

# 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>CT0920014</b>	<b>ALCOVE MOTEL</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
87 MAIN STREET				14			

Towns Served: NEW HARTFORD

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>		
<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	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>		
<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	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

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			
	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>
RESPOND TO SANITARY SURVEY	2/27/2025	

## 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>
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	6/1/2016		6/11/2016	
Nitrate And Nitrite M&R Violation	1/1/19 - 12/31/19	3	4/13/2021		4/23/2021	
Physical Parameters M&R Violation	1/1/24 - 3/31/24	3	6/7/2025		6/17/2025	
Total Coliform M&R Violation	1/1/24 - 3/31/24	3	6/7/2025		6/17/2025	
Physical Parameters M&R Violation	4/1/24 - 6/30/24	3	8/19/2025		8/29/2025	
Total Coliform M&R Violation	4/1/24 - 6/30/24	3	8/19/2025		8/29/2025	
Nitrate And Nitrite M&R Violation	1/1/24 - 12/31/24	3	2/11/2026		2/21/2026	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				

**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>CT0920014</b>	<b>ALCOVE MOTEL</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
87 MAIN STREET				14			
Towns Served: NEW HARTFORD							

## 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
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21608	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. Bhasker Desai</b>			Shiva-Tap LLC			Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
87 Main Street			PO Box 372			New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-693-8577		860-693-8577		860-693-8577	anubhas1030@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		
<b>CT0920024</b>	<b>1165 LITCHFIELD TURNPIKE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: NEW HARTFORD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/8/2010	
RESPOND TO SANITARY SURVEY	2/11/2021	

### 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				
21609	WELL	2	WELL	A				

### Contact Information

Name		Organization			Job Title		
Mr. Jeffrey Radwick		The Bakersville Mall, LLC			Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
The Bakersville Mall, LLC		P.O. Box 223			New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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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		
<b>CT0920024</b>	<b>1165 LITCHFIELD TURNPIKE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			
Towns Served: NEW HARTFORD							
860-294-6826			jeffradwick@gmail.com				
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</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		
<b>CT0920034</b>	<b>107 MAIN STREET</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: NEW HARTFORD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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: **WELL 1 (WSF ID: 48669)**

<b>E. Coli (3014)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	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				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48669	WELL 1	2	WELL 1	A				
57168	TREATMENT PLANT							

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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		
<b>CT0920034</b>	<b>107 MAIN STREET</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: NEW HARTFORD

## Contact Information

Name		Organization			Job Title	
<b>Ms. Barbara J. Krohner</b>						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 206				New Hartford	CT	06057-0206
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-689-4700						

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.

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**End of schedule**

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0920044</b>	<b>CAMP SEQUASSEN (FRIENDSHIP - WELL #3)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			
Towns Served: NEW HARTFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

**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				
	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				
21611	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. David J. Boyajian</b>			Boy Scouts of America			Ranger			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			rangerdave.seq@gmail.com				
Contact Role(s): <b>Administrative Contact</b>									

*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>CT0920044</b>	<b>CAMP SEQUASSEN (FRIENDSHIP - WELL #3)</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
<b>Mr. Joseph Andreo</b>			CT Yankee Council Bsa			Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Wellington Road			P.O. Box 32			Milford	CT	06461
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			
Contact Role(s): <b>Legal Contact, Owner</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		
<b>CT0920054</b>	<b>CAMP SEQUASSEN (LOOMIS - WELL #2)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			
Towns Served: NEW HARTFORD							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		
	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</i>	<i>Lead and Copper</i>		<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
					<i>Rule</i>	<i>Rule Tier</i>			
00301	PRESSURE TANKS								
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					
21612	WELL	2	WELL	A					

### Contact Information

Name			Organization			Job Title			
Mr. David J. Boyajian			Boy Scouts of America			Ranger			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			rangerdave.seq@gmail.com				
Contact Role(s): <b>Administrative Contact</b>									

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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	
<b>CT0920054</b>	<b>CAMP SEQUASSEN (LOOMIS - WELL #2)</b>			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD					1			
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
<b>Mr. Joseph Andreo</b>			CT Yankee Council Bsa			Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Wellington Road			P.O. Box 32			Milford	CT	06461
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0920074</b>	<b>CAMP SEQUASSEN (SOUTH - WELL #4)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			
Towns Served: NEW HARTFORD							

