

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH - DRINKING WATER SECTION  
WATER QUALITY MONITORING SCHEDULE**

**CAMP SHALOM (WELL #1-BOYS HILL) (425 MERRIMAN ROAD)**

**Town:** WINDSOR

**PWS ID:** CT1640034

**PWS Classification:**

**Population:** 26

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

**Sampling Point:** Select from Inventory of Active Sampling Points for WSF ID: 00600

<i>Analyte / Analyte Group (Code)</i>	<i>Monitoring Requirement</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Status</i>
Total Coliform (3100)	1 RT per quarter	4/1/13 - 6/30/13		Complete
Total Coliform (3100)	1 RT per quarter	7/1/13 - 9/30/13		Complete
Total Coliform (3100)	1 RT per quarter	4/1/14 - 6/30/14		
Physical Parameters (PPS)	1 RT per quarter	4/1/13 - 6/30/13		Complete
Physical Parameters (PPS)	1 RT per quarter	7/1/13 - 9/30/13		Complete
Physical Parameters (PPS)	1 RT per quarter	4/1/14 - 6/30/14		

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

**Sampling Point:** ENTRY POINT (Sampling Point ID: 3)

<i>Analyte / Analyte Group (Code)</i>	<i>Monitoring Requirement</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Status</i>
Nitrate And Nitrite (NOX)	1 RT per year	1/1/12 - 12/31/12		Complete
Nitrate And Nitrite (NOX)	1 RT per year	1/1/13 - 12/31/13		Complete
Nitrate And Nitrite (NOX)	1 RT per year	1/1/14 - 12/31/14		

**Monthly Compliance Reminder**

The deadline to provide the annual Consumer Confidence Report (CCR) to a Community public water system's customers and to provide three copies of the CCR to the Department is July 1. In addition, a Certification Form indicating that the required information is contained within the CCR and that the CCR was mailed to consumers must be submitted to the Department by August 9. Public water systems may use their CCR for Tier 3 Public Notifications, provided the public notification timing, content, and delivery requirements are met. The public water system is still responsible for completing and submitting the Public Notification Certification of Compliance indicating that the public notification has been included in the CCR. Additional information is available at on the Drinking Water Section's website.

**Other Compliance Schedules**

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/15/2013	

**Water System Facility Information**

**Distribution System**

**DISTRIBUTION SYSTEM - (WSF ID: 00600)**

**Sampling Point Inventory**

<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Sampling Point Type</i>	<i>Total Coliform</i>	<i>Lead and Copper Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
4	DISTRIBUTION SYSTEM	A	DS	Y			

*NOTE: The information contained in this "Water Quality Monitoring Schedule" has been provided to assist owners and operators of public water systems with the water quality monitoring requirements of RCSA Section 19-13-B102. 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 SCHEDULE**

**CAMP SHALOM (WELL #1-BOYS HILL) (425 MERRIMAN ROAD)**

**Town:** WINDSOR

**PWS ID:** CT1640034

**PWS Classification:**

**Population:** 26

Sampling Station

**ENTRY POINT - (WSF ID: 00700)**

Sampling Point Inventory

<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Sampling Point Type</i>	<i>Total Coliform</i>	<i>Lead and Copper Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
3	ENTRY POINT	A	EP				

Well

**WELL #1 - (WSF ID: 22594)**

Sampling Point Inventory

<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Sampling Point Type</i>	<i>Total Coliform</i>	<i>Lead and Copper Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
2	WELL	A	RW				

Sampling Point Inventory Key:

<b>Type:</b> DS: Distribution System	LD: Lowest Disinfectant Residual Point in Distribution System	RW: Raw Water Source
EP: Entry Point	MD: Midpoint in Distribution System (Average Residence Time)	PC: Process Control
FC: First Customer	MR: Maximum Residence Time	
<b>Status:</b> A: Active	P: Proposed	I: Inactive

Contact Information

<i>Name</i>	<i>Title</i>	<i>Organization</i>	<i>Address</i>	<i>Phone</i>	<i>Fax</i>	<i>Email</i>
Ms. KAREN E.	DIRECTOR	CAMP SHALOM -	335 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	860-231-6317	860-233-0802	kwyckoff@mandelljcc.org
<u>Contact Type:</u> Administrative Contact						

The Drinking Water Section requires all Public Water Systems to designate one Administrative Contact and a minimum of one Owner and one Legal Contact. All changes to current contact information shall be reported to the Drinking Water Section on the Contact Information Update form.

