

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1340212	SUN VALLEY CAMPGROUND-SYSTEM #1:WELL194	NC	50	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 OLD SPRINGFIELD ROAD	Connections	1			

Towns Served: STAFFORD

### 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	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
					Stage			
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				
20031	WELL	2	WELL	A				
60797	ATM TANK							

### Contact Information

Name	Organization	Job Title
Mr. Michael J. Minor	Sun Valley Beach Club, Inc.	Vice President/Sec
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
51 Springfield Road		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-5861		860-684-2635
Mobile Phone	Emergency Phone	Email Address
		traciezelonka@aol.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Ms. Tracie Zelonka	Sun Valley Beach Club	Office Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
51 Old Springfield Rd		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-5863		860-684-2635
Mobile Phone	Emergency Phone	Email Address
		traciezelonka@aol.com

Contact Role(s): Administrative Contact

*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>CT1340212</b>	<b>SUN VALLEY CAMPGROUND-SYSTEM #1:WELL194</b>			NC	50	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
51 OLD SPRINGFIELD ROAD		Connections	1				

Towns Served: STAFFORD

**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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1340282	STAFFORD PROFESSIONAL SUITES	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
5 MAGAURAN DRIVE		2			

Towns Served: STAFFORD

### 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		
	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		
	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 EXEMPTION	3/1/2018	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
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					
10593	WELL #1	2	WELL #1	A					
62238	TREATMENT								

### Contact Information

Name	Organization	Job Title
Mr. Domenick Bianchi	E And G Property Solutions LLC	Member / Owner
Mailing Address Line One	Mailing Address Line Two	City
E And G Property Solutions	PO Box 33	State
Business Phone	Mobile Phone	Zip Code
413-455-6638	860-684-9848	eandgpropertysolutions@gmail.com

Contact Role(s): Administrative Contact, 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
CT1340282	STAFFORD PROFESSIONAL SUITES	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
5 MAGAURAN DRIVE		2			Agricultural

Towns Served: STAFFORD

**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**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1340074	MINERAL SPRINGS CAMPGROUND-SYSTEM #1	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 LEONARD ROAD			1		

Towns Served: STAFFORD

## 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		
	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		
	4/1/26 - 6/30/26		

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

Nitrite (1041)	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	3/1/2026	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
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		
22234	WELL	2	WELL	A		

## Contact Information

Name	Organization	Job Title
Ms. Frances Goodale	Mineral Springs Fmly Campgrnd	Owner, Treasurer
Mailing Address Line One	Mailing Address Line Two	City
135 Leonard Road		State
		Zip Code
Business Phone	Extension	
Fax		
Mobile Phone		
Emergency Phone	Email Address	

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
CT1340074	MINERAL SPRINGS CAMPGROUND-SYSTEM #1	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 LEONARD ROAD			1		

Towns Served: STAFFORD

860-684-2993      860-684-2993

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

Name	Organization	Job Title		
Mr. Leonard Bragdon	Mineral Springs Campground	Campground Manager		
Mailing Address Line One 135 Leonard Rd	Mailing Address Line Two	City Stafford Springs	State CT	Zip Code 06076
Business Phone 860-684-2993	Extension Fax	Mobile Phone	Emergency Phone	Email Address

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

Name	Organization	Job Title		
Ms. Monica Bragdon	Mineral Springs Family Campgro	Owner		
Mailing Address Line One 135 Leonard Road	Mailing Address Line Two	City Stafford Springs	State CT	Zip Code 06076
Business Phone 860-684-2993	Extension Fax	Mobile Phone	Emergency Phone 860-798-9516	Email Address mbragdon3021@gmail.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

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<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
CT1340084	MINERAL SPRINGS CAMPGROUND-SYSTEM #2	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 LEONARD ROAD			1		

Towns Served: STAFFORD

## 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		
	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		
	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	3/1/2031	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
22235	WELL	2	WELL	A			

## Contact Information

Name	Organization			Job Title		
Ms. Frances Goodale	Mineral Springs Fmly Campgrnd			Owner, Treasurer		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
135 Leonard Road				Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-684-2993				860-684-2993		
Contact Role(s):	Legal Contact					

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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
CT1340084	MINERAL SPRINGS CAMPGROUND-SYSTEM #2	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 LEONARD ROAD			1		

Towns Served: STAFFORD

Name	Organization	Job Title		
Mr. Leonard Bragdon	Mineral Springs Campground	Campground Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
135 Leonard Rd		Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-684-2993				

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

Name	Organization	Job Title		
Ms. Monica Bragdon	Mineral Springs Family Campgro	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
135 Leonard Road		Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-684-2993				860-798-9516 mbragdon3021@gmail.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

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<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
CT1340104	ROARING BROOK CAMPGROUND	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
8 SOUTH ROAD		400			

