

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1250024	HOUSATONIC MEADOWS/MAIN SYSTEM			NC	50	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
RIVER ROAD (ROUTE 7)			6				
Towns Served: SHARON							

### 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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2025	

### 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	101	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR 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				
22115	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									

*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
<b>CT1250024</b>	<b>HOUSATONIC MEADOWS/MAIN SYSTEM</b>	<b>NC</b>	<b>50</b>	<b>S</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
RIVER ROAD (ROUTE 7)		6			
Towns Served: SHARON					
Name		Organization		Job Title	
<b>Ms. Andrea M. Lane</b>		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
Contact Role(s): <b>Administrative Contact</b>					

**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

***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	
CT1250054	HOUSATONIC MEADOWS/RIVERSIDE			NC	33	S	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
RIVER ROAD (ROUTE 7)			Connections	3				
Towns Served: SHARON								

### 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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	WOMEN'S SINK	A	Y			
		102	MEN'S SINK	A	Y			
		103	EXTERIOR 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				
53471	RIVERSIDE WELL	2	RIVERSIDE 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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT1250054</b>	<b>HOUSATONIC MEADOWS/RIVERSIDE</b>	<b>NC</b>	<b>33</b>	<b>S</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
RIVER ROAD (ROUTE 7)		3			
Towns Served: SHARON					
Name		Organization		Job Title	
<b>Ms. Andrea M. Lane</b>		State of CT Deep			
Mailing Address Line One		Mailing Address Line Two		City	State
163 Great Hill Road				Portland	CT
Zip Code					
	06480				
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-977-9739				860-424-3333	andrea.lane@ct.gov
Contact Role(s): <b>Administrative Contact</b>					

**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

***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	
CT1250084	SILVER LAKE - CEDARS LODGE BUILDING			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
223 LOW ROAD			Connections		1			
Towns Served: SHARON								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	100	MAIN OFFICE KITCHEN	I	Y			

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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	
CT1250084	SILVER LAKE - CEDARS LODGE BUILDING			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
223 LOW ROAD			Connections		1			
Towns Served: SHARON								

### 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
		4	DISTRIBUTION SYSTEM	A	Y			
		600	CEDARS MAIN ROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22120	WELL 2 - CEDARS	2	WELL 2 - CEDARS	A				
57203	TREATMENT PLANT							

### Contact Information

Name		Organization			Job Title		
<b>Ms. Ruth Choate</b>		Silver Lake Camp			Administrator		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
223 Low Road					Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-364-5526	10	860-364-1000			slcrc@silverlakect.org		

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

Name		Organization			Job Title		
<b>Mr. Tim Hughes</b>		Silver Lake Camp & Retreat			Team Lead		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
223 Low Road					Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-364-5526					timh@silverlakect.org		

Contact Role(s): **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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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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
CT1250094	SILVER LAKE - MAIN SYSTEM			NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
221 LOW ROAD				1			

Towns Served: SHARON

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25		Complete	
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

Total Coliform (3100)		3 repeat (RP) per period		
<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	8/12/25 - 8/17/25		Complete	
	9/16/25 - 9/21/25		Complete	
	9/16/25 - 9/21/25			

Physical Parameters (PPS)		1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25		Complete	
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

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)	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			

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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	
CT1250094	SILVER LAKE - MAIN SYSTEM			NC	30	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
221 LOW ROAD			Connections		1			
Towns Served: SHARON								

### Monitoring Requirements

Water System Facility: WELL 1 - MAIN (WSF ID: 22121)

#### E. Coli (3014)

1 triggered (TG) per period

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 - MAIN (2)	8/11/25 - 8/17/25		Complete
	9/15/25 - 9/21/25		Complete
	9/15/25 - 9/21/25		Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2025	

### 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	100	MAIN OFFICE KITCHEN	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			
		600	CEDARS MAIN ROOM	I	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22121	WELL 1 - MAIN	2	WELL 1 - MAIN	A				
61816	HYDROPNEUMATIC TANK							
61817	BOOSTER PUMPS							
ST01	ATMOSPHERIC STORAGE							

### Contact Information

Name				Organization			Job Title		
Ms. Ruth Choate				Silver Lake Camp			Administrator		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
223 Low Road						Sharon		CT	06069
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-364-5526		10	860-364-1000				slcrc@silverlakect.org		

Contact Role(s): Administrative Contact

Name				Organization			Job Title		
Mr. Tim Hughes				Silver Lake Camp & Retreat			Team Lead		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
223 Low Road						Sharon		CT	06069
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-364-5526							timh@silverlakect.org		

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	
CT1250094	SILVER LAKE - MAIN SYSTEM			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
221 LOW ROAD					1			

Towns Served: SHARON

**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

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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
CT1250104	TRINITY GLEN-MCCA			NC	50	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
149 WEST CORNWALL ROAD		Connections		1			
Towns Served: SHARON							

### 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
SAMPLING SITE PLAN	2/20/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
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	10	PREP SINK - SINGLE	A	Y			
		11	POT/PAN SINK - TRIPL	A	Y			
		12	DISH SINK - SINGLE	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				

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## Water Quality Monitoring and Compliance Schedule

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CT1250104	TRINITY GLEN-MCCA			NC	50	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
149 WEST CORNWALL ROAD			Connections		1			
Towns Served: SHARON								

