

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0680074	KENMONT & KENWOOD CAMPS			NC	825	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD			Connections		112			
Towns Served: KENT								

Monitoring Requirements

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

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

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

Water System Facility: **ENTRY POINT - WELL #1 (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 - KENWOOD (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 - FAIRWAY WELL (WSF ID: 00703)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - KITCHEN HOT (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 - BOYS' WELL (WSF ID: 00704)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - KENMONT (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	

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	GENERATED BY BATCH	A	Y			
		4 - KENMONT	DISTRIBUTION KENMONT	A	Y			
		4 - KENWOOD	DISTRIBUTION KENWOOD	A	Y			
		4-HOT&CABIN	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		FAIRWAYS003	FAIRWAYS HEALTH CTR	A	Y			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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CT0680074	KENMONT & KENWOOD CAMPS			NC	825	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD			Connections		112			
Towns Served: KENT								

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
		KENMONT001	KENMONT BOYS CABIN	A	Y			
		KENWOOD002	KENWOOD GIRLS CABIN	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL #1	3	ENTRY POINT - KENWOO	A				
00703	ENTRY POINT - FAIRWAY WELL	3	ENTRY POINT - KITCHE	A				
00704	ENTRY POINT - BOYS' WELL	3	ENTRY POINT - KENMON	A				
21162	WELL 1	2	WELL 1-KENWOOD	A				
57645	FAIRWAY WELL	2	WELL 3-HOT	A				
57647	BOYS' WELL	2	WELL 4-KENMONT	A				
57773	ATMOSPHERIC TANKS - KENWOOD							
57775	ATMOSPHERIC TANK - KENMONT							
57779	HYDROPNEUMATIC TANK - FAIRWAY							

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
BLACK, RON W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2026
CROWNSHAW, MICHAEL L	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	3/31/2028

Contact Information

Name		Organization		Job Title		
Mr. Bob Fischer		Kmkw Camps LLC				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
65 Kenmont Rd				South Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-927-4590					bob@kencamp.com	

Contact Role(s): Administrative Contact

Name		Organization		Job Title		
Mr. Hylton Wener		Kmkw Camps LLC/ Campland LLC		Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
65 Kenmont Road				Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-927-4590					hylton@kencamp.com	

Contact Role(s): Legal Contact, Owner

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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
CT0680074	KENMONT & KENWOOD CAMPS			NC	825	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
65 KENMONT ROAD				112			

Towns Served: KENT

Please note the following:

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

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0680094	KENT FALLS STATE PARK			NC	573	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7			3				
Towns Served: KENT							

Monitoring Requirements

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

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

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

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

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2017	
CROSS CONNECTION EXEMPTION	3/1/2025	
CROSS CONNECTION EXEMPTION	3/1/2026	

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	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21164	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. David Cooley		Deep-Engineering Unit		Supv Civil Engineer		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
163 Great Hill Road				Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov	

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

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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
CT0680094	KENT FALLS STATE PARK	NC	573	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
ROUTE 7		3			
Towns Served: KENT					
Name		Organization		Job Title	
Ms. Andrea M. Lane		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
Contact Role(s): Administrative Contact					

Please note the following:

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

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0680114	KENT SCHOOL HOCKEY RINK			NC	108	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			Connections	2	2			
Towns Served: KENT								

Monitoring Requirements

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	6/7/2024	
RESPOND TO SANITARY SURVEY	2/5/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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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	
CT0680114	KENT SCHOOL HOCKEY RINK			NC	108	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			Connections	2	2			
Towns Served: KENT								

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	5/6/2026	

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	001	TRAINING ROOM	A	Y			
		002	VISITOR'S LR	A	Y			
		003	VARSITY LR	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21165	WELL	2	WELL	A				
51363	ATMOSPHERIC TANK							
51365	HYDROPNEUMATIC TANK							
61824	BOOSTER PUMP							
63396	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title		
Kent School Corporation									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
			P O Box 2006			Kent		CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-927-6000									

Contact Role(s): **Owner**

Name				Organization		Job Title			
Mr. Jonathan Tomlinson				Kent School Corporation		Chf Water Sys Opr			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 2006						Kent		CT	06757
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-6124					860-671-1477	tomlinsonj@kent-school.edu			

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

Name				Organization		Job Title			
Mr. John Bergin				Kent School Corp.		Facilities Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 2006						Kent		CT	06757
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-927-6119						845-309-1574	berginj@kent-school.edu		

