		Connecticut De	nartmer	nt of	F Public H	lealth I	)rinki	ng (	Water S	Section	
		Water Qu	•								
PWS ID		PWS Name	adiity ivit	JIII	or mg am					wner Type Pri	mary Source
CT0181222	2	SHELL FACILITY					NC	011 1 0	30	P P	GW
		vhere applicable)			Service	Residentia		ercial	Industrial	Combined	Agricultural
819 FEDER					Connections	1		0.0.0.			7.8
		BROOKFIELD									
			M	onit	oring Requ	iremen	ts				
Water Sys	stem	Facility: DISTRIBUTION									
<b>Total Col</b>	liform	n (3100)							1 r	outine (RT) p	er quarter
Samp	oling F	Point (Sampling Point ID)				Monitoring	Period	Colle	ection Perio	od Complic	nce Status
Select	t from	Inventory of Active Samp	ling Points			7/1/19 - 9,	/30/19			Cor	nplete
					:	10/1/19 - 1	2/31/19			Cor	nplete
						1/1/20 - 3,	/31/20			Cor	nplete
						4/1/20 - 6					
						7/1/20 - 9	/30/20				
_		meters (PPS)								outine (RT) p	•
		Point (Sampling Point ID)				Monitoring		Colle	ection Perio		nce Status
Select	t from	Inventory of Active Samp	ling Points			7/1/19 - 9,	-				nplete
						10/1/19 - 1					nplete
						1/1/20 - 3,				Cor	nplete
						4/1/20 - 6,	*				
						7/1/20 - 9,	/30/20				
		Facility: ENTRY POINT	(WSF ID: 00	)700)							-
		itrite (NOX)								1 routine (R	
		Point (Sampling Point ID)				Monitoring		Colle	ection Perio		nce Status
ENTR	RY POII	VT (3)				1/1/19 - 12					nplete
						1/1/20 - 12				Cor	nplete
						1/1/21 - 12					
			Public	Not	ification R	equiren	nents				
				C	ompliance	Notice		_	<u>fication</u>	PN Certi	<u>fication</u>
Violation/					Period	Tier	Requir		Performed	Due to DPH	Received
Total Colife	orm N	1CL Violation			/13 - 9/30/13	2	8/21/20			8/31/2013	
		Water	System F	acil	ity and Sar	npling P	oint In	vent	tory		
Water								Tota			_
System		er System Facility		Point	Sampling Point	nt		Colifor			Stage
Facility ID		DIDLITION CYCTERA	ID		DISTRIBUTION	I CVCTC* 4	<u>Status</u>	Rule	e Kule II	er Asbestos	NUT Z DBPK
00600	ווצוע	RIBUTION SYSTEM	4 DOMNSTI	) F A B 4	DISTRIBUTION		A	Υ			
			SF00:		WITHIN 5 SER	VICE CON	A	V		V	
					TRIPLE SINK	ı D	A	Y		Y	
			SF002 SF003		RR GENERIC F		A A	Y Y		Y Y	
			SF00: SF00:		RR OUTSIDE	JINK	A	Υ Υ		Υ Υ	
			UPSTRE		WITHIN 5 SER	VICE CON	A	ī		ı	
00700	FNITD	Y POINT	3	/\IVI	ENTRY POINT	VICE COIN	A				
	WELL		2		WELL		A				
		- TMENT PLANT			VV LLL						
4/401	IKEA	IIVILINI FLAINI									

222	SHELL FACILITY	NC	30	Р	GW
	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Hearth	שוואוווועווו	5 Water	occuon	

0.0101111	5.1222.7.6.2.1.1					30	I		0
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed	Agricultural
819 FEDERAL RC	)AD	Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BROOKFIELD

**PWS ID** 

CT01812

Contact Information											
Name				Organizati	on		Job Title				
Mr. Joseph McCorn	nick			Cpd Paren	t Properties LLC		Env Compli	ance Mgr			
Mailing Address Lin	e One		Mailing Ad	dress Line Tw	10	City	State	Zip Code			
819 Federal Road						Brookfie	ld	CT	06804		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress				
845-883-6141	207	518-514-1	1301		845-256-5020	jmccorm	nick@cpdene	ergy.com			

