

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	Agricultural
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	
<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
	10/1/25 - 12/31/25		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
	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	
<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 SURVEY REPORT	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>
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

<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	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
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
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
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					

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

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	
CT1280144	TOWER RIDGE COUNTRY CLUB			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
140 NOD ROAD			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		

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				
22163	WELL #1	2	WELL	A				
54743	WELL #2	2	WELL #2	A				
54745	HYDROPNEUMATIC 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		State	Zip Code
616 Mountain Rd						Jaffrey		NH	03452
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
508-735-7540						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	Agricultural
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.
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

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	
CT1280154	1610-1616 HOPMEADOW STREET			NC	31	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
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	
<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
	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	
<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
	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	
<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>
RESPOND TO SANITARY SURVEY	3/18/2022	

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>
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos Rule</i>	<i>Stage WQP 2 DBPR</i>
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CT1280154	1610-1616 HOPMEADOW STREET			NC	31	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1610-1616 HOPMEADOW STREET			Connections		1			
Towns Served: SIMSBURY								

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<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	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	Emergency Phone	Email Address	
860-325-5162				860-986-1178	FGrillo6161@gmail.com	

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