## 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		
	7/1/25 - 9/30/25		

**Physical Parameters (PPS) 1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		

**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	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	
	1/1/26 - 12/31/26	4/1-9/30	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2025	

## 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
00201	BOOSTER PUMP							
00301	ATMOSPHERIC STORAGE TANK							
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				
21614	WELL #4	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Mr. David J. Boyajian			Boy Scouts of America			Ranger			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			rangerdave.seq@gmail.com				
Contact Role(s): <b>Administrative Contact</b>									

*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>CT0920074</b>	<b>CAMP SEQUASSEN (SOUTH - WELL #4)</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
<b>Mr. Joseph Andreo</b>			CT Yankee Council Bsa			Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Wellington Road			P.O. Box 32			Milford	CT	06461
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			
Contact Role(s): <b>Legal Contact, Owner</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		
<b>CT0920084</b>	<b>CAMP SEQUASSEN (NORTH-WELL #5)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			
Towns Served: NEW HARTFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		
	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				
21615	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. David J. Boyajian</b>			Boy Scouts of America			Ranger			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			rangerdave.seq@gmail.com				
Contact Role(s): <b>Administrative Contact</b>									

*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>CT0920084</b>	<b>CAMP SEQUASSEN (NORTH-WELL #5)</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
791 WEST HILL ROAD				1				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
<b>Mr. Joseph Andreo</b>			CT Yankee Council Bsa			Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
60 Wellington Road			P.O. Box 32			Milford	CT	06461
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-961-0518					joseph.andreo@scouting.org			
Contact Role(s): <b>Legal Contact, Owner</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		
CT0920094	CAMP WORKCOEMAN - DINING HALL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD				6			
Towns Served: NEW HARTFORD							

### 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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	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		
	1/1/26 - 12/31/26		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	3/21/2025	

### 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			
		CWDCBSINK	DIRECTORS BATHROOM	A	Y			
		CWDCKSINK	DIRECTORS KITCHEN SI	A	Y			
		CWDRESTRM	DOWNSTAIRS RESTROOM	A	Y			
		CWNHLAT	NATHAN HALE LATRINE	A	Y			
		CWPREP2BK	FOOD PREP SINK	A	Y			
		CWRRSINK	RIFLE RANGE SINK	A	Y			
		CWURESTRM	UPSTAIRS RESTROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21616	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		
<b>CT0920094</b>	<b>CAMP WORKCOEMAN - DINING HALL</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD				6			
Towns Served: NEW HARTFORD							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Mark D Switzer</b>			Conn. Rivers Council Bsa			Scout Executive/Ceo			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
State House Square			50 State Street 5Th Floor			Hartford		CT	06103
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-913-2710				425-205-5151	MarkDouglas.Switzer@scouting.org				

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

**Please note the following:**

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

***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		
<b>CT0920104</b>	<b>TOWN OF NEW HARTFORD - BROWN'S CORNER</b>	NC	200	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
812 STEELE ROAD				3			
Towns Served: NEW HARTFORD							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>		
<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 - 4/30/25		Complete	
	5/1/25 - 5/31/25			
	6/1/25 - 6/30/25			
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<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 - 4/30/25		Complete	
	5/1/25 - 5/31/25			
	6/1/25 - 6/30/25			
	7/1/25 - 7/31/25			
	8/1/25 - 8/31/25			
	9/1/25 - 9/30/25			
	10/1/25 - 10/31/25			
	11/1/25 - 11/30/25			

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			
	1/1/26 - 12/31/26			

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2022	
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

<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				

*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>CT0920104</b>	<b>TOWN OF NEW HARTFORD - BROWN'S CORNER</b>	NC	200	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
812 STEELE ROAD				3			
Towns Served: NEW HARTFORD							

## 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
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21617	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. Daniel V. Jerram</b>			Town of New Hartford			First Selectman			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
530 Main Street			P.O. Box 316			New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-3389		860-379-0940		860-480-1377	djerram@town.new-hartford.ct.us				

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		
CT0920124	SKI SUNDOWN, INC.	NC	600	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
126 RATLUM ROAD				4			

Towns Served: NEW HARTFORD

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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>
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				
21619	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Mr. Robert Switzgable			Ski Sundown			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 208						New Hartford		CT	06057-0208
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

