

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1429043</b>	<b>CIDER MILL CHRISTIAN FELLOWSHIP</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
75 CIDER MILL ROAD			1				
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	6/15/2020	
CROSS CONNECTION EXEMPTION	3/1/2024	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001-H	MENS RESTROOM HALL	A	Y	N	Y	Y
		MW002-H	WOMENS RESTROOM HALL	A	Y	N		
		MW003	KITCHEN	A	Y	N		Y
		MW003-LS	KITCHEN LEFT SINK	A	Y	N		
		MW004-AP	SINK ACROSS PASTORS	A	Y	N		
		MW017-131	BATHROOM 131	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10628	WELL #1	2	WELL #1	A				
1528	TREATMENT PLANT							

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1429043</b>	<b>CIDER MILL CHRISTIAN FELLOWSHIP</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
75 CIDER MILL ROAD			1				
Towns Served: TOLLAND							

## Contact Information

Name		Organization			Job Title			
<b>Pastor Jeff Roman</b>		First Baptist Church of Tollan			Pastor			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
175 Cider Mill Road						Tolland	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-871-8192		860-871-8192						

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

Name		Organization			Job Title			
<b>Reverend Timothy Vamosi</b>		Cider Mill Christian Fellowshi						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
75 Cider Mill Road						Tolland	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-871-0592					TIMVAMOSI@GMAIL.COM			

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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1420034</b>	<b>CRANDALLS LODGE</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
64 CIDER MILL ROAD				1			
Towns Served: TOLLAND							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
22337	WELL	2	WELL	A				

### Contact Information

Name			Organization			Job Title		
Mr. Bruce Watt			Tolland Recreation Department			Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
21 Tolland Green						Ellington	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3610		860-870-6876		860-310-6598	bwatt@tolland.org			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1420034</b>	<b>CRANDALLS LODGE</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
64 CIDER MILL ROAD				1			

Towns Served: TOLLAND

**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**

***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	Classification	Population	Owner Type	Primary Source		
<b>CT1420044</b>	<b>CRANDALLS PARK</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 CIDER MILL ROAD				1			

Towns Served: TOLLAND

### 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	10/1/23 - 10/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

**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	10/20/23 - 10/25/23		Complete

**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	10/1/23 - 12/31/23	10/1-10/31	Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

**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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

**Water System Facility: WELL (WSF ID: 22338)**

**E. Coli (3014) 1 triggered (TG) per period**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/19/23 - 10/25/23		Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2024	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 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				
22338	WELL	2	WELL	A				
62012	TREATMENT PLANT							

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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		
<b>CT1420044</b>	<b>CRANDALLS PARK</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 CIDER MILL ROAD				1			

Towns Served: TOLLAND

## Contact Information

Name		Organization			Job Title		
<b>Mr. Bruce Watt</b>		Tolland Recreation Department			Director		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
21 Tolland Green					Ellington	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-870-3610		860-870-6876		860-310-6598	bwatt@tolland.org		

Contact Role(s): **Administrative Contact, 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 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 Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1420064</b>	<b>THE QUARRY CAMPGROUND LLC (STORE)</b>	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
704 SHENIPSIT LAKE ROAD				1			
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	10/1-10/31	
	4/1/24 - 6/30/24	5/1-6/30	
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 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				
22340	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Ms. Brittany Mathis</b>			The Quarry Campground LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
704 Shenipsit Lake Road						Tolland		CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-875-8325				401-632-8576	thequarrycampground@gmail.com				
Contact Role(s): <b>Administrative Contact, Owner</b>									

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1420064</b>	<b>THE QUARRY CAMPGROUND LLC (STORE)</b>	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
704 SHENIPSIT LAKE ROAD				1			

Towns Served: TOLLAND

**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 Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1420074</b>	<b>THE QUARRY CAMPGROUND LLC (CAMPER)</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
704 SHENIPSIT LAKE ROAD				1			

Towns Served: TOLLAND

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	10/1-10/31	
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility: **WELL #2 (WSF ID: 22341)**

<b>E. Coli (3014)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	10/1/23 - 12/31/23	10/1-10/31	
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 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				
22341	WELL #2	2	WELL	A				

## Contact Information

Name	Organization	Job Title		
<b>Ms. Brittany Mathis</b>	The Quarry Campground LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
704 Shenipsit Lake Road		Tolland	CT	06084

