

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0110064 | J. C. C. SWIM & TENNIS CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 4 DUNCASTER ROAD | | | | 1 | | | |
| Towns Served: BLOOMFIELD | | | | | | | |

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 | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |

| | | | | |
|---|--------------------------|--------------------------|-----------------------------------|--|
| 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 | 4/1/25 - 6/30/25 | | Complete | |
| | 7/1/25 - 9/30/25 | | | |

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) | 1/1/24 - 12/31/24 | | Complete | |
| | 1/1/25 - 12/31/25 | | Complete | |
| | 1/1/26 - 12/31/26 | | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification | | PN Certification | |
|---|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | Due to DPH | Received |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 6/21/20 - 5/26/21 | 2 | 9/24/2020 | | 10/4/2020 | |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/26/24 - 7/10/24 | 3 | 7/23/2025 | | 8/2/2025 | |

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 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20218 | WELL | 2 | WELL | A | | | | |
| 61973 | HYDROPNEUMATIC TANK | | | | | | | |
| 61974 | BOOSTER PUMP | | | | | | | |

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 | | |
| CT0110064 | J. C. C. SWIM & TENNIS CLUB | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 4 DUNCASTER ROAD | | | | 1 | | | |
| Towns Served: BLOOMFIELD | | | | | | | |

Contact Information

| | | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ghjcc Swim & Racquet Club LLC | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 4 Duncaster Rd | | | | | | Bristol | | CT | 06011 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| | | | | | | | | | |

| | | | | | | | | | |
|--|-----------|--------------|--------------------------|-----------------|-------------------------|---------------|--|-------|----------|
| Contact Role(s): Legal Contact, Owner | | | | | | | | | |
| Name | | | Organization | | | Job Title | | | |
| Ms. Amy Gurchin | | | Mandell Jcc | | | Club Director | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 4 Duncaster Rd | | | | | | Bloomfield | | CT | 06117 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-231-6323 | | 860-233-0802 | | | agurchin@mandelljcc.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 | | |
| CT0110114 | PENWOOD STATE PARK/MAIN PARK WELL | NC | 700 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 57 GUN MILL ROAD | | | 4 | | | | |
| Towns Served: BLOOMFIELD | | | | | | | |

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 | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | |
| | 10/1/25 - 12/31/25 | | |

| | | | |
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| | 7/1/25 - 9/30/25 | | |
| | 10/1/25 - 12/31/25 | | |

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) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| Compliance Schedule Activity | Due Date | Achieved Date |
| 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 | 101 | WOMENS SINK | A | Y | | | |
| | | 102 | MENS SINK | A | Y | | | |
| | | 103 | OUTSIDE FAUCET | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | | DOWNSTREAM WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20223 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----------------------|--------------------------|-----------------|---------------------|----------|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. David Cooley | | Deep-Engineering Unit | | | Supv Civil Engineer | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 163 Great Hill Road | | | | | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-342-2215 | | 860-344-2560 | 860-205-7552 | 860-424-3333 | david.cooley@ct.gov | | | |
| Contact Role(s): | | Legal Contact, Owner | | | | | | |

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| 57 GUN MILL ROAD | | | 4 | | | | | |
| Towns Served: BLOOMFIELD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Andrea M. Lane | | | State of CT Deep | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 163 Great Hill Road | | | | | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-977-9739 | | | | 860-424-3333 | andrea.lane@ct.gov | | | |

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

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