

Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source	
CT0550054	CHURCH OF CHRIST				NC	25	P	GW	
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 OLD MIDDLE STREET (ROUTE 63)					2				
Towns Served: GOSHEN									
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				4/1/25 - 6/30/25				Complete	
				7/1/25 - 9/30/25					
				10/1/25 - 12/31/25					
				1/1/26 - 3/31/26					
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				4/1/25 - 6/30/25				Complete	
				7/1/25 - 9/30/25					
				10/1/25 - 12/31/25					
				1/1/26 - 3/31/26					
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)				1/1/24 - 12/31/24				Complete	
				1/1/25 - 12/31/25					
				1/1/26 - 12/31/26					
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	Y				
			DOWNSTREAM	WITHIN 5 SERVICE CON	A				
			UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A					
20923	WELL	2	WELL	A					
62955	TREATMENT PLANT								
Contact Information									
Name				Organization			Job Title		
Church of Christ Congregational									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
5 Old Middle Street			P O Box 216			Goshen		CT	06796
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-491-2793									
Contact Role(s):		Owner							

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0550054	CHURCH OF CHRIST	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 OLD MIDDLE STREET (ROUTE 63)			2			

Towns Served: GOSHEN

Name	Organization	Job Title
Pastor Sara L. Krhla	Church of Christ Cong'l	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
5 Old Middle Street	PO Box 216	Goshen	CT	06756

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-491-2793					pastorsara.goshenchurch@gmail.com

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

Name	Organization	Job Title
Ms. Tammie Valentine	Church of Christ Cong'l	Office Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
5 Old Middle Street	PO Box 216	Goshen	CT	06756

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-491-2793					uccgoshen@gmail.com

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

Name	Organization	Job Title
Mr. Mark Beeman	Church of Christ Cong'l	Moderator

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
5 Old Middle Street		Goshen	CT	06756

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-481-2972					beeman.mark@yahoo.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 schedule.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0550084	EDMUND D. STRANG SCOUT RESERVATION			NC	300	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
278 WEST SIDE ROAD			Connections		6			
Towns Served: GOSHEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20926	WELL	2	WELL	A				
55305	ATMOSPHERIC TANKS							

Contact Information

Name				Organization				Job Title			
Housatonic Council, Bsa											
Mailing Address Line One				Mailing Address Line Two				City		State	Zip Code
326 Derby Avenue								Derby		CT	06418
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address			
Contact Role(s):		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
CT0550084	EDMUND D. STRANG SCOUT RESERVATION	NC	300	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
278 WEST SIDE ROAD				6	
Towns Served: GOSHEN					
Name		Organization		Job Title	
Ms. Carole Cafaro		Edmund D. Strang Scout Reser		District Assistant	
Mailing Address Line One		Mailing Address Line Two		City	State
111 New Haven Avenue				Derby	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-734-3329	0				carole.cafaro@scouting.org
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.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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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	
CT0550094	GOSHEN VOLUNTEER FIRE DEPT			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
181 GOSHEN SHARON TURNPIKE (ROUTE 4)					1			
Towns Served: GOSHEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20927	WELL	2	WELL	A				
62237	TREATMENT SYSTEM							

Contact Information

Name				Organization				Job Title		
Ms. Erin Hurlburt				Goshen Volunteer Fire Dept				Maintance		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
PO Box 193							Goshen		CT	06756
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-491-2526								eshurlburt@gmail.com		
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	
CT0550094	GOSHEN VOLUNTEER FIRE DEPT			NC	25	L	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
181 GOSHEN SHARON TURNPIKE (ROUTE 4)					1			
Towns Served: GOSHEN								

Please note the following:

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

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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	
CT0550194	HEMLOCK HILL COOPERATIVE CAMP RESORT INC			NC	190	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
118 HEMLOCK HILL RD					1			
Towns Served: GOSHEN								

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

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

Water System Facility: **ENTRY POINT-HAGNAR WELL (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-HAGNAR WELL (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **ENTRY POINT-CENTER (WSF ID: 00701)**

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-CENTER (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/20 - 4/23/21	2	1/22/2021		2/1/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4-CAMP	DISTRIBUTION SYSTEM	A	Y			
		4-OFFICE	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT-HAGNAR WELL	3	ENTRY POINT-HAGNAR W	A				
00701	ENTRY POINT-CENTER	3	ENTRY POINT-CENTER	A				
20936	CENTER WELL	2-OFFICE	WELL-OFFICE	A				
58939	HAGNAR WELL	2	HAGNAR 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	
CT0550194	HEMLOCK HILL COOPERATIVE CAMP RESORT INC			NC	190	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
118 HEMLOCK HILL RD					1			
Towns Served: GOSHEN								

Contact Information

Name				Organization			Job Title		
Hemlock Hill Camp Resort Coop Assn, Inc.									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
18 Hemlock Hill Road						Goshen		CT	06756
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-567-2267									
Contact Role(s): Owner									
Name				Organization			Job Title		
Mr. Sam Huston							Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 475						Litchfield		CT	06759
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-361-6888						SWH278@yahoo.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.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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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	
CT0550234	NODINES SMOKEHOUSE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 NORTH STREET					1			
Towns Served: GOSHEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/3/2016	
RESPOND TO SANITARY SURVEY	9/23/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/17/2004		11/27/2004	
Physical Parameters M&R Violation	7/1/20 - 9/30/20	3	1/6/2022		1/16/2022	
Total Coliform M&R Violation	7/1/20 - 9/30/20	3	1/6/2022		1/16/2022	
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	11/30/2023		12/10/2023	
Total Coliform M&R Violation	10/1/21 - 12/31/21	3	11/30/2023		12/10/2023	