*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>CT0920124</b>	<b>SKI SUNDOWN, INC.</b>	NC	600	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
126 RATLUM ROAD				4			
Towns Served: NEW HARTFORD							
860-379-7669	220	860-379-1853		860-379-2840	Bob@skisundown.com		
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</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		
<b>CT0920144</b>	<b>TRINITA</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
595 TOWN HILL ROAD				6			
Towns Served: NEW HARTFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		
	1/1/26 - 12/31/26		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2027	

## 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				
21621	WELL	2	WELL	A				

## Contact Information

Name		Organization			Job Title		
<b>Mr. Sr John Christopher Langford</b>		M.S.B.T.			General Treasurer		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
3501 Solly Avenue					Philadelphia	PA	19136
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
215-335-7502		215-335-7580		215-335-7500	JLANGF422@AOL.COM		

*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>CT0920144</b>	<b>TRINITA</b>	NC	30	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
595 TOWN HILL ROAD				6				
Towns Served: NEW HARTFORD								
Contact Role(s): <b>Legal Contact, Owner</b>								
Name			Organization			Job Title		
<b>Mr. Deborah Wilson</b>			Msb			Team Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
595 Town Hill Road						New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-4329		860-379-4329		860-738-0337	trinita@charter.net			
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		
CT0920154	WEST HILL BEACH CLUB, INC.	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
730 WEST HILL ROAD			2	2			
Towns Served: NEW HARTFORD							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 11/30/24		Complete		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<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				
	6/1/25 - 6/30/25				
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				
<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</b>			
<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	11/19/24 - 11/24/24		Complete		
	12/5/24 - 12/10/24				
	12/5/24 - 12/10/24		Complete		
	12/5/24 - 12/10/24		Complete		
<b>Total Coliform (3100)</b>		<b>3 temporary routine (TR) per month</b>			
<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	12/1/24 - 12/31/24		Complete		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 12/31/24		Complete		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<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				
	6/1/25 - 6/30/25				
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				

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				
	1/1/26 - 12/31/26				

Water System Facility: **WELL (WSF ID: 21622)**

<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)	11/18/24 - 11/24/24		Complete		

*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>CT0920154</b>	<b>WEST HILL BEACH CLUB, INC.</b>	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
730 WEST HILL ROAD			2	2			
Towns Served: NEW HARTFORD							

## Monitoring Requirements

Water System Facility: **WELL (WSF ID: 21622)**

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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	12/4/24 - 12/10/24		
	12/4/24 - 12/10/24		Complete
	12/4/24 - 12/10/24		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION PLAN	5/1/2025	
SEASONAL START UP COMPLETION	5/1/2025	

## 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	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		GH1	GRAY HOUSE MASTER BA	A	Y				
		GH2	GRAY HOUSE HALF BATH	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
		WH1	WHITE HOUSE BATH	A	Y				
		WHBC1	CLUB HOUSE KITCHEN	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
21622	WELL	2	WELL	A					

## Contact Information

Name		Organization			Job Title			
<b>Mr. Mark K. Stoffer</b>		West Hill Beach Club			Building & Grounds			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
P.O. Box 68		130 Town Hill Road			New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-593-0645					mkstoffer@gmail.com			

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

**Please note the following:**

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

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

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

**End of schedule**

*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		
CT0920284	CAMP WORKCOEMAN - CAMPSITE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				
Towns Served: NEW HARTFORD							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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		
	1/1/26 - 12/31/26		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	3/21/2025	

### 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			
		CWBPLAT	BADEN POWELL LATRINE	A	Y			
		CWCAMPCWS	CAMP CRAFT WASH STAND	A	Y			
		CWKAHLAT	KAHAGON LATRINE	A	Y			
		CWMAINSHR	MAIN SHOWER BLDG	A	Y			
		CWOUTPOST	OUTPOST LATRINE	A	Y			
		CWSETON	SETON LATRINE	A	Y			
		CWSMCABIN	SCOUTMASTERS CABIN	A	Y			
		CWTEEPEE	TEEPEE LATRINE	A	Y			
		CWTRADING	TRADING POST SINK	A	Y			
		CWTUNXLAT	TUNXIS LATRINE	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		
<b>CT0920284</b>	<b>CAMP WORKCOEMAN - CAMPSITE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				
Towns Served: NEW HARTFORD							

## 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
		CWVISITOR	VISITORS LATRINE	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48806	WELL # 2	2	WELL # 2	A				
61897	ATMOSPHERIC STORAGE TANKS							