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

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

End of schedule

	Co	onnectic	•										ection	
			ter Qua	III IV	OIIIU	oring a	na Coi	_						-
PWS ID		/S Name						Cla	assificati	on Pop		Owi		rimary Source
CT018932		E WHITE HOU	ISE				5 11		NC		25		Р	GW
		re applicable)				Service Connection	Reside	ntial	Comm	ercial	Industri	ıaı	Combined	Agricultural
499 FEDER						Connection	ns 1							
Towns Ser	vea: BRO	OKFIELD		_				_				_		
Water Sy	stem Fac	ility: DISTR	IBUTION S			oring Red D: 00600)	quireme	ent	S					
Total Co	liform (3	3100)									1	l rou	ıtine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monito	ring	Period	Colle	ction Pe			iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/	30/19				Co	mplete
							10/1/19	- 12	/31/19				Co	mplete
							1/1/20	- 3/	31/20				Co	mplete
							4/1/20	- 6/	30/20					
							7/1/20	- 9/	30/20					
Physical	Paramet	ers (PPS)									1	l rou	itine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monito			Colle	ction Pe	riod	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19	- 9/	30/19				Co	mplete
							10/1/19	- 12	/31/19					mplete
							1/1/20	- 3/	31/20				Co	mplete
							4/1/20	- 6/	30/20					
							7/1/20	- 9/	30/20					
Water Sy	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 0	0700)									
		te (NOX)										1	=	RT) per year
		t (Sampling P	oint ID)				Monito			Colle	ction Pe	riod		iance Status
ENTR	RY POINT (	3)					1/1/19						Co	mplete
							1/1/20		-					
							1/1/21							
				Otl	her C	ompliand	ce Sche	dul	les					
Compliand	ce Schedu	le Activity						Due	e Date		Achie	eved	Date	
RESPOND	TO SANIT	ARY SURVEY						4/3	/2020					
CORRECTI	VE ACTIO	N/CORRECTIV	E ACTION PL	AN				7/2	/2020					
			Water S	ystem	Facili	ity and S	ampling	g Po	oint In	vent	ory			
Water										Total	Lead	and		
System	=	stem Facility				Sampling P				Colifor	-	•		Stage
Facility ID			_	ID		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM	1	4		DISTRIBUTI			A	Υ				
						WITHIN 5 S			A					
00700	ENITE: C	OINT		UPSTR		WITHIN 5 S		IN	Α					
00700	ENTRY PO			3		ENTRY POIN			Α					
22839	THE WHI	TE HOUSE WE	LL	2		THE WHITE			A					
						tact Info	rmatio	1						
Name						rganization							Job Title	
Mr. Gary I						O.R. Manage	ement, LLC				/lanager			
Mailing Ad				Mailing	Address	s Line Two					City		State	Zip Code
116A East				1						nbury			СТ	06811
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergenc	y Ph	one Em	ail Add	ress			

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le					
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	<b>Primary Source</b>				
CT0189323	THE WHITE HOUSE				NC	25	Р	GW				
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural				
499 FEDERAL RO	DAD	Connections	1									
Towns Served: E							·					
203-482-587	203-482-5877 venanciogary@gmail.com											
Contact Role(s):	ontact Role(s): Administrative Contact, Legal Contact, Owner											

