	Connecticut Do	aartmont o	of Dublic L	[oalth	Drir	olzina	Mat	or S	Coct	ion		
	Connecticut Dep					_				.1011		
DIAIC ID		iality Moni	toring an	u Con	_					T D		
PWS ID	PWS Name					cation P		ion O				ource
CT1460493			Service	Residen	N Co.	mmercia	50	ıstrial	Р	mbined	GW	ltural
	ress (where applicable)		Connections	Residen	tiai Co		mac	IStriai	CO	mbinea	Agricu	iturai
	ved: VERNON		Connections			1						
TOWIIS SELV	ved. VERINOIN	B.4 :-	tarina Dani	.:								
Water Sys	stem Facility: DISTRIBUTION		toring Requ ID: 00600)	iireme	nts							
Total Col	iform (3100)							1	routi	ne (RT)	per mo	nth
Samp	ling Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection	Perio	d	Compli	ance Sta	itus
Select	t from Inventory of Active Sampl	ing Points		7/1/24 -	7/31/2	4				Со	mplete	
				8/1/24 -	8/31/2	4				Co	mplete	
				9/1/24 -	9/30/2	4				Co	mplete	
				10/1/24 -	10/31/	24				Со	mplete	
				11/1/24 -	11/30/	24				Со	mplete	
				12/1/24 -	12/31/	24						
				1/1/25 -	1/31/2	5						
Physical I	Parameters (PPS)							1 r	outir	ne (RT)	per qua	rter
Samp	ling Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection	Perio	d	Compli	ance Sta	itus
Select	t from Inventory of Active Sampl	ing Points		4/1/24 -	6/30/2	4				Со	mplete	
				7/1/24 -	9/30/2	4				Co	mplete	
				10/1/24 -	12/31/	24				Co	mplete	
				1/1/25 -	3/31/2	5						
				4/1/25 -	6/30/2	5						
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700))									
Nitrate A	and Nitrite (NOX)								1 ro	utine (F	RT) per y	/ear
Samp	ling Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection				ance Sta	
ENTR	Y POINT (3)			1/1/23 -	12/31/2	23				Co	mplete	
				1/1/24 -	12/31/2	24				Co	mplete	
				1/1/25 -	12/31/2	25						
		Other (Compliance	Sched	ules							
Complianc	re Schedule Activity				Due Dat	te	Δ	chieve	d Da	te		
-	TO SANITARY SURVEY				/13/20:			ine ve	u Du	••		
INEST OND		Custom Fosi	liture and Con									
	water	System Faci	lity and Sar	npling	Point							
Water	Water System Facility	Campling Boin	t Sampling Poi	mt		Tot		ead ar			c	
System Facility ID	water system racinty	Sumpling Poin ID	Description	ni.		Colife tus Ru		Coppe Jule Ti		chectoc	WQP 2	tage DRPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	Sta P	LUS		uic II	C/ A.	3003103	VVQI Z	DDI K
00000	DISTRIBUTION STSTEM		M WITHIN 5 SER									
		UPSTREAM	WITHIN 5 SER									
00700	ENTRY POINT	3	ENTRY POINT		ν -							
	WELL	2	WELL									
20020	VVLLL					1						
		Co	ntact Inform	mation								
Name			Organization						Jo	b Title		
Mr. Ed Joh			lohansen Proper	ties		1				1		
	dress Line One	Mailing Addre	ess Line Two				City			State	Zip Cod	
458 Talcot	tville Rd					Vernon				СТ	06066	5

	dominectic	at Departin		I abiic i	rearch	וטו	11111111	, water	Decemon			
	Wa	ter Quality	Monit	oring an	nd Con	npl	iance S	Schedul	e			
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source		
CT1460493 JOHANSEN PROPERTIES NC 50 P GW												
Local Address (w	here applicable)			Service Resider		itial	Commerci	al Industri	al Combine	ed Agricultural		
458 TALCOTTVIL	LE ROAD			Connections			1					
Towns Served: V	'ERNON				,				, ,			
Business Phon	e Extension	Fax	Mobil	e Phone L	Emergency	/ Pho	ne Email A	Address				
	860-729-5669 edjohansen1@hotmail.com											
Contact Role(s):	Administrative	Contact, Legal Con	tact, Own	er								

