

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                 |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1691153                        | FIRST CONGREGATIONAL CHURCH OF WOODSTOCK |  |                     | NC             | 38         | P          | GW             |              |
| Local Address (where applicable) |  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 543 ROUTE 169                    |  |  |                     | 1              |            |            |                |              |
| Towns Served: WOODSTOCK          |  |  |                     |                |            |            |                |              |

### 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       |                            |                          |
|   | 1/1/26 - 3/31/26         |                            |                          |

| 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 | 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  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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 EXEMPTION          | 3/1/2030        |                      |

### 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> |
| E. Coli M&R Violation             | 9/30/24 -                | 3                  | 11/7/2025                  |                  | 11/17/2025              |                 |
| Physical Parameters M&R Violation | 10/1/24 - 12/31/24       | 3                  | 2/14/2026                  |                  | 2/24/2026               |                 |

### 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                          |                                  |                 |                         |
|                                 |                              | 4-1                      | Kitchen                           | A             | Y                          |                                  |                 |                         |
|                                 |                              | 4-2                      | Nursery                           | A             | Y                          |                                  |                 |                         |
|                                 |                              | 4-3                      | Women s Restroom                  | A             | Y                          |                                  |                 |                         |
|                                 |                              | 4-4                      | Men s Restroom                    | A             | Y                          |                                  |                 |                         |
|                                 |                              | 4-5                      | Servery                           | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |

**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 |              |
|----------------------------------|--|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1691153                        | FIRST CONGREGATIONAL CHURCH OF WOODSTOCK |  |                     | NC             | 38         | P          | GW             |              |
| Local Address (where applicable) |  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 543 ROUTE 169                    |  |  |                     | 1              |            |            |                |              |
| Towns Served: WOODSTOCK          |  |  |                     |                |            |            |                |              |

### 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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 63145                    | WELL #1               | 2                 | WELL #1                    | A      |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization                   |              | Job Title       |                   |       |          |
|--------------------------|--|-----------|--------------------------|--------------------------------|--------------|-----------------|-------------------|-------|----------|
| Mr. Bruce Lyman          |  |           |                          | First Congregational Church Of |              | Moderator       |                   |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                                |              | City            |                   | State | Zip Code |
| 543 Route 169            |  |           | PO Box 147               |                                |              | Woodstock       |                   | CT    | 06281    |
| Business Phone           |  | Extension | Fax                      |                                | Mobile Phone | Emergency Phone | Email Address     |       |          |
| 860-928-7405             |  |           |                          |                                |              |                 | btlyman1@gmail.cm |       |          |

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

|                          |           |     |                          |                             |                 |                           |                     |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------------------|-----------------|---------------------------|---------------------|-------|----------|
| Name                     |           |     |                          | Organization                |                 |                           | Job Title           |       |          |
| Mr. John Cimochowski     |           |     |                          | First Congregational Church |                 |                           | Property Management |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                             |                 | City                      |                     | State | Zip Code |
| PO Box 147               |           |     | 543 Route 169            |                             |                 | Woodstock                 |                     | CT    | 06281    |
| Business Phone           | Extension | Fax |                          | Mobile Phone                | Emergency Phone | Email Address             |                     |       |          |
| 860-928-7405             |           |     |                          |                             |                 | johncimochowski@gmail.com |                     |       |          |

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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1696282                        | WOODSTOCK TOWN HALL |  |                     | NC             | 39         | L          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 415 ROUTE 169                    |                     |  |                     |                | 2          |            |                |              |
| Towns Served: WOODSTOCK          |                     |  |                     |                |            |            |                |              |

### 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      |                     |                           |          |                  |
| 23018                    | TOWN HALL WELL        | 2                 | TOWN HALL                  | A      |                     |                           |          |                  |
| 56845                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |                                       |                          |                     |              |  |                 |                         |       |            |
|--------------------------|--|---------------------------------------|--------------------------|---------------------|--------------|--|-----------------|-------------------------|-------|------------|
| Name                     |  |                                       |                          | Organization        |              |  |                 | Job Title               |       |            |
| Mr. Jay Swan             |  |                                       |                          | Woodstock Town Hall |              |  |                 | First Selectman         |       |            |
| Mailing Address Line One |  |                                       | Mailing Address Line Two |                     |              |  | City            |                         | State | Zip Code   |
| 415 Route 169            |  |                                       |                          |                     |              |  | Woodstock       |                         | CT    | 06281-3039 |
| Business Phone           |  | Extension                             | Fax                      |                     | Mobile Phone |  | Emergency Phone | Email Address           |       |            |
| 860-928-0208             |  | 310                                   |                          |                     |              |  |                 | JAYSWAN@WOODSTOCKCT.GOV |       |            |
| 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 |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1696282                        | WOODSTOCK TOWN HALL |  |                     | NC             | 39         | L          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 415 ROUTE 169                    |                     |  |                     |                | 2          |            |                |              |
| Towns Served: WOODSTOCK          |                     |  |                     |                |            |            |                |              |

**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 |              |
|----------------------------------|----------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT1690024                        | CAMP WOODSTOCK - BOAT HOUSE WELL |  |             | NC             | 40         | P          | GW             |              |
| Local Address (where applicable) |                                  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                  |  | Connections |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                                  |  |             |                |            |            |                |              |

### 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      |                     |                           |          |                  |
| 22657                    | BOAT HOUSE WELL             | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54824                    | BOAT HOUSE TREATMENT SYSTEM |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                                |  |           |                              |                       |                 |                           |           |       |          |
|--------------------------------|--|-----------|------------------------------|-----------------------|-----------------|---------------------------|-----------|-------|----------|
| Name                           |  |           |                              | Organization          |                 |                           | Job Title |       |          |
| Mr. Harold Sparrow             |  |           |                              | YMCA Greater Hartford |                 |                           | Ceo       |       |          |
| Mailing Address Line One       |  |           | Mailing Address Line Two     |                       |                 | City                      |           | State | Zip Code |
| YMCA of Greater Hartford       |  |           | 50 State House Sq. 2Nd Floor |                       |                 | Hartford                  |           | CT    | 06103    |
| Business Phone                 |  | Extension | Fax                          | Mobile Phone          | Emergency Phone | Email Address             |           |       |          |
| 860-522-9622                   |  |           | 860-522-1314                 |                       |                 | harold.sparrow@ghymca.org |           |       |          |
| 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          |
| <b>CT1690024</b>  | <b>CAMP WOODSTOCK - BOAT HOUSE WELL</b> | <b>NC</b>                | <b>40</b>    | <b>P</b>           | <b>GW</b>               |
| Local Address (where applicable)  |   | Service Connections      | Residential  | Commercial         | Industrial              |
| 42 CAMP ROAD  |   |                          | 1            |                    |                         |
| Towns Served: WOODSTOCK   |   |                          |              |                    |                         |
| Name  |   | Organization             |              | Job Title          |                         |
| <b>YMCA of Metropolitan-Hartford, Inc.</b>  |   |                          |              |                    |                         |
| Mailing Address Line One  |   | Mailing Address Line Two |              | City               | State                   |
| 160 Jewell Street   |   |                          |              | Hartford           | CT                      |
| Business Phone  | Extension                               | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-522-4183  |   |                          |              |                    |                         |
| Contact Role(s): <b>Owner</b>   |   |                          |              |                    |                         |
| Name  |   | Organization             |              | Job Title          |                         |
| <b>Mr. Anthony Gronski</b>  |   | YMCA Camp Woodstock      |              | Executive Director |                         |
| Mailing Address Line One  |   | Mailing Address Line Two |              | City               | State                   |
| 42 Camp Road  |   |                          |              | Woodstock          | CT                      |
| Business Phone  | Extension                               | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-974-1336  | 11                                      | 860-974-0754             |              | 860-990-2143       | tony.gronski@ghymca.org |
| Contact Role(s): <b>Administrative Contact</b>  |   |                          |              |                    |                         |
| <b>Please note the following:</b> <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |   |                          |              |                    |                         |

