

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390014	AIRWAYS GOLF COURSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1070 S. GRAND STREET			1		

Towns Served: SUFFIELD

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/12/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/12/2025	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule
					Rule Tier	Asbestos
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
22278	WELL	2	WELL	A		

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.

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CT1390014	AIRWAYS GOLF COURSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1070 S. GRAND STREET			1		

Towns Served: SUFFIELD

Contact Information

Name	Organization	Job Title		
Mr. Robert Kemp	Ten Seventy South Grand LLC			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
29 Crane Hill Rd		Suffield	CT	06078
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-668-4973				Email Address

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

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 Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
585 SOUTH STREET	Connections		1		

Towns Served: SUFFIELD

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Nitrate M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Total Coliform M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022	
Nitrate M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024	
Nitrate M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/12/2025		11/22/2025	

Water System Facility and Sampling Point Inventory

Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR	Stage
Facility ID			status	Rule	Tier			

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
585 SOUTH STREET		1			

Towns Served: SUFFIELD

00600 DISTRIBUTION SYSTEM		4	DISTRIBUTION SYSTEM	A	Y	Status
DOWNSTREAM		WITHIN 5 SERVICE CON		A		
UPSTREAM		WITHIN 5 SERVICE CON		A		
00700 ENTRY POINT		3	ENTRY POINT	A		
22285 WELL		2	WELL	A		

Contact Information

Name	Organization	Job Title		
Mr. Ronald E Wierners	Good Shepherd Lutheran Church	Trustee		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
585 South St.	P.O. Box 155	Suffield	CT	06078
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				860-368-1480
				arwierners@comcast.net

Contact Role(s): **Legal 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

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390124	VFW POST 9544	NC	25	P	GW
Local Address (where applicable)	972 SHELDON STREET	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: SUFFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/31/25 - 11/5/25		
Total Coliform (3100)	3 temporary routine (TR) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/25 - 11/30/25		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 22288)

E. Coli (3014)	1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/30/25 - 11/14/25		Complete

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
22288	WELL	2	WELL	A		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390124	VFW POST 9544	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
972 SHELDON STREET			1		

Towns Served: SUFFIELD

Contact Information

Name	Organization	Job Title		
Mr. Jim E. Hunter	VFW Post 9544			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 343		West Suffield	CT	06093
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
			860-818-2026	jecatfish@gmail.com

Contact Role(s): **Legal Contact**

Name	Organization	Job Title		
Mr. Paul Haas	Landy - Sic Post 9544 VFW	Surgeon		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
972 Sheldon St	P.O. Box 366	West Suffield	CT	06093
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
860-888-0567				860-478-7691 suffieldvfw9544@gmail.com

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390144	1365 MOUNTAIN ROAD - SUFFIELD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: SUFFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22289	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. George Dulchinos		
Mailing Address Line One	Mailing Address Line Two	City
3 Red Oak Drive		State
		Zip Code
Business Phone	Extension	Fax
Mobile Phone	Emergency Phone	Email Address
112-000-2007		dulchinos10@aol.com

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390144	1365 MOUNTAIN ROAD - SUFFIELD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: SUFFIELD

415-998-5007

dwcrimmos10@aol.com

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

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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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390154	SUNRISE PARK - PAVILION	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2075 MOUNTAIN ROAD			1		

Towns Served: SUFFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48004	WELL #1	2	WELL #1	A				

Contact Information

Name	Organization	Job Title
Mr. Colin Moll	Town of Suffield	First Selectman
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
83 Mountain Road		Suffield CT 06078
Business Phone	Extension	Fax
860-668-3838		860-668-3627
		Email Address
		cmoll@suffieldct.gov

Contact Role(s): Legal Contact

Name	Organization	Job Title
Mr. Matejek Chris	Town of Suffield, Public Works	Facilities Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
83 Mountain Road		Suffield CT 06078
Business Phone	Extension	Fax
860-668-3890		860-668-3627
		Email Address
		cmatejek@suffieldct.gov

Contact Role(s): Administrative Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1390154	SUNRISE PARK - PAVILION	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
2075 MOUNTAIN ROAD	Connections		1		Agricultural

Towns Served: SUFFIELD

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