STAFFORD			1	1		<u> </u>

#### Please note the following:

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

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

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

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			(	Classific	cation F	opulat	ion Ow	ner Type	Primary Sourc		
CT134007	4 MINERAL SPRINGS CAN	IPGROUND-SYSTEM	#1		N	С	25		Р	GW		
Local Add	ress (where applicable)		Service	Resident	ial Cor	mmercia	l Indu	istrial	Combine	d Agricultura		
135 LEON	ARD ROAD		Connections			1						
Towns Sei	rved: STAFFORD											
		Monite	oring Requ	iiremen	nts							
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)									
	liform (3100) pling Point (Sampling Point ID)	)		Monitorin	a Perio	od Co	llection	1 ro Period		) per quarter <i>liance Status</i>		
	t from Inventory of Active Sam			10/1/23 - 1	-							
	,			4/1/24 - 6								
				7/1/24 - 9								
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter		
Sam	oling Point (Sampling Point ID)	)		Monitorin	g Perio	od Co	llection	Period	Comp	liance Status		
Selec	t from Inventory of Active Sam	pling Points		10/1/23 - 2	12/31/2	23						
				4/1/24 - 6	6/30/24	4						
				7/1/24 - 9	9/30/24	4						
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate	• •									per quarter		
	pling Point (Sampling Point ID)			Monitorin	-		llection	Period		liance Status		
ENTF	RY POINT (3)			10/1/23 - 1					C	omplete		
				4/1/24 - 6								
	4044			7/1/24 - 9	9/30/24	4						
Nitrite (	1041) pling Point (Sampling Point ID)	1		Monitorin	a Dorio	nd Co	lloction	1 Period		RT) per year liance Status		
-	RY POINT (3)	1		1/1/23 - 1	-		nection	renou		omplete		
LINIT				1/1/23 - 1					C C	ompiete		
				1/1/25 - 1								
		Other C	ompliance									
Complian	ce Schedule Activity		•		ue Dat	e	A	chieved	Date			
	NNECTION SURVEY REPORT			3	/1/2024	4						
SEASONA	L START UP COMPLETION			4	/1/2024	4						
	Wate	er System Facili	ity and Sar	npling I	Point	Inver	ntory					
Water		•	•			Tot	-	ead and	1			
System	Water System Facility	Sampling Point		nt		Colif	orm (	Copper		Stage		
Facility ID	)	ID	Description		Stat	tus Ru	le R	Rule Tie	r Asbesto	S WQP 2 DBP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	<b>SYSTEM</b>	A	\	/					
		DOWNSTREAM										
		UPSTREAM	WITHIN 5 SER	VICE CON								
00700	ENTRY POINT	3	ENTRY POINT		A							
22234	WELL	2	WELL		A	۱ 						
		Con	tact Inform	mation								
Name		0	rganization						Job Title			
Ms. Franc	es Goodale		ineral Springs I	Fmly Camp	ogrnd		Owne	r, Treas	urer			
	ddress Line One	Mailing Addres	s Line Two				City		State	Zip Code		
135 Leona	ard Road					Stafford	Spring	S	СТ	06076		
NOTE: This i	nformation has been provided to help	owners and operators of	public water syste	ms maintain	complia	ince with a	lrinkina v	water au	ality monitor	na requirements		

	-	· · · ·	- )		0 -		F			-	
PWS ID P	WS Name						Clas	sification	Population	Owner Type	Primary Source
CT1340074 N	/INERAL SPRIN	GS CAMPGR	OUND-SYST	EM #1	L			NC	25	Р	GW
Local Address (wh	ere applicable)			S	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
135 LEONARD RO	AD			C	Connectic	ons		1			
Towns Served: ST	AFFORD										
Business Phone	Extension	Fax	IV	lobile	Phone	Emergency	/ Pho	ne Email /	Address		
860-684-2993						860-684	-2993	3			
Contact Role(s):	Legal Contact					÷					
Name				Orga	anization					Job Titl	e
Mr. Leonard Brag	don			Mine	eral Sprir	ngs Campgro	und		Campgrou	und Manager	
Mailing Address Li	ine One		Mailing Add	dress L	ine Two				City	State	Zip Code
135 Leonard Rd								Staffor	d Springs	СТ	06076
Business Phone	Extension	Fax	N	1obile	Phone	Emergency	/ Pho	ne Email /	Address	I	1
860-684-2993											
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.