**Please note the following:**

- All water quality monitoring results submitted to the Drinking Water Section (DWS) must include the information identifying the Water System Facility and the Sampling Point.
- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample and reported to the DWS, in accordance with RCSA 19-13-B102(e)(7)(A).
- If a "Seasonal Collection Period" is specified, all water quality samples collected for compliance purposes must be collected during this period (i.e. Total Trihalomethanes, Total Haloacetic Acids, and Lead and Copper requirements).
- 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.
- Monthly summaries of chlorine residual, pH, orthophosphates, etc., are due no later than the ninth day of the following month.
- Any owner or operator of a public water system must maintain records in accordance with the RCSA Section 19-13-B102(l).
- Please refer to the "Guide to Water Quality Monitoring Schedules" for more information on the content of this schedule.**

*If you have any questions, please contact the Information Systems Unit at (860) 509-7333.*

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

**End of schedule**

*NOTE: The information contained in this "Water Quality Monitoring Schedule" has been provided to assist owners and operators of public water systems with the water quality monitoring requirements of RCSA Section 19-13-B102. 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 SCHEDULE**

**CAMP SHALOM (WELL #2) (425 MERRIMAN ROAD)**

**Town:** WINDSOR

**PWS ID:** CT1640054

**PWS Classification:**

**Population:** 25

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

**Sampling Point:** Select from Inventory of Active Sampling Points for WSF ID: 00600

<i>Analyte / Analyte Group (Code)</i>	<i>Monitoring Requirement</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Status</i>
Total Coliform (3100)	1 RT per quarter	4/1/13 - 6/30/13		Complete
Total Coliform (3100)	1 RT per quarter	7/1/13 - 9/30/13		Complete
Total Coliform (3100)	1 RT per quarter	4/1/14 - 6/30/14		
Physical Parameters (PPS)	1 RT per quarter	4/1/13 - 6/30/13		Complete
Physical Parameters (PPS)	1 RT per quarter	7/1/13 - 9/30/13		Complete
Physical Parameters (PPS)	1 RT per quarter	4/1/14 - 6/30/14		

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

**Sampling Point:** ENTRY POINT (Sampling Point ID: 3)

<i>Analyte / Analyte Group (Code)</i>	<i>Monitoring Requirement</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Status</i>
Nitrate And Nitrite (NOX)	1 RT per year	1/1/12 - 12/31/12		Complete
Nitrate And Nitrite (NOX)	1 RT per year	1/1/13 - 12/31/13		Complete
Nitrate And Nitrite (NOX)	1 RT per year	1/1/14 - 12/31/14		

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**Other Compliance Schedules**

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/15/2013	

**Water System Facility Information**

**Distribution System**

**DISTRIBUTION SYSTEM - (WSF ID: 00600)**

**Sampling Point Inventory**

<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Sampling Point Type</i>	<i>Total Coliform</i>	<i>Lead and Copper Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
4	DISTRIBUTION SYSTEM	A	DS	Y			

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**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH - DRINKING WATER SECTION  
WATER QUALITY MONITORING SCHEDULE**

**CAMP SHALOM (WELL #2) (425 MERRIMAN ROAD)**

**Town:** WINDSOR

**PWS ID:** CT1640054

**PWS Classification:**

**Population:** 25

Sampling Station

**ENTRY POINT - (WSF ID: 00700)**

Sampling Point Inventory

Sampling Point ID	Sampling Point Description	Status	Sampling Point Type	Total Coliform	Lead and Copper Tier	Asbestos	Stage 2 DBPR
3	ENTRY POINT	A	EP				

Well

**WELL #2 - (WSF ID: 22979)**

Sampling Point Inventory

Sampling Point ID	Sampling Point Description	Status	Sampling Point Type	Total Coliform	Lead and Copper Tier	Asbestos	Stage 2 DBPR
2	WELL #2	A	RW				

Sampling Point Inventory Key:

<b>Type:</b> DS: Distribution System	LD: Lowest Disinfectant Residual Point in Distribution System	RW: Raw Water Source
EP: Entry Point	MD: Midpoint in Distribution System (Average Residence Time)	PC: Process Control
FC: First Customer	MR: Maximum Residence Time	
<b>Status:</b> A: Active	P: Proposed	I: Inactive

Contact Information

Name	Title	Organization	Address	Phone	Fax	Email
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Contact Type:  
Administrative Contact

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