

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0920014	ALCOVE MOTEL	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)

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	1/1/25 - 3/31/25				
	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	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)

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				
	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</i>	<i>Lead and Copper</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
					<i>Rule</i>	<i>Rule Tier</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				

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		
CT0920014	ALCOVE MOTEL	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
21608	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Mr. Bhasker Desai			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		
CT0920024	1165 LITCHFIELD TURNPIKE	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)**

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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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		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			
860-294-6826					jeffradwick@gmail.com			

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0920024	1165 LITCHFIELD TURNPIKE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0920034	107 MAIN STREET	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)**

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

Water System Facility: **WELL 1 (WSF ID: 48669)**

E. Coli (3014)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
WELL 1 (2)	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			
	10/1/25 - 12/31/25			

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				
48669	WELL 1	2	WELL 1	A				
57168	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Ms. Barbara J. Krohner				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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		
CT0920034	107 MAIN STREET	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			
Towns Served: NEW HARTFORD							
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.

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		
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)	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
<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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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		Complete
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21611	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): **Administrative Contact**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0920044	CAMP SEQUASSEN (FRIENDSHIP - WELL #3)	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		
Mr. Joseph Andreo			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		
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)	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
<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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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		Complete
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
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): Administrative Contact									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0920054	CAMP SEQUASSEN (LOOMIS - WELL #2)	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		
Mr. Joseph Andreo			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		
CT0920074	CAMP SEQUASSEN (SOUTH - WELL #4)	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
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>		<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25			Complete
	7/1/25 - 9/30/25			

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

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

Nitrate And Nitrite (NOX)				1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>		<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24	4/1-9/30		Complete
	1/1/25 - 12/31/25	4/1-9/30		Complete
	1/1/26 - 12/31/26	4/1-9/30		

Water System Facility 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): Administrative Contact									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0920074	CAMP SEQUASSEN (SOUTH - WELL #4)	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		
Mr. Joseph Andreo			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

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		
CT0920084	CAMP SEQUASSEN (NORTH WELL 5)	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
<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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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		Complete	
	1/1/26 - 12/31/26			

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21615	NORTH WELL 5	2	NORTH WELL 5	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): **Administrative Contact**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0920084	CAMP SEQUASSEN (NORTH WELL 5)	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		
Mr. Joseph Andreo			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		
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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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		Complete
	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

<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			
		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		
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							

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
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		
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER	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)**

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	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25		Complete	
	6/1/25 - 6/30/25		Complete	
	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			

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	4/1/25 - 4/30/25		Complete	
	5/1/25 - 5/31/25		Complete	
	6/1/25 - 6/30/25		Complete	
	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)**

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>
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		
CT0920104	TOWN OF NEW HARTFORD - BROWN'S CORNER	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			
Mr. Daniel V. Jerram			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)

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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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	1/1/25 - 3/31/25		Complete	
	4/1/25 - 6/30/25		Complete	
	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		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			
860-379-7669	220	860-379-1853		860-379-2840	Bob@skisundown.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
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						

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		
CT0920144	TRINITA	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)

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

Other Compliance Schedules

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

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			
Mr. Sr John Christopher Langford			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				
Contact Role(s): Legal Contact, Owner									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0920144	TRINITA	NC	30	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
595 TOWN HILL ROAD				6				
Towns Served: NEW HARTFORD								
Name			Organization			Job Title		
Mr. Deborah Wilson			Msbt			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): Administrative Contact								

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
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)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Out of Service
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Out of Service
	6/1/25 - 6/30/25		Complete
	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)**

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

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

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 (2)	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		
	12/1/25 - 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				
		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			

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		
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							

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
		WHBC1	CLUB HOUSE KITCHEN	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21622	WELL	2	WELL	A				
63302	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title		
Mr. Mark K. Stoffer		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:**
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		
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)

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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	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		Complete		
	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

<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			
		CWBPLAT	BADEN POWELL LATRINE	A	Y			
		CWCAMPCWS	CAMPCRAFT 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			
		CWVISITOR	VISITORS LATRINE	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		
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							

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				
48806	WELL # 2	2	WELL # 2	A				
61897	ATMOSPHERIC STORAGE TANKS							

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
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		
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)

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

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

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

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		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
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-913-2710				425-205-5151	MarkDouglas.Switzer@scouting.org				

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		
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							
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		
CT0925014	BERKSHIRE HALL AT BRODIE PARK	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)

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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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		

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>
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

<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				
57701	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization		Job Title		
Mr. Daniel V. Jerram		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

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			
CT0925014	BERKSHIRE HALL AT BRODIE PARK	NC	28	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
580 WEST HILL ROAD						6		
Towns Served: NEW HARTFORD								
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		
Town of New Hartford								
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		
CT0920304	CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)	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 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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	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		
	12/1/25 - 12/31/25		

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	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	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		
	12/1/25 - 12/31/25		

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

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

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	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		
CT0920304	CAMP SEQUASSEN (SOUTH SHOWER - WELL #6)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
791 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
00700	ENTRY POINT	3	ENTRY POINT	A				
62519	WELL #6	2	WELL #6	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): **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		
CT0925024	DOLLAR GENERAL - NEW HARTFORD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
173A MAIN ST				1			
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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	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		Complete
	1/1/26 - 12/31/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A	Y			
			UPSTREAM WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
62602	WELL1	2	WELL1	A				
62606	TREATMENT PLANT							
62608	PRESSURE TANK							

Contact Information

Name			Organization			Job Title			
Mr. Gary Eucalitto									
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): Administrative Contact, Owner									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0925024	DOLLAR GENERAL - NEW HARTFORD	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