***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 |              |
|----------------------------------|-----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690034                        | CAMP WOODSTOCK - BATH SHOWER WELL |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                   |  |                     | 3              |            |            |                |              |
| Towns Served: WOODSTOCK          |                                   |  |                     |                |            |            |                |              |

### 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 - 8/31/25         |                                    | Complete                 |
| Total Coliform (3100)                           |                          | 3 repeat (RP) per period           |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>           | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/27/25 - 9/1/25         |                                    | Complete                 |
| Total Coliform (3100)                           |                          | 3 temporary routine (TR) per month |                          |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>           | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 9/1/25 - 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)**

|   |                          |                                |                          |  |
|---|--------------------------|--------------------------------|--------------------------|--|
| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |
| <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        |                                |                          |  |

Water System Facility: **BATH SHOWER WELL (WSF ID: 22658)**

|   |                          |                                    |                          |  |
|---|--------------------------|------------------------------------|--------------------------|--|
| <b>E. Coli (3014)</b>                     |                          | <b>1 triggered (TG) per period</b> |                          |  |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>           | <i>Compliance Status</i> |  |
| WELL (2)                                  | 8/26/25 - 9/1/25         |                                    | 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   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | BH01              | SINK 1 (FROM LEFT)         | A      | Y                   | 2                         |          |                  |
|                          |                       | BH02              | SINK 2 (FROM LEFT)         | A      | Y                   | 2                         |          |                  |
|                          |                       | BH03              | SINK 3 (FROM LEFT)         | A      | Y                   | 2                         |          |                  |
|                          |                       | BH04              | SINK 4 (FROM LEFT)         | A      | Y                   | 2                         |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22658                    | BATH SHOWER WELL      | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54850                    | BATH SHOWER TREATMENT |                   |                            |        |                     |                           |          |                  |

**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 |              |
|----------------------------------|-----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690034                        | CAMP WOODSTOCK - BATH SHOWER WELL |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                   |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                   |  |                     | 3              |            |            |                |              |
| Towns Served: WOODSTOCK          |                                   |  |                     |                |            |            |                |              |

### Contact Information

| Name                     |           |              |                              | Organization          |                           |          | Job Title |       |          |
|--------------------------|-----------|--------------|------------------------------|-----------------------|---------------------------|----------|-----------|-------|----------|
| Mr. Harold Sparrow       |           |              |                              | YMCA Greater Hartford |                           |          | Ceo       |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two     |                       |                           | City     |           | State | Zip Code |
| YMCA of Greater Hartford |           |              | 50 State House Sq. 2Nd Floor |                       |                           | Hartford |           | CT    | 06103    |
| Business Phone           | Extension | Fax          | Mobile Phone                 | Emergency Phone       | Email Address             |          |           |       |          |
| 860-522-9622             |           | 860-522-1314 |                              |                       | harold.sparrow@ghymca.org |          |           |       |          |

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

|                                     |           |     |                          |                 |               |          |           |       |          |
|-------------------------------------|-----------|-----|--------------------------|-----------------|---------------|----------|-----------|-------|----------|
| Name                                |           |     |                          | Organization    |               |          | Job Title |       |          |
| YMCA of Metropolitan-Hartford, Inc. |           |     |                          |                 |               |          |           |       |          |
| Mailing Address Line One            |           |     | Mailing Address Line Two |                 |               | City     |           | State | Zip Code |
| 160 Jewell Street                   |           |     |                          |                 |               | Hartford |           | CT    | 06103    |
| Business Phone                      | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |          |           |       |          |
| 860-522-4183                        |           |     |                          |                 |               |          |           |       |          |

Contact Role(s): **Owner**

| Name                     |  |           |                          | Organization        |              |                 | Job Title               |       |          |
|--------------------------|--|-----------|--------------------------|---------------------|--------------|-----------------|-------------------------|-------|----------|
| Mr. Anthony Gronski      |  |           |                          | YMCA Camp Woodstock |              |                 | Executive Director      |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                     |              | City            |                         | State | Zip Code |
| 42 Camp Road             |  |           |                          |                     |              | Woodstock       |                         | CT    | 06282    |
| Business Phone           |  | Extension | Fax                      |                     | Mobile Phone | Emergency Phone | Email Address           |       |          |
| 860-974-1336             |  | 11        | 860-974-0754             |                     |              | 860-990-2143    | tony.gronski@ghymca.org |       |          |

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 |              |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690044                        | CAMP WOODSTOCK - ROSKIN WELL |  |                     | NC             | 40         | P          | GW             |              |
| Local Address (where applicable) |                              |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                              |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                              |  |                     |                |            |            |                |              |

### 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                    | ROSKIN WELL           | 2                 | ROSKIN WELL                    | A      |                     |                           |          |                  |
| 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      |                     |                           |          |                  |

### Contact Information

|                          |           |                              |                       |                 |                           |           |       |          |
|--------------------------|-----------|------------------------------|-----------------------|-----------------|---------------------------|-----------|-------|----------|
| Name                     |           |                              | Organization          |                 |                           | Job Title |       |          |
| Mr. Harold Sparrow       |           |                              | YMCA Greater Hartford |                 |                           | Ceo       |       |          |
| Mailing Address Line One |           | Mailing Address Line Two     |                       |                 | City                      |           | State | Zip Code |
| YMCA of Greater Hartford |           | 50 State House Sq. 2Nd Floor |                       |                 | Hartford                  |           | CT    | 06103    |
| Business Phone           | Extension | Fax                          | Mobile Phone          | Emergency Phone | Email Address             |           |       |          |
| 860-522-9622             |           | 860-522-1314                 |                       |                 | harold.sparrow@ghymca.org |           |       |          |