Connecticut Department of Public Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Со	nnectic	ut Depa	rtment of	Public	Health	Drin	king V	Water Se	ction	
	Wa	ter Qua	lity Monit	oring a	nd Com	plia	nce Sc	hedule		
PWS ID PW	S Name			<u> </u>					ner Type P	rimary Source
CT1460024 NEV	WHOCA LODG	GE				N		25	P	GW
Local Address (where	e applicable)			Service	Residenti	al Cor	mmercial	Industrial	Combined	Agricultural
195 GRIER ROAD				Connectio	ns		1			
Towns Served: VERN	ION						'			
			Monito	oring Re	quiremen	ts				
Water System Faci	ility: DISTR	IBUTION S			•					
Total Coliform (3	-							1 rou		per quarter
Sampling Point					Monitorin			ection Period		iance Status
Select from Inve	entory of Act	ive Sampling	Points		4/1/24 - 6					mplete
					7/1/24 - 9				Cc	mplete
					10/1/24 - 1					
					1/1/25 - 3					
					4/1/25 - 6	5/30/2	5			
Physical Paramete	= =									per quarter
Sampling Point			.		Monitorin			ection Period		iance Status
Select from Inve	entory of Act	ive Sampling	Points		4/1/24 - 6					mplete
					7/1/24 - 9				Co	mplete
					10/1/24 - 1					
					1/1/25 - 3					
Matax Customs Faci	II:4 FAITO	V DOINT (M	/CE ID: 00700\		4/1/25 - 6	0/30/2	>			
Water System Faci	•	T POINT (V	73F ID: 00700)) T)
Nitrate And Nitrit	•	nint ID)			Manitarin	a Donie	ما دمال		·=	RT) per year
Sampling Point ENTRY POINT (3		טווונ וטן			<i>Monitorin</i> 1/1/23 - 1			ection Period		iance Status
ENTRY POINT (3	5)				1/1/24 - 1					omplete omplete
					1/1/24 - 1				CC	impiete
			Othor C							
			Other C	ompiian	ce Schedi					
Compliance Schedul						ue Dat	_	Achieved	Date	
RESPOND TO SANITA	ARY SURVEY				7/	17/201	L9			
		Water Sy	ystem Facili	ity and S	ampling I	Point	Invent	ory		
Water							Tota			
,	stem Facility		Sampling Point				Colifor			Stage
Facility ID	TION (0.751)		ID	Description		Sta		Rule Her	Aspestos	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM		4		ION SYSTEM	A				
			DOWNSTREAM			Α				
00700 FNTDV DO	NINT		UPSTREAM		SERVICE CON	A				
00700 ENTRY PC	INI		3	ENTRY POI	IN I	A				
22428 WELL			2	WELL		А	1			
			Con	tact Info	rmation					
Name				rganization					Job Title	
Mr. Martin D. Sitler					& Recreation	Dept	Ι	Director		
Mailing Address Line	e One		Mailing Address	s Line Two				City	State	Zip Code
120 South Street							Vernon		СТ	06066
Business Phone	Extension	Fax		le Phone	Emergency F					
860-870-3520		860-870-3	3525		860-306-4	753	msitler@\	vernon-ct.gov		

(Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity Mon	itoring a	and Con	npli	ance So	chedule					
PWS ID P	WS Name					Class	ification P	opulation Ov	vner Type	Primary Source			
CT1460024 N	IEWHOCA LOD	GE					NC	25	Р	GW			
Local Address (wh	ere applicable)			Service	Resider	ntial C	Commercial	Industrial	Combine	d Agricultural			
195 GRIER ROAD													
Towns Served: VE	RNON												
Contact Role(s):	Administrative	Contact											
Name				Organization					Job Title				
Mr. Michael Purc	aro			Town of Verr	non			Town Admin	istrator				
Mailing Address L	ne One		Mailing Addr	ess Line Two				City	State	Zip Code			
Memorial Building	5		14 Park Place	<u>)</u>			Vernon		СТ	06066			
Business Phone	usiness Phone Extension Fax Mobile Phone Emergency Phone Email Address												
860-870-3670							mpurcar	o@vernon-ct	.gov				
Contact Role(s):	Legal Contact												