Contact Role(s): **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
CT0680114	KENT SCHOOL HOCKEY RINK			NC	108	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 341W			2	2			

Towns Served: KENT

Please note the following:

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

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL			NC	300	S	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			Connections	7				
Towns Served: KENT								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2017	
CROSS CONNECTION EXEMPTION	3/1/2025	
CROSS CONNECTION EXEMPTION	3/1/2026	

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>
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	

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	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21166	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0680124	LAKE WARRAMAUG/CAMPGROUND WELL			NC	300	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			7				
Towns Served: KENT							

Contact Information

Name				Organization		Job Title	
Mr. David Cooley				Deep-Engineering Unit		Supv Civil Engineer	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
163 Great Hill Road					Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov		

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

Name				Organization		Job Title	
Ms. Andrea M. Lane				State of CT Deep			
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
163 Great Hill Road					Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-977-9739				860-424-3333	andrea.lane@ct.gov		

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

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

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0680134	LAKE WARRAMAUG/DAY USE WELL			NC	300	S	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
WEST SHORE ROAD			Connections	3				
Towns Served: KENT								

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>PN Certification</i>
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013	11/9/2013

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	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21167	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David Cooley				Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road						Portland		CT	06480
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-342-2215			860-344-2560		860-205-7552	860-424-3333	david.cooley@ct.gov		
Contact Role(s): 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
CT0680134	LAKE WARRAMAUG/DAY USE WELL	NC	300	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
WEST SHORE ROAD		3			
Towns Served: KENT					
Name		Organization		Job Title	
Ms. Andrea M. Lane		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
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

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	
CT0680164	MACEDONIA BROOK S.P./CAMP SITE #30			NC	287	S	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
KEELER ROAD			Connections	1				
Towns Served: KENT								

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR FAUCET	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21170	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. David Cooley		Deep-Engineering Unit		Supv Civil Engineer		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
163 Great Hill Road				Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov	

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

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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
CT0680164	MACEDONIA BROOK S.P./CAMP SITE #30	NC	287	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
KEELER ROAD		1			
Towns Served: KENT					
Name		Organization		Job Title	
Ms. Andrea M. Lane		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
Contact Role(s): Administrative Contact					

Please note the following:

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

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<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
CT0680174	MACEDONIA BROOK S.P./ MAINTENANCE			NC	37	S	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
159 MACEDONIA BROOK ROAD		Connections				4	
Towns Served: KENT							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2017	
CROSS CONNECTION EXEMPTION	3/1/2025	
CROSS CONNECTION EXEMPTION	3/1/2026	

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	101	SHOP SINK	A	Y			
		102	BATHROOM SINK	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21171	WELL #1	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David Cooley				Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road						Portland		CT	06480
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-342-2215			860-344-2560		860-205-7552	860-424-3333	david.cooley@ct.gov		
Contact Role(s): Legal Contact, Owner									

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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
CT0680174	MACEDONIA BROOK S.P./ MAINTENANCE	NC	37	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
159 MACEDONIA BROOK ROAD					4
Towns Served: KENT					
Name		Organization		Job Title	
Ms. Andrea M. Lane		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
Contact Role(s): Administrative Contact					

Please note the following:

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

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<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
CT0680194	ERIC SLOANE MUSEUM			NC	25	S	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 7		Connections		1			
Towns Served: KENT							

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
CROSS CONNECTION EXEMPTION	3/1/2028	

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				
		ESM1	MENS BATH	A	Y			
		ESM2	WOMENS BATH	A	Y			
		ESM3	OUTSIDE FAUCET	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21173	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Elizabeth Shapiro				State Historic Preservation			Director Operations		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
450 Columbus Blvd			Suite 5			Hartford		CT	06103
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			

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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
CT0680194	ERIC SLOANE MUSEUM	NC	25	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
ROUTE 7			1		
Towns Served: KENT					
860-655-1591		989-640-2150		elizabeth.shapiro@ct.gov	
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Mr. Andrew Rowand		Eric Sloane Museum		Museum Curator	
Mailing Address Line One		Mailing Address Line Two		City	State
31 Kent-Cornwall Rd				Kent	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
				860-906-6554	Andrew.Rowand@ct.gov
Contact Role(s): Administrative Contact					

Please note the following:

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

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<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	
CT0680244	BULLS BRIDGE INN			NC	29	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
333 KENT ROAD			Connections		1			
Towns Served: KENT								

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: **WELL #1 (WSF ID: 23054)**

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (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		

