

# 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>CT1120041</b>	<b>COUNTRY MANOR</b>	C	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 PUTNAM ROAD			1				
Towns Served: POMFRET							

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</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		
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</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	1/1/23 - 12/31/31		Complete		
<b>Total Haloacetic Acids (2456)</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>		
APT 11B (MW020-11B)	1/1/25 - 3/31/25	3/1-3/31	Complete		
	4/1/25 - 6/30/25	6/1-6/30	Complete		
	7/1/25 - 9/30/25	9/1-9/30	Complete		
	10/1/25 - 12/31/25	12/1-12/31	Complete		
<b>Total Trihalomethanes (2950)</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>		
APT 11B (MW020-11B)	1/1/25 - 3/31/25	3/1-3/31	Complete		
	4/1/25 - 6/30/25	6/1-6/30	Complete		
	7/1/25 - 9/30/25	9/1-9/30	Complete		
	10/1/25 - 12/31/25	12/1-12/31	Complete		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</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 - 6/30/25		Complete		
	7/1/25 - 12/31/25		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.*

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120041</b>	<b>COUNTRY MANOR</b>	C	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 PUTNAM ROAD			1				
Towns Served: POMFRET							

### Monitoring Requirements

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

<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-WELL 4 & WELL 5 (WSF ID: 00700)**

<b>Arsenic (1005)</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>
ENTRY POINT-WELL 4 & WELL 5 (3)	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>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-WELL 4 & WELL 5 (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

<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-WELL 4 & WELL 5 (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>	<b>1 routine (RT) per nine years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-WELL 4 & WELL 5 (3)	1/1/24 - 12/31/32		

<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>	<b>1 (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-WELL 4 & WELL 5 (3)	1/1/23 - 12/31/25	1/1-12/31	Waiver

<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-WELL 4 & WELL 5 (3)	1/1/26 - 12/31/28		

<b>Organic Chemicals (VOCS)</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>

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120041</b>	<b>COUNTRY MANOR</b>	C	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 PUTNAM ROAD			1				
Towns Served: POMFRET							

## Monitoring Requirements

**Water System Facility: ENTRY POINT-WELL 4 & WELL 5 (WSF ID: 00700)**

<b>Organic Chemicals (VOCS)</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-WELL 4 & WELL 5 (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>
SWTS 2: DWS REVIEW & APPROVAL OF SOWT		
CCTS 5: PWS OCCT INSTALLATION		
CCTS 2: DWS REVIEW & APPROVAL OF OCCT		
SUBMIT FISCAL AND ASSET MANAGEMENT CERT	1/1/2021	
RESPOND TO SANITARY SURVEY	1/5/2023	
SUBMIT TTHM OPERATIONAL EVALUATION RPT	10/8/2024	
SUBMIT TTHM OPERATIONAL EVALUATION RPT	1/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
SUBMIT TTHM OPERATIONAL EVALUATION RPT	8/5/2025	

## 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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW020-11B	APT 11B	A	Y	N		Y
		MW020-12	APT 12A	A	Y	N		Y
		MW020-12B	APT 12B	A	Y	N		Y
		MW020-13A	APT 13A	A	Y	N		Y
		MW020-14A	APT 14A	A	Y	N	Y	Y
		MW020-14B	APT 14B	A	Y	N		Y
		MW020-15A	APT 15A	A	Y	N		Y
		MW020-1A	APT 1A	A	Y	N		Y
		MW020-1B	APT 1B	A	Y	N		Y
		MW020-25	APARTMENT 25	I	Y			
		MW020-2A	APT 2A	A	Y	N		Y
		MW020-2B	APT 2B	A	Y	N		Y
		MW020-3A	APT 3A	A	Y	N		Y
		MW020-3B	APT 3B	A	Y	N		Y
		MW020-4A	APT 4A	A	Y	N		Y
		MW020-4B	APT 4B	A	Y	N		Y
		MW020-5A	APT 5A	A	Y	N		Y
		MW020-5B	APT 5B	A	Y	N		Y

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120041</b>	<b>COUNTRY MANOR</b>	C	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 PUTNAM ROAD			1				
Towns Served: POMFRET							