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1420074</b>	<b>THE QUARRY CAMPGROUND LLC (CAMPERS)</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
704 SHENIPSIT LAKE ROAD				1			
Towns Served: TOLLAND							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-875-8325				401-632-8576	thequarrycampground@gmail.com		
Contact Role(s): <b>Administrative Contact, Owner</b>							

**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 Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1420144</b>	<b>167 TOLLAND STAGE ROAD - TOLLAND</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
167 TOLLAND STAGE ROAD				1			
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/10 - 3/31/10	2	7/3/2010		7/13/2010	
Physical Parameters M&R Violation	10/1/09 - 12/31/09	3	3/10/2011		3/20/2011	
Physical Parameters M&R Violation	1/1/10 - 3/31/10	3	6/3/2011		6/13/2011	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
22347	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
<b>Ms. Debra B. Bahler</b>						Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
PO Box 502			167 Tolland Stage Rd			Tolland	CT	06084-0502
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860.896.1700					debra@monetscatering.com			

**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	Classification	Population	Owner Type	Primary Source		
<b>CT1420144</b>	<b>167 TOLLAND STAGE ROAD - TOLLAND</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
167 TOLLAND STAGE ROAD				1			
Towns Served: TOLLAND							
800-890-1709		debra@monetscatering.com					
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>							

**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 Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1420184</b>	<b>SEVENTH DAY ADVENTIST CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 HARTFORD TURNPIKE				1			
Towns Served: TOLLAND							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/26/2019	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
22350	WELL	2	WELL	A				

### Contact Information

Name			Organization			Job Title		
Mr. Dale M. Flick			Seventh-Day Adventist Church			Engineer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
9 Hartford Turnpike			P.O. Box 309			Tolland	CT	06084-0309
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
800-269-9994	2336	860-440-0452	860-504-1967	860-569-7432	d.m.flick@att.net			
Contact Role(s): <b>Administrative Contact</b>								

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1420184</b>	<b>SEVENTH DAY ADVENTIST CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 HARTFORD TURNPIKE				1			

Towns Served: TOLLAND

**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***

***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	Classification	Population	Owner Type	Primary Source		
<b>CT1420234</b>	<b>TOLLAND CITGO</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
128 MERROW ROAD				1			
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
22353	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
<b>Mr. Robert J. Guild</b>			G & G Service, Inc.					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O.Box 832			23 Tolland Drive			Tolland	CT	06084-0832
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-871-7963		860-871-1664			sales@tollandcitgo.com			
Contact Role(s): <b>Legal Contact</b>								

*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	Classification	Population	Owner Type	Primary Source			
<b>CT1420234</b>	<b>TOLLAND CITGO</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
128 MERROW ROAD				1				
Towns Served: TOLLAND								
Name			Organization			Job Title		
<b>G&amp;G Service, Inc.</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O.Box 832			P.O. Box 832			Tolland	CT	06084-0832
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-871-7963		860-871-1664						
Contact Role(s): <b>Legal Contact, Owner</b>								
Name			Organization			Job Title		
<b>Ms. Elaine Cofrancesco</b>			Tolland Citgo			Office Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
128 Merrow Road						Tolland	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-871-7963			860-214-4074		elainecofrancesco@gmail.com			
Contact Role(s): <b>Administrative Contact</b>								

**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 Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1600204	GIRL SCOUTS OF CT, INC. (DINING ROOM)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 PLAINS ROAD				1			

Towns Served: TOLLAND

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling 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 - 10/31/24			

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling 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 - 10/31/24			

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/23 - 12/31/23			Out of Service
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2024	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	5/16/22 - 6/16/22	3	10/15/2024		10/25/2024	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ10158	DIRECTORS CABIN	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	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.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1600204</b>	<b>GIRL SCOUTS OF CT, INC. (DINING ROOM)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 PLAINS ROAD				1			
Towns Served: TOLLAND							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
23010	WELL	2	WELL	A				
55256	ATMOSPHERIC TANK							
55258	BOOSTER PUMP STATION							

## Contact Information

Name			Organization			Job Title		
<b>Girl Scouts of America, Inc.</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-522-0163								

Contact Role(s): <b>Owner</b>								
Name			Organization			Job Title		
<b>Ms. Teresa C. Younger</b>			Girls Scouts of Ct, Inc.			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Pcsw, 18-20 Trinity Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Ms. Mary Barneby</b>			Girl Scouts of Ct, Inc			Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
800-922-2770	3246				customercare@gsofct.org			

Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Ms. Deb Asetta</b>			Girl Scouts of Connecticut			Chef Financial/Admi		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Washington Avenue						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3321				property@gsofct.org			

