

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340212	SUN VALLEY CAMPGROUND-SYSTEM #1:WELL194			NC	50	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD				1				
Towns Served: STAFFORD								

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

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

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	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>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	4/16/24 - 5/6/24	3	6/18/2025		6/28/2025	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20031	WELL	2	WELL	A				
60797	ATM TANK							

Contact Information

Name				Organization			Job Title		
Mr. Michael J. Minor				Sun Valley Beach Club, Inc.			Vice President/Sec		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
51 Springfield Road						Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-684-5861			860-684-2635				traciezelonka@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1340212	SUN VALLEY CAMPGROUND-SYSTEM #1:WELL194			NC	50	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD			1				
Towns Served: STAFFORD							

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
CT1340282	STAFFORD PROFESSIONAL SUITES			NC	33	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 MAGAURAN DRIVE			2				
Towns Served: STAFFORD							

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
CROSS CONNECTION EXEMPTION	3/1/2018	

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				
10593	WELL #1	2	WELL #1	A				
62238	TREATMENT							

Contact Information

Name		Organization			Job Title		
Mr. Phil Tartisinis		Stafford Professional Suites			Its Member		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
855 Sullivan Avenue		C/O Amf Management Corp.			South Windsor	CT	06074
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-644-4583		860-644-5598			amfmanagement@aol.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	
CT1340282	STAFFORD PROFESSIONAL SUITES			NC	33	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
5 MAGAURAN DRIVE			Connections	2				
Towns Served: STAFFORD								

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
CT1340074	MINERAL SPRINGS CAMPGROUND-SYSTEM #1	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 LEONARD ROAD			1		
Towns Served: STAFFORD					

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		

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		

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

Nitrate (1040)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

Nitrite (1041)

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 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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22234	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Ms. Frances Goodale	Mineral Springs Fmly Campgrnd	Owner, Treasurer
Mailing Address Line One	Mailing Address Line Two	City
135 Leonard Road		Stafford Springs
Business Phone	Extension	Fax
	Mobile Phone	Emergency Phone
		Email Address
		State
		Zip Code
		CT
		06076

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Schedule Generation Date: 10/3/2025

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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
CT1340074	MINERAL SPRINGS CAMPGROUND-SYSTEM #1	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
135 LEONARD ROAD			1		
Towns Served: STAFFORD					
860-684-2993		860-684-2993			
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Mr. Leonard Bragdon		Mineral Springs Campground		Campground Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
135 Leonard Rd				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-2993					
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Ms. Monica Bragdon		Mineral Springs Family Campgro		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State
135 Leonard Road				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-2993				860-798-9516	mbragdon3021@gmail.com
Contact Role(s): Owner					
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	
CT1340084	MINERAL SPRINGS CAMPGROUND-SYSTEM #2		NC	25	P	GW	
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
135 LEONARD ROAD			1				
Towns Served: STAFFORD							

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		

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

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2031	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22235	WELL	2	WELL	A				

Contact Information

Name				Organization				Job Title		
Ms. Frances Goodale				Mineral Springs Fmly Campgrnd				Owner, Treasurer		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
135 Leonard Road							Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-684-2993							860-684-2993			
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
CT1340084	MINERAL SPRINGS CAMPGROUND-SYSTEM #2	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
135 LEONARD ROAD			1		
Towns Served: STAFFORD					
Name		Organization		Job Title	
Mr. Leonard Bragdon		Mineral Springs Campground		Campground Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
135 Leonard Rd				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-2993					
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Ms. Monica Bragdon		Mineral Springs Family Campgro		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State
135 Leonard Road				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-2993				860-798-9516	mbragdon3021@gmail.com
Contact Role(s): Owner					
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. 					