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

	Connectic	ut Depa	rtment of	Public	Healt	h Dri	nking	Wa	iter S	ection	
			lity Monit				0			0000011	
PWS ID	PWS Name	ter qua								wner Type F	Primary Sourc
CT1340084	MINERAL SPRIN	GS CAMPGR	OUND-SYSTEM	#2			NC	25		P	GW
Local Address (w	/here applicable)			Service	Reside	ntial C	Commercia	al Ind	dustrial	Combined	Agricultura
135 LEONARD R	OAD			Connectio	ns		1				
Towns Served: S	TAFFORD										
			Monite	oring Re	quirem	ents					
Water System	Facility: DISTR		STEM (WSF I	D: 00600)							
Total Coliform	(3100)								<b>1</b> r	outine (RT)	per quarter
Sampling P	oint (Sampling P	oint ID)			Monito	ring Pe	riod Co	ollectio	on Perio	d Compl	iance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23	- 12/3	1/23				
					4/1/24	- 6/30/	/24				
					7/1/24	- 9/30/	/24				
Physical Parar											per quarter
	oint (Sampling P	-			Monito	-		ollectio	on Perio		iance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23		-			Co	omplete
						- 6/30/					
					7/1/24	- 9/30/	/24				
-	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	• •									-	RT) per yeai
	oint (Sampling P	oint ID)			Monito	-		ollectio	on Perio		iance Status
ENTRY POIN	NT (3)				1/1/23 1/1/24						omplete
					1/1/24						
			Othor C	omplian							
Computing on Colo			Other C	unphan	ce sche				Ashieve	d Date	
Compliance Sche	FION SURVEY REF					Due D			Achieve	a Date	
	T UP COMPLETIC				_	3/1/20 4/1/20					
SEASONAL STAR				the second C							
		water Sy	/stem Facili	ity and S	amplin	g Poli			-		
Water System Wate	r System Facility		Sampling Point	Sampling I	Doint			tal form	Lead an Coppe		Staa
Facility ID	i System Fucinty		ID	Description				ule			Stage WQP 2 DBP
	RIBUTION SYSTEM	1	4	DISTRIBUT			ulus	Y			
			DOWNSTREAM				A	-			
			UPSTREAM	WITHIN 5 S			A				
00700 ENTR	Y POINT		3	ENTRY POI			A				
22235 WELL			2	WELL			A				
				tact Info	ormatio	n					
				rganization		••				Job Title	
Name				-	ac Emby Co	mnørne	1	Owr	ner, Trea		
	odale		Ν.1	ineral Shrini			•		, 1100	Juici	
Ms. Frances Goo				lineral Sprin s Line Two	gs Filliy Ca	1198116		Cit	V	State	Zip Code
Ms. Frances Goo Mailing Address	Line One		M Mailing Address		gs Filliy Ca			Cit d Sprir	'	State CT	Zip Code 06076
Ms. Frances Goo Mailing Address 135 Leonard Roa	Line One	Fax	Mailing Address	s Line Two			Stafford	d Sprir	ngs	State CT	Zip Code 06076
Name Ms. Frances Goo Mailing Address 135 Leonard Roa Business Phon 860-684-2993	Line One ad e Extension	Fax	Mailing Address			cy Phon		d Sprir	ngs		

						- <b>F</b>				
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Sourc
CT1340084	MINERAL SPRIN	GS CAMPGR		M #2			NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultura
135 LEONARD RO	DAD			Connections			1			
Towns Served: S	TAFFORD			·						
Name				Organization					Job Titl	e
Mr. Leonard Bra	gdon			Mineral Springs	Campgro	und		Campgro	und Manager	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
135 Leonard Rd							Staffor	d Springs	СТ	06076
Business Phone	e Extension	Fax	Mo	bile Phone E	mergency	y Phon	e Email A	Address		
860-684-2993										
Contact Role(s):	Administrative	Contact		· · ·			÷			
Please note the	following:									

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

	Conne	-	oartment of ality Monit				-		ection	
PWS ID	PWS Nam	, e				assificatio			vner Type Pi	imary Source
CT1340104		BROOK CAMPGI	ROUND			NC		35	P	GW
Local Addre	ss (where appli	cable)		Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultural
8 SOUTH RC				Connections		40	0			
Towns Serve	ed: STAFFORD									
			Monite	oring Requ	irement	:s				
Water Syst	em Facility:	DISTRIBUTION	SYSTEM (WSFI							
	form (3100)								outine (RT)	-
-	ing Point (Samı		<b>D</b> · · ·		Monitoring		Colle	ction Perio		ance Status
Select	from Inventory	of Active Sampli	ng Points		.0/1/23 - 12				Co	mplete
					4/1/24 - 6/					
		1			7/1/24 - 9/	30/24		-	()	
-	arameters (P	-				Devis 1	<b>C</b> 11		outine (RT)	-
	ing Point (Samı		ne Deint-		Monitoring			ction Perio		ance Status
Select	from inventory	of Active Sampli	ng Points		.0/1/23 - 12		10	/1-10/13	Co	mplete
					4/1/24 - 6/					
			() N ( C I D . 00700)		7/1/24 - 9/	30/24				
	-		(WSF ID: 00700)							-
	nd Nitrite (NC	•			Monitoring	Devied	Calla		1 routine (R	
	ing Point (Samp	oling Point ID)			Monitoring		Collec	ction Perio	_	ance Status
ENTRY	POINT (3)				1/1/23 - 12, 1/1/24 - 12,					mplete mplete
					1/1/24 - 12, 1/1/25 - 12,				CU	Inpiete
	Mor	nthly Water	System Facil		· · ·	· ·	ng Re	quirem	ents	
Water Syst	em Facility:	ENTRY POINT (	(WSFID: 00700)							
Analyte			quirement (Summ	ary Type)	Operat	ing Limit	:		Samples Re	g/Month
Chlorine	<u>)</u>	Entry Point RDC	-		-	um: 0.6 N			Da	-
	te: 6/1/2014	,	, ,	Complia	nce History			ting Limit	Monitor	•
				Monitor	ng Period		-	iance Statu		nce Status:
				11/1/202	23 - 11/30/2	2023				
					23 - 12/31/2					
				1/1/2024	- 1/31/202	24				
				2/1/2024	- 2/29/202	24				
				3/1/2024	- 3/31/202	24				
			Other C	ompliance	Schedul	les				
Compliance	Schedule Activ	vity			Du	e Date		Achieve	d Date	
SEASONAL S	START UP COM	PLETION			4/1	8/2024				
CROSS CON	NECTION SURV	EY REPORT			3/1	L/2025				
		Water	System Facili	ity and San	npling P	oint In	vento	ory		
Water							Total	Lead an	d	
-	Nater System F	acility	Sampling Point		t		Coliforn			Stage
Facility ID			ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPF
00600 C	DISTRIBUTION S	SYSTEM	4	DISTRIBUTION		А	Y			
			DOWNSTREAM			А				
			UPSTREAM	WITHIN 5 SER	VICE CON	А				
00700 E	NTRY POINT		3	ENTRY POINT		А				

