

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 WINDING TRAILS DRIVE				5			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		
	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

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 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				
20899	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Heidi Martin			Winding Trails Inc.			Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Winding Trails Drive						Farmington		CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-677-8458		860-676-9407		860-675-4313	HEIDI@WINDINGTRAILS.COM				
Contact Role(s): Owner									

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0520024	WINDING TRAILS RECREATION ASSN - UPPER	NC	207	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
50 WINDING TRAILS DRIVE				5				
Towns Served: FARMINGTON								
Name			Organization			Job Title		
Mr. Bryan Martin			Winding Trails Inc.			Parks Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive						Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM			
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Mr. Scott Brown			Winding Trails, Inc			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive						Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org			
Contact Role(s): Legal Contact								
Please note the following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.								
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.								
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
21 HILLTOP ROAD				1			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		

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

Nitrate And Nitrite (NOX) 1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20903	WELL	2	WELL	A				
55621	ATMOSPHERIC STORAGE							
55623	PRESSURE STORAGE							

Contact Information

Name		Organization			Job Title			
Mr. David Marshall		Farmington Field Club			General Manager			
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
21 Hilltop Road		P.O. Box 10			Farmington		CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-677-1209			860-559-1795		davidmarshallffcgcm@outlook.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	
CT0520064	FARMINGTON FIELD CLUB	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
21 HILLTOP ROAD			1			
Towns Served: FARMINGTON						

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		
CT0520084	RIVERFRONT MINIATURE GOLF, INC.	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD				2			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/31/2007	

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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20905	WELL	2	WELL	A				
59338	BLADDER TANK							

Contact Information

Name		Organization			Job Title			
Mr. Paul G. Kramer		Riverfront Miniature Golf, Inc			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
218 River Rd						Unionville	CT	06085
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-921-1922				860-673-0488	RIVERFRONTGOLF@AOL.COM			
Contact Role(s):		Administrative Contact, Legal Contact, Owner						

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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	
CT0520084	RIVERFRONT MINIATURE GOLF, INC.	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 RIVER ROAD			2			
Towns Served: FARMINGTON						

Please note the following:

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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0520124	1097 FARMINGTON AVENUE	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1097 FARMINGTON AVENUE				1			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16				
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

Physical Parameters (PPX)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16				
	10/1/16 - 12/31/16				

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/1/2015	

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>
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/14/2018		2/24/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/14/2018		2/24/2018	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform		Lead and Copper		Stage 2	
					Rule	Y	Rule Tier	Asbestos	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
20908	WELL	2	WELL	A						

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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		
CT0520124	1097 FARMINGTON AVENUE	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1097 FARMINGTON AVENUE				1			
Towns Served: FARMINGTON							

Contact Information

Name			Organization			Job Title			
Mr. Stephen P. Troy						Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1097 Farmington Avenue						Farmington		CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-677-2740									

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		
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER	NC	207	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
50 WINDING TRAILS DRIVE				5			
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPS)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Physical Parameters (PPX)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete

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

Nitrate And Nitrite (NOX)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

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	Stage 2 Asbestos DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		GR-1	KITCHEN FAUCET	A	Y		
		MC-1	MECHANICAL RM SPIGOT	A	Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
50144	WELL	2	WELL	A			

Contact Information

Name			Organization			Job Title			
Ms. Heidi Martin			Winding Trails Inc.			Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
50 Winding Trails Drive						Farmington		CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-677-8458		860-676-9407		860-675-4313	HEIDI@WINDINGTRAILS.COM				
Contact Role(s):		Owner							

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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			
CT0529044	WINDING TRAILS RECREATION ASSN - LOWER	NC	207	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
50 WINDING TRAILS DRIVE				5				
Towns Served: FARMINGTON								
Name			Organization			Job Title		
Mr. Bryan Martin			Winding Trails Inc.			Parks Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive						Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-676-0403		860-676-9407		860-674-9261	BRYAN@WINDINGTRAILS.COM			
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Mr. Scott Brown			Winding Trails, Inc			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
50 Winding Trails Drive						Farmington	CT	06032
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-677-8458	18	860-674-9407		860-305-7612	scott@windingtrails.org			
Contact Role(s): Legal Contact								
Please note the following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.								
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.								
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

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<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		
CT0529054	CAROL'S LUNCHBOX	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1365 FARMINGTON AVE						1	
Towns Served: FARMINGTON							

Monitoring Requirements

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

Total Coliform (3100)				1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/17 - 6/30/17			
	7/1/17 - 9/30/17			

Physical Parameters (PPS)				1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/17 - 3/31/17			
	4/1/17 - 6/30/17			
	7/1/17 - 9/30/17			

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

Nitrate And Nitrite (NOX)				1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/17 - 12/31/17			
	1/1/18 - 12/31/18			

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	Stage 2 Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
60238	WELL 1	2	WELL 1	A			

Contact Information

Name			Organization			Job Title			
Mr. Jeff Scott									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
165 Thompson Road						Avon		CT	06001
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-250-0723					scottssweeping@gmail.com				

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

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End of schedule

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