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          |
| <b>CT1690044</b>   | <b>CAMP WOODSTOCK - ROSKIN WELL</b> | <b>NC</b>                | <b>40</b>    | <b>P</b>           | <b>GW</b>               |
| Local Address (where applicable)   |                                     | Service Connections      | Residential  | Commercial         | Industrial              |
| 42 CAMP ROAD   |                                     |                          |              | <b>1</b>           |                         |
| Towns Served: WOODSTOCK  |                                     |                          |              |                    |                         |
| Name   |                                     | Organization             |              | Job Title          |                         |
| <b>YMCA of Metropolitan-Hartford, Inc.</b>   |                                     |                          |              |                    |                         |
| Mailing Address Line One   |                                     | Mailing Address Line Two |              | City               | State                   |
| 160 Jewell Street  |                                     |                          |              | Hartford           | CT                      |
| Business Phone   | Extension                           | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-522-4183   |                                     |                          |              |                    |                         |
| Contact Role(s): <b>Owner</b>  |                                     |                          |              |                    |                         |
| Name   |                                     | Organization             |              | Job Title          |                         |
| <b>Mr. Anthony Gronski</b>   |                                     | YMCA Camp Woodstock      |              | Executive Director |                         |
| Mailing Address Line One   |                                     | Mailing Address Line Two |              | City               | State                   |
| 42 Camp Road   |                                     |                          |              | Woodstock          | CT                      |
| Business Phone   | Extension                           | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-974-1336   | 11                                  | 860-974-0754             |              | 860-990-2143       | tony.gronski@ghymca.org |
| Contact Role(s): <b>Administrative Contact</b>   |                                     |                          |              |                    |                         |
| <b>Please note the following:</b> <ol style="list-style-type: none"> <li>The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |                                     |                          |              |                    |                         |

***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 |              |
|----------------------------------|----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690054                        | CAMP WOODSTOCK - UPPER MAIN CAMP |  |                     | NC             | 346        | P          | GW             |              |
| Local Address (where applicable) |                                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                  |  |                     |                | 3          |            |                |              |
| Towns Served: WOODSTOCK          |                                  |  |                     |                |            |            |                |              |

### 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      |                     |                           |          |                  |
| 22660                    | UPPER MAIN CAMP WELL      | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54820                    | UPPER MAIN CAMP TREATMENT |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |               |              |                              |                       |                 |                           |           |       |          |
|--------------------------|---------------|--------------|------------------------------|-----------------------|-----------------|---------------------------|-----------|-------|----------|
| Name                     |               |              |                              | Organization          |                 |                           | Job Title |       |          |
| Mr. Harold Sparrow       |               |              |                              | YMCA Greater Hartford |                 |                           | Ceo       |       |          |
| Mailing Address Line One |               |              | Mailing Address Line Two     |                       |                 | City                      |           | State | Zip Code |
| YMCA of Greater Hartford |               |              | 50 State House Sq. 2Nd Floor |                       |                 | Hartford                  |           | CT    | 06103    |
| Business Phone           | Extension     | Fax          | Mobile Phone                 |                       | Emergency Phone | Email Address             |           |       |          |
| 860-522-9622             |               | 860-522-1314 |                              |                       |                 | harold.sparrow@ghymca.org |           |       |          |
| 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          |
| <b>CT1690054</b>   | <b>CAMP WOODSTOCK - UPPER MAIN CAMP</b> | <b>NC</b>                | <b>346</b>   | <b>P</b>           | <b>GW</b>               |
| Local Address (where applicable)   |   | Service Connections      | Residential  | Commercial         | Industrial              |
| 42 CAMP ROAD   |   |                          |              | 3                  |                         |
| Towns Served: WOODSTOCK  |   |                          |              |                    |                         |
| Name   |   | Organization             |              | Job Title          |                         |
| <b>YMCA of Metropolitan-Hartford, Inc.</b>   |   |                          |              |                    |                         |
| Mailing Address Line One   |   | Mailing Address Line Two |              | City               | State                   |
| 160 Jewell Street  |   |                          |              | Hartford           | CT                      |
| Business Phone   | Extension                               | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-522-4183   |   |                          |              |                    |                         |
| Contact Role(s): <b>Owner</b>  |   |                          |              |                    |                         |
| Name   |   | Organization             |              | Job Title          |                         |
| <b>Mr. Anthony Gronski</b>   |   | YMCA Camp Woodstock      |              | Executive Director |                         |
| Mailing Address Line One   |   | Mailing Address Line Two |              | City               | State                   |
| 42 Camp Road   |   |                          |              | Woodstock          | CT                      |
| Business Phone   | Extension                               | Fax                      | Mobile Phone | Emergency Phone    | Email Address           |
| 860-974-1336   | 11                                      | 860-974-0754             |              | 860-990-2143       | tony.gronski@ghymca.org |
| Contact Role(s): <b>Administrative Contact</b>   |   |                          |              |                    |                         |
| <b>Please note the following:</b> <ol style="list-style-type: none"> <li>The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |   |                          |              |                    |                         |

***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 |              |
|----------------------------------|-----------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690064                        | CHAMBERLAIN LAKE CAMPGROUND |  |                     | NC             | 50         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1397 ROUTE 197                   |                             |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                             |  |                     |                |            |            |                |              |

### 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        |                          |                          |

### 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             |                            |                                  |                 |                         |
| 55129                           | WELL 2                       | 2                        | WELL 2                            | A             |                            |                                  |                 |                         |
| 55132                           | ATMOSPHERIC STORAGE          |                          |                                   |               |                            |                                  |                 |                         |
| 55387                           | HYDROPNEUMATIC TANK          |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|   |  |           |                          |                             |              |                 |  |       |            |
|---|--|-----------|--------------------------|-----------------------------|--------------|-----------------|--|-------|------------|
| Name  |  |           |                          | Organization                |              |                 | Job Title                                  |       |            |
| Mr. Michael F. Reed   |  |           |                          | Chamberlain Lake Campground |              |                 | Owner                                      |       |            |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                             |              | City            |  | State | Zip Code   |
| P.O. Box 353  |  |           |                          |                             |              | Woodstock       |  | CT    | 06281-0353 |
| Business Phone  |  | Extension | Fax                      |                             | Mobile Phone | Emergency Phone | Email Address                              |       |            |
| 860-974-0567  |  |           |                          |                             |              | 860-917-6286    | michael.reed@chamberlainlakecampground.net |       |            |
| 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 |
|----------------------------------|-----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690064                        | CHAMBERLAIN LAKE CAMPGROUND |                     |             | NC             | 50         | P          | GW             |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 1397 ROUTE 197                   |                             |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                             |                     |             |                |            |            |                |

**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 |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT1690084                        | EVANGELICAL COVENANT CHURCH |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 24 CHILD HILL ROAD               |                             |  | Connections |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                             |  |             |                |            |            |                |              |

