

# 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>CT1500024</b>	<b>295 NEW MILFORD TURNPIKE</b>	NC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
295 NEW MILFORD TURNPIKE (ROUTE 202)				1			

Towns Served: WASHINGTON

## 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	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			

<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	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)**

<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	Total Coliform Rule Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
22491	WELL	2	WELL	A			

## Contact Information

Name			Organization			Job Title			
<b>Mr. Oscar Lopez</b>			Oscar & Mario, LLC						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
143 Chestnut Land Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-913-5031					oscarlopez_x@yahoo.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**

*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>CT1500064</b>	<b>COMMUNITY TABLE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
223 LITCHFIELD TURNPIKE (ROUTE 202)				1			
Towns Served: WASHINGTON							

## 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	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				

<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	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)**

<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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
22495	WELL	2	WELL	A			

## Contact Information

Name			Organization			Job Title			
Miss Joann Makovitzky			Community Table Resturant			Managing Partner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 446						Washington Depot		CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-9354				917-797-3157	joann@communitytablect.com				

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

- 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		
<b>CT1500074</b>	<b>WHITE HORSE RESTAURANT</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
258 NEW MILFORD TURNPIKE (ROUTE 202)				1			

Towns Served: WASHINGTON

### 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	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		

<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	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)**

<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 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				

*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>CT1500074</b>	<b>WHITE HORSE RESTAURANT</b>	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
258 NEW MILFORD TURNPIKE (ROUTE 202)			1			

Towns Served: WASHINGTON

## 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				
22496	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title			
<b>Mr. John Harris</b>	White Horse Restaurant	Owner			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
258 New Milford Turnpike	P. O. Box 2395	New Preston	CT	06777	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-868-1496			203-526-3933		whitehorsect@aol.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>CT1500184</b>	<b>WASHINGTON GOLF CLUB</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 GOLF COURSE ROAD				1			
Towns Served: WASHINGTON							

## 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	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			

<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		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			

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	10/15/2015	
RESPOND TO SANITARY SURVEY	1/2/2021	

## 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				
22504	WELL	2	WELL	A				
57333	TREATMENT PLANT							

## Contact Information

Name		Organization		Job Title		
<b>Mr. Gregory Seeley</b>		Washington Club, Inc.		President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
37 Winston Drive				Washington Depot	CT	06794

*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>CT1500184</b>	<b>WASHINGTON GOLF CLUB</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
10 GOLF COURSE ROAD				1				
Towns Served: WASHINGTON								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Mr. Paul A Smith III</b>			Washington Club			General Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
92 Green Hill Road						Washington	CT	06793
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-0376	1			914-419-3302	gm@washingtonclub.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		
CT1500224	MARBLEDALE 151 CORP	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
210 NEW MILFORD TURNPIKE				1			
Towns Served: WASHINGTON							

### 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	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		Complete	
	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25		Complete	

<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	1/23/25 - 1/28/25		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	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		Complete	
	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25		Complete	

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

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

Water System Facility: **WELL (WSF ID: 22508)**

<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)	1/22/25 - 1/28/25		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>CT1500224</b>	<b>MARBLEDALE 151 CORP</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
210 NEW MILFORD TURNPIKE				1			

Towns Served: WASHINGTON

## Monitoring Requirements

Water System Facility: **WELL (WSF ID: 22508)**

<b>E. Coli (3014)</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>
WELL (2)	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 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>Total Coliform Status</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			
22508	WELL	2	WELL	A			
63137	TREATMENT PLANT						

## Contact Information

Name		Organization			Job Title		
<b>Mr. Mir S. Ahmed</b>		Nazia Properties LLC.			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
291 Danbury Rd		2A			New Milford	CT	06776-7317
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-868-0005		860-868-0005			sabbir321@hotmail.com		

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

Name		Organization			Job Title		
<b>Mr. Sandy Patel</b>		Aari Foods Inc.			Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
210 New Milford Turnpike					New Preston	CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-709-0264					smpatel8510@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	
<b>CT1500224</b>	<b>MARBLEDALE 151 CORP</b>	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
210 NEW MILFORD TURNPIKE			1			
Towns Served: WASHINGTON						

**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>CT1500244</b>	<b>G.W. TAVERN</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
20 BEE BROOK ROAD				1			
Towns Served: WASHINGTON							

## 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	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		
	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		

<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	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		
	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)**

<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	10/11/2020	
RESPOND TO SANITARY SURVEY	10/11/2020	

## 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>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>WQP 2 DRRP</i>	<i>Stage</i>
<p><i>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.</i></p>								

# 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>CT1500244</b>	<b>G.W. TAVERN</b>	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
20 BEE BROOK ROAD			1			

