

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310014	CORNWALL MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
25 KENT RD (CORNWALL BRIDGE)					2

Towns Served: CORNWALL

## Monitoring Requirements

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

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

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

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/16/2025	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
E. Coli	4/1/25 -	3	12/31/2026	1/10/2027	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage WQP 2 DBPR
					Rule	Rule Tier	
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			
20563	WELL	2	WELL	A			
63200	SOFTENER						

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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
CT0310014	CORNWALL MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
25 KENT RD (CORNWALL BRIDGE)					2

Towns Served: CORNWALL

## Contact Information

Name	Organization	Job Title		
Mr. Michael Cesari	Cornwall Market	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
25 Kent Rd		Cornwall Bridg	CT	06754
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
607-426-0415				Email Address michael@srbnyc.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

*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
CT0310064	CAMP MOHAWK (MAIN SYSTEM)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
246 GREAT HILL ROAD			1		

Towns Served: CORNWALL

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

  

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20568	WELL	2	WELL	A				
62827	STORAGE TANK							

### Contact Information

Name	Organization				Job Title		
Mr. Patrick Marchand	YMCA Camp Mohawk, Inc				Executive Director		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
YMCA Camp Mohawk, Inc.	P.O. Box 1209			Litchfield	CT	06759	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-672-6655		860-482-3878		860-480-2017	patrick@campmohawk.org		
Contact Role(s):	Administrative Contact, Legal Contact						

*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
CT0310064	CAMP MOHAWK (MAIN SYSTEM)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
246 GREAT HILL ROAD			1		

Towns Served: CORNWALL

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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*<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
CT0310084	CORNWALL INN	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
270 KENT ROAD			1		

Towns Served: CORNWALL

### Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2029	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
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					
20570	WELL	2	WELL	A					

### Contact Information

Name	Organization				Job Title		
Mr. Mark J. Hampson	Country Inn/Restaurant						
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
270 Kent Road				Cornwall Bridge	CT	06754	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-672-6884		860-672-0352			info@cornwallinn.com		

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

*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
CT0310084	CORNWALL INN				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
270 KENT ROAD				1				
Towns Served: CORNWALL								
Name			Organization			Job Title		
Ms. Stacy L Marcin						Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
270 Kent Rd S					Cornwall Bridge	CT	06754	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310144	MOHAWK MTN. SKI AREA - MAIN LODGE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
P.O. BOX 27, 46 GREAT HOLLOW ROAD	Connections		1		

Towns Served: CORNWALL

### Monitoring Requirements

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

Total Coliform (3100)		2 routine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

  

Physical Parameters (PPS)		2 routine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT - MAIN LODGE (WSF ID: 00700)

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

Water System Facility: ENTRY POINT - FACILITY BLDG (WSF ID: 00701)

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

Water System Facility: WELL (SPRING) (WSF ID: 20575)

E. Coli (3014)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
WELL (2)		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2030	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Stage
					Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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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
CT0310144	MOHAWK MTN. SKI AREA - MAIN LODGE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
P.O. BOX 27, 46 GREAT HOLLOW ROAD	Connections		1		

Towns Served: CORNWALL

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - MAIN LODGE	3	ENTRY POINT	A				
00701	ENTRY POINT - FACILITY BLDG	3	ENTRY POINT - FACILI	A				
20575	WELL (SPRING)	2	WELL	A				
47461	TREATMENT PLANT	5	ENTRY POINT	A				
56023	BOOSTER PUMP							

## Contact Information

Name	Organization	Job Title		
Mr. Steve Hedden	Mohawk Mountain Ski Area	Vice-President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 27	46 Great Hollow Road	Cornwall	CT	06753
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-672-6100	12	860-672-0117		office@mohawkmtn.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

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<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
CT0310174	RAILROAD SQUARE PLAZA (NE CATERING)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
7 RAILROAD ST			1		

Towns Served: CORNWALL

## Monitoring Requirements

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

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

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

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		3/9/2025

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
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					
20577	WELL	2	WELL	A					

## Contact Information

Name	Organization	Job Title
Mr. Beverly Daniel Evans Jr.	Cornwall Leasehold, LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
146 Cornwall Hollow Rd		State
		Zip Code
Business Phone	Extension	Fax
609-841-2198		
Mobile Phone	Emergency Phone	Email Address
		bdaniel.evans@yahoo.com

Contact Role(s): Administrative Contact, Owner

**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
CT0310174	RAILROAD SQUARE PLAZA (NE CATERING)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
7 RAILROAD ST	Connections		1		

Towns Served: CORNWALL

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310224	TRINITY RETREAT CENTER - DIX HOUSE-MAIN	NC	61	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
79 LOWER RIVER ROAD	Connections		4		

Towns Served: CORNWALL

### Monitoring Requirements

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

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

  