### 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      |                     |                           |          |                  |
| 22662                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |           |                          |                             |                 |                             |               |       |          |
|--------------------------|-----------|--------------------------|-----------------------------|-----------------|-----------------------------|---------------|-------|----------|
| Name                     |           |                          | Organization                |                 |                             | Job Title     |       |          |
| Pastor Leon Engman       |           |                          | Evangelical Covenant Church |                 |                             | Senior Pastor |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |                             |                 | City                        |               | State | Zip Code |
| Senior Pastor            |           | 24 Child Hill Road       |                             |                 | Woodstock                   |               | CT    | 06281    |
| Business Phone           | Extension | Fax                      | Mobile Phone                | Emergency Phone | Email Address               |               |       |          |
| 860-928-0486             |           |                          |                             |                 | julie@woodstockcovenant.org |               |       |          |

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               |
| <b>CT1690084</b>                               | <b>EVANGELICAL COVENANT CHURCH</b> | <b>NC</b>                   | <b>25</b>    | <b>P</b>        | <b>GW</b>                    |
| Local Address (where applicable)               |                                    | Service Connections         | Residential  | Commercial      | Industrial                   |
| 24 CHILD HILL ROAD                             |                                    |                             |              | <b>1</b>        |                              |
| Towns Served: WOODSTOCK                        |                                    |                             |              |                 |                              |
| Name   |                                    | Organization                |              | Job Title       |                              |
| <b>Ms. Monica Cannistraci</b>                  |                                    | Evangelical Covenant Church |              | Office Manager  |                              |
| Mailing Address Line One                       |                                    | Mailing Address Line Two    |              | City            | State                        |
| 24 Child Hill Road                             |                                    |                             |              | Woodstock       | CT                           |
| Business Phone                                 | Extension                          | Fax                         | Mobile Phone | Emergency Phone | Email Address                |
| 860-928-0468                                   |                                    |                             |              |                 | monica@woodstockcovenant.org |
| Contact Role(s): <b>Administrative Contact</b> |                                    |                             |              |                 |                              |

**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 |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690094                        | HARRISVILLE GOLF COURSE |  |                     | NC             | 29         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 125 HARRISVILLE ROAD             |                         |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                         |  |                     |                |            |            |                |              |

### 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   |                          |                   |
|   | 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   |                          |                   |
|   | 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                   |                           |          |                  |

**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 |
|----------------------------------|-------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690094                        | HARRISVILLE GOLF COURSE |                     |             | NC             | 29         | P          | GW             |
| Local Address (where applicable) |                         | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 125 HARRISVILLE ROAD             |                         |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                         |                     |             |                |            |            |                |

### 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      |                     |                           |          |                  |
| 22663                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                        |              |  |                 |                                 |       |          |
|--------------------------|--|-----------|--------------------------|------------------------|--------------|--|-----------------|---------------------------------|-------|----------|
| Name                     |  |           |                          | Organization           |              |  |                 | Job Title                       |       |          |
| Mr. Donald Hoenig        |  |           |                          | Tri State Golf Co. LLC |              |  |                 | Owner/President                 |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                        |              |  | City            |                                 | State | Zip Code |
| 125 Harrisville Road     |  |           |                          |                        |              |  | Woodstock       |                                 | CT    | 06281    |
| Business Phone           |  | Extension | Fax                      |                        | Mobile Phone |  | Emergency Phone | Email Address                   |       |          |
| 860-923-9591             |  |           | 860-923-9821             |                        |              |  | 860-234-6722    | dhoenig@tristategolfcompany.com |       |          |

Contact Role(s): **Owner**

|                          |  |           |                          |                    |              |  |                 |                               |       |          |
|--------------------------|--|-----------|--------------------------|--------------------|--------------|--|-----------------|-------------------------------|-------|----------|
| Name                     |  |           |                          | Organization       |              |  |                 | Job Title                     |       |          |
| Mr. Steve Landi          |  |           |                          | Tri State Golf Co. |              |  |                 | General Manager               |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                    |              |  | City            |                               | State | Zip Code |
| 125 Harrisville Road     |  |           |                          |                    |              |  | Woodstock       |                               | CT    | 06281    |
| Business Phone           |  | Extension | Fax                      |                    | Mobile Phone |  | Emergency Phone | Email Address                 |       |          |
| 401-533-6365             |  |           |                          |                    |              |  |                 | steve@tristategolfcompany.com |       |          |

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

|                          |  |           |                          |                        |  |                 |                            |       |          |
|--------------------------|--|-----------|--------------------------|------------------------|--|-----------------|----------------------------|-------|----------|
| Name                     |  |           |                          | Organization           |  |                 | Job Title                  |       |          |
| Mr. Johnathan Hoenig     |  |           |                          | Tri State Goldfco. LLC |  |                 | Owneer/Ceo                 |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                        |  | City            |                            | State | Zip Code |
| 125 Harrisville Rd       |  |           |                          |                        |  | Woodstock       |                            | CT    | 06281    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone           |  | Emergency Phone | Email Address              |       |          |
| 860-923-9591             |  |           |                          |                        |  | 860-234-8835    | jon@thompsons Speedway.com |       |          |

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 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**

**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 |              |
|----------------------------------|-----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690104                        | INN AT WOODSTOCK HILL |  |                     | NC             | 145        | P          | GW             |              |
| Local Address (where applicable) |                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 94 PLAINE HILL ROAD              |                       |  |                     |                | 2          |            |                |              |
| Towns Served: WOODSTOCK          |                       |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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         |                          |                          |
|   | 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         |                          |                          |

| Total Coliform (3100)                           |                          | 3 repeat (RP) per period |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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 | 6/20/25 - 6/25/25        |                          | Complete                 |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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         |                          |                          |
|   | 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  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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        |                          |                          |
|   | 1/1/26 - 12/31/26        |                          |                          |

Water System Facility: **WELL (WSF ID: 22664)**

**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 |              |
| CT1690104                        | INN AT WOODSTOCK HILL |  |             | NC             | 145        | P          | GW             |              |
| Local Address (where applicable) |                       |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 94 PLAINE HILL ROAD              |                       |  | Connections |                | 2          |            |                |              |
| Towns Served: WOODSTOCK          |                       |  |             |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 22664)

| E. Coli (3014)                     |                   |                   |                   | 1 triggered (TG) per period |
|------------------------------------|-------------------|-------------------|-------------------|-----------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |                             |
| WELL (2)                           | 6/19/25 - 6/25/25 |                   | Complete          |                             |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |
| 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                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22664                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 59486                    | HYDROPNEUMATIC TANK   |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |           |                          |                       |              |                 |                   |       |            |
|--------------------------|--|-----------|--------------------------|-----------------------|--------------|-----------------|-------------------|-------|------------|
| Name                     |  |           |                          | Organization          |              |                 | Job Title         |       |            |
| Mr. Robert Reger Jr.     |  |           |                          | Thelen, Reid & Priest |              |                 | President         |       |            |
| Mailing Address Line One |  |           | Mailing Address Line Two |                       |              | City            |                   | State | Zip Code   |
| 875 Third Ave            |  |           |                          |                       |              | New York        |                   | NY    | 10022-6225 |
| Business Phone           |  | Extension | Fax                      |                       | Mobile Phone | Emergency Phone | Email Address     |       |            |
| 212-603-2204             |  |           | 212-603-2361             |                       |              | 212-535-7284    | rrjrjrr@gmail.com |       |            |

