

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1280134	TALCOTT MOUNTAIN S.P.	NC	793	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTE 185	Connections	3			

Towns Served: SIMSBURY

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		

Other Compliance Schedules

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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/17/2013		10/27/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/17/2014		9/27/2014	

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
					Coliform Rule	Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	TOWER KITCHEN	A	Y			
		102	TOWER BATHROOM	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				
22162	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

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
CT1280134	TALCOTT MOUNTAIN S.P.	NC	793	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 185	3				

Towns Served: SIMSBURY

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

Name	Organization	Job Title
Ms. Andrea M. Lane	State of CT Deep	
Mailing Address Line One	Mailing Address Line Two	City
163 Great Hill Road		Portland
Business Phone	Extension	Fax
860-977-9739		
Mobile Phone	Emergency Phone	Email Address
	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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1280144	TOWER RIDGE COUNTRY CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
140 NOD ROAD			1		

Towns Served: SIMSBURY

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		
	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		
	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				
22163	WELL #1	2	WELL	A				
54743	WELL #2	2	WELL #2	A				
54745	HYDROSTATIC TANK							
54747	TOWER RIDGE TREATMENT							

Contact Information

Name	Organization	Job Title
Mr. Timothy Gordon	Niblick Golf, Inc.	Property Manager
Mailing Address Line One	Mailing Address Line Two	City
616 Mountain Rd		State
		Zip Code
Business Phone	Extension	Fax
508-735-7540		
	Mobile Phone	Emergency Phone
		Email Address
		tgordon@niblick-golf.com

Contact Role(s): Administrative 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
CT1280144	TOWER RIDGE COUNTRY CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
140 NOD ROAD			1		

Towns Served: SIMSBURY

Name	Organization	Job Title		
Mr. Daniel Bassichis	Simsbury Real Estate Holdings			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 576		Simsbury	CT	06070
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address

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

Name	Organization	Job Title		
Simsbury Real Estate Holdings, LLC				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 578		Simsbury	CT	06070
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.
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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
CT1280154	1610-1616 HOPMEADOW STREET	NC	31	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1610-1616 HOPMEADOW STREET	Connections		1		

Towns Served: SIMSBURY

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		
	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		
	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	3/18/2022	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/3/2004		12/13/2004	
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	12/3/2004		12/13/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/3/2005		3/13/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/1/2005		7/11/2005	
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	7/1/2005		7/11/2005	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	9/3/2005		9/13/2005	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/3/2005		11/13/2005	
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/3/2005		11/13/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	6/1/2006		6/11/2006	
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	8/4/2006		8/14/2006	

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	Stage WQP 2 DBPR

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Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1610-1616 HOPMEADOW STREET			1		

Towns Served: SIMSBURY

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
					Sampling Point ID	Sampling Point Description	Status	Lead and Copper Rule	Asbestos
00600	DISTRIBUTION SYSTEM	001	1616 KITCHEN	A	Y				
		4	DISTRIBUTION SYSTEM	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
22164	WELL	2	WELL	A					

Contact Information

Name	Organization	Job Title		
Mr. Frank Grillo	Grillo Enterprises	Property Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1618 Hopmeadow St,		Simsbury	CT	06070
Business Phone	Extension	Fax	Mobile Phone	Email Address
860-325-5162			860-986-1178	FGrillo6161@gmail.com

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

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