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				
20941	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	
CT0550234	NODINES SMOKEHOUSE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 NORTH STREET					1			
Towns Served: GOSHEN								

Contact Information

Name				Organization		Job Title			
Ms. Johanne H Nodine				Nodines Smokehouse		Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
39 North Street			P O Box 1787			Goshen		CT	06756
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-489-3213		860-496-9787		860-489-3213	nodines.smokehouse@snet.net				

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

Name				Organization		Job Title			
Mrs. Kelly Nodine				Nodine's Smokehouse		Office Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Nodine's Smokehouse			65 Fowler Ave			Torrington		CT	06790
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-489-3213			860-496-9787			860-484-9076	nodineapar01@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 schedule.

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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	
CT0550254	ST. THOMAS OF VILLANOVA CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
71 NORTH STREET			Connections		1			
Towns Served: GOSHEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20943	WELL	2	WELL	A				
57870	TREATMENT PLANT							

Contact Information

Name				Organization				Job Title		
Reverend Stuart Pinette				St Louis De Montfort Parish				Pastor		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
PO Box 97							Litchfield		CT	06759
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-567-5209			860-567-2052					frstu@stlouisdemontfortparish.org		
Contact Role(s): Administrative Contact, Legal Contact										

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Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0550254	ST. THOMAS OF VILLANOVA CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
71 NORTH STREET					1			
Towns Served: GOSHEN								

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0550294	WOODRIDGE LAKE ASSOCIATION			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
260 E HYERDALE DRIVE					1			
Towns Served: GOSHEN								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20946	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. John O'brien				Woodridge Lake Property Owners			General Maager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
26 East Hyerdale Dr						Goshen		CT	06756
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-491-3424							john.obrien@woodridgelake.com		
Contact Role(s): 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
CT0550294	WOODRIDGE LAKE ASSOCIATION	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
260 E HYERDALE DRIVE			1		
Towns Served: GOSHEN					
Name		Organization		Job Title	
Mr. Ed Dutka		Woodridge Lake Property Owners		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
260 East Hyerdale Drive				Goshen	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-491-3424			860-307-3081	860-307-3081	ed.dutka@woodridgelake.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.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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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	
CT0550304	CAMP COCHIPIANEE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BEACH STREET					1			
Towns Served: GOSHEN								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	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		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	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		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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	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	
CT0550304	CAMP COCHIPIANEE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BEACH STREET					1			
Towns Served: GOSHEN								

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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22720	WELL	2	WELL	A				
61343	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title		
Mr. Robert P. Valentine				Town of Goshen			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Town Office Building			42A North Street			Goshen		CT	06756-1543
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-491-2308			860-491-6028				1stselectman@goshenct.gov		

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

Name				Organization			Job Title		
Ms. Erin Reilly				Town of Goshen- Rec Dept			Recreation Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
42 A North Street						Goshen		CT	06756
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-491-2249		2	860-491-6028		860-601-6089		parkandrec@goshenct.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 schedule.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0550354	CHURCH OF LATTER DAY SAINTS			NC	137	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
122 NORTH STREET				1			
Towns Served: GOSHEN							

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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
00501	WELL #1	2	WELL #1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59530	TREATMENT PLANT							

Contact Information

Name				Organization				Job Title		
Mr. Roy B. McDaniel				Natural Resources-Special Proj				Manager		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
50 East North Temple St			Mfd 12Th Floor				Salt Lake City		UT	84150
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
801-240-4656			801-240-2913					mcdanielrb@churchofjesuschrist.org		
Contact Role(s): 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
CT0550354	CHURCH OF LATTER DAY SAINTS	NC	137	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
122 NORTH STREET				1	
Towns Served: GOSHEN					
Name		Organization		Job Title	
Mr. Andrew Beecher		Church of Jesus Christ of Lds		Drinking Water	
Mailing Address Line One		Mailing Address Line Two		City	State
50 E North Temple St		Attn: Andrew Beecher 12Th Floor		Salt Lake City	UT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
801-240-1693				435-230-9658	drinkingwater@churchofjesuschrist.org
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Mr. James Greer		Church of Jesus Christ of Lds		Water Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
50 E North Temple Street				Salt Lake City	UT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
801-240-0536					drinkingwater@churchofjesuschrist.org
Contact Role(s): Legal Contact					
Please note the following:					
<ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 					

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0550374	AJS STEAK & PIZZA RESTAURANT			NC	40	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
171 TORRINGTON ROAD				1			
Towns Served: GOSHEN							

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
00700	ENTRY POINT	3	ENTRY POINT	A				
60584	WELL 1	2	WELL 1	A				
60588	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title			
Mr. Mark Wasdo										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
30 Deer Run Lane							Goshen		CT	06756
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-806-0173							860-491-4733	MJWASDO@HOTMAIL.COM		
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
CT0550374	AJS STEAK & PIZZA RESTAURANT			NC	40	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
171 TORRINGTON ROAD				1			
Towns Served: GOSHEN							

Please note the following:

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

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End of schedule