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1340104	ROARING BROOK CAMPGROUND	NC	35	Р	GW		
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
8 SOUTH ROAD	SOUTH ROAD			400			

Towns Served: STAFFORD

Towns Served: STAF	FORD									
		Water Sy	ystem Facil	ity and S	ampling Poi	nt In	vento	r <b>y</b>		
Water System Water Sy Facility ID	vstem Facility	:	Sampling Point ID	Sampling F Description		( Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBF
22237 WELL #1			2	WELL #1		А				
22238 WELL #2			2	WELL #2		А				
58462 WELL# 3			2	WELL# 3		А				
58465 TREATM	ENT PLANT									
58466 4 ATMOS	SPHERIC STOR	AGE TANKS								
60988 WELL #4			2	WELL #4		А				
62595 FLEX-LITE	E CONTACT TA	NKS								
62596 2 VFD BC	OSTER PUMP	S								
			Certified	Operato	or Informatio	on				
Nater System Fac	ility: DISTR	IBUTION SY	STEM (WSFI	D: 00600)						
Facility Classificatio	n: SMALL WA	TER SYSTEM	l							Certificatio
Operator Name			<b>Operator</b> Typ	e	Certification(s)		Expiration			
NIGRO, JR., VICTOR	TOR N. CHIEF OPERATOR				WATER TREATM	ENT PL	ANT OPE	RATOR - CL	ASS II	6/30/2024
					DISTRIBUTION SY	YSTEM	OPERAT	OR - CLASS I		6/30/2026
NIGRO, SCOTT A.			ASSIGNED OPE	RATOR	DISTRIBUTION SY	YSTEM	OPERAT	OR - CLASS I		6/30/2025
					WATER TREATM	ENT PL	ANT OPE	RATOR - CL	ASS II	6/30/2026
			Cor	ntact Info	ormation					
Name			0	rganization					Job Title	
Ms. Sandra Tarro							Pre	sident		
Mailing Address Line	e One		Mailing Addres	s Line Two			C	ty	State	Zip Code
3 South Road					r	Staf	ford Spri	ngs	СТ	06076
<b>Business Phone</b>	Extension	Fax	Mob	ile Phone	Emergency Phor	ne Ema	il Addre	SS		
		860-684-7	7125		860-818-7108	rbcs	andytarı	ro@gmail.co	om	
Contact Role(s): O	wner									
Name				rganization					Job Title	
Mr. Robert Binette					Brook Campground Maintenance Supervs					
Mailing Address Line	e One		Mailing Addres	s Line Two		C+- (		ty	State	Zip Code
South Road	Eutoration	<b>Face</b>	N 4 - I-	ilo Dherre			ford Spri	-	СТ	06076
Business Phone	Extension	Fax	IVIOD	ile Phone	Emergency Phor	ne Ema	iii Adare			
860-684-7086					860-818-7108	rhee	noratio	ns@gmail.co	o.m	

PWS ID	PWS Name			Classificatio	η Ρορι	ulation	Owner Type	Primary S	ource
СТ1340104	ROARING BROOK CAMPGROUND			NC		35	Р	GW	
Local Address (w	vhere applicable)	Service	Residen	itial Comme	cial I	ndustria	al Combine	ed Agricu	Iltural
8 SOUTH ROAD		Connections		400					
Towns Served: S	TAFFORD			·			·		