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				
23054	WELL #1	2	WELL #1	A				

Contact Information

Name		Organization		Job Title		
Ms. Liz Brady		Bulls Bridge Inn		General Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
333 Kent Rd				Kent	CT	06757

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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		
CT0680244	BULLS BRIDGE INN	NC	29	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
333 KENT ROAD			1				
Towns Served: KENT							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-927-1000				203-417-6415	bbirestaurant@gmail.com		
Contact Role(s): Administrative 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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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0688104	CLUB GETAWAY			NC	26	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD			Connections		6			
Towns Served: KENT								

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
	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
	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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **CLUB GETAWAY TREATMENT PLANT (WSFID: TP001)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.65 MG/L	Daily	
Start Date: 12/1/2012	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025	Y		
	9/1/2025 - 9/30/2025	Y		
	10/1/2025 - 10/31/2025	Y		
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			

Other Compliance Schedules

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

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	TCR REPEAT - LOCATIO	A	Y			
		4X	DISTRIBUTION	I	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITCHEN	KITCHEN SINK #4	A	Y			
		LAKEVIEW10	BATHROOK SINK	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	
CT0688104	CLUB GETAWAY			NC	26	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD			Connections		6			
Towns Served: KENT								

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
		LAKEVIEW22	BATHROOM SINK	A	Y			
		MEADOWVIEW1	BATHROOM SINK	A	Y			
		RAILROAD7	BATHROOM SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
00700X	UNTREATED ENTRY POINT	3	ENTRY POINT	A				
CT001	CONTACT TANK							
PF001	BOOSTER PUMP							
ST001	THREE 1,000-GALLON ATMOSPHERIC TANKS							
ST002	2500 GALLON STORAGE TANK							
ST003	3000 GALLON STORAGE TANK							
TP001	CLUB GETAWAY TREATMENT PLANT	5	CONTACT TANK OVERFLO	A				
W001	WELL 1	2	WELL 1	A				
W002	WELL 2	2	WELL 2	A				
W003	WELL 3	2	WELL 3	A				
W004	WELL 4	2	WELL 4	A				

Certified Operator Information

Water System Facility: CLUB GETAWAY TREATMENT PLANT (WSF ID: TP001)

Facility Classification: TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2027
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2028

Contact Information

Name		Organization		Job Title		
Mr. David Schreiber		Club Getaway Landco		President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
59 S. Kent Road				Kent	CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-927-3664				917-836-1659	david@clubgetaway.com	

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

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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	
CT0688104	CLUB GETAWAY			NC	26	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 SOUTH KENT ROAD					6			

Towns Served: KENT

Please note the following:

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

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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	
CT0688024	KENT FALLS BREWING COMPANY			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD			Connections				5	
Towns Served: KENT								

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	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	
<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	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 - WELL 1 (WSF ID: 00700)**

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

Water System Facility: **WELL 1 (WSF ID: 59572)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete

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	
CT0688024	KENT FALLS BREWING COMPANY			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD			Connections				5	
Towns Served: KENT								

Monitoring Requirements

Water System Facility: WELL 1		(WSF ID: 59572)	
E. Coli (3014)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	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 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				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KF000	TAP IMMEDIATELY AFTE	A	Y			
		KF001	TASTING ROOM HAND-WA	A	Y			
		KF002	TASTING ROOM CLEANIN	I	Y			
		KF003	TASTING ROOM MOP SIN	A	Y			
		KF004	BREWERY BATHROOM SIN	A				
		KF005	BREWERY BATHROOM SIN	A				
		KF006	SOLAR SHED OUTDOOR F	A	Y			
		KF007	SAGE HOUSE HYDRANT	A	Y			
		KF008	PARKING LOT HYDRANT	A	Y			
		KF009	GREENHOUSE HYDRANT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - WELL 1	3	EP - WELL 1	A				
59572	WELL 1	2	WELL 1	A				
61106	ATMOSPHERIC STORAGE TANKS							
61278	UV TREATMENT							

Contact Information

Name	Organization	Job Title		
Mr. David Birnbaum				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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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
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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
33 CAMPS ROAD						5	

Towns Served: KENT

33 Camps Rd						Kent	CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-398-9645			646-616-6721	917-716-6270	davidb@thefoodcycleny.com			

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

Name	Organization	Job Title
Mr. Barry Labendz		

Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
33 Camps Rd					Kent	CT	06757
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-398-9645					barryl@kentfallsbrewing.com		

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