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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	
CT1340104	ROARING BROOK CAMPGROUND			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
8 SOUTH ROAD			Connections		400			
Towns Served: STAFFORD								

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	10/1-10/13	

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

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.6 MG/L	Daily
Start Date: 6/1/2014		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		5/1/2025 - 5/31/2025	Y
		6/1/2025 - 6/30/2025	Y
		7/1/2025 - 7/31/2025	Y
		8/1/2025 - 8/31/2025	Y
		9/1/2025 - 9/30/2025	

Other Compliance Schedules

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

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22237	WELL #1	2	WELL #1	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	
CT1340104	ROARING BROOK CAMPGROUND			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
8 SOUTH ROAD			Connections		400			
Towns Served: STAFFORD								

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
22238	WELL #2	2	WELL #2	A				
58462	WELL# 3	2	WELL# 3	A				
58465	TREATMENT PLANT							
58466	4 ATMOSPHERIC STORAGE TANKS							
60988	WELL #4	2	WELL #4	A				
62595	FLEX-LITE CONTACT TANKS							
62596	2 VFD BOOSTER PUMPS							
63050	WELL #5	2	WELL #5	A				

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

Contact Information

Name				Organization			Job Title		
Mr. Scott Rosado				Roaring Brook Campground			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
8 South Road						Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-684-7086							president@roaringbrookcampground.org		

Contact Role(s): **Owner**

Name				Organization		Job Title			
Mr. Rowland Rux				Roaring Brook Campground		Member-At-Large			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
8 South Road						Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-684-7086							rowlandrux@netzero.net		

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	
CT1340104	ROARING BROOK CAMPGROUND			NC	35	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
8 SOUTH ROAD					400			
Towns Served: STAFFORD								

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	
CT1340124	SUN VALLEY CAMPGROUND-SYSTEM #2:WELL 56			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
51 SPRINGFIELD ROAD			Connections		1			
Towns Served: STAFFORD								

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

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

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	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>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	4/16/24 - 5/6/24	3	6/18/2025		6/28/2025	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22240	WELL 56	2	WELL 56	A				
60799	ATM TANK							

Contact Information

Name				Organization				Job Title		
Mr. Michael J. Minor				Sun Valley Beach Club, Inc.				Vice President/Sec		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
51 Springfield Road							Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-684-5861			860-684-2635					traciezelonka@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340124	SUN VALLEY CAMPGROUND-SYSTEM #2:WELL 56			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 SPRINGFIELD ROAD					1			
Towns Served: STAFFORD								

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	
CT1340134	SUN VALLEY CAMPGROUND-SYSTEM #3:WELL 40			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
51 SPRINGFIELD ROAD			Connections		1			
Towns Served: STAFFORD								

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

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

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/29/2025	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22241	WELL 40	2	WELL 40	A				
56331	STORAGE TANK							
56333	BOOSTER PUMP							

Contact Information

Name				Organization				Job Title		
Mr. Michael J. Minor				Sun Valley Beach Club, Inc.				Vice President/Sec		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
51 Springfield Road							Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-684-5861			860-684-2635					traciezelonka@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340134	SUN VALLEY CAMPGROUND-SYSTEM #3:WELL 40			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 SPRINGFIELD ROAD					1			
Towns Served: STAFFORD								

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	
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WELL 214			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD				1				
Towns Served: STAFFORD								

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

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

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	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>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	4/16/24 - 5/6/24	3	6/18/2025		6/28/2025	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22787	WELL 214	2	WELL 214	A				
60801	ATMOSPHERIC STORAGE TANK							

Contact Information

Name				Organization				Job Title		
Mr. Michael J. Minor				Sun Valley Beach Club, Inc.				Vice President/Sec		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
51 Springfield Road							Stafford Springs		CT	06076
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone		Email Address	
860-684-5861			860-684-2635						traciezelonka@aol.com	
Contact Role(s): Administrative Contact, Legal Contact, Owner										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WELL 214			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD			1				
Towns Served: STAFFORD							

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
CT1340164	SUN VALLEY BEACH CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD			1				
Towns Served: STAFFORD							

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

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

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	

Water System Facility: **DUG WELL (WSF ID: 22788)**

E. Coli (3014) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/25 - 9/30/25		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	4/16/24 - 5/6/24	3	6/18/2025		6/28/2025	

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	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22788	DUG WELL	2	WELL	A				
56340	BOOSTER PUMP							