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

Со		ut Depart						<u> </u>		ection	
		ter Qualit	y Monit	oring a		<b>.</b>					
	S Name				(			-			Primary Source
		MPGROUND-SY	STEM #2:WE			N		2	-	Р	GW
Local Address (where				Service	Residenti	al Cor	mmer	cial In	dustrial	Combined	d Agricultura
51 SPRINGFIELD ROA				Connectio	ns		1				
Towns Served: STAF	ORD										
Water System Faci	lity: DISTR	IBUTION SYST		•	quiremen	ts	_	_	_		
Total Coliform (3				D. 00000,					1 rc	utine (RT)	per quarter
Sampling Point	•	oint ID)			Monitoring	a Perio	od	Collecti	on Period		liance Status
Select from Inve		-	ints		4/1/24 - 6	-					
					7/1/24 - 9						
Physical Paramete	ers (PPS)								1 ro	utine (RT)	per quarter
Sampling Point		oint ID)			Monitoring	g Perio	bd	Collecti	on Period		liance Status
Select from Inve		-	ints		4/1/24 - 6	-					
					7/1/24 - 9	/30/24	4				
Water System Faci	lity: ENTR	Y POINT (WSF	ID: 00700)								
Nitrate And Nitrit									:	L routine (	RT) per year
Sampling Point	(Sampling P	oint ID)			Monitoring	g Perio	od	Collecti	on Period	-	liance Status
ENTRY POINT (3	3)				1/1/23 - 12	2/31/2	23	4/1	-9/30	C	omplete
					1/1/24 - 12	2/31/2	24	4/1	-9/30		
					1/1/25 - 12	2/31/2	25	4/1	-9/30		
			Other C	omplian	ce Schedı	les					
Compliance Schedul	e Activity				Di	ue Dat	e		Achieved	d Date	
SEASONAL START UP	COMPLETIO	N			4/	15/202	24				
		Water Syst	tem Facili	ity and S	ampling <b>F</b>	Point	: Inv	entor	Ъ		
Water								Total	Lead an	d	
	stem Facility	Sai	mpling Point					-	Copper		Stage
Facility ID			ID	Description		Sta	tus	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600 DISTRIBU	TION SYSTEM		4		ION SYSTEM	A	1	Y			
					SERVICE CON	A	1				
		ι	JPSTREAM		SERVICE CON	A					
00700 ENTRY PC	INT		3	ENTRY POI	NT	A					
22240 WELL 56			2	WELL 56		A	۱				
60799 ATM TAN	К										
			Con	tact Info	ormation						
Name			0	rganization						Job Title	
Mr. Michael J. Mino	r		Su	un Valley Be	ach Club, Inc.			Vice	Presider	nt/Sec	
Mailing Address Line	One	M	ailing Address	s Line Two				Ci	ty	State	Zip Code
51 Springfield Road							Staffo	ord Sprii	ngs	СТ	06076
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email	Addres	S		
860-684-5861		860-684-263	5				tracie	ezelonka	@aol.co	m	
Contact Role(s): Ad	ministrative			ner							

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Prin	mary Source
CT1340124	SUN VALLEY CAMPGROUND-SYSTEM #2:WEI	L 56			NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed	Agricultural
51 SPRINGFIELD	ROAD	Connections			1				
Towns Served: S	STAFFORD						1		

#### Please note the following:

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

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

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

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

	Connecticut D	enartment of	f Public	Health	Drink	inσM	lator	Section	on	
		<b>*</b>				0			011	
		Juality Monit	toring a		<b>A</b>					
PWS ID	PWS Name					ion Pop			ype P	rimary Source
CT1340134	SUN VALLEY CAMPGRC	OUND-SYSTEM #3:WE			NC		25	P		GW
	where applicable)		Service Connectior	Resident			Industria	ai Com	bined	Agricultural
51 SPRINGFIELD Towns Served: S			connection	15	1	L				
Towns Served. S		<b></b>			•					
Water System	Facility: DISTRIBUTIO		oring Red	quiremen	ITS				_	_
<b>Total Coliform</b>	n (3100)						1	routine	(RT)	per quarter
Sampling F	Point (Sampling Point ID	)		Monitorin	g Period	Collec	tion Per	riod C	Compli	iance Status
Select from	n Inventory of Active Sam	pling Points		4/1/24 - 6	5/30/24					
				7/1/24 - 9	9/30/24					
Physical Para										per quarter
	Point (Sampling Point ID			Monitorin	-	Collec	tion Per	riod C	Compli	ance Status
Select from	n Inventory of Active Sam	pling Points		4/1/24 - 6						
				7/1/24 - 9	9/30/24					
	Facility: ENTRY POIN	IT (WSF ID: 00700)								
Nitrate And N	• •								-	RT) per year
	Point (Sampling Point ID,	)		Monitorin	-		tion Per	riod C		ance Status
ENTRY POI	NT (3)			1/1/23 - 1			/1-9/30		Co	omplete
				1/1/24 - 1			/1-9/30			
				1/1/25 - 1		4,	/1-9/30			
		Other C	Compliance	ce Schedi	les					
Compliance Sch					ue Date		Achie	ved Date		
SEASONAL STAR	RT UP COMPLETION			4/	15/2024					
	Wate	er System Facil	ity and Sa	ampling I	Point Ir	vento	ory			
Water						Total	Lead	and		
	er System Facility	Sampling Point				-	n Copp			Stage
Facility ID			Description		Status		Rule	Tier Asb	estos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4		ON SYSTEM	A	Y				
		DOWNSTREAM			A					
		UPSTREAM		ERVICE CON	A					
		3	ENTRY POI	NT	A					
22241 WELL		2	WELL 40		A					
56333 BOOS	STER PUMP									
		Cor	ntact Info	rmation						
Name		0	rganization					Job	Title	
Mr. Michael J. N	Minor		un Valley Bea	ach Club, Inc.	1	Vi	ce Presio	dent/Sec		
Mailing Address		Mailing Addres	s Line Two				City	St	ate	Zip Code
51 Springfield R			1			afford Sp		(	T	06076
Business Phor			ile Phone	Emergency I						
860-684-5863		-684-2635			tra	ciezelon	ka@aol.	com		
Contact Role(s):	Administrative Contac	t, Legal Contact, Ow	ner							