Towns Served: WASHINGTON

Facility ID	Description	Status	Rate	Rate Tier	Asbestos	WQI	E-DRM
00600	DISTRIBUTION SYSTEM	A	Y				
	DOWNSTREAM WITHIN 5 SERVICE CON	A					
	UPSTREAM WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	A					
22510	WELL 1	A					
57182	WELL #2	A					
57185	TREATMENT PLANT						

## Contact Information

Name	Organization	Job Title
<b>Mr. Robert M. Margolis</b>	G.W. Tavern	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
20 Bee Brook Rd	PO Box 397	Washington Depot	CT	06794

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-868-6633		860-868-6689			G_W_TAVERN@sbcglobal.net

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

Name	Organization	Job Title
<b>Mr. John Vandenbosch</b>	G.W. Tavern	General Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 397		Washington Depot	CT	06794

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-868-6633					john@gwtavern.com

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

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1500254	INSTITUTE FOR AMERICAN INDIAN STUDIES	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CURTIS ROAD				1			
Towns Served: WASHINGTON							

## 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	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				

<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	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)**

<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>
CROSS CONNECTION SURVEY REPORT	3/1/2021	
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	
RESPOND TO SANITARY SURVEY	3/30/2025	
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				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22511	WELL	2	WELL	A				
61658	TREATMENT PLANT							

*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>CT1500254</b>	<b>INSTITUTE FOR AMERICAN INDIAN STUDIES</b>	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CURTIS ROAD				1			
Towns Served: WASHINGTON							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Chris Combs</b>			Inst For Am Indian Studies			Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
38 Curtis Road						Washington		CT	06793
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-0518		860-868-1679			ccombs@iaismuseum.org				

Contact Role(s): <b>Legal Contact</b>									
Name			Organization			Job Title			
<b>Mr. Craig Nelson</b>			Iais Museum			Chair of Board			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
38 Curtis Road						Washington		CT	06793
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-0518					cnelson@iaismuseum.org				

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

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1500264</b>	<b>MOUNT TOM STATE PARK</b>	NC	25	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
MOUNT TOM ROAD				1			
Towns Served: WASHINGTON							

## 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	4/1/25 - 6/30/25		Complete	
	7/1/25 - 9/30/25			

<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	4/1/25 - 6/30/25		Complete	
	7/1/25 - 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		Complete	
	1/1/26 - 12/31/26			

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2017	

## 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	101	CONCESSION SINK	A	Y			
		102	WOMEN'S SINK	A	Y			
		103	MEN'S SINK	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22512	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
Mr. David Cooley			Deep-Engineering Unit			Supv Civil Engineer			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road						Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov				
Contact Role(s): <b>Legal 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>CT1500264</b>	<b>MOUNT TOM STATE PARK</b>	NC	25	S	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
MOUNT TOM ROAD				1				
Towns Served: WASHINGTON								
Name			Organization			Job Title		
<b>Ms. Andrea M. Lane</b>			State of CT Deep					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road						Portland	CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.gov			
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		
<b>CT1500274</b>	<b>LAKE WARAMAUG COUNTRY CLUB</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 GOLF LINKS ROAD				1			
Towns Served: WASHINGTON							

## 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	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			

<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	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)**

<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	12/2/2006	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## 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	9/1/23 - 9/30/23	3	1/2/2025		1/12/2025	

## 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>WQP 2 DBPR</i>	<i>Stage</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					
22513	WELL	2	WELL	A					
61940	TREATMENT PLANT								

*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>CT1500274</b>	<b>LAKE WARAMAUG COUNTRY CLUB</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 GOLF LINKS ROAD				1			
Towns Served: WASHINGTON							

## Contact Information

Name			Organization			Job Title			
<b>Dr. Andrew Lecher</b>			Country Club			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
22 Golf Link Road			P O Box 2519			New Preston		CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-1646		860-868-1678							

Contact Role(s): <b>Legal Contact</b>									
Name			Organization			Job Title			
<b>Mr. Todd Zorn</b>			Lake Waramaug Country Club			General Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
22 Golf Links Road						Washington		CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-9990			914-954-7862		tzorn@lakewaramaugcc.com				

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

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

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

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

**End of schedule**

# 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>CT1500314</b>	<b>BEE BROOK FIRE HOUSE</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 BEE BROOK ROAD				1			

Towns Served: WASHINGTON

## 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	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			

<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	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)**