Contact Role(s): Legal Contact, Owner

|                          |  |           |                          |                           |                 |                     |           |       |            |
|--------------------------|--|-----------|--------------------------|---------------------------|-----------------|---------------------|-----------|-------|------------|
| Name                     |  |           |                          | Organization              |                 |                     | Job Title |       |            |
| Mr. Douglas Woodward     |  |           |                          | The Inn At Woodstock Hill |                 |                     | Innkeeper |       |            |
| Mailing Address Line One |  |           | Mailing Address Line Two |                           |                 | City                |           | State | Zip Code   |
| 94 Plaine Hill Road      |  |           |                          |                           |                 | Woodstock           |           | CT    | 06281-2912 |
| Business Phone           |  | Extension | Fax                      | Mobile Phone              | Emergency Phone | Email Address       |           |       |            |
| 860-928-0528             |  |           |                          | 860-420-9246              |                 | woody83@hotmail.com |           |       |            |

Contact Role(s): Administrative 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 |              |
|----------------------------------|-----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690104                        | INN AT WOODSTOCK HILL |  |                     | NC             | 145        | P          | GW             |              |
| Local Address (where applicable) |                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 94 PLAINE HILL ROAD              |                       |  |                     |                | 2          |            |                |              |
| Towns Served: WOODSTOCK          |                       |  |                     |                |            |            |                |              |

**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 |              |
|----------------------------------|------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690124                        | WOODSTOCK TRADING POST |  |                     | NC             | 42         | P          | GW             |              |
| Local Address (where applicable) |                        |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 688 ROUTE 169                    |                        |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                        |  |                     |                |            |            |                |              |

### 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       |                            |                          |
|   | 1/1/26 - 3/31/26         |                            |                          |

| 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 | 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  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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        |                          |                          |

Water System Facility: **WELL (WSF ID: 22666)**

| 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)                                  | 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 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                   |                           |          |                  |
|                          |                       | 4-1               | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | 4-2               | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | 4-3               | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | 4-4               | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22666                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 56835                    | UV TREATMENT          |                   |                            |        |                     |                           |          |                  |

**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 |
|----------------------------------|------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690124                        | WOODSTOCK TRADING POST |                     |             | NC             | 42         | P          | GW             |
| Local Address (where applicable) |                        | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 688 ROUTE 169                    |                        |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                        |                     |             |                |            |            |                |

### Contact Information

| Name                     |  |           |                          | Organization           |              |                 | Job Title           |       |          |
|--------------------------|--|-----------|--------------------------|------------------------|--------------|-----------------|---------------------|-------|----------|
| William Therecka         |  |           |                          | Woodstock Trading Post |              |                 | Manager             |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                        |              | City            |                     | State | Zip Code |
| 688 Rt 169               |  |           |                          |                        |              | Woodstock       |                     | CT    | 06281    |
| Business Phone           |  | Extension | Fax                      |                        | Mobile Phone | Emergency Phone | Email Address       |       |          |
| 860-928-4029             |  |           |                          |                        |              | 860-933-6288    | vtherecka@gmail.com |       |          |

Contact Role(s): **Administrative Contact, 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 |
|----------------------------------|------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690134                        | MEADOWSIDE OF WOODSTOCK INC. |                     |             | NC             | 100        | P          | GW             |
| Local Address (where applicable) |                              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 25 ROUTE 197                     |                              |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                              |                     |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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                 |
|   | 4/1/26 - 4/30/26         |                          |                          |

| Total Coliform (3100)                           |                          | 3 repeat (RP) per period |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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 | 6/20/25 - 6/25/25        |                          | Complete                 |
|   | 8/15/25 - 8/20/25        |                          | Complete                 |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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                 |
|   | 4/1/26 - 4/30/26         |                          |                          |

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)                           | 1/1/24 - 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: **WELL (WSF ID: 22667)**

| E. Coli (3014)                            |                          | 1 triggered (TG) per period |                          |
|---|--------------------------|-----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>    | <i>Compliance Status</i> |
| WELL (2)                                  | 6/19/25 - 6/25/25        |                             | Complete                 |
|   | 8/14/25 - 8/20/25        |                             | Complete                 |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 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                   |                           |          |                  |

**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 |
|----------------------------------|------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690134                        | MEADOWSIDE OF WOODSTOCK INC. |                     |             | NC             | 100        | P          | GW             |
| Local Address (where applicable) |                              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 25 ROUTE 197                     |                              |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                              |                     |             |                |            |            |                |

### 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      |                     |                           |          |                  |
| 22667                    | WELL                      | 2                 | WELL                       | A      |                     |                           |          |                  |
| 54210                    | ATMOSPHERIC STORAGE TANKS |                   |                            |        |                     |                           |          |                  |
| 54212                    | GALV PRESSURE TANK        |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                             |                 |                      |           |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------------------|-----------------|----------------------|-----------|-------|----------|
| Name                     |           |     |                          | Organization                |                 |                      | Job Title |       |          |
| Mr. George Auger         |           |     |                          | Meadowside of Woodstock Inc |                 |                      | Treasurer |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                             |                 | City                 |           | State | Zip Code |
| 25 Route 197             |           |     | Unit #68                 |                             |                 | Woodstock            |           | CT    | 06281    |
| Business Phone           | Extension | Fax |                          | Mobile Phone                | Emergency Phone | Email Address        |           |       |          |
| 352-348-6509             |           |     |                          |                             |                 | geoauger@hotmail.com |           |       |          |

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

|                          |           |     |                          |                         |                                 |           |           |       |          |
|--------------------------|-----------|-----|--------------------------|-------------------------|---------------------------------|-----------|-----------|-------|----------|
| Name                     |           |     |                          | Organization            |                                 |           | Job Title |       |          |
| Mr. Rocco Addeo          |           |     |                          | Meadowside of Woodstock |                                 |           | President |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                         |                                 | City      |           | State | Zip Code |
| 25 Route 197             |           |     |                          |                         |                                 | Woodstock |           | CT    | 06262    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone         | Email Address                   |           |           |       |          |
| 508-328-5437             |           |     |                          |                         | meadowsideofwoodstock@gmail.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 |
|----------------------------------|---------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1690184                        | ROSELAND PARK GOLF COURSE |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                           | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 204 ROSELAND PARK ROAD           |                           |                     |             | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                           |                     |             |                |            |            |                |