Contact Information

Name		Organization			Job Title		
Mr. Michael J. Minor		Sun Valley Beach Club, Inc.			Vice President/Sec		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
51 Springfield Road					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-684-5861		860-684-2635			traciezelonka@aol.com		

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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
CT1340164	SUN VALLEY BEACH CLUB	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
51 OLD SPRINGFIELD ROAD		1			
Towns Served: STAFFORD					
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Mr. Robert N. Minor		Sun Valley Beach Club, Inc.		President	
Mailing Address Line One		Mailing Address Line Two		City	State
51 Old Springfield Road				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-5861		860-684-2635			
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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	
CT1340244	STILLWATER GRILL			NC	27	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
328 EAST STREET (ROUTE 19)					1			
Towns Served: STAFFORD								

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 - 5/31/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

Total Coliform (3100)		3 repeat (RP) per period	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/30/25 - 6/4/25		Complete
	6/28/25 - 7/3/25		

Total Coliform (3100)		3 temporary routine (TR) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	6/1/25 - 6/30/25		

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: **WELL #1 (WSF ID: 47857)**

E. Coli (3014)		1 triggered (TG) per period	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	5/29/25 - 6/4/25		Complete

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	3	KITCHEN 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				
47857	WELL #1	2	WELL #1	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
CT1340244	STILLWATER GRILL			NC	27	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
328 EAST STREET (ROUTE 19)				1			
Towns Served: STAFFORD							

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
60656	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title		
Stillwater Grill LLC							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
328 East Street					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Name		Organization			Job Title		
Mr. Andrew Green		Stillwater Grill LLC			Principal&Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
328 East Street					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-684-4086				603-275-1224	agreen@stillwatergrillct.com		

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

Name		Organization			Job Title		
Ms. Amy Ethier		Stillwater Grill LLC					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
3 Abby Road					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
978-995-2920					aethier@stillwatergrillct.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	
CT1341324	ROARING BROOK CAMPGND COOP/POOL/REST/REC			NC	42	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
8 SOUTH ROAD							3	
Towns Served: STAFFORD								

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
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
00501	WELL #1	2	WELL #1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

Contact Information

Name				Organization		Job Title		
Mr. Lewis J. Dorman				Roaring Brook Campground Coop		Maintenance		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
8 South Road						Stafford Springs	CT	06076
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address	
860-684-7086			860-684-7125		860-818-7108		rbc@roaringbrook.necoxmail.com	
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
CT1341324	ROARING BROOK CAMPGND COOP/POOL/REST/REC	NC	42	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
8 SOUTH ROAD					3
Towns Served: STAFFORD					
Name		Organization		Job Title	
Mr. Scott Rosado		Roaring Brook Campground		President	
Mailing Address Line One		Mailing Address Line Two		City	State
8 South Road				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-7086					president@roaringbrookcampground.org
Contact Role(s): Owner					
Name		Organization		Job Title	
Mr. Rowland Rux		Roaring Brook Campground		Member-At-Large	
Mailing Address Line One		Mailing Address Line Two		City	State
8 South Road				Stafford Springs	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-684-7086					rowlandrux@netzero.net
Contact Role(s): Administrative Contact					
Please note the following: <ol style="list-style-type: none"> The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. If a Collection Period is specified, all water quality samples must be collected during the specified period. 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	
CT1341374	STAFFORD SPRINGS KINGDOM HALL			NC	75	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
79 CRYSTAL LAKE RD					1			
Towns Served: STAFFORD								

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				
61533	WELL #1	2	WELL #1	A				
63138	TREATMENT SYSTEM							

Contact Information

Name				Organization			Job Title		
Mr. Robert Prinzivalli				Kingdom Hall- Stafford			Maintenance		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
179 Furnace Ave						Stafford Springs		CT	06076
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-614-9400							prinzivr55@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1341374	STAFFORD SPRINGS KINGDOM HALL			NC	75	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
79 CRYSTAL LAKE RD					1			
Towns Served: STAFFORD								

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