

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0990011	BLUE TRAILS WATER ASSOCIATION	C	228	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			57				

Towns Served: DURHAM, NORTH BRANFORD

Monitoring Requirements

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

Asbestos (1094) 1 routine (RT) per nine years

<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	1/1/22 - 12/31/30		

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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Lead And Copper (PBCU) 10 routine (RT) per six months

<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	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		

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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

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

Inorganic Chemicals (IOCS) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/22 - 12/31/24		

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			57				

Towns Served: DURHAM, NORTH BRANFORD

Monitoring Requirements

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

Inorganic Chemicals (IOCS) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/25 - 12/31/27		

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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Radionuclides - Gross Alpha, Combined Radium & Uranium (RADA) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Organic Chemicals (VOCS) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2023	
CROSS CONNECTION EXEMPTION	3/1/2024	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2024	
SUBMIT CCR TO THE DEPARTMENT	6/30/2024	
SUBMIT CCR CERTIFICATION FORM	8/9/2024	
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	

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>

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0990011	BLUE TRAILS WATER ASSOCIATION	C	228	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		57					
Towns Served: DURHAM, NORTH BRANFORD							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	BT01		PUMPHOUSE	A	Y	Y	
	BT02		13 BARBARA LANE	A	Y	3	Y
	BT03		31 GINNY LANE	A	Y	3	Y
	BT04		33 GINNY LANE	A	Y	3	Y
	BT05		58 BARBARA LANE	A	Y	3	Y
	BT06		59 BARBARA LANE	A	Y	3	Y
	BT07		60 BLUE TRAILS	A	Y	3	Y
	BT08		62 BARBARA LANE	A	Y	3	Y
	BT09		73 CAMERA RD	A	Y	3	Y
	BT10		75 CAMERA RD	A	Y	3	Y
	DOWNSTREAM		WITHIN 5 SERVICE CON	A			
	UPSTREAM		WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
57739	ATMOSPHERIC TANKS						
57741	PUMP STATION						
62709	WELL #2	2	WELL #2	A			
723	WELL #1	2	WELL #1	A			

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIMA, III, JOHN F.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2026 6/30/2026

Contact Information

Name		Organization			Job Title		
Blue Trails Association, Coporation							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Barbara Lane					Durham	CT	06422
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
609-748-9186							
Contact Role(s): Owner							
Name		Organization			Job Title		
Mr. Richard Hintz		Blue Trails Water Association			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
62 Barbara Lane					Durham	CT	06422
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-463-8547					rhintz01@comcast.net		
Contact Role(s): Administrative Contact							

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0990011	BLUE TRAILS WATER ASSOCIATION	C	228	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
		57						
Towns Served: DURHAM, NORTH BRANFORD								
Name			Organization			Job Title		
Stuart Margolis			Berdon, Young & Margolis, Pc			Attorney		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
350 Orange St.			2Nd Floor			New Haven	CT	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-772-8414		203-492-4444						
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		
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION	C	84	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
246 REEDS GAP RD			21				

Towns Served: NORTH BRANFORD

Monitoring Requirements

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

Chlorine Residual (1012)	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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
Asbestos (1094)	1 routine (RT) per nine years		
<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	1/1/22 - 12/31/30		
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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Disinfectant Byproducts - TTHM & HAA5 (DBP)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BUILDINGS 1 & 2 UNITS (NGCDDBP1)	1/1/23 - 12/31/23	7/1-7/31	Complete
	1/1/24 - 12/31/24	7/1-7/31	
	1/1/25 - 12/31/25	7/1-7/31	
Lead And Copper (PBCU)	5 routine (RT) per six months		
<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	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION	C	84	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
246 REEDS GAP RD			21				
Towns Served: NORTH BRANFORD							

Monitoring Requirements

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

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>
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Water Quality Parameters with Orthophosphate (WQP2)	2 routine (RT) per six months		
<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	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		

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

Nitrate (1040)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Nitrite (1041)	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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Net Gross Alpha (4000)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Uranium (4006)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Combined Radium-226/228 (4010)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION	C	84	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
246 REEDS GAP RD			21				

