

# 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>CT1460493</b>	<b>JOHANSEN PROPERTIES</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
458 TALCOTTVILLE ROAD				1			

Towns Served: VERNON

### 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	7/1/24 - 7/31/24		Complete	
	8/1/24 - 8/31/24		Complete	
	9/1/24 - 9/30/24		Complete	
	10/1/24 - 10/31/24		Complete	
	11/1/24 - 11/30/24		Complete	
	12/1/24 - 12/31/24		Complete	
	1/1/25 - 1/31/25		Complete	

<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	4/1/24 - 6/30/24		Complete	
	7/1/24 - 9/30/24		Complete	
	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	

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		Complete	

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/13/2019	

### 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				
20026	WELL	2	WELL	A				

### Contact Information

Name		Organization			Job Title		
Mr. Ed Johansen		Johansen Properties					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
458 Talcottville Rd					Vernon	CT	06066

*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>CT1460493</b>	<b>JOHANSEN PROPERTIES</b>	NC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
458 TALCOTTVILLE ROAD				1			
Towns Served: VERNON							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
			860-729-5669		edjohansen1@hotmail.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>CT1460024</b>	<b>NEWHOCA LODGE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
195 GRIER ROAD				1			
Towns Served: VERNON							

## 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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

<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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

**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				

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/17/2019	

## 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				
22428	WELL	2	WELL	A				

## Contact Information

Name		Organization			Job Title			
<b>Mr. Martin D. Sitrler</b>		Vernon-Parks & Recreation Dept			Director			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
120 South Street						Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3520		860-870-3525		860-306-4753	msitrler@vernon-ct.gov			

*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>CT1460024</b>	<b>NEWHOCA LODGE</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
195 GRIER ROAD				1				
Towns Served: VERNON								
Contact Role(s): <b>Administrative Contact</b>								
Name			Organization			Job Title		
<b>Mr. Michael Purcaro</b>			Town of Vernon			Town Administrator		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Memorial Building			14 Park Place			Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3670					mpurcaro@vernon-ct.gov			
Contact Role(s): <b>Legal Contact</b>								
<b>Please note the following:</b>								
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>CT1460104</b>	<b>500 EAST PLAZA</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 TALCOTTVILLE ROAD				1			
Towns Served: VERNON							

### 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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

<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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

**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				
22434	WELL	2	WELL	A				

### Contact Information

Name			Organization			Job Title			
Mr. Frederick P. Konon			New 500 East, LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
44 Caisson Road						Colchester		CT	06415-2100
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-537-8844					r-kon@sbcglobal.net				
Contact Role(s): <b>Administrative Contact, Legal Contact</b>									

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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>CT1460104</b>	<b>500 EAST PLAZA</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
500 TALCOTTVILLE ROAD				1				
Towns Served: VERNON								
Name			Organization			Job Title		
<b>New 500 East LLC</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
44 Caisson Rd						Colchester	CT	06415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): <b>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>CT1460134</b>	<b>ITALIAN SOCIAL CLUB OF ROCKVILLE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 SNIPSIC STREET				1			
Towns Served: VERNON							

## 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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

<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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

**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				

## 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) TT Violation	6/3/17 - 5/9/18	2	3/25/2018		4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/30/17 - 5/9/18	2	3/25/2018		4/4/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/30/17 - 5/9/18	2	3/25/2018		4/4/2018	

## 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	A				
			UPSTREAM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22436	WELL	2	WELL	A				

## Contact Information

Name		Organization			Job Title		
Mr. Mike Francis		Italian Social Club of Rockvil			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
PO Box 182		Vernon			CT	06066	

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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>CT1460134</b>	<b>ITALIAN SOCIAL CLUB OF ROCKVILLE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 SNIPSIC STREET				1			
Towns Served: VERNON							
P.O. Box 192		Vernon		CT	06066		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-875-9540		860-875-5805	860-559-5836		mike@acumarkllc.com		
Contact Role(s): <b>Legal Contact</b>							
Name			Organization		Job Title		
<b>Mr. Matthew Fischer</b>			Italian Soc. Club of Rockville		President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code	
P.O. Box 192		Italian Social Club of Rockville		Rockville	CT	06066	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-205-9071					matt.dogman.fischer22@gmail.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		
CT1460254	CAMP NEWHOCA PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
GRIER ROAD				1			
Towns Served: VERNON							

### 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	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

<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	4/1/24 - 6/30/24		Complete
	7/1/24 - 9/30/24		Complete
	4/1/25 - 6/30/25		

**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

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				
22448	WELL	2	WELL	A				

### Contact Information

Name			Organization			Job Title			
Mr. Martin D. Sitler			Vernon-Parks & Recreation Dept			Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
120 South Street						Vernon		CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-870-3520		860-870-3525		860-306-4753	msitler@vernon-ct.gov				
Contact Role(s): <b>Administrative Contact</b>									

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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>CT1460254</b>	<b>CAMP NEWHOCA PARK</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
GRIER ROAD				1				
Towns Served: VERNON								
Name			Organization			Job Title		
<b>Mr. Michael Purcaro</b>			Town of Vernon			Town Administrator		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Memorial Building			14 Park Place			Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-870-3670					mpurcaro@vernon-ct.gov			
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>***

***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>CT1463014</b>	<b>ROCKVILLE FISH AND GAME - TRAP AND SKEET</b>	NC	37	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
101 FISH AND GAME ROAD				1			
Towns Served: VERNON							

### 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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

<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	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

**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				

### 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				
		TS1	MEN'S ROOM SINK	A	Y			
		TS2	WOMEN'S ROOM SINK	A	Y			
		TS3	KITCHEN SINK	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60771	WELL 1	2	WELL 1	A				
62745	CARBON FILTER							

### Contact Information

Name		Organization		Job Title		
<b>Mr. Peter E Kasacek</b>		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

*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>CT1463014</b>	<b>ROCKVILLE FISH AND GAME - TRAP AND SKEET</b>	NC	37	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
101 FISH AND GAME ROAD				1				
Towns Served: VERNON								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-742-7074			860-377-8902	860-377-8902	petekasacek@gmail.com			
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>***

**End of schedule**