## 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
		MW020-6A	APT 6A	A	Y	N		Y
		MW020-7A	APT 7A	A	Y	N		Y
		MW020-7B	APT 7B	A	Y	N		Y
		MW020-9A	APT 9A	A	Y	N		Y
		MW020-9B	APT 9B	A	Y	N		Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT-WELL 4 & WELL 5	3	ENTRY POINT-WELL 4 &	A				
1772	WELL 4	2	WELL 4	A				
57967	ATMOSPHERIC STORAGE TANK							
57969	BOOSTER PUMPS							
59927	TREATMENT PLANT							
62327	WELL 5	2	WELL #5	A				

## Certified Operator Information

**Water System Facility:** TREATMENT PLANT (WSF ID: 59927)

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2027 9/30/2027

## Contact Information

Name		Organization			Job Title	
<b>Mr. Ronald Picariello</b>		Romacovi Pomfret LLC			General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
135 Plain Street		PO Box 434		Norton	MA	02766
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
978-815-6624				978-815-6624	rpic00@comcast.net	

**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		
CT1120051	POMFRET SCHOOL	C	400	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
398 POMFRET STREET			3				

Towns Served: POMFRET

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</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	1/1/23 - 12/31/31				
<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>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</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 - 12/31/27	6/1-9/30			
<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: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT-1 (3)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT-1 (3)	1/1/23 - 12/31/25				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120051</b>	<b>POMFRET SCHOOL</b>	C	400	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
398 POMFRET STREET			3				
Towns Served: POMFRET							

## Monitoring Requirements

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

<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/26 - 12/31/28		
<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-1 (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-1 (3)	1/1/25 - 12/31/27		
<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-1 (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-1 (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-1 (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT-1 (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
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	3	MAIN WELL #1	A				
		4	DISTRIBUTION SYSTEM	A	Y			
		4-1	MAIN HOUSE- SINK SW	A	Y	3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120051</b>	<b>POMFRET SCHOOL</b>	<b>C</b>	<b>400</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
398 POMFRET STREET		3					
Towns Served: POMFRET							

### 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
		4-2	FACILITIES BUILDING	A	Y	3		
		4-3	37 MALLORY STREET	A	Y	3		
		4-4	MAIN HOUSE- SINK SE	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		PS1	MAIN HOUSE KITCHEN	A	Y	3	Y	
		PS2	MAINT BREAK RM SINK	A	Y	3		
		PS3	KNIFFEN 1 FL BATH L	A	Y	3		
		PS4	EATON KITCHEN SINK	A	Y	1		
		PS5	ALVEREZ KITCHEN	A	Y	1		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT-1	A				
		PS6	ENTRY POINT	I				
108	WELL 1	2	WELL 1	A				
50732	ATMOSPHERIC TANK							

### Certified Operator Information

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

**Facility Classification:** SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
HUMES, JAMES	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	9/30/2026

### Contact Information

Name	Organization	Job Title
<b>Mr. James Humes</b>	Pomfret School	Asst Dir Facilities

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
398 Pomfret Street		Pomfret	CT	06258

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-963-6186				860-234-7189	jhumes@pomfret.org

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

Name	Organization	Job Title
<b>Pomfret School Incorporated</b>		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
398 Pomfret St		Pomfret	CT	06258

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

**Contact Role(s):** Owner

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<b>CT1120051</b>	<b>POMFRET SCHOOL</b>	<b>C</b>	<b>400</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
398 POMFRET STREET		3					
Towns Served: POMFRET							
Name		Organization			Job Title		
<b>Ms. Brenda Bullied</b>		Pomfret School			Dir Plan & Facilites		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code	
398 Pomfret Street				Pomfret	CT	06258	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-963-5228					bbullied@pomfret.org		
Contact Role(s): <b>Legal Contact</b>							
Name		Organization			Job Title		
<b>Ms. Melissa Woodin</b>		Pomfret School			Cfo		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code	
398 Pomfret Street				Pomfret	CT	06258	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-963-6140					mwoodin@pomfret.org		
Contact Role(s): <b>Legal Contact</b>							
<b>Please note the following:</b>							
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.							
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.							
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.							