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

		cut Depart iter Quality					`				ction		
PWS ID	PWS Name					Classifi	cation	Popu	lation	Owi	ner Type	Primar	y Source
CT1460104	500 EAST PLAZA	4				N	С	2	25		Р	G	iW
Local Address ((where applicable))		Service	Residen	tial Co	mmerc	ial Ir	ndustri	al	Combine	d Agr	icultural
500 TALCOTTV	ILLE ROAD			Connection	ns		1						
Towns Served:	VERNON												
			Monit	oring Red	quireme	nts							
Water Systen	n Facility: DIST	RIBUTION SYST	EM (WSF I	D: 00600)									
Total Colifor	m (3100)								1	rou	tine (RT	per c	uarter
Sampling	Point (Sampling F	Point ID)			Monitori	ng Perio	od (Collect	ion Pe	riod	Comp	liance	Status
Select fro	m Inventory of Act	tive Sampling Poi	nts		4/1/24 -	6/30/2	4					omple	te
					7/1/24 -	9/30/2	4				(omple	te
					10/1/24 -						(omple	te
					1/1/25 -								
					4/1/25 -	6/30/2	5						
_	ameters (PPS)										tine (RT		-
	Point (Sampling I				Monitori			Collect	ion Pei	riod			Status
Select fro	m Inventory of Act	tive Sampling Pol	nts		4/1/24 -							omple	
					7/1/24 -							Comple	
					10/1/24 - 1/1/25 -							omple	ite
					4/1/25 -								
Water System	n Facility: ENTR	RY POINT (WSF	ID: 00700)		7/1/23	0/30/2	<u> </u>						
-	Nitrite (NOX)									1	routine	RT) n	er vear
	Point (Sampling F	Point ID)			Monitori	ng Perio	od (Collect	ion Pei				Status
ENTRY PO		•			1/1/23 -							omple	
					1/1/24 -	12/31/2	24				(omple	te
					1/1/25 -	12/31/2	25						
		Water Syst	em Facil	ity and Sa	ampling	Point	t Inve	ento	rv				
Water		, , , , , ,			· I 0			otal	Lead	and			
	ter System Facility	y San	pling Point	Sampling P	Point			liform					Stage
Facility ID			ID	Description)	Sta	tus l	Rule	Rule	Tier	Asbesto	s WQF	2 DBPR
00600 DIS	TRIBUTION SYSTEM	M	4	DISTRIBUTI	ON SYSTEM	P	A	Υ					
		DO'	WNSTREAM	WITHIN 5 S	ERVICE CO	N A	Ą						
		U	PSTREAM	WITHIN 5 S		N A	4						
00700 ENT	RY POINT		3	ENTRY POI	NT	P	4						
22434 WEI	LL		2	WELL		P	4						
			Con	tact Info	rmation								
Name			0	rganization							Job Title		
Mr. Frederick	P. Konon		N	ew 500 East,	LLC			Ow	ner				
Mailing Addres	ss Line One	Ma	iling Addres	s Line Two				C	ity		State	Zip	Code
44 Caisson Roa	nd						Colche	ester			СТ	0641	5-2100
Business Pho		Fax	Mobi	le Phone	Emergency	Phone							
860-537-884	44						r-kon(@sbcg	lobal.n	et			
Contact Role(s): Administrative	· Contact, Legal C	ontact										