Connecticut Department of Public Health Drinking Water Section

#### Please note the following:

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

End of schedule

	0	. D .		CD 11:	TT 1.1	Б	. 1 .	TAI	, .	0		
	Connectic	ut Departme	nt o	Public	Health	Di	rinki	ng W	ater	Se	ction	
	Wat	ter Quality M	Ionit	oring a	nd Con	ıpl	ianc	e Sch	edul	le		
PWS ID	PWS Name									_	er Type P	rimary Source
CT018014	4 BROOKFIELD LIB	RARY					NC		25		L	GW
Local Add	ress (where applicable)			Service	Residen	tial	Comme	ercial I	ndustri	al	Combined	Agricultural
182 WHIS	CONIER ROAD (ROUTE 2	25)		Connection	ns		1					
Towns Ser	ved: BROOKFIELD				,							
		N	lonit	oring Re	auireme	nts						
Water Sv	stem Facility: <b>DISTR</b>											
	liform (3100)								1	l rou	tine (RT)	per quarter
	oling Point (Sampling Po	oint ID)			Monitori	ng P	Period	Collect	tion Pe			iance Status
	t from Inventory of Acti				7/1/19 -							omplete
	•				10/1/19 -	12/	31/19	_				omplete
					1/1/20 -	3/3	1/20					
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Physical	Parameters (PPS)								1	l rou	tine (RT)	per quarter
Sam	oling Point (Sampling Po	oint ID)			Monitori	ng P	Period	Collect	tion Pe	riod	Compl	iance Status
Selec	ct from Inventory of Acti	ve Sampling Points			7/1/19 -	9/3	0/19				Co	omplete
					10/1/19 -	12/	31/19				Co	omplete
					1/1/20 -							
					4/1/20 -		-					
					7/1/20 -	9/3	0/20					
Water Sy	stem Facility: ENTR	POINT (WSF ID:	00700)									
	And Nitrite (NOX)										=	RT) per year
	oling Point (Sampling Po	oint ID)			Monitori			Collect	tion Pe	riod		iance Status
ENTR	RY POINT (3)				1/1/19 -						Co	omplete
					1/1/20 -							
					1/1/21 -							
		Ot	her C	omplian	ce Sched	lule	25					
Complian	ce Schedule Activity					Due	Date		Achie	ved L	Date	
CROSS CO	NNECTION EXEMPTION				3	3/1/	2017					
RESPOND	TO SANITARY SURVEY				3	/25/	/2020					
		<b>Water System</b>	<b>Facil</b>	ity and S	ampling	Po	int In	vento	ry			
Water								Total	Lead	and		
System	Water System Facility			Sampling F				Coliform				Stage
Facility ID		IL		Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM				ION SYSTEM		Α	Υ				
				WITHIN 5 S			A					
20700	ENITEN POINT	UPSTF			SERVICE CON	N	Α .					
00700	ENTRY POINT	3		ENTRY POI	NI		Α .					
20319	WELL	2		WELL			A					
				itact Info	rmation							
Name				rganization							Job Title	
Mr. Ralph		T		own of Brool	kfield				rector c	of Pub		
	ddress Line One			s Line Two					City		State	Zip Code
100 Pocor		P O Box						okfield			СТ	06804
Busines	s Phone Extension	Fax	Mobi	ile Phone	Emergency	Pho	ne Ema	ail Addre	ess			

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity N	Ioni	toring a	nc	d Com	plia	nce S	Schedul	le	
PWS ID	PWS Name							Classi	fication	Population	Owner Type	Primary Source
CT0180144	BROOKFIELD LIB	RARY						1	<b>IC</b>	25	L	GW
Local Address (w	here applicable)				Service		Resident	tial Co	ommerci	al Industri	al Combin	ed Agricultural
182 WHISCONIER	82 WHISCONIER ROAD (ROUTE 25) Connections 1											
Towns Served: BI								,				
203-775-7318		203-775-	1804			2	203-948-	1468	rtedes	co@brookfi	eld.org	
Contact Role(s):	Administrative	Contact										
Name				О	rganization						Job Titl	е
Mr. William Tins	ley			В	rookfield					First Selec	ctman	
Mailing Address I	Line One		Mailing	Addres	ss Line Two					City	State	Zip Code
100 Pocono Road	d		P.O. Bo	x 5106					Brookf	ield	СТ	06804-5106
Business Phone	e Extension	Fax		Mob	ile Phone	Em	nergency	Phone	Email A	Address	,	
203-775-7300		203-775-	5316						btinsle	y@brookfie	ldct.gov	
Contact Role(s):	Legal Contact				,							