Towns Served: STAFFORD

## 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
	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	10/1-10/13	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		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum:	0.6 MG/L	Daily	
Chlorine	Entry Point RDC (EPRD)				
Start Date: 6/1/2014		Monitoring Period	Operating Limit	Monitoring	Compliance Status:
		8/1/2025 - 8/31/2025		Y	
		9/1/2025 - 9/30/2025		Y	
		10/1/2025 - 10/31/2025		Y	
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

## 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	Total Coliform Status	Lead and Copper Rule Tier	Asbestos 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		
22237	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
CT1340104	ROARING BROOK CAMPGROUND	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
8 SOUTH ROAD			400		

Towns Served: STAFFORD

<b>Water System Facility and Sampling Point Inventory</b>							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier
					WQP 2	DBPR	Stage
22238	WELL #2	2	WELL #2	A			
58462	WELL# 3	2	WELL# 3	A			
58465	TREATMENT PLANT						
58466	4 ATMOSPHERIC STORAGE TANKS						
60988	WELL #4	2	WELL #4	A			
62595	FLEX-LITE CONTACT TANKS						
62596	2 VFD BOOSTER PUMPS						
63050	WELL #5	2	WELL #5	A			

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM			Certification Expiration
Operator Name	Operator Type	Certification(s)	
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2027 6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2028 6/30/2026

## Contact Information

Name	Organization	Job Title
Mr. Scott Rosado	Roaring Brook Campground	President
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
8 South Road		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-7086		
Mobile Phone	Emergency Phone	Email Address
		president@roaringbrookcampground.org

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Rowland Rux	Roaring Brook Campground	Member-At-Large
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
8 South Road		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-7086		
Mobile Phone	Emergency Phone	Email Address
		rowlandrux@netzero.net

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

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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
CT1340104	ROARING BROOK CAMPGROUND	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
8 SOUTH ROAD		400			

Towns Served: STAFFORD

**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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*<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
CT1340124	SUN VALLEY CAMPGROUND-SYSTEM #2:WELL 56	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
51 SPRINGFIELD ROAD			1		

Towns Served: STAFFORD

### 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	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	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			
22240	WELL 56	2	WELL 56	A			
60799	ATM TANK						

### Contact Information

Name	Organization	Job Title
Mr. Michael J. Minor	Sun Valley Beach Club, Inc.	Vice President/Sec
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
51 Springfield Road		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-5861		860-684-2635
Mobile Phone	Emergency Phone	Email Address
		traciezelonka@aol.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Ms. Tracie Zelonka	Sun Valley Beach Club	Office Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
51 Old Springfield Rd		Stafford Springs CT 06076
Business Phone	Extension	Fax
860-684-5863		860-684-2635
Mobile Phone	Emergency Phone	Email Address
		traciezelonka@aol.com

Contact Role(s): Administrative Contact

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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
CT1340124	SUN VALLEY CAMPGROUND-SYSTEM #2:WELL 56	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 SPRINGFIELD ROAD	Connections		1		

Towns Served: STAFFORD

**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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*<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
CT1340134	SUN VALLEY CAMPGROUND-SYSTEM #3:WELL 40	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 SPRINGFIELD ROAD	Connections		1		

Towns Served: STAFFORD

## 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	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/29/2025	

Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
Facility ID						
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			
22241 WELL 40	2	WELL 40	A			
56331 STORAGE TANK						
56333 BOOSTER PUMP						

## Contact Information

Name	Organization	Job Title
Mr. Michael J. Minor	Sun Valley Beach Club, Inc.	Vice President/Sec
Mailing Address Line One	Mailing Address Line Two	City
51 Springfield Road		State
Business Phone	Extension	Zip Code
860-684-5861	860-684-2635	Stafford Springs
		CT
		06076
Email Address		
		traciezelonka@aol.com
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
CT1340134	SUN VALLEY CAMPGROUND-SYSTEM #3:WELL 40				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
51 SPRINGFIELD ROAD				1				
Towns Served: STAFFORD								
Name			Organization			Job Title		
Ms. Tracie Zelonka			Sun Valley Beach Club			Office Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
51 Old Springfield Rd					Stafford Springs	CT	06076	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-684-5863					traciezelonka@aol.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

***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
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WELL 214	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 OLD SPRINGFIELD ROAD	Connections	1			

Towns Served: STAFFORD

### 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	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	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				
22787	WELL 214	2	WELL 214	A				
60801	ATMOSPHERIC STORAGE TANK							

### Contact Information

Name	Organization				Job Title				
Mr. Michael J. Minor	Sun Valley Beach Club, Inc.				Vice President/Sec				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
51 Springfield Road			Stafford Springs		CT	06076			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-684-5861		860-684-2635			traciezelonka@aol.com				