Schedule Generation Date: 12/18/2024 Page 5

Connectic	ut Depa	rtment	of Public	Health	Dri	nking	, Water	Sec	ction		
Wa	ter Qua	lity Mon	iitoring a	nd Con	nplia	ince S	Schedul	le			
PWS Name					Classif	ication	Population	Own	er Type	Prima	ry Source
500 EAST PLAZA	\				N	1C	25		Р	(GW
here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al (Combine	d Ag	ricultural
E ROAD			Connection	ns		1					
ERNON				·							
			Organization						Job Title	j	
С											
Line One		Mailing Add	ress Line Two				City		State	Zip	Code
						Colche	ster		СТ	0	6415
e Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	Address				
Owner											
	PWS Name 500 EAST PLAZA here applicable) LE ROAD ERNON C Line One	Water Qual PWS Name 500 EAST PLAZA here applicable) LE ROAD ERNON C Line One Extension Fax	Water Quality Mor	Water Quality Monitoring a PWS Name 500 EAST PLAZA here applicable) LE ROAD ERNON Organization C Line One Mailing Address Line Two Extension Fax Mobile Phone	Water Quality Monitoring and Con PWS Name 500 EAST PLAZA here applicable) LE ROAD ERNON Organization C Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency	Water Quality Monitoring and Complia PWS Name 500 EAST PLAZA here applicable) LE ROAD Connections Organization C Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Water Quality Monitoring and Compliance S PWS Name 500 EAST PLAZA here applicable) LE ROAD Connections Organization C Line One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email A	Water Quality Monitoring and Compliance Schedul PWS Name 500 EAST PLAZA here applicable) LE ROAD Connections Organization Culty Line One Mailing Address Line Two Extension Fax Mobile Phone Classification Population Connections Industri	Water Quality Monitoring and Compliance Schedule PWS Name Classification Population Own 500 EAST PLAZA NC 25 here applicable) LE ROAD Connections Residential Commercial Industrial Connections 1 ERNON Organization C Line One Mailing Address Line Two City Colchester E Extension Fax Mobile Phone Emergency Phone Email Address	PWS Name 500 EAST PLAZA NC 25 P here applicable) E ROAD Organization Organization C Line One Mailing Address Line Two Extension Fax Mobile Phone Classification Population Owner Type Residential Commercial Industrial Combine 1 Combine Combine Combine Commercial Industrial Combine Combine Combine Combine Combine Connections 1 Commercial Industrial Combine Combine Combine Connections Industrial Combine Combine Combine Combine Combine Combine Combine Connections Industrial Combine Combine Combine Combine Combine Combine Combine Combine Combine Connections Industrial Combine Combine Connections Industrial Combine Combine Connections Industrial Combine Industrial Industrial Combine Industrial Combine Industrial Combine Industrial Combine Industrial Industrial Combine Industrial Industria	Water Quality Monitoring and Compliance Schedule PWS Name Classification Population Owner Type Prima 500 EAST PLAZA NC 25 P Service Residential Commercial Industrial Combined Ag E ROAD ERNON Organization Organization Under Type Prima Service Residential Commercial Industrial Combined Ag Connections 1 Combined Ag Connections Connections Colchester Colchester Colchester CT 0 Extension Fax Mobile Phone Emergency Phone Email Address