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Prir	mary Source
CT1340134	SUN VALLEY CAMPGROUND-SYSTEM #3:WEI	.L 40			NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed	Agricultural
51 SPRINGFIELD	ROAD	Connections			1				
Towns Served: S	STAFFORD						1		

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(	onnectic	ut Departme	ent of P	Public	Health	Dr	inki	ησ ΙΛΛ	ater	Sec	tion	
		<b>^</b>						U			uon	
		ter Quality N	Ionitol	ring a	na con							
	WS Name			~ ~ ~		Class		-				rimary Source
		MPGROUND-SYSTEN			D 11		NC		25		P	GW
Local Address (wh			_	ervice onnectio	Residen	tial	Comme	ercial Ir	ndustria		ombined	Agricultural
51 OLD SPRINGFIE			C	onnectio	ns 1							
Towns Served: ST	AFFORD	_	<b>.</b>		•							
Water System E	acility: DISTR	IBUTION SYSTEM			quireme	nts				_	_	
Total Coliform			(	,					1	routi	ine (RT)	per quarter
	int (Sampling P	oint ID)			Monitori	na Pe	riod	Collect	ion Per			iance Status
		ve Sampling Points			4/1/24 -	-						
	,				7/1/24 -		-					
<b>Physical Param</b>	eters (PPS)				, ,	-,	,		1	routi	ne (RT)	per quarter
•	int (Sampling P	oint ID)			Monitori	ng Pe	riod	Collect	ion Per			iance Status
		ve Sampling Points			4/1/24 -	_						
					7/1/24 -		-					
Water System F	acility: ENTR	POINT (WSF ID:	00700)									
Nitrate And Nit	rite (NOX)									1 rc	outine (F	RT) per year
Sampling Po	int (Sampling P	oint ID)			Monitori	ng Pe	riod	Collect	ion Per	iod	Compl	iance Status
ENTRY POIN	Г (З)				1/1/23 -	12/31	L/23	4/:	1-9/30		Co	omplete
					1/1/24 -	12/31	L/24	4/:	1-9/30			
					1/1/25 -	12/31	L/25	4/:	1-9/30			
		Ot	her Con	nplian	ce Sched	lules	S					
Compliance Schee	dule Activity					Due D			Achiev	ved D	ate	
SEASONAL START	UP COMPLETIO	N			4	1/15/2	2024					
		Water System	<b>Facility</b>	, and S	ampling	Poi	nt In	vento	ry			
Water								Total	Lead a	and		
	System Facility		ng Point So				0	Coliform				Stage
Facility ID			D Do				tatus		Rule	Tier /	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM				ION SYSTEM		A	Y				
					SERVICE CON		A					
						N	A					
00700 ENTRY					NI		A					
22787 WELL 2			2 W	/ELL 214			A					
60801 ATMO	SPHERIC STORA	JE TANK										
			Conta	act Info	ormation							
Name			Orga	nization						J	lob Title	
Mr. Michael J. Mi	nor			-	ach Club, Ind	с.		Vic	e Presic	dent/S	Sec	
Mailing Address L	ine One	Mailing	g Address Li	ine Two					ity		State	Zip Code
51 Springfield Roa					1			ford Spri	-		СТ	06076
Business Phone	Extension	Fax	Mobile I	Phone	Emergency	Phor						
860-684-5861		860-684-2635					trac	iezelonk	a@aol.	com		
Contact Role(s):	Administrative	Contact, Legal Conta	act, Owner									

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WEI	L 214		NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
51 OLD SPRING	FIELD ROAD	Connections	1				
Towns Served:	STAFFORD						