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End of schedule

	Connecticut Don	artment of	F Dublic L	[oalth	Drir	lzina	Mator	Coction	
	Connecticut Dep								
		ality Monit	oring and						
PWS ID	PWS Name			(					imary Source
CT0180164		ADIGAN PARK	C i	Danisla at	N	_	25	Canabinad	GW
	ess (where applicable)		Service Connections	Resident	ai Coi	mmercial	Industrial	Combined	Agricultural
	ed: Brookfield		Connections			1			
TOWIIS SELV	ed. BROOKI ILLD	D.A.o.o.i.t.	ovina Dogu	.:	4-				
Water Sys	tem Facility: <b>DISTRIBUTION</b>		oring Requ	iiremer	its				
•	form (3100)	3131LIVI (VV31 1	D. 00000j				1 1	outine (RT) ¡	or quarter
	ing Point (Sampling Point ID)			Monitorin	a Perio	nd Co	ו ב Ilection Perio		ance Status
	from Inventory of Active Sampli	ng Points		7/1/19 - 9			incetton i eno		mplete
Jelect	Tront inventory of Active Sampin	18 1 011113		4/1/20 - 6	-				Inplete
				7/1/20 - 9	-				
Physical P	Parameters (PPS)			7/1/20	7,30,2		1 r	outine (RT) ¡	ner quarter
_	ing Point (Sampling Point ID)			Monitorin	a Perio	od Co	llection Perio		ance Status
	from Inventory of Active Sampli	ng Points		7/1/19 - 9			353.5.7.7.6770		mplete
22.200	,	5		4/1/20 - 6					1
				7/1/20 - 9	-				
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)		· ·					
•	nd Nitrite (NOX)							1 routine (R	T) per vear
	ing Point (Sampling Point ID)			Monitorin	a Perio	od Co	llection Perio	=	ance Status
	POINT (3)			1/1/19 - 1					mplete
				1/1/20 - 1	2/31/2	20			
				1/1/21 - 1	2/31/2	1			
		Other C	ompliance	Sched	ules				
Compliance	Schedule Activity			D	ue Dat	ie	Achieve	d Date	
RESPOND T	O SANITARY SURVEY			6,	/4/201	7			
SEASONAL	START UP COMPLETION			4,	/1/202	0			
		Public Not	ification R	equire	ment	ts			
		C	ompliance	Notice	<u>P</u>	ublic No	<u>tification</u>	PN Cert	<u>ification</u>
Violation/S			Period	Tier		quired	Performed	Due to DPH	Received
	rm M&R Violation		/04 - 12/31/04	2	-	6/2005		6/26/2005	
Physical Pa	rameters M&R Violation		/04 - 12/31/04	3		7/2006		5/27/2006	
	Water	System Facili	ity and Sar	npling	Point		<u>-</u>		
Water	Mator Cratom Facility	Campalina Boint	Camplina Bai	-4		Tot			Charac
System Facility ID	Water System Facility	Sampling Point ID	Description	nt		Colife tus Ru			Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	Sta	LUJ		er Asbestos	WQF Z DDFR
00000	DISTRIBUTION STSTEIN	DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER		Α				
00700	ENTRY POINT	3	ENTRY POINT	TICL COIN					
	WELL	2	WELL						
20321			tact Inforr	mation	-	`			
Name			rganization					Job Title	
Dr. Raymor	nd Sullivan		ookfield Healtl	h Denartm	ent		Director of H		
	dress Line One	Mailing Addres		n beharun	CIIL		City	State	Zip Code
100 Pocono		P.O. Box 5106	3 LINE I WU			Brookfie	<u> </u>	CT	06804
100 1 000110	, nodu	1 .O. DOX 3100				ים יים		CI	00004