### 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
61769	WELL #2	2	WELL #2	A				

### Contact Information

Name				Organization			Job Title		
Mid-Western CT Council On Alcoholism									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
149 Cornwall Rd						Sharon		CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name				Organization			Job Title		
Mrs. Carolyn Carlson				McCa, Inc.			Program Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
149 West Cornwall Rd						Sharon		CT	06069
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-672-6680			860-672-3021			860-792-4515	ccarlson@mccaonline.com		

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

Name				Organization			Job Title		
Mr. John D'eramo				McCa, Inc.			President And Ceo		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
38 Old Ridgebury Rd						Danbury		CT	06810
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-913-5981			203-748-2604				jderamo@mccaonline.com		

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

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

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

**End of schedule**

**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
CT1250124	NATIONAL AUDUBON SOCIETY			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
325 CORNWALL BRIDGE ROAD		Connections				1	
Towns Served: SHARON							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL #1 (WSF ID: 47797)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		

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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
CT1250124	NATIONAL AUDUBON SOCIETY			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
325 CORNWALL BRIDGE ROAD		Connections				1	
Towns Served: SHARON							

### Monitoring Requirements

Water System Facility: <b>WELL #1</b>		(WSF ID: 47797)	
<b>E. Coli (3014)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### 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	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
47797	WELL #1	2	WELL	A				

### Contact Information

Name		Organization		Job Title		
Mr. Mike Dudek		National Audubon Society		Land-Facilities Mgr		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
325 Cornwall Bridge Road				Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-364-0520		860-364-1921	860-492-0112	860-364-0520	mdudek@audubon.org	

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

Name		Organization		Job Title		
Ms. Charlotte Young		National Audubon Society		General Counsel		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
National Audubon Society		225 Varick Street, 7Th Floor		New York	NY	10014
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
212-979-3075					charlotte.young@audubon.org	

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

#### 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

**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
CT1259134	607 CORNWALL BRIDGE ROAD			NC	35	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: SHARON

### 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	2/10/2025	

### 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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
52006	WELL 1	2	WELL 1	A				
57108	TREATMENT PLANT							
57109	ATMOSPHERIC TANK							

### Contact Information

Name		Organization		Job Title		
Mr. Ibrahim Jamal		Cornwall Bridge Gas Station				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
158 Mountain Street				Ellington	CT	06029
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
					ijamal82@gmail.com	

*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
<b>CT1259134</b>	<b>607 CORNWALL BRIDGE ROAD</b>	<b>NC</b>	<b>35</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
			<b>1</b>		
Towns Served: SHARON					
Contact Role(s): <b>Administrative Contact, Legal Contact</b>					
Name		Organization		Job Title	
<b>Mr. Iyad Jamal</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
607 Cornwall Bridge Road				Sharon	CT
Zip Code					
	06069				
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-817-8678					mobil580@yahoo.com

Contact Role(s): **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

***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	
CT1259143	SHARON COUNTRY CLUB			NC	120	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 GOLF DRIVE							2	

Towns Served: SHARON

### 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
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	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SCC001	KITCHEN HAND SINK	A	Y			
		SCC002	DISHWASHER SINK 1	A	Y			
		SCC003	DISHWASHER SINK 2	A	Y			
		SCC004	CHEF SINK	A	Y			
		SCC005	MEN'S ROOM SINK	A	Y			
		SCC006	WOMEN'S ROOM SINK	A	Y			
		SCC007	BAR SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61120	WELL 1	2	WELL 1	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	
CT1259143	SHARON COUNTRY CLUB			NC	120	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
2 GOLF DRIVE			Connections				2	
Towns Served: SHARON								

### Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<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 WQP 2 DBPR</i>
61179	TREATMENT PLANT						

### Contact Information

Name			Organization			Job Title		
<b>Ms. Jennifer Dillon</b>			Sharon Country Club			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2 Golf Drive						Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

Name			Organization			Job Title		
<b>Mr. Thomas F. Halsted</b>			Sharon Country Club			General Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2 Golf Dr.			PO Box 426			Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-364-5964		860-364-5935		860-729-7603	thalsted@sharonclub.com			

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

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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	
CT1259144	2 ROUTE 7 BAKERY			NC	28	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
2 ROUTE 7 (SHARON, CT)			Connections				1	
Towns Served: SHARON								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SAMPLING SITE PLAN	5/17/2024	

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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
CT1259144	2 ROUTE 7 BAKERY			NC	28	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
2 ROUTE 7 (SHARON, CT)		Connections				1	
Towns Served: SHARON							

### Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<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 WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	101	KITCHEN HAND SINK	A	Y			
		102	BATHROOM SINK	I				
		103	SERVICE HAND SINK	A	Y			
		104	KITCHEN DOUBLE SINK	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				
62278	WELL	2	WELL	A				

### Contact Information

Name		Organization		Job Title		
<b>Mr. Daniel Kramp</b>		Ivys, LLC				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
2 Route 7				Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
					dkramp@wpsir.com	

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

Name		Organization		Job Title		
<b>Ms. Yobana Young</b>		Blue Gate Farm				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
2 Route 7				Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-898-0742				860-898-0742	bluegatefarmct@gmail.com	

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

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***End of schedule***

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