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	Water Qua	ility Moni	toring a	nd Com	iplia	ance S	ched	ule		
PWS ID	PWS Name				Class	ification F	opulati	on Ow	ner Type P	rimary Sourc
CT1340164	SUN VALLEY BEACH CLUB		1			NC	25		Р	GW
Local Address (	where applicable)		Service	Resident	tial C	ommercia	I Indu	strial	Combined	Agricultura
51 OLD SPRING	FIELD ROAD		Connection	ns 1						
Towns Served:	STAFFORD									
		Monit	oring Rec	quireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)							
<b>Total Colifor</b>	n (3100)							1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorii	n <mark>g</mark> Pel	riod Co	llection	Period	Compli	ance Status
Select fror	n Inventory of Active Samplin	g Points		4/1/24 -	6/30/	/24				
				7/1/24 -	9/30/	/24				
<b>Physical Para</b>	meters (PPS)							1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitorii	ng Pei	riod Co	llection			ance Status
Select fror	n Inventory of Active Samplin	g Points		4/1/24 -	6/30/	/24				
	· ·	-		7/1/24 -	9/30/	/24				
Water System	Facility: ENTRY POINT (	WSF ID: 00700	)							
Nitrate And N	Nitrite (NOX)							1	routine (F	RT) per yea
Sampling	Point (Sampling Point ID)			Monitorii	n <mark>g</mark> Pel	riod Co	llection	Period	Compli	ance Status
ENTRY PO	INT (3)			1/1/23 - 1	12/31	/23	4/1-9/	30	Co	mplete
				1/1/24 - 1	12/31	/24	4/1-9/	30		
				1/1/25 - 1	12/31	/25	4/1-9/	30		
		Other O	Compliand	e Sched	ules	;				
Compliance Scl	nedule Activity		-	Ĺ	Due D	ate	Ac	hieved	Date	
SEASONAL STA	RT UP COMPLETION			4	/15/2	024				
	Water S	ystem Faci	lity and Sa	ampling	Poir	nt Inver	tory			
Water						Tot	al Le	ad and	1	
System Wat	er System Facility	Sampling Point				Colif		opper		Stage
Facility ID			Description		St	tatus Ru		ule Tie	r Asbestos	WQP 2 DBF
00600 DIST	RIBUTION SYSTEM	4		ON SYSTEM		A Y	/			
		DOWNSTREAM				А				
		UPSTREAM	WITHIN 5 S			A				
00700 ENT	RY POINT	3	ENTRY POIN	NT		А				
22788 WEL	L	2	WELL			А				
56340 BOO	STER PUMP									
		Со	ntact Info	rmation						
Name		C	Organization						Job Title	
Mr. Michael J.	Minor		un Valley Bea	ich Club, Inc	•		Vice Pr	esiden	t/Sec	
Mailing Addres		Mailing Addres	ss Line Two				City		State	Zip Code
51 Springfield F						Stafford			СТ	06076
Business Pho	ne Extension Fax	Mob	oile Phone	Emergency	Phon	e Email Ao	dress			
860-684-586	860-684	-2635				tracieze	lonka@	aol.cor	n	
	Administrative Contact									

			<i>.</i>		0		1				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
СТ1340164	SUN VALLEY BEA	CH CLUB						NC	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
51 OLD SPRINGF	IELD ROAD				Connection	s 1					
Towns Served: S	TAFFORD						I				
Name			Or	ganization					Job Title		
Mr. Robert N. M	linor			Su	Sun Valley Beach Club, Inc. President						
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code
51 Old Springfiel	d Road							Staffor	rd Springs	СТ	06076
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Pho	ne Email	Address		
860-684-5861		860-684-	2635								
Contact Role(s):	Legal Contact, C	Dwner	I		I						
Diagon moto the	following										

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

		-							-			
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	Addre	SS			
328 East Street							Staffor	d Spri	ngs		CT	06076
Mailing Address Li		1	Mailing Address	s Line Two					ity		State	Zip Code
Name Stillwater Grill LLC	•		Or	rganization							Job Title	
				tact Info	rmation						1 1 1 1 1 1	
IKEAIN			<b>•</b>									
	Л ИENT PLANT		2	WELL #1		A	٩					
00700 ENTRY 47857 WELL#			3	ENTRY POI		4 /						
00700 511751	DOINT		UPSTREAM		SERVICE CON							
		C	OWNSTREAM									
			4		ON SYSTEM			Y				
00600 DISTRIE	BUTION SYSTEM		3	KITCHEN SI		A	4	Y				
System Water Facility ID	System Facility	S	ampling Point ID	Sampling F Description		Sta		iform Rule			Asbestos	Stage WQP 2 DBP
Water							Т	otal	Lead			
	W	ater Sy	stem Facili	ity and S	ampling	Point	t Inve	nto	ry			
					1/1/25 -	12/31/2	25					
					1/1/24 -	12/31/2	24					
ENTRY POINT	(3)				1/1/23 -	12/31/2	23				C	omplete
	int (Sampling Poin	t ID)			Monitori	ng Perio	od C	ollect	ion Pe		-	liance Status
Nitrate And Nit						_	_	_	_	1	routine (	RT) per year
Water System Fa	acility: ENTRY P	OINT (W	SF ID: 00700)		., _, _ +	5,50,2						
					1/1/24 - 4/1/24 -						C	omplete
Select from Ir	nventory of Active	Sampling F	oints		10/1/23 -							omplete
	int (Sampling Poin				Monitori	-		ollect	ion Pe	riod		liance Status
Physical Parame												per quarter
					7/1/24 -	9/30/2	4					
					4/1/24 -	6/30/2	4					
		. 3			1/1/24 -							omplete
	nventory of Active		Points		10/1/23 -	-						omplete
Total Coliform	(3100) int (Sampling Poin	t (ח			Monitori	na Pori	ad C	allect	1 ion Pe			per quarter <i>liance Status</i>
	acility: DISTRIB	UTION SYS	STEM (WSF II	D: 00600)								
			Monito	oring Ree	quireme	nts						
Towns Served: STA	AFFORD			- 1								
328 EAST STREET (				Connection			1		laastii		combine	a Agricultura
Local Address (wh				Service	Residen		c mmerci		ndustri	al	Combine	
	WS Name TILLWATER GRILL					Classifi			lation 27	Owr	P	Primary Source GW
		r Qual	ity Monit	oring a	na con							
C	Connecticut	-					C				CUOII	
<u> </u>	'onnocticut	Ilonar	tmont of	Public	HOTITO	Irir	1 VINC				CTIAN	