## Contact Information

Name			Organization			Job Title		
<b>Mr. Mark D Switzer</b>			Conn. Rivers Council Bsa			Scout Executive/Ceo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
State House Square			50 State Street 5Th Floor			Hartford	CT	06103
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-913-2710				425-205-5151	MarkDouglas.Switzer@scouting.org			
Contact Role(s): <b>Administrative Contact, Legal 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		
CT0920294	CAMP WORKCOEMAN - BAILEY	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				
Towns Served: NEW HARTFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Physical Parameters (PPS)</b>			<b>1 routine (RT) per quarter</b>
<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	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

Water System Facility: **ENTRY PIONT (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		
	1/1/26 - 12/31/26		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	3/21/2025	

## 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			
		CWBAILDBS	DOWNSTAIRS BATH SINK	A	Y			
		CWBAILUBS	UPSTAIRS BATH SINK	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY PIONT	3	ENTRY POINT	A				
48818	WELL # 3	2	WELL # 3	A				

## Contact Information

Name		Organization			Job Title			
Mr. Mark D Switzer		Conn. Rivers Council Bsa			Scout Executive/Ceo			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
State House Square		50 State Street 5Th Floor			Hartford		CT	06103

*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>CT0920294</b>	<b>CAMP WORKCOEMAN - BAILEY</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
WEST HILL ROAD			1				
Towns Served: NEW HARTFORD							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-913-2710				425-205-5151	MarkDouglas.Switzer@scouting.org		
Contact Role(s): <b>Administrative Contact, Legal 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		
<b>CT0925014</b>	<b>BERKSHIRE HALL AT BRODIE PARK</b>	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
580 WEST HILL ROAD						6	
Towns Served: NEW HARTFORD							

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>				<b>1 routine (RT) per quarter</b>
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

<b>Physical Parameters (PPS)</b>				<b>1 routine (RT) per quarter</b>
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/24 - 12/31/24		Complete	
	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25			
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

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

<b>Nitrate And Nitrite (NOX)</b>				<b>1 routine (RT) per year</b>
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	10/19/2011		10/29/2011	
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	9/18/2012		9/28/2012	
Total Coliform M&R Violation	1/1/14 - 3/31/14	3	6/26/2014		7/6/2014	
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	5/27/2015		6/6/2015	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	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			
57701	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		
<b>CT0925014</b>	<b>BERKSHIRE HALL AT BRODIE PARK</b>	NC	28	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
580 WEST HILL ROAD						6	
Towns Served: NEW HARTFORD							

## Contact Information

Name			Organization			Job Title		
<b>Mr. Daniel V. Jerram</b>			Town of New Hartford			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
530 Main Street			P.O. Box 316			New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-379-3389		860-379-0940		860-480-1377	djerram@town.new-hartford.ct.us			

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

Name			Organization			Job Title		
<b>Town of New Hartford</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
580 Main St						New Hartford	CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
<b>CT0920304</b>	<b>CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			

Towns Served: NEW HARTFORD

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</b>	
<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	12/17/24 - 12/22/24		Complete

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>	
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

**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		
	1/1/26 - 12/31/26		

**Water System Facility: WELL #6 (WSF ID: 62519)**

*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>CT0920304</b>	<b>CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 WEST HILL ROAD				1			
Towns Served: NEW HARTFORD							

## Monitoring Requirements

Water System Facility: **WELL #6 (WSF ID: 62519)**

<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 #6 (2)	12/16/24 - 12/22/24 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				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62519	WELL #6	2	WELL #6	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. David J. Boyajian</b>			Boy Scouts of America			Ranger			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
791 West Hill Road						New Hartford		CT	06057
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8977			rangerdave.seq@gmail.com				

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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
<b>CT0925024</b>	<b>DOLLAR GENERAL - NEW HARTFORD</b>	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
173A MAIN ST			1		
Towns Served: NEW HARTFORD					

## Monitoring Requirements

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

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				

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				
	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				
62602	WELL1	2	WELL1	A				
62606	TREATMENT PLANT							
62608	PRESSURE TANK							

## Contact Information

Name			Organization			Job Title		
<b>Mr. Gary Eucalitto</b>								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
PO Box 748					Torrington		CT	06790
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-307-5479					eucalittogary@gmail.com			
Contact Role(s): <b>Administrative Contact, Owner</b>								

**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>CT0925024</b>	<b>DOLLAR GENERAL - NEW HARTFORD</b>	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
173A MAIN ST			1			
Towns Served: NEW HARTFORD						

**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**