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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1330014	**SALT ROCK CAMPGROUND**	NC	54	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 SCOTLAND ROAD			1			

Towns Served: SPRAGUE

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	7/1/17 - 9/30/17		

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		Complete

Total Coliform (3100) — **3 (TR) per month**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	10/1/16 - 10/31/16		
	4/1/17 - 4/30/17		

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		Complete

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	4/1-9/30	Complete
	1/1/17 - 12/31/17	4/1-9/30	
	1/1/18 - 12/31/18	4/1-9/30	

Water System Facility: **WELL (WSF ID: 22224)**

E. Coli (3014) — **1 triggered (TG) per period**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
WELL (2)	9/9/16 - 9/14/16		Complete

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				
22224	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Eric D. Ott	State of Connecticut/Deep	Division Director

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1330014	**SALT ROCK CAMPGROUND**	NC	54	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
120 SCOTLAND ROAD			1			

Towns Served: SPRAGUE

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
163 Great Hill Road	Eng. & Field Support Services Division	Portland	CT	06480

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-342-2215	101	860-344-2560		860-424-3333	eric.ott@ct.gov

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

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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
CT1330034	**SPRAGUE ROD AND GUN CLUB**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
90 BUSHNELL HOLLOW ROAD			1			

Towns Served: SPRAGUE

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		Complete
	10/1/16 - 12/31/16		Complete
	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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate (1040) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Nitrite (1041) — **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				
22225	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
CT1330034	**SPRAGUE ROD AND GUN CLUB**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
90 BUSHNELL HOLLOW ROAD			1			

Towns Served: SPRAGUE

Contact Information

Name	Organization	Job Title
Mr. Ervin Doubleday	Sprague Rod & Gun Club	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
90 Bushnell Hollow		Sprague	CT	06330

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-822-6895					

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

Please note the following:

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

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

End of schedule

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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
CT1330044	**36 MAIN STREET**	NC	33	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 MAIN STREET			1			

Towns Served: SPRAGUE

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		Complete
	10/1/16 - 12/31/16		Complete
	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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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		Complete
	1/1/18 - 12/31/18		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
RESPOND TO SANITARY SURVEY	11/23/2012	

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/8/2004		12/18/2004	
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/8/2005		11/18/2005	
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	5/7/2006		5/17/2006	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	8/10/2006		8/20/2006	
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/23/2006		10/3/2006	
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	1/10/2007		1/20/2007	
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	4/7/2007		4/17/2007	
Nitrate And Nitrite M&R Violation	1/1/06 - 12/31/06	2	4/27/2007		5/7/2007	
Total Coliform M&R Violation	10/1/06 - 12/31/06	2	4/27/2007		5/7/2007	
Physical Parameters M&R Violation	1/1/06 - 3/31/06	3	7/11/2007		7/21/2007	
Physical Parameters M&R Violation	4/1/06 - 6/30/06	3	8/24/2007		9/3/2007	

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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
CT1330044	**36 MAIN STREET**	NC	33	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 MAIN STREET			1			

Towns Served: SPRAGUE

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Physical Parameters M&R Violation	7/1/06 - 9/30/06	3	12/11/2007		12/21/2007	
Physical Parameters M&R Violation	10/1/06 - 12/31/06	3	3/27/2008		4/6/2008	
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	8/10/2011		8/20/2011	
Total Coliform MCL Violation	7/1/11 - 7/31/11	2	9/9/2011		9/19/2011	
Total Coliform MCL Violation	10/1/13 - 12/31/13	2	11/23/2013		12/3/2013	

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				
22226	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. James M. Gay	Stone House, LLC	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
356 Hanover Rd.		Baltic	CT	06330

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-705-0112					

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.
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End of schedule

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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
CT1330054	**TJS CAFE**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
191 MAIN STREET			1			

Towns Served: SPRAGUE

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		Complete
	10/1/16 - 12/31/16		Complete
	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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate And Nitrite (NOX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
RESPOND TO SANITARY SURVEY	6/7/2007	

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				
22227	WELL	2	WELL	A				
55468	WELL #2	2	WELL #2	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
CT1330054	**TJS CAFE**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
191 MAIN STREET			1			

Towns Served: SPRAGUE

Contact Information

Name	Organization	Job Title
Mr. Keith Laliberte	Tjs Cafe LLC	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 86		Baltic	CT	06330

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-822-9333					

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

Name	Organization	Job Title
Mr. Darrell Abare, Jr.	Tjs Cafe LLC	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 86		Baltic	CT	06330

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-822-9333					

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

Please note the following:

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

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