								- <u>г</u> -					
PWS ID PV	NS Name							Clas	sification	Population	n Ow	vner Type	Primary Source
CT1340244 S1	ILLWATER GR	LL							NC	27		Р	GW
Local Address (whe	ere applicable)				Service	Resi	den	tial	Commerci	al Industi	rial	Combined	d Agricultural
328 EAST STREET (	ROUTE 19)				Connectior	าร			1				
Towns Served: STA	FFORD				1							1	
Name				Or	ganization							Job Title	
Mr. Andrew Greer	1			Sti	llwater Grill	LLC				Principal	&Ma	anager	
Mailing Address Lir	ne One		Mailing Add	ress	Line Two					City		State	Zip Code
328 East Street									Staffor	d Springs		СТ	06076
Business Phone	Extension	M	Mobile Phone Emergence			ency	Pho	ne Email /	Address				
860-684-4086						603-2	275-	1224	agreen	@stillwate	rgrill	ct.com	
Contact Role(s):	dministrative	Contact, Leg	gal Contact						I				
Name				Or	ganization							Job Title	
Ms. Amy Ethier				Sti	llwater Grill	LLC							
Mailing Address Lir	ne One		Mailing Add	ress	Line Two					City		State	Zip Code
3 Abby Road									Staffor	d Springs		СТ	06076
Business Phone	Extension	Fax	M	obil	e Phone	Emerge	ency	Pho	ne Email A	Address		i	
978-995-2920									aethie	r@stillwate	rgrill	lct.com	
Contact Role(s):	egal Contact		i										
Please note the fo	llowing:												
1. The residual disi	nfectant concent	tration must b	be measured at	the	same locatio	on and tin	ne a	s eac	h total colif	orm sample.			
	at a state second state of					de la seconda			at the state of				

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

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С		ut Departme						U		ection	
		ter Quality N	IIIIII	or mg a							
	VS Name					Clas		on Po	-		rimary Source
		K CAMPGND COOP	/POOL/R	-			NC		42	P	GW
Local Address (whe	ere applicable)			Service	Residen	tial	Comm	ercial	Industrial	Combined	Agricultural
8 SOUTH ROAD				Connectio	115					3	
Towns Served: STA	FFORD										
					quireme	nts					
		<b>IBUTION SYSTEM</b>	(WSF I	D: 00600)							
Total Coliform ( Sampling Poin	-	oint ID)			Monitori	na P	eriod	Colle	1 ro ection Perio		per quarter ance Status
		ive Sampling Points			10/1/23 -	_					mplete
					1/1/24 -						mplete
					4/1/24 -		-				mpiete
					7/1/24 -		-				
Physical Parame	ters (PPS)				,, 1,24	5,50	5/ <u>2</u> <del>7</del>		1 rc	outine (RT)	per quarter
Sampling Poin		oint ID)			Monitori	ng P	eriod	Colle	ection Perio		ance Status
Select from In	ventory of Act	ive Sampling Points			10/1/23 -	12/3	31/23			Co	mplete
					1/1/24 -	3/31	1/24			Co	mplete
					4/1/24 -						
					7/1/24 -	9/30	0/24				
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Nitri	ite (NOX)									1 routine (F	T) per year
Sampling Poin		oint ID)			Monitori	ng P	eriod	Colle	ection Perio	-	ance Status
ENTRY POINT	(3)				1/1/23 -	12/3	1/23			Co	mplete
					1/1/24 -	12/3	1/24				
					1/1/25 -	12/3	1/25				_
		0	ther C	omplian	ce Sched	lule	s				
Compliance Schedu	ule Activity				l	Due I	Date		Achieve	d Date	
CROSS CONNECTIO	N SURVEY REP	ORT			:	3/1/2	2025				
		Water System	n Facili	ity and S	ampling	Poi	int Ir	vent	ory		
Water								Tota			
	ystem Facility	-	-	Sampling				Colifor			Stage
Facility ID			D	Descriptio	n		<u>Status</u>	Rule	e Rule Tie	er Asbestos	WQP 2 DBPR
00501 WELL #1			2	WELL #1			A				
00600 DISTRIBU	UTION SYSTEM		4		ION SYSTEM		Α				
					SERVICE CON		A				
			REAM		SERVICE CON	N	A				
00700 ENTRY P	POINT		3	ENTRY PO			A				
					ormation						
Name				rganization						Job Title	
Mr. Lewis J. Dorma		1		_	k Campgrour	nd Co	оор	ſ	Maintenance		
Mailing Address Lin	ne One	Mailing	g Addres	s Line Two					City	State	Zip Code
8 South Road								fford S		СТ	06076
Business Phone	Extension	Fax		ile Phone	Emergency	Pho					
860-684-7086		860-684-7125	860-8	818-7108			rbo	:@roar	ingbrook.ne	coxmail.com	
Contact Role(s): O	wner										