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut D	enartmei	nt of	F Public H	lealth	Dı	rink	ing V	Water	- S	ection	
	•		coring an				_			cction	
PWS ID PWS Name	quality M	OIII	ornig and	u Con					_	mor Typo	Primary Source
CT1460134 ITALIAN SOCIAL CLUB C	NE BOCKVIII E				Cla	NC	IOII PO	25	UV	P	GW
Local Address (where applicable)	OF ROCKVILLE		Service	Residen	tial	_	orcial	Industr	ial	Combine	_
56 SNIPSIC STREET			Connections	Residen	ıtıaı	2		muusti	ıaı	COMBINE	u Agriculturai
Towns Served: VERNON						_	L				
TOWNS Served. VERNOW	D.A	onit	oring Dogu	iromo	nto						
Water System Facility: DISTRIBUTIO			oring Requ D: 00600)	meme	1115						
Total Coliform (3100)								:	1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)			Monitori	ing P	Period	Coll	lection Pe		-	liance Status
Select from Inventory of Active Sam	pling Points			4/1/24 -	- 6/3	0/24				(Complete
			_	7/1/24 -	9/3	0/24					Complete
				10/1/24 -	- 12/	31/24					
				1/1/25 -	- 3/3	1/25					
				4/1/25 -	- 6/3	0/25					
Physical Parameters (PPS)								:	1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID))			Monitori	ing P	Period	Coll	lection Pe	eriod	l Comp	liance Status
Select from Inventory of Active Sam	pling Points			4/1/24 -	- 6/3	0/24				C	Complete
				7/1/24 -	- 9/3	0/24				C	Complete
				10/1/24 -	- 12/	31/24					
				1/1/25 -	- 3/3	1/25					
				4/1/25 -	- 6/3	0/25					
Water System Facility: ENTRY POIN	IT (WSF ID: 0	0700)									
Nitrate And Nitrite (NOX)									1	routine (RT) per year
Sampling Point (Sampling Point ID)			Monitori	ing P	Period	Coll	lection Pe	eriod	l Comp	liance Status
ENTRY POINT (3)				1/1/23 -	12/3	31/23				C	Complete
				1/1/24 -						C	Complete
				1/1/25 -	12/3	31/25					
	Public	Not	ification R	equire	eme	ents					
		C	ompliance	Notice	?	-		<u>ification</u>		PN Ce	<u>rtification</u>
Violation/Situation		- 1-	Period	Tier		Requi		Performe	?d	Due to DP	
REVISED TOTAL COLIFORM RULE (RTCR)			3/17 - 5/9/18	2		3/25/2				4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR)		-	0/17 - 5/9/18	2		3/25/2				4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR)		-	0/17 - 5/9/18	2		3/25/2				4/4/2018	
Wate	er System I	Facili	ity and Sar	npling	Po	int Ir	nven	tory			
Water							Tota		and	1	
System Water System Facility		Point	Sampling Poi	nt			Colifo		-		Stage
Facility ID	ID		Description			<u>Status</u>		e Rule	Tie	r Asbesto	s WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTION			Α	Y				
			WITHIN 5 SER			Α					
	UPSTRE	-AM	WITHIN 5 SER		N	Α					
00700 ENTRY POINT	3		ENTRY POINT			Α					
22436 WELL	2		WELL			A					
		Con	tact Inform	nation	1						
Name		0	rganization							Job Title	
Mr. Mike Francis		Ita	alian Social Clu	b of Rock	vil			President	t		
Mailing Address Line One	Mailing A	Addres	s Line Two					City		State	Zip Code
DO Day 103						\ / -				СТ	00000

Schedule Generation Date: 12/18/2024

	Connectic	ut Depa	rtment	of I	Public	Health	Dr	inking	Water	Section	n			
	Wa	ter Qua	lity Mon	ito	ring a	nd Con	npl	iance S	Schedul	e				
PWS ID P	WS Name						Clas	sification	Population	Owner Ty	oe Pr	imary Source		
CT1460134 I	TALIAN SOCIAL	CLUB OF RO	CKVILLE					NC	25	Р		GW		
Local Address (wh	ere applicable)			S	Service	Residen	ntial	Commerci	al Industri	al Comb	ined	Agricultural		
56 SNIPSIC STREET	Γ			C	Connection	ns		1						
	owns Served: VERNON													
PO BOX 132	_					vernor	1	C		00000				
Business Phone	Extension	Fax	Mo	obile	Phone	Emergency	y Pho	ne Email A	Address					
860-875-9540		860-875-	5805 86	0-559	9-5836			mike@	acumarkllc.	com				
Contact Role(s):	Legal Contact													
Name				Orga	anization					Job T	ïtle			
Mr. Matthew Fisc	her			Italia	an Soc. Clu	ub of Rockv	ille		President					
Mailing Address L	ine One		Mailing Addr	ress L	Line Two				City	Sta	te	Zip Code		
P.O. Box 192			Italian Social	l Club	of Rockvi	lle		Rockvi	lle	СТ	-	06066		
Business Phone	Extension	Fax	Mo	obile	Phone Emergency Phone Email Address									
860-205-9071								matt.d	ogman.fisch	er22@gma	il.cor	n		
Contact Role(s):	Administrative	Contact, Leg	al Contact, O)wne	r									

