

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0980104	BLACKBERRY RIVER INN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
538 GREENWOODS ROAD WEST				1			
Towns Served: NORFOLK							

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				
	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		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				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	12/25/2008	

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 MCL Violation	7/1/11 - 9/30/11	2	9/25/2011		10/5/2011	
Total Coliform MCL Violation	9/1/11 - 9/30/11	2	11/17/2011		11/27/2011	
Total Coliform MCL Violation	7/1/15 - 9/30/15	2	10/11/2015		10/21/2015	
Total Coliform M&R Violation	9/1/15 - 9/30/15	2	2/6/2016		2/16/2016	
Repeat Total Coliform M&R Violation	10/1/15 - 12/31/15	2	5/6/2016		5/16/2016	
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	9/11/2016		9/21/2016	
E. Coli M&R Violation	10/9/15 - 10/14/15	3	2/24/2017		3/6/2017	
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	8/12/2017		8/22/2017	

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 2 DBPR</i>
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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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Towns Served: NORFOLK

							Status
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			
23058	WELL #1	2	WELL #1	A			

Contact Information

Name	Organization	Job Title
Ms. Jeanneth Angel	Blackberry River Inn	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
538 Greenwood Road		Norfolk	CT	06058

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-542-5100					

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