### 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 |                          |                   |
|   | 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 |                          |                   |
|   | 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                   |                           |          |                  |
|                          |                       | DOWNSTEAM         | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22672                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                                       |           |                          |              |                 |               |           |          |
|---------------------------------------|-----------|--------------------------|--------------|-----------------|---------------|-----------|----------|
| Name                                  |           |                          | Organization |                 |               | Job Title |          |
| Trustees of Roseland Park Golf Course |           |                          |              |                 |               |           |          |
| Mailing Address Line One              |           | Mailing Address Line Two |              |                 | City          | State     | Zip Code |
|                                       |           | P O Box 152              |              |                 | Woodstock     | CT        | 06281    |
| Business Phone                        | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address |           |          |
| 860.962.7600                          |           |                          |              |                 |               |           |          |

**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       |
| <b>CT1690184</b>  | <b>ROSELAND PARK GOLF COURSE</b> | <b>NC</b>                      | <b>25</b>    | <b>P</b>        | <b>GW</b>            |
| Local Address (where applicable)  |                                  | Service Connections            | Residential  | Commercial      | Industrial           |
| 204 ROSELAND PARK ROAD  |                                  |                                | <b>1</b>     |                 |                      |
| Towns Served: WOODSTOCK   |                                  |                                |              |                 |                      |
| 860-963-7830  |                                  |                                |              |                 |                      |
| Contact Role(s): <b>Owner</b>   |                                  |                                |              |                 |                      |
| Name  |                                  | Organization                   |              | Job Title       |                      |
| <b>Mr. John Rauh</b>  |                                  | Trustees of Roseland Park Golf |              | Trustee         |                      |
| Mailing Address Line One  |                                  | Mailing Address Line Two       |              | City            | State                |
| 12 Bradley Road   |                                  |                                |              | Pomfret Center  | CT                   |
| Business Phone  | Extension                        | Fax                            | Mobile Phone | Emergency Phone | Email Address        |
| 860-428-6063  |                                  | 860-963-9016                   |              |                 | Johnrauh51@gmail.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b>   |                                  |                                |              |                 |                      |
| <b>Please note the following:</b>   |                                  |                                |              |                 |                      |
| 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 |              |
|----------------------------------|--------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690214                        | SOUTH WOODSTOCK BAPTIST CHURCH |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 23 ROSELAND PARK ROAD            |                                |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                                |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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         |                          |                          |

| Total Coliform (3100)                           |                          | 3 repeat (RP) per period |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/12/25 - 8/17/25        |                          | Complete                 |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 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  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <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        |                          |                          |

Water System Facility: **WELL (WSF ID: 22675)**

**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 |              |
|----------------------------------|--------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690214                        | SOUTH WOODSTOCK BAPTIST CHURCH |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 23 ROSELAND PARK ROAD            |                                |  |                     |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                                |  |                     |                |            |            |                |              |

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 22675)

| E. Coli (3014)                     | 1 triggered (TG) per period |                   |                   |
|------------------------------------|-----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period           | Collection Period | Compliance Status |
| WELL (2)                           | 8/11/25 - 8/17/25           |                   |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 10/31/2020 |               |

### 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      |                     |                           |          |                  |
| 22675                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61943                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                                    |  |           |                          | Organization                   |              | Job Title       |                        |       |            |
|---|--|-----------|--------------------------|--------------------------------|--------------|-----------------|------------------------|-------|------------|
| Mr. Jeffrey C. Paige                    |  |           |                          | South Woodstock Baptist Church |              | Trustee         |                        |       |            |
| Mailing Address Line One                |  |           | Mailing Address Line Two |                                |              | City            |                        | State | Zip Code   |
| P.O. Box 86                             |  |           |                          |                                |              | Woodstock       |                        | CT    | 06281-0086 |
| Business Phone                          |  | Extension | Fax                      |                                | Mobile Phone | Emergency Phone | Email Address          |       |            |
| 860-928-9341                            |  |           | 860-963-7220             |                                |              | 860-928-1531    |                        |       |            |
| Contact Role(s): Legal Contact          |  |           |                          |                                |              |                 |                        |       |            |
| Name                                    |  |           |                          | Organization                   |              | Job Title       |                        |       |            |
| Mr. Doug Couture                        |  |           |                          | S. Woodstock Baptist Church    |              | Trustee         |                        |       |            |
| Mailing Address Line One                |  |           | Mailing Address Line Two |                                |              | City            |                        | State | Zip Code   |
| 23 Roseland Park Rd                     |  |           | P.O. Box 86              |                                |              | Woodstock       |                        | CT    | 06281-0086 |
| Business Phone                          |  | Extension | Fax                      |                                | Mobile Phone | Emergency Phone | Email Address          |       |            |
| 860-928-9341                            |  |           | 860-974-0018             |                                |              |                 | dougacouture@gmail.com |       |            |
| 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**

**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 |
| CT1690284                        | LITTLE RIVER PLAZA |  |                     | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                    |  | Service Connections | Residential    | Commercial | Industrial | Combined       |
| 35 ROUTE 171                     |                    |  |                     | 1              |            |            |                |
| Towns Served: WOODSTOCK          |                    |  |                     |                |            |            |                |

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 (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 |                   |                   |
|                                    | 1/1/26 - 3/31/26   |                   |                   |

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 |                   |                   |

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      |                     |                           |          |                  |
| 22682                    | WELL                  | 2                 | WELL                            | A      |                     |                           |          |                  |

Contact Information

|                          |           |              |                          |                 |                         |           |       |          |
|--------------------------|-----------|--------------|--------------------------|-----------------|-------------------------|-----------|-------|----------|
| Name                     |           |              | Organization             |                 |                         | Job Title |       |          |
| Ms. Fotini Angelis       |           |              | Angelis Realty LLC       |                 |                         | Owner     |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two |                 |                         | City      | State | Zip Code |
| 139 Fisher Road          |           |              |                          |                 |                         | Holden    | MA    | 01520    |
| Business Phone           | Extension | Fax          | Mobile Phone             | Emergency Phone | Email Address           |           |       |          |
| 508-792-1072             |           | 774-245-4676 |                          | 774-641-4456    | kectangelis@hotmail.com |           |       |          |