Contact Role(s): Legal Contact, Owner

Name	Organization				Job Title				
Ms. Tracie Zelonka	Sun Valley Beach Club				Office Manager				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
51 Old Springfield Rd			Stafford Springs		CT	06076			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-684-5863					traciezelonka@aol.com				

Contact Role(s): Administrative Contact

**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
CT1340154	SUN VALLEY CAMPGROUND-SYSTEM #4:WELL 214	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 OLD SPRINGFIELD ROAD	Connections	1			Agricultural

Towns Served: STAFFORD

**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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1340164	SUN VALLEY BEACH CLUB	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
51 OLD SPRINGFIELD ROAD	Connections	1			

Towns Served: STAFFORD

### 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	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	
	1/1/27 - 12/31/27	4/1-9/30	

Water System Facility: DUG WELL (WSF ID: 22788)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		
	4/1/26 - 6/30/26		

### 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				
22788	DUG WELL	2	WELL	A				
56340	BOOSTER PUMP							

### Contact Information

Name	Organization				Job Title		
Mr. Robert N. Minor	Sun Valley Beach Club, Inc.				President		
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
51 Old Springfield Road				Stafford Springs		CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-684-5861		860-684-2635					
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
CT1340164	SUN VALLEY BEACH CLUB				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
51 OLD SPRINGFIELD ROAD			1					
Towns Served: STAFFORD								
Name			Organization			Job Title		
Ms. Tracie Zelonka			Sun Valley Beach Club			Office Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
51 Old Springfield Rd					Stafford Springs	CT	06076	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-684-5863					traciezelonka@aol.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

***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
CT1340244	STILLWATER GRILL	NC	27	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
328 EAST STREET (ROUTE 19)			1		

Towns Served: STAFFORD

### Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per year</span>			
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	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
00600	DISTRIBUTION SYSTEM	3	KITCHEN 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					
47857	WELL #1	2	WELL #1	A					
60656	TREATMENT PLANT								

### Contact Information

Name	Organization	Job Title
Stillwater Grill LLC		
Mailing Address Line One	Mailing Address Line Two	City
328 East Street		Stafford Springs
Business Phone	Extension	Fax
		Mobile Phone
		Emergency Phone
		Email Address
Contact Role(s):	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
CT1340244	STILLWATER GRILL	NC	27	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
328 EAST STREET (ROUTE 19)			1		

Towns Served: STAFFORD

Name		Organization			Job Title		
<b>Mr. Andrew Green</b>		Stillwater Grill LLC			Principal&Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
328 East Street					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-684-4086				603-275-1224	agreen@stillwatergrillct.com		

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

Name		Organization			Job Title		
<b>Ms. Amy Ethier</b>		Stillwater Grill LLC					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
3 Abby Road					Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
978-995-2920					aethier@stillwatergrillct.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**

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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
CT1341324	ROARING BROOK CAMPGND COOP/POOL/REST/REC	NC	42	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
8 SOUTH ROAD	Connections				3

Towns Served: STAFFORD

### 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	3/1/2026	

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	WQP 2 DBPR	Stage
00501	WELL #1	2	WELL #1	A					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					

### Contact Information

Name	Organization	Job Title
Mr. Lewis J. Dorman	Roaring Brook Campground Coop	Maintenance
Mailing Address Line One	Mailing Address Line Two	City
8 South Road		State
Business Phone	Extension	Zip Code
860-684-7086	860-684-7125	860-818-7108
Emergency Phone	Email Address	rbc@roaringbrook.necoxmail.com
Contact Role(s): 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
CT1341324	ROARING BROOK CAMPGND COOP/POOL/REST/REC	NC	42	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
8 SOUTH ROAD					3

Towns Served: STAFFORD

Name	Organization	Job Title		
Mr. Scott Rosado	Roaring Brook Campground	President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
8 South Road		Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-684-7086				
				Email Address president@roaringbrookcampground.org

Contact Role(s): Owner

Name	Organization	Job Title		
Mr. Rowland Rux	Roaring Brook Campground	Member-At-Large		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
8 South Road		Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-684-7086				Email Address rowlandrux@netzero.net

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

**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
CT1341374	STAFFORD SPRINGS KINGDOM HALL	NC	75	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
79 CRYSTAL LAKE RD			1		

Towns Served: STAFFORD

## Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
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		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
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		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
61533	WELL #1	2	WELL #1	A			
63138	TREATMENT SYSTEM						

## Contact Information

Name	Organization			Job Title		
Mr. Robert Prinzivalli	Kingdom Hall- Stafford			Maintenance		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
179 Furnace Ave				Stafford Springs	CT	06076
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-614-9400					prinzivr55@gmail.com	
Contact Role(s):	Administrative Contact, Legal Contact					

*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
CT1341374	STAFFORD SPRINGS KINGDOM HALL	NC	75	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
79 CRYSTAL LAKE RD			1		

Towns Served: STAFFORD

**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**