Contact Role(s): <b>Owner</b>		

*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	Classification	Population	Owner Type	Primary Source			
<b>CT1600204</b>	<b>GIRL SCOUTS OF CT, INC. (DINING ROOM)</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
10 PLAINS ROAD				1				
Towns Served: TOLLAND								
Name			Organization			Job Title		
<b>Ms. Mary Beth Corcoran</b>			Girl Scouts of Connecticut					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Washington Avenue						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3321				property@gsofct.org			
Contact Role(s): <b>Administrative Contact</b>								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1600214</b>	<b>GIRL SCOUTS OF CT, INC. (STONE HOUSE)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
353 PLAINS ROAD				1			
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BH75933	KITCHEN	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23011	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Girl Scouts of America, Inc.									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
340 Washington Street						Hartford		CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-522-0163									
Contact Role(s): <b>Owner</b>									

*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	Classification	Population	Owner Type	Primary Source
<b>CT1600214</b>	<b>GIRL SCOUTS OF CT, INC. (STONE HOUSE)</b>	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
353 PLAINS ROAD			1			

Towns Served: TOLLAND

Name	Organization	Job Title
<b>Ms. Teresa C. Younger</b>	Girls Scouts of Ct, Inc.	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Pcsw, 18-20 Trinity Street		Hartford	CT	06106

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

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

Name	Organization	Job Title
<b>Ms. Deb Asetta</b>	Girl Scouts of Connecticut	Chef Financial/Admi

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
20 Washington Avenue		North Haven	CT	06473

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-239-2922	3321				property@gsofct.org

Contact Role(s): **Owner**

Name	Organization	Job Title
<b>Ms. Mary Beth Corcoran</b>	Girl Scouts of Connecticut	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
20 Washington Avenue		North Haven	CT	06473

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-239-2922	3321				property@gsofct.org

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.

***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		
<b>CT1429204</b>	<b>404 MERROW ROAD - TOLLAND</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: TOLLAND

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	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.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1429204</b>	<b>404 MERROW ROAD - TOLLAND</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			1				

Towns Served: TOLLAND

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53169	WELL 1	2	WELL 1	A				
62507	TREATMENT PLANT							

## Contact Information

Name		Organization			Job Title		
<b>Mr. Azkar Chaudhry</b>		Hz & Unq, LLC					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
404 Merrow Rd					Tolland	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-871-7788			860-205-0362		tollandgolf@att.net		
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1429224</b>	<b>CROSS FARMS COMPLEX</b>	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
167 RHODES RD						1	
Towns Served: TOLLAND							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23	10/1-10/31	Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 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				
60033	WELL 1	2	WELL 1	A				
62157	IRON FILTER							
62158	WATER SOFTENER							

## Contact Information

Name			Organization			Job Title		
Mr. Bruce Watt			Tolland Recreation Department			Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
21 Tolland Green						Ellington	CT	06084
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3610		860-870-6876		860-310-6598	bwatt@tolland.org			
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>								

*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	Classification	Population	Owner Type	Primary Source		
<b>CT1429224</b>	<b>CROSS FARMS COMPLEX</b>	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
167 RHODES RD						1	

Towns Served: TOLLAND

**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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1429234</b>	<b>ROCKVILLE FISH AND GAME - CLUBHOUSE</b>	NC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
47 FISH AND GAME ROAD				1			
Towns Served: TOLLAND							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2029	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		CH1	MEN'S ROOM SINK	A	Y			
		CH2	WOMEN'S ROOM SINK	A	Y			
		CH3	KITCHEN SINK	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60761	WELL 1	2	WELL 1	A				
61755	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title			
Mr. Peter E Kasacek			Rockville Fish And Game Club			1St Vp			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
94 Seagraves Rd						Coventry		CT	06238
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-742-7074			860-377-8902	860-377-8902	petekasacek@gmail.com				

*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	Classification	Population	Owner Type	Primary Source			
<b>CT1429234</b>	<b>ROCKVILLE FISH AND GAME - CLUBHOUSE</b>	NC	42	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
47 FISH AND GAME ROAD				1				
Towns Served: TOLLAND								
Contact Role(s): <b>Administrative Contact</b>								
Name			Organization			Job Title		
<b>Mr. Greg Thomas</b>			Rockville Fish & Game Club			Trustee		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 211						Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-610-8150				860-818-8903	gregthomas686@gmail.com			
Contact Role(s): <b>Legal Contact</b>								

**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>***

<b><i>End of schedule</i></b>
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