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1120061</b>	<b>THE RECTORY SCHOOL</b>	C	300	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			16				

Towns Served: POMFRET

## Monitoring Requirements

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

<b>Chlorine Residual (1012)</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
<b>Asbestos (1094)</b>	<b>1 routine (RT) per nine years</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	1/1/23 - 12/31/31		
<b>Total Haloacetic Acids (2456)</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>
CAFETERIA SINK (MW003)	1/1/24 - 12/31/24	7/1-9/30	Complete
	1/1/25 - 12/31/25	7/1-9/30	
	1/1/26 - 12/31/26	7/1-9/30	
<b>Total Trihalomethanes (2950)</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>
CAFETERIA SINK (MW003)	1/1/24 - 12/31/24	7/1-9/30	Complete
	1/1/25 - 12/31/25	7/1-9/30	
	1/1/26 - 12/31/26	7/1-9/30	
<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>Lead And Copper (PBCU)</b>	<b>5 routine (RT) per year</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	1/1/24 - 12/31/24	6/1-9/30	Complete
	1/1/25 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/26	6/1-9/30	
<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		

*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>CT1120061</b>	<b>THE RECTORY SCHOOL</b>	C	300	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			16				

Towns Served: POMFRET

## Monitoring Requirements

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

<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>
	12/1/25 - 12/31/25		

**Water System Facility: TREATMENT PLANT (WSF ID: 00700)**

<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/27		

<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/27		

<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/27		

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

<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		

<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>		<b>1 (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25	1/1-12/31	Waiver

<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/26 - 12/31/28		

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

**Water System Facility: WELL 3 (BRITAIN WELL) (WSF ID: 105)**

<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 3 (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

*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>CT1120061</b>	<b>THE RECTORY SCHOOL</b>	C	300	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			16				

Towns Served: POMFRET

## Monitoring Requirements

Water System Facility: **WELL 3 (BRITAIN WELL) (WSF ID: 105)**

<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>
	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: **WELL 4 (NEW WELL) (WSF ID: 55456)**

<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 #4 (NEW 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: **WELL 2 (TANK WELL) (WSF ID: 93)**

<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)	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		

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

*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>CT1120061</b>	<b>THE RECTORY SCHOOL</b>	C	300	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			16				

Towns Served: POMFRET

### Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 6/1/2009	<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		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	4/18/2025
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	KINDERGARTEN RST RM	A	Y	3		
		MW002	KINDERGARTEN KIT	A	Y	3		
		MW003	CAFETERIA SINK	A	Y	3	Y	
		MW004	INFIRMARY SINK	A	Y	3		
		MW005	KITCHEN PREP SINK	A	Y	3		
		MW006	ADMISSIONS BLDG (10)	A	Y	3		
		MW007	FISHER COTTAGE (2)	A	Y	3		
		MW008	HAMPTON DORM (15)	A	Y	3		
		MW009	GYM (9)	A	Y	3		
		MW010	JB BIGELOW BLDG (7)	A	Y	3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	ENTRY POINT	A				
105	WELL 3 (BRITAIN WELL)	2	WELL 3	A				
50816	ATMOSPHERIC STORAGE							
55456	WELL 4 (NEW WELL)	2	WELL #4 (NEW WELL)	A				
93	WELL 2 (TANK WELL)	2	WELL 2	A				

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration

*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>CT1120061</b>	<b>THE RECTORY SCHOOL</b>	<b>C</b>	<b>300</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			16				

Towns Served: POMFRET

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2027

## Contact Information

Name		Organization			Job Title	
<b>Ms. Tonya Rayment</b>		The Rectory School			Cfo	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 68				Pomfret	CT	06258
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-963-6740					tonya.rayment@rectoryschool.org	

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

Name		Organization			Job Title	
<b>Mr. Justin Herdic</b>		Rectory School			Director Bldg & Grnd	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
528 Pomfret Street				Pomfret	CT	06258
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-234-0966			860-234-0966		justin.herdic@rectoryschool.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>CT1121011</b>	<b>BROOKSCROSSING APARTMENTS</b>	C	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
114 WRIGHTS CROSSING ROAD			3				

Towns Served: POMFRET

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</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	1/1/23 - 12/31/31				
<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>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</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	1/1/24 - 12/31/26	6/1-9/30			
	1/1/27 - 12/31/29	6/1-9/30			
<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: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/28				
<b>Uranium (4006)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/28				
<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per six years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/28				
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete		
	1/1/26 - 12/31/28				
<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				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</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.*