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End of schedule

	Connectic	ut Depa	rtment o	f Public	Health	Drii	nking	g W	ater Se	ection	
	Wat	ter Oua	lity Moni	toring a	nd Com	ıplia	ince	Scho	edule		
PWS ID	PWS Name	Q did.		0011110		_		T		ner Type F	rimary Sour
CT1460254	CAMP NEWHOCA	A PARK					١C	-	25	P	GW
Local Address (where applicable)			Service	Resident	ial Co	ommerc	ial Ir	ndustrial	Combined	Agricultu
GRIER ROAD	,			Connectio	ns		1				
Towns Served:	VERNON										
			Moni	toring Re	quireme	nts					
Water System	Facility: DISTR	IBUTION SY	YSTEM (WSF	ID: 00600)							
Total Coliforn	m (3100)								1 ro	utine (RT)	per quarte
Sampling	Point (Sampling Po	oint ID)			Monitorii	ng Peri	iod (Collect	ion Period	Compl	iance Status
Select fror	m Inventory of Acti	ve Sampling	Points		4/1/24 -	6/30/2	24			Co	mplete
					7/1/24 -	9/30/2	24			Co	omplete
					4/1/25 -	6/30/2	25				<u> </u>
Physical Para	meters (PPS)								1 ro	utine (RT)	per quarte
-	Point (Sampling Po	oint ID)			Monitorii	ng Peri	iod (Collect	ion Period	Compl	iance Status
Select fror	n Inventory of Acti	ve Sampling	Points		4/1/24 -	6/30/2	24			Co	omplete
					7/1/24 -	9/30/2	24			Co	omplete
					4/1/25 -	6/30/2	25				
Water System	Facility: ENTRY	POINT (W	VSF ID: 00700))							
Nitrate And N	Nitrite (NOX)								1	routine (I	RT) per yea
Sampling	Point (Sampling Po	oint ID)			Monitorii	ng Peri	iod (Collect	ion Period	Compl	iance Statu
ENTRY PO	INT (3)				1/1/23 - 1	12/31/	23			Co	omplete
					1/1/24 - 3	12/31/	24			Co	omplete
					1/1/25 - 3	12/31/	25				
		Water Sy	ystem Faci	lity and S	ampling	Poin	t Inve	ento	ry		
Water							Т	otal	Lead and	1	
System Wat	er System Facility		Sampling Poin				Col	liform	Copper		Stag
Facility ID			ID	Description	n	Sta	atus l	Rule	Rule Tie	Asbestos	WQP 2 DB
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	,	Α	Υ			
			DOWNSTREAM	/ WITHIN 5 S	SERVICE CON	۱ /	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	l /	Α				
00700 ENTI	RY POINT		3	ENTRY POI	NT	,	A				
22448 WEL	L		2	WELL		,	A				
			Co	ntact Info	rmation						
Name			(Organization						Job Title	
Mr. Martin D. S	Sitler		\	/ernon-Parks	& Recreatio	n Dept		Dir	ector		
Mailing Address	s Line One		Mailing Addre	ss Line Two				C	ity	State	Zip Code
120 South Stree	et						Verno	n		СТ	06066
	ne Extension	Fax	Mol	oile Phone	Emergency	Phone	Email	Addre	SS		
Business Pho		860-870-3	2525		860-306-4	1752	mcitlo	r@var	non-ct.gov	,	

Schedule Generation Date: 12/18/2024 Page 9

	Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule												
PWS ID P	WS Name					Cla	ssification	Population	Owner Type	Pr	imary Source		
CT1460254 C	AMP NEWHOC	A PARK					NC	25	Р		GW		
Local Address (wh	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural		
GRIER ROAD Connections 1													
Towns Served: VERNON													
Name			C	Organization					Job Tit	le			
Mr. Michael Purc	aro		Т	own of Verno	on			Town Adr	ministrator				
Mailing Address L	ne One		Mailing Addre	ss Line Two				City	State		Zip Code		
Memorial Building	<u> </u>		14 Park Place				Vernor	1	СТ		06066		
Business Phone	Extension	Fax	Mok	ile Phone	Emergency	/ Pho	one Email <i>A</i>	Address	·				
860-870-3670							mpurca	aro@vernor	n-ct.gov				
Contact Role(s):	egal Contact			,									