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID  | PWS Name           |  |                     | Classification | Population   | Owner Type              | Primary Source |              |
|---|--------------------|--|---------------------|----------------|--------------|-------------------------|----------------|--------------|
| CT1690284   | LITTLE RIVER PLAZA |  |                     | NC             | 25           | P                       | GW             |              |
| Local Address (where applicable)                              |                    |  | Service Connections | Residential    | Commercial   | Industrial              | Combined       | Agricultural |
| 35 ROUTE 171  |                    |  |                     |                | 1            |                         |                |              |
| Towns Served: WOODSTOCK                                       |                    |  |                     |                |              |                         |                |              |
| 508-752-1072  |                    |  | 774-343-4070        |                | 774-041-4430 | kostaangens@hotmail.com |                |              |
| Contact Role(s): Administrative Contact, 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 |              |
| CT1690444                        | CAMP WOODSTOCK - NEW DINING WELL |  |  |             | NC             | 322        | P          | GW             |              |
| Local Address (where applicable) |                                  |  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                  |  |  | Connections |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                                  |  |  |             |                |            |            |                |              |

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: WELL (WSF ID: 23031)

|                                    |                    |                            |                   |  |  |
|------------------------------------|--------------------|----------------------------|-------------------|--|--|
| E. Coli (3014)                     |                    | 1 routine (RT) per quarter |                   |  |  |
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period          | Compliance Status |  |  |
| WELL (2)                           | 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   |                            |                   |  |  |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: DINING HALL TREATMENT PLANT (WSFID: 54796)

|                      |   |                    |                    |  |  |
|----------------------|---|--------------------|--------------------|--|--|
| Analyte              | Monitoring Requirement (Summary Type)           | Operating Limit    | Samples Req/Month  |  |  |
| Chlorine             | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.25 MG/L | Daily              |  |  |
| Start Date: 8/1/2008 | Compliance History:                             | Operating Limit    | Monitoring         |  |  |
|                      | Monitoring Period                               | Compliance Status: | Compliance Status: |  |  |
|                      | 5/1/2025 - 5/31/2025                            |                    |                    |  |  |
|                      | 6/1/2025 - 6/30/2025                            |                    |                    |  |  |
|                      | 7/1/2025 - 7/31/2025                            |                    |                    |  |  |
|                      | 8/1/2025 - 8/31/2025                            |                    |                    |  |  |
|                      | 9/1/2025 - 9/30/2025                            |                    |                    |  |  |

Water System Facility and Sampling Point Inventory

|              |                       |                |                |                |                 |         |
|--------------|-----------------------|----------------|----------------|----------------|-----------------|---------|
| Water System | Water System Facility | Sampling Point | Sampling Point | Total Coliform | Lead and Copper | Stage   |
| Facility ID  |                       | ID             | Description    | Set            | Set             | Adaptor |

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 |              |
|----------------------------------|----------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1690444                        | CAMP WOODSTOCK - NEW DINING WELL |  |                     | NC             | 322        | P          | GW             |              |
| Local Address (where applicable) |                                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 42 CAMP ROAD                     |                                  |  |                     | 1              |            |            |                |              |

Towns Served: WOODSTOCK

| Facility ID | ID                          | Description | Status                          | Rule | Rule Tier | Asbestos | 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    |           |          |       |      |
| 23031       | WELL                        | 2           | WELL                            | A    |           |          |       |      |
| 54796       | DINING HALL TREATMENT PLANT |             |                                 |      |           |          |       |      |
| 55111       | CONTACT TANKS               |             |                                 |      |           |          |       |      |

### Contact Information

| Name                     |  |           |                              | Organization          |              | Job Title       |                           |       |          |
|--------------------------|--|-----------|------------------------------|-----------------------|--------------|-----------------|---------------------------|-------|----------|
| Mr. Harold Sparrow       |  |           |                              | YMCA Greater Hartford |              | Ceo             |                           |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two     |                       |              | City            |                           | State | Zip Code |
| YMCA of Greater Hartford |  |           | 50 State House Sq. 2Nd Floor |                       |              | Hartford        |                           | CT    | 06103    |
| Business Phone           |  | Extension | Fax                          |                       | Mobile Phone | Emergency Phone | Email Address             |       |          |
| 860-522-9622             |  |           | 860-522-1314                 |                       |              |                 | harold.sparrow@ghymca.org |       |          |

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

|                                     |  |           |                          |              |              |                 |               |       |          |
|-------------------------------------|--|-----------|--------------------------|--------------|--------------|-----------------|---------------|-------|----------|
| Name                                |  |           |                          | Organization |              |                 | Job Title     |       |          |
| YMCA of Metropolitan-Hartford, Inc. |  |           |                          |              |              |                 |               |       |          |
| Mailing Address Line One            |  |           | Mailing Address Line Two |              |              | City            |               | State | Zip Code |
| 160 Jewell Street                   |  |           |                          |              |              | Hartford        |               | CT    | 06103    |
| Business Phone                      |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-522-4183                        |  |           |                          |              |              |                 |               |       |          |

Contact Role(s): **Owner**

| Name                     |  |           |                          | Organization        |              |  | Job Title          |                         |       |          |
|--------------------------|--|-----------|--------------------------|---------------------|--------------|--|--------------------|-------------------------|-------|----------|
| Mr. Anthony Gronski      |  |           |                          | YMCA Camp Woodstock |              |  | Executive Director |                         |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                     |              |  | City               |                         | State | Zip Code |
| 42 Camp Road             |  |           |                          |                     |              |  | Woodstock          |                         | CT    | 06282    |
| Business Phone           |  | Extension | Fax                      |                     | Mobile Phone |  | Emergency Phone    | Email Address           |       |          |
| 860-974-1336             |  | 11        | 860-974-0754             |                     |              |  | 860-990-2143       | tony.gronski@ghymca.org |       |          |

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

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| <b>Please note the following:</b> |  |  |  |  |  |
| 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**

**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 |              |
|----------------------------------|------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT1690314                        | WOODSTOCK VALLEY MARKETPLACE |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                              |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 1484 ROUTE 171                   |                              |  | Connections |                | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                              |  |             |                |            |            |                |              |

### 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: 00701)**

| 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 |                         |                   |
|                                    | 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      |                     |                           |          |                  |
| 00701                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 62931                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                 |                           |           |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------------------|-----------|-------|----------|
| Name                     |           |     | Organization             |                 |                           | Job Title |       |          |
| Mr. Dhananjay Swadia     |           |     | Nd Swadia LLC            |                 |                           | Owner     |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |                           | City      | State | Zip Code |
| 1484 Rt 11               |           |     |                          |                 |                           | Woodstock | CT    | 06282    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address             |           |       |          |
| 860-974-1639             |           |     |                          | 978-996-5708    | Maharshi.Swadia@gmail.com |           |       |          |