Towns Served: NORTH BRANFORD

Monitoring Requirements

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

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/22 - 12/31/24		Complete
	1/1/25 - 12/31/27		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

Water System Facility: WELL #1 (WSF ID: 709)

E. Coli (3014)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #1 (2)	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 7/1/2003			
	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2023 - 11/30/2023	Y	
	12/1/2023 - 12/31/2023	Y	
	1/1/2024 - 1/31/2024	Y	
	2/1/2024 - 2/29/2024	Y	
	3/1/2024 - 3/31/2024		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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246 REEDS GAP RD			21				

Towns Served: NORTH BRANFORD

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.0 MG/L	2
Start Date: 1/1/2023		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		11/1/2023 - 11/30/2023	
		12/1/2023 - 12/31/2023	
		1/1/2024 - 1/31/2024	
		2/1/2024 - 2/29/2024	
		3/1/2024 - 3/31/2024	
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Maximum: 3.0 MG/L	2
Start Date: 1/1/2023		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		11/1/2023 - 11/30/2023	Y
		12/1/2023 - 12/31/2023	Y
		1/1/2024 - 1/31/2024	N
		2/1/2024 - 2/29/2024	Y
		3/1/2024 - 3/31/2024	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 6/1/2021		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		11/1/2023 - 11/30/2023	Y
		12/1/2023 - 12/31/2023	Y
		1/1/2024 - 1/31/2024	Y
		2/1/2024 - 2/29/2024	Y
		3/1/2024 - 3/31/2024	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015	
CONSULT WITH THE DEPARTMENT	8/24/2023	
ADDRESS CONTAMINATION	11/22/2023	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2024	
SUBMIT CCR TO THE DEPARTMENT	6/30/2024	
SUBMIT CCR CERTIFICATION FORM	8/9/2024	
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
CROSS CONNECTION EXEMPTION	3/1/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
246 REEDS GAP RD			21				

Towns Served: NORTH BRANFORD

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Water Quality Parameters M&R Violation	1/1/16 - 12/31/18	3	3/6/2020		3/16/2020	
Water Quality Parameters - Basic M&R Violation	1/1/16 - 12/31/18	3	3/6/2020		3/16/2020	
Nitrate M&R Violation	1/1/22 - 3/31/22	3	5/16/2023		5/26/2023	
Orthophosphate M&R Violation	7/1/21 - 12/31/21	3	5/16/2023		5/26/2023	
Orthophosphate M&R Violation	7/1/22 - 12/31/22	3	3/15/2024		3/25/2024	
Chlorine M&R Violation	10/1/22 - 12/31/22	3	3/15/2024		3/25/2024	
Orthophosphate M&R Violation	1/1/23 - 6/30/23	3	8/23/2024		9/2/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Copper		Stage	
					Coliform Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		NGCDDBP1	BUILDINGS 1 & 2 UNIT	A					Y
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
36475	TREATMENT PLANT								
61891	BOOSTER PUMP STATION								
61892	ATMOSPHERIC STORAGE TANKS								
709	WELL #1	2	WELL #1	A					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: DISTRIBUTION SYSTEM			Certification Expiration
Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2024
Water System Facility: TREATMENT PLANT (WSF ID: 36475)			
Facility Classification: CLASS 1 TREATMENT PLANT			Certification Expiration
Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2024

Contact Information

Name		Organization		Job Title		
Northford Glen Condominium Association						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Emergency Contact				Emergency Contact	CT	06000

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		
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION	C	84	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
246 REEDS GAP RD			21				

Towns Served: NORTH BRANFORD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-484-4869					

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Michael Barulli	Northford Glen Condo Assn.	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
246 Reeds Gap Road	Unit 2D	Northford	CT	06472

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-506-3888				203-589-8396	julieandmak@att.net

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

Name	Organization	Job Title
Mr. Norman Goodman	Northford Glen Condo Assn	Property Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P. O. Box 351		West Haven	CT	06516

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-933-7960		203-937-8784			NORMG45@AOL.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