- 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 D	epartment o	of Public H	lealth	Drin	iking '	Water	Se	ction		
		Quality Moni									
PWS ID	PWS Name		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					_	ner Type P	rimary	Source
CT146301	4 ROCKVILLE FISH AND G	SAME - TRAP AND SE	KEET		N		37		P	G۱	
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercial	Industr	ial	Combined	Agri	cultural
101 FISH A	AND GAME ROAD		Connections			1					
Towns Ser	rved: VERNON							1			
		Moni	toring Requ	ıiremei	nts						
Water Sy	stem Facility: DISTRIBUTI										
Total Co	liform (3100)						:	1 rou	tine (RT)	per qu	uarter
Samı	oling Point (Sampling Point ID))		Monitorir	ng Perio	od Coll	ection Pe	riod	Compl	iance S	tatus
Selec	ct from Inventory of Active San	npling Points		4/1/24 -	6/30/2	4			Cc	mplet	e _
				7/1/24 -	9/30/2	4			Co	mplet	e
				10/1/24 -	12/31/	24			Co	mplet	e
				1/1/25 -	3/31/2	5					
				4/1/25 -	6/30/2	5					
Physical	Parameters (PPS)						:	1 rou	tine (RT)	per qu	uarter
Sam	pling Point (Sampling Point ID	<i>)</i>		Monitorir	ng Perio	od Coll	ection Pe	riod	Compl	iance S	tatus
Selec	ct from Inventory of Active San	npling Points		4/1/24 -	6/30/2	4			Cc	mplet	e
				7/1/24 -	9/30/2	4			Co	mplet	e
				10/1/24 -	12/31/	24			Cc	mplet	e
				1/1/25 -	3/31/2	5					
				4/1/25 -	6/30/2	5					
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700))								
Nitrate A	And Nitrite (NOX)							1	routine (F	RT) pe	r year
Sam	oling Point (Sampling Point ID))		Monitorin	ng Perio	od Coll	ection Pe	riod	Compl	iance S	tatus
ENTR	RY POINT (3)			1/1/23 - 1	12/31/2	23			Co	mplet	e
				1/1/24 - 1	12/31/2	24			Co	mplet	e
				1/1/25 - 2	12/31/2	25					
		Other (Compliance	Sched	ules						
Complian	ce Schedule Activity			E	Due Dat	te	Achie	eved	Date		
CROSS CO	NNECTION EXEMPTION			3	3/1/202	.9					
	Wat	er System Faci	lity and Sar	mpling	Point						
Water	Mator Custom Fasility	Campling Dain	t Camplina Doi	· · ·		Toto		and			Characa
System Facility ID	Water System Facility	Sampling Poin ID	t Sampling Poi Description	nt		Colifo tus Rul	-	-	Asbestos	WOD	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	VI CACLEVA	Sta	tus	c nule	1161	ארשריין	WQF	Z DUFK
00000	ואום ונות אוטוו מפועונית	TS1	MEN'S ROOM		A A						
		TS2	WOMEN'S RO								
		TS3	KITCHEN SINK								
00700	ENTRY POINT		ENTRY POINT		Δ						
		3			Δ						
60771	WELL 1	2	WELL 1		Α	١.					
62745	CARBON FILTER		nhash luf-	oo o 4!							
			ntact Infori	mation							
Name			Organization						Job Title		
	E Kasacek		Rockville Fish An	id Game C	lub		1St Vp				
	ddress Line One	Mailing Addre	ess Line Two				City		State	Zip C	
94 Seagra	ves Rd					Coventry	·		CT	062	:38

	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity M	lonit	oring a	nd Con	nplia	nce S	chedul	e			
PWS ID	PWS Name						Classif	ication P	opulation	Own	er Type	Primary Source	
CT1463014	ROCKVILLE FISH	AND GAME	- TRAP A	AND SKE	ET		N	С	37		Р	GW	
Local Address (w	nere applicable)				Service	Resider	ntial Co	mmercial	Industri	al (Combine	d Agricultural	
101 FISH AND GA	ME ROAD				Connectio	ns		1					
Towns Served: VI	RNON												
Business Phone Extension Fax Mobile Phone Emergency P									ldress				
860-742-7074				860-37	77-8902	860-377	-8902	petekasa	acek@gma	il.con	n		
Contact Role(s):	Administrative	Contact											
Name				Org	ganization						Job Title	!	
Mr. Greg Thoma	5			Ro	ckville Fish	& Game Cl	ub		Trustee				
Mailing Address I	ine One		Mailing	Address	Line Two				City		State	Zip Code	
P.O. Box 211								Vernon			СТ	06066	
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email Ac	ldress				
860-610-8150						860-818	-8903	gregtho	mas686@g	mail.	com		
Contact Role(s):	Legal Contact												
Diagram and the A													

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End of schedule