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

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                                     |                               |              |                  |                           |
|--|-------------------------------------|-------------------------------|--------------|------------------|---------------------------|
| PWS ID   | PWS Name                            | Classification                | Population   | Owner Type       | Primary Source            |
| <b>CT1690314</b>                               | <b>WOODSTOCK VALLEY MARKETPLACE</b> | <b>NC</b>                     | <b>25</b>    | <b>P</b>         | <b>GW</b>                 |
| Local Address (where applicable)               |                                     | Service Connections           | Residential  | Commercial       | Industrial                |
| 1484 ROUTE 171                                 |                                     |                               | <b>1</b>     |                  |                           |
| Towns Served: WOODSTOCK                        |                                     |                               |              |                  |                           |
| Name   |                                     | Organization                  |              | Job Title        |                           |
| <b>Mr. Maharshi Swadia</b>                     |                                     | Woodstock Valley Market Place |              |                  |                           |
| Mailing Address Line One                       |                                     | Mailing Address Line Two      |              | City             | State                     |
| 1484 Rt 171                                    |                                     |                               |              | Woodstock Valley | CT                        |
| Business Phone                                 | Extension                           | Fax                           | Mobile Phone | Emergency Phone  | Email Address             |
| 860-974-1639                                   |                                     |                               |              |                  | maharshi.swadia@gmail.com |
| Contact Role(s): <b>Administrative Contact</b> |                                     |                               |              |                  |                           |

**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 |              |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1699104                        | TAYLOR BROOKE WINERY |  |                     | NC             | 30         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 848 CT-171                       |                      |  |                     | 1              | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                      |  |                     |                |            |            |                |              |

### 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                 |
|   | 10/1/25 - 12/31/25       |                          |                          |

**Total Coliform (3100) 3 repeat (RP) per period**

| <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 | 6/20/25 - 6/25/25        |                          | Complete                 |

**Total Coliform (3100) 3 temporary routine (TR) per month**

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25         |                          | 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                 |
|   | 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        | 4/1-12/31                | Complete                 |
|   | 1/1/25 - 12/31/25        | 4/1-12/31                | Complete                 |
|   | 1/1/26 - 12/31/26        | 4/1-12/31                |                          |

**Water System Facility: WELL 1 (WSF ID: 60555)**

**E. Coli (3014) 1 triggered (TG) per period**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| WELL 1 (2)                                | 6/19/25 - 6/25/25        |                          | Complete                 |

**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 1 (2)                                | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |

### 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             | Y                          |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             | Y                          |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 60555                           | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |

**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 |              |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1699104                        | TAYLOR BROOKE WINERY |  |                     | NC             | 30         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 848 CT-171                       |                      |  |                     | 1              | 1          |            |                |              |
| Towns Served: WOODSTOCK          |                      |  |                     |                |            |            |                |              |

### 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> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 61334                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

| Name                     |           |     |                          | Organization         |                              | Job Title |       |          |
|--------------------------|-----------|-----|--------------------------|----------------------|------------------------------|-----------|-------|----------|
| Mrs. Linda Auger         |           |     |                          | Taylor Brooke Winery |                              |           |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                      |                              | City      | State | Zip Code |
| 848 Route 171            |           |     |                          |                      |                              | Woodstock | CT    | 06281    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone      | Email Address                |           |       |          |
| 860-933-6004             |           |     |                          | 860-933-6004         | linda@taylorbrookewinery.com |           |       |          |

Contact Role(s): **Administrative Contact, 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 |              |
| CT1699114                        | TAYLOR BROOKE BREWERY |  |                     | NC             | 33         | P          | GW             |              |
| Local Address (where applicable) |                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
|                                  |                       |  |                     |                |            |            | 1              |              |

Towns Served: WOODSTOCK

### 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      |                     |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 61522                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |

### Contact Information

| Name  |  |           |                          | Organization          |                 |                               | Job Title |       |          |
|---|--|-----------|--------------------------|-----------------------|-----------------|-------------------------------|-----------|-------|----------|
| Mr. Ralph Fiegel  |  |           |                          | Taylor Brooke Brewery |                 |                               |           |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                       |                 | City                          |           | State | Zip Code |
| 848 Route 171   |  |           |                          |                       |                 | Woodstock                     |           | CT    | 06281    |
| Business Phone  |  | Extension | Fax                      | Mobile Phone          | Emergency Phone | Email Address                 |           |       |          |
| 413-329-3201  |  |           |                          |                       |                 | ralph@taylorbrookebrewery.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 |
|----------------------------------|-----------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1699114                        | TAYLOR BROOKE BREWERY |                     |             | NC             | 33         | P          | GW             |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
|                                  |                       |                     |             |                |            | 1          |                |

Towns Served: WOODSTOCK

**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 |              |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1699123                        | 283 SCENIC ROUTE 169 |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 283 SCENIC ROUTE 169             |                      |  |                     |                |            |            | 1              |              |
| Towns Served: WOODSTOCK          |                      |  |                     |                |            |            |                |              |

### 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 |                         |                   |
|                                    | 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   | 10/22/2025 |               |

### Public Notification Requirements

| Violation/Situation               | Compliance Period  | Notice Tier | Public Notification |           | PN Certification |          |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
|                                   |                    |             | Required            | Performed | Due to DPH       | Received |
| Physical Parameters M&R Violation | 7/1/24 - 9/30/24   | 3           | 11/19/2025          |           | 11/29/2025       |          |
| Total Coliform M&R Violation      | 7/1/24 - 9/30/24   | 3           | 11/19/2025          |           | 11/29/2025       |          |
| Total Coliform M&R Violation      | 10/1/24 - 12/31/24 | 3           | 2/18/2026           |           | 2/28/2026        |          |
| Physical Parameters M&R Violation | 10/1/24 - 12/31/24 | 3           | 2/18/2026           |           | 2/28/2026        |          |
| Nitrate And Nitrite M&R Violation | 1/1/24 - 12/31/24  | 3           | 2/18/2026           |           | 2/28/2026        |          |

### 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                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 62935                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 62941                    | TREATMENT             |                   |                            |        |                     |                           |          |                  |

**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 |              |
| CT1699123                        | 283 SCENIC ROUTE 169 |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                      |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 283 SCENIC ROUTE 169             |                      |  | Connections |                |            |            | 1              |              |
| Towns Served: WOODSTOCK          |                      |  |             |                |            |            |                |              |

### Contact Information

| Name   |  |           |                          | Organization                |                 |                                | Job Title |       |          |
|--|--|-----------|--------------------------|-----------------------------|-----------------|--------------------------------|-----------|-------|----------|
| Mr. Christopher Cournoyer                      |  |           |                          | United Equity Holdings, LLC |                 |                                |           |       |          |
| Mailing Address Line One                       |  |           | Mailing Address Line Two |                             |                 | City                           |           | State | Zip Code |
| PO Box 121                                     |  |           |                          |                             |                 | South Woodstock                |           | CT    | 06267    |
| Business Phone                                 |  | Extension | Fax                      | Mobile Phone                | Emergency Phone | Email Address                  |           |       |          |
| 860-377-6950                                   |  |           |                          |                             |                 | chris@unitedequityholdings.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.

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

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

**End of schedule**