# 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>CT1121011</b>	<b>BROOKSCROSSING APARTMENTS</b>	C	36	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
114 WRIGHTS CROSSING ROAD			3				
Towns Served: POMFRET							

## Monitoring Requirements

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

**Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) 1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

**Organic Chemicals (VOCS) 1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2026	

## 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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		Y
		BW002	UNIT #2 KITCHEN	A	Y	2	Y
		BW003	UNIT #3 KITCHEN	A	Y	2	Y
		BW004	UNIT #4 KITCHEN	A	Y	2	Y
		BW005	UNIT #5 KITCHEN	A	Y	2	Y
		BW006	UNIT #6 KITCHEN	A	Y	2	Y
		BW007	UNIT #7 KITCHEN	A	Y	2	Y
		BW008	UNIT #8 KITCHEN	A	Y	2	Y
		BW009	UNIT #9 KITCHEN	A	Y	2	Y
		BW010	UNIT #10 KITCHEN	A		2	Y
		BW011	DISTRIBUTION SYSTEM	A	Y	2	Y
		BW012	UNIT #12 KITCHEN	A	Y	2	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
303	WELL 1	2	WELL 1	A			
36497	TREATMENT PLANT						

## Certified Operator Information

**Water System Facility: TREATMENT PLANT (WSF ID: 36497)**

**Facility Classification: CLASS 1 TREATMENT PLANT**

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2027
NAPIERATA, KYLE	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027

*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>CT1121011</b>	<b>BROOKSCROSSING APARTMENTS</b>	<b>C</b>	<b>36</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
114 WRIGHTS CROSSING ROAD		3					
Towns Served: POMFRET							

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 36497)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2027
STARK, TYLER	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2028

## Contact Information

Name		Organization		Job Title		
<b>Mr. Arben Abdullovski</b>		Brooklyn Manor, LLC		Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
292 Church Street				Putnam	CT	06260
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-245-8902					manager@aandsrealstate.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>CT1121131</b>	<b>SEELY - BROWN VILLAGE</b>	C	48	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
400 DEERFIELD ROAD			1				
Towns Served: POMFRET							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</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	1/1/17 - 12/31/25		Complete		
	1/1/26 - 12/31/34				
<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>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</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	1/1/24 - 12/31/26	6/1-9/30			
	1/1/27 - 12/31/29	6/1-9/30			
<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: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Arsenic (1005)</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>		
ENTRY POINT (3)	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				

*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		
CT1121131	SEELY - BROWN VILLAGE	C	48	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
400 DEERFIELD ROAD			1				
Towns Served: POMFRET							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)							
<b>Arsenic (1005)</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>	
		10/1/25 - 12/31/25					
<b>Inorganic Chemicals (IOCS)</b>				<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/25 - 12/31/27					
<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					
<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>				<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/20 - 12/31/28					
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>				<b>1 (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/23 - 12/31/25		1/1-12/31		Waiver	
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)</b>				<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/26 - 12/31/28					
<b>Organic Chemicals (VOCS)</b>				<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/23 - 12/31/25				Complete	
		1/1/26 - 12/31/28					

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	3/28/2025
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
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				
		MW001	APT. 108	A	Y	2		
		MW002	OFFICE	A	Y	2		
		MW003	ARTS & CRAFTS - 2ND	A	Y	2		
		MW004	KITCHEN	A	Y	2	Y	

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400 DEERFIELD ROAD			1				
Towns Served: POMFRET							

## 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
		MW005	APT. 110	A	Y	2		
		MW006	LADIES RM 1ST FL	A	Y	2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1766	WELL 1	2	WELL 1	A				
1767	WELL 2	2	WELL 2	A				
51296	ATMOSPHERIC STORAGE TANK							
51300	TREATMENT PLANT							
57686	BOOSTER PUMPS							

## Certified Operator Information

**Water System Facility:** TREATMENT PLANT (WSF ID: 51300)

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2027

## Contact Information

Name		Organization			Job Title			
<b>Ms. Ann Hinchman</b>		Pomfret Community Housing Corp			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
400 Deerfield Road						Pomfret Center	CT	06259-1136
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-928-2744					seelybrown400@yahoo.com			

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

Name		Organization			Job Title			
<b>Pomfret Community Housing Corp</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
400 Deerfield Rd						Pomfret Center	CT	06259
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

**Contact Role(s):** Owner

- Please note the following:**
- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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