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

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

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

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
00701	KITCHEN ENTRY POINT	3	KITCHEN ENTRY POINT	A			
20581	WELL	2	WELL	A			
62728	2K GAL ATMOSPHERIC STORAGE						
62729	ION-EXCHANGE TREATMENT						
62731	BOOSTER PUMPS						

### Contact Information

Name	Organization			Job Title		
Mr. Joseph Rose	Trinity Conference Center			Manager		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
79 Lower River Road				West Cornwall	CT	06796
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-672-1000					jrose@trinitywallstreet.org	

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310224	TRINITY RETREAT CENTER - DIX HOUSE-MAIN	NC	61	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
79 LOWER RIVER ROAD	Connections		4		

Towns Served: CORNWALL

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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*<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
CT0310244	MOHAWK MOUNTAIN (PINE LODGE SYSTEM)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
46 GREAT HOLLOW ROAD			2		

Towns Served: CORNWALL

## Monitoring Requirements

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

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

  

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

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

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR	Stage
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					
22905	SKI PATROL WELL	2	SKI PATROL WELL	A					
56026	PINE LODGE BOOSTER PUMP								

## Contact Information

Name	Organization				Job Title				
Mr. Steve Hedden	Mohawk Mountain Ski Area				Vice-President				
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code			
P.O. Box 27	46 Great Hollow Road			Cornwall	CT	06753			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-672-6100	12	860-672-0117			office@mohawkmtn.com				
Contact Role(s):	Administrative Contact, Legal Contact, Owner								

*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
CT0310244	MOHAWK MOUNTAIN (PINE LODGE SYSTEM)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
46 GREAT HOLLOW ROAD	Connections		2		

Towns Served: CORNWALL

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310254	CAMP MOHAWK (NURSE & WINTER HOUSE)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
246 GREAT HILL ROAD	Connections				1

Towns Served: CORNWALL

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
		W1	INFIRMARY	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
48065	WELL	2	WELL	A					

### Contact Information

Name	Organization	Job Title
Mr. Patrick Marchand	YMCA Camp Mohawk, Inc	Executive Director
Mailing Address Line One	Mailing Address Line Two	City
YMCA Camp Mohawk, Inc.	P.O. Box 1209	State
Business Phone	Extension	Zip Code
860-672-6655	860-482-3878	Litchfield
Emergency Phone	Email Address	CT
	patrick@campmohawk.org	06759
Contact Role(s):	Administrative Contact, Legal Contact	

**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
CT0310254	CAMP MOHAWK (NURSE & WINTER HOUSE)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
246 GREAT HILL ROAD	Connections				1

Towns Served: CORNWALL

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

*<http://www.ct.gov/dph/publicdrinkingwater>*

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0310264	TRINITY RETREAT CENTER-BUTLER HALL	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
79 LOWER RIVER ROAD			1		

Towns Served: CORNWALL

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				

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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
CT0310264	TRINITY RETREAT CENTER-BUTLER HALL	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
79 LOWER RIVER ROAD			1		

Towns Served: CORNWALL

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48197	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Laura Alexander	Trinity Retreat Center	Sr. Facilities Mngr
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
79 Lower River Rd		West Cornwall CT 06796
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
646-941-0633		lalexander@trinitychurchnyc.org

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
Mr. Jason Coppola	Trinity Retreat Center	Director
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
79 Lower River Road		West Cornwall CT 06796
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
929-909-6087		jcoppola@trinitychurchnyc.org

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

**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
CT0310284	WEST CORNWALL DEVELOPMENT	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: CORNWALL

### Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2027	

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
		WCD 001	CAFE HAND SINK 1	A	Y		
		WCD 002	HAND SINK 2	A	Y		
		WCD 003	BAR HAND SINK 3	A	Y		
		WCD 004	REST ROOM SINK 4	A	Y		
		WCD 005	HAND SINK 5	A			
		WCD 006	ADA REST ROOM 6	A			
		WCD 007	BAR HAND SINK 7	A	Y		
00700	ENTRY POINT	WCD 008	PREP SINK 8	A	Y		
		WCD 009	WASH SINK 9	A	Y		
		WCD 010	MOP SINK 10	A	Y		

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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
CT0310284	WEST CORNWALL DEVELOPMENT	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
			1		

Towns Served: CORNWALL

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility Description	Sampling Point ID	Sampling Point Description	Total	Lead and Coliform	Copper	Stage	
				Status	Rule	Rule Tier		
62353	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Jeffrey Morgan	West Cornwall Development Grp	
Mailing Address Line One	Mailing Address Line Two	City
247 Dibble Hill Road		West Cornwall
Business Phone	Extension	Fax
917-478-3236		
Mobile Phone		Emergency Phone
		Email Address
		JDM1039@me.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

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**End of schedule**

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