		<u></u>					<b>r</b>					
PWS ID	PWS Name						Class	ification	Population	Own	er Type	Primary Source
CT1341324	ROARING BROO	K CAMPGNI	COOP/F	POOL/R	EST/REC			NC	42		Р	GW
Local Address (w	here applicable)				Service	Resider	ntial (	Commerci	al Industri	ial (	Combine	ed Agricultural
8 SOUTH ROAD					Connection	าร					3	
Towns Served: ST	TAFFORD											
Name				Or	rganization						Job Title	9
Mr. Eugene M. D	umont			Rc	oaring Brook	Campgrou	ind		Vice Pres	ident		
Mailing Address I	Line One		Mailing	Address	s Line Two				City		State	Zip Code
8 South Road								Staffor	d Springs		СТ	06076
Business Phone	e Extension	Fax		Mobi	le Phone	Emergenc	y Phor	e Email A	ddress			
860-684-7086		860-684-	7125			860-818	8-7108	rbcgop	erations@g	mail.c	com	
Contact Role(s):	Legal Contact, C	Dwner	·									
Name				Or	rganization						Job Title	ē
Mr. Gregg R. Gol	dberg			Rc	oaring Brook	Campgrou	ind		Facilities	Mana	ger	
Mailing Address I	Line One		Mailing	Address	s Line Two				City		State	Zip Code
8 South Road								Staffor	d Springs		СТ	06076
Business Phone	e Extension	Fax		Mobi	le Phone	Emergenc	y Phor	e Email A	ddress			
860-684-7086		860-684-	7125			860-818	8-7108	rbcgop	erations@g	mail.c	com	
Contact Role(s):	Administrative	Contact	·									
Please note the f	following:											
1. The residual di	sinfectant concent	tration must l	pe measure	ed at the	e same locatio	on and time	as each	total colife	orm sample.			

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

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

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

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

Connecticut Depa	artment of	f Public	Health	Drin	king	Water Se	ection	
Water Qua					<u> </u>			
PWS ID PWS Name			ner Type F	Primary Source				
CT1341374 STAFFORD SPRINGS KINGDO	OM HALL			N		75	P	GW
Local Address (where applicable)		Service	Residenti		mmercial	-	Combined	-
79 CRYSTAL LAKE RD		Connectio			1			0
Towns Served: STAFFORD								
	Monite	oring Re	quiremen	its				
Water System Facility: DISTRIBUTION S								
Total Coliform (3100)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection Period		iance Status
Select from Inventory of Active Sampling	g Points	10/1/23 - 12/31/23			23			
			1/1/24 - 3	3/31/24	4			
		4/1/24 - 6/30/2			4			
			7/1/24 - 9	9/30/24	4			
Physical Parameters (PPS)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring Period		od Col	llection Period Compli		iance Status	
Select from Inventory of Active Sampling	g Points		10/1/23 - 1	12/31/2	23		Co	omplete
			1/1/24 - 3	3/31/24	4			
			4/1/24 - 6	5/30/24	4			
			7/1/24 - 9	9/30/24	4			
Water System Facility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection Period	l Compl	iance Status
ENTRY POINT (3)		1/1/23 - 12/31/23			.3		Co	omplete
			1/1/24 - 1	2/31/2	.4			
			1/1/25 - 1	2/31/2	25			
Water S	ystem Facili	ity and S	ampling I	Point	Inven	tory		
Water					Tot			
System Water System Facility	Sampling Point ID				-	orm Copper		Stage
		Description		Stat			r Aspestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM			ION SYSTEM	A				
	DOWNSTREAM UPSTREAM		SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POI		A				
	-			A				
61533 WELL #1	2	WELL #1		A	1			
			ormation					
Name		rganization					Job Title	
Mr. Peter Panciera		Cong. of J's	Witnesses			0		
Mailing Address Line One P.O. Box 231	Mailing Address	s Line Two			Stafford	City Springs	State CT	Zip Code 06076
Business Phone Extension Fax	Mobi	Mobile Phone Emergency Pho			Email Address			
860-930-2600			860-930-2			a@yahoo.cor	n	
Contact Role(s): Administrative Contact, Leg	gal Contact, Owr	ner						

WS ID PWS Name			Classification	Population	Owner Type	Primary Source	
CT1341374	STAFFORD SPRINGS KINGDOM HALL			NC	75	Р	GW
Local Address (where applicable)		Service Residen		tial Commerc	ial Industri	al Combine	d Agricultural
79 CRYSTAL LAKE RD		Connections		1			
Towns Served: S	TAFFORD				·		· · · · · · · · · · · · · · · · · · ·

#### 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.

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