<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			

## Monthly Water System Facility (WSF) Level Monitoring Requirements

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

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4	
<b>Start Date:</b> 1/1/2014		<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
		2/1/2025 - 2/28/2025		
		3/1/2025 - 3/31/2025		
		4/1/2025 - 4/30/2025		
		5/1/2025 - 5/31/2025		
		6/1/2025 - 6/30/2025		

## Water System Facility and Sampling Point Inventory

<b>Water System Facility ID</b>	<b>Water System Facility</b>	<b>Sampling Point ID</b>	<b>Sampling Point Description</b>	<b>Status</b>	<b>Total Coliform Rule</b>	<b>Lead and Copper Rule Tier</b>	<b>Asbestos</b>	<b>Stage WQP 2 DBPR</b>
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				
22728	WELL	2	WELL	A				
55736	TREATMENT PLANT							

*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>CT1500314</b>	<b>BEE BROOK FIRE HOUSE</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
109 BEE BROOK ROAD				1			
Towns Served: WASHINGTON							

## Contact Information

Name			Organization			Job Title			
<b>Washington</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): <b>Owner</b>									
Name			Organization			Job Title			
<b>Mr. Mark Showalter</b>			Town of Washington			Facilities Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
Bryan Memorial Town Hall			2 Bryan Plaza, P.O. Box 383			Washington Depot		CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-6350			203-241-2294		mshowalter@washingtonct.org				

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

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1501144</b>	<b>9 MAIN STREET</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 MAIN STREET				1			
Towns Served: WASHINGTON							

## 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	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			

<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	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)**

<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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00501	WELL 1	2	WELL 1	A			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
			DOWNSTREAM WITHIN 5 SERVICE CON	A			
			UPSTREAM WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
61163	TREATMENT PLANT						

## Contact Information

Name			Organization			Job Title			
Lauren Williams			The Smithy Cafe At 9 Main			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
9 Main St						New Preston		CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
845-337-1192					lauren@thesmithystore.com				
Contact Role(s): <b>Administrative Contact, Legal 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>CT1501144</b>	<b>9 MAIN STREET</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
9 MAIN STREET				1			
Towns Served: WASHINGTON							

**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>CT1501164</b>	<b>INSTITUTE FOR AMERICAN INDIAN S RESEARCH</b>	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
38 CURTIS ROAD						1	
Towns Served: WASHINGTON							

## 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	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			

<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	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)**

<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 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	DITRIBUTION SYSTEM	A	Y			
			DOWNSTREAM	A				
			UPSTREAM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61618	WELL 1	2	WELL 1	A				
61659	TREATMENT SYSTEM							

## Contact Information

Name			Organization			Job Title			
Mr. Craig Nelson			Iais Museum			Chair of Board			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
38 Curtis Road						Washington		CT	06793
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-868-0518					cnelson@iaismuseum.org				
Contact Role(s): <b>Administrative Contact, Legal 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		
CT1501164	INSTITUTE FOR AMERICAN INDIAN S RESEARCH	NC	35	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
38 CURTIS ROAD						1	
Towns Served: WASHINGTON							

**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		
CT1500284	LAKE WARAMAUG/MAINTENANCE TENNIS & BEACH	NC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 GOLF LINKS ROAD				1			
Towns Served: WASHINGTON							

## 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	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				

<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		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	10/1-10/30			

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	5/1-10/31	Complete		
	1/1/25 - 12/31/25	5/1-10/31	Complete		
	1/1/26 - 12/31/26	5/1-10/31			

## Monthly Water System Facility (WSF) Level Monitoring Requirements

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

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>		
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4		
<b>Start Date:</b> 12/1/2021	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>		
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>		
	2/1/2025 - 2/28/2025				
	3/1/2025 - 3/31/2025				
	4/1/2025 - 4/30/2025				
	5/1/2025 - 5/31/2025				
	6/1/2025 - 6/30/2025				

## 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				
		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>CT1500284</b>	<b>LAKE WARAMAUG/MAINTENANCE TENNIS &amp; BEACH</b>	NC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 GOLF LINKS ROAD				1			
Towns Served: WASHINGTON							

## 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				
62115	WELL	2	WELL	A				
62271	TREATMENT VESSEL (APPEARS TO BE CALCITE)							

## Contact Information

Name		Organization			Job Title			
<b>Mr. Keith Angell</b>		Lake Waramaug Country Club			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
22 Gulf Links Rd						Washington	CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-9990					president@lakewaramaugcc.com			

Contact Role(s): <b>Legal Contact, Owner</b>								
Name		Organization			Job Title			
<b>Mr. Mauro Piccininni</b>					General Manager			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
22 Golf Links Road						Washington	CT	06777
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-2333					mauro@lakewaramaugcc.com			

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

**Please note the following:**

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

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

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

**End of schedule**