Connecticut Department of Public Health Drinking water Section													
	Wa	ter Qua	lity N	Monito	oring a	nd Con	nplia	nce S	chedul	le			
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source		
CT0180164 T	OWN OF BROO	KFIELD - CAI	DIGAN I	PARK			N	С	25	L	GW		
Local Address (wh	ere applicable)				Service	Residen	ntial Co	mmercia	l Industri	al Combin	ed Agricultural		
465 CANDLEWOO	465 CANDLEWOOD LAKE RD Connections 1												
Towns Served: BR	OOKFIELD						'		'	,			
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	ddress				
203-775-7315		203-740-7	7677					rsulliva	ո@brookfie	ldct.gov			
Contact Role(s):	Legal Contact												
Name				Org	ganization					Job Titl	е		
Mr. Dennis Dipint	:0			To	wn of Broo	kfield Parks	& Rec		Director				
Mailing Address Li	ine One		Mailing	g Address	Line Two				City	State	Zip Code		
P.O. Box 5106			162 WI	hisconier	Rd			Brookfi	eld	СТ	06804		
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	ddress				
203-775-7310		203-775-5	5244			203-460-	-4273	ddipint	o@brookfie	eldct.gov			
Contact Role(s):	Administrative	Contact											

Connecticut Department of Dublic Health Drinking Water Section

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End of schedule

	Connecticut Do	epartment of	f Public H	lealth	Drinki	ng V	Water :	Section	
		uality Monit				_			
PWS ID	PWS Name	dancy Monne	or mg am					Owner Type P	rimary Source
CT0180204	CANDLEWOOD INN				NC	011 110	75	P P	GW
	(where applicable)		Service	Residenti		ercial	Industrial	•	Agricultural
	OOD LAKE ROAD		Connections	Residenti	1		maastriai	Combined	Agricultural
Towns Served:									
TOWNS SELVED.	. DROOKI ILLD	Monit	oring Dogu	iiraman	+c				
Water Syster	n Facility: <b>DISTRIBUTIO</b>		oring Requ D: 00600)	iremen	115				
Total Colifor	•	, , ,	<b>,</b>				1 1	routine (RT)	per quarter
	Point (Sampling Point ID)	)		Monitorin	a Period	Coll	ection Peri		ance Status
	om Inventory of Active Sam			7/1/19 - 9					mplete
00.0000				10/1/19 - 1					mplete
				1/1/20 - 3					mplete
				4/1/20 - 6					p
				7/1/20 - 9	-				
Physical Par	ameters (PPS)			,, 1, 20	,, 50, 20		1 :	routine (RT)	ner quarter
-	Point (Sampling Point ID)			Monitorin	a Period	Coll	ection Peri		ance Status
	om Inventory of Active Sam			7/1/19 - 9					mplete
		<u> </u>		10/1/19 - 1					mplete
				1/1/20 - 3					mplete
				4/1/20 - 6					
				7/1/20 - 9					
Water System	m Facility: ENTRY POIN	T (WSF ID: 00700)		, ,	, , -				
-	Nitrite (NOX)	. (110. 12. 00, 00,						1 routine (F	T) ner vear
	Point (Sampling Point ID)	)		Monitorin	a Period	Coll	ection Peri	<del>-</del>	ance Status
ENTRY PC		<u>'</u>		1/1/19 - 1		COII	ection i em		mplete
21111111	5 (3)			1/1/20 - 1					mplete
				1/1/21 - 1					Пріссс
		Dublic Not	tification R						
				<u> </u>					
Violeties (City	antin in	<i>C</i>	Compliance	Notice			<u>fication</u>		<u>rification</u>
Violation/Situ	ation	4/1	Period	Tier	Requir		Performed		Received
E. Coli			/19 - 6/30/19	3	8/11/2			8/21/2020	
	Wate	er System Facil	ity and Sar	mpling l	Point In	ivent	tory		
Water						Tota			
- /	ter System Facility	Sampling Point		nt		Colifo			Stage
Facility ID		ID	Description		Status	Rule	e Ruie i	ier Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Y		.,	
		CI001	KIT SNK DISH		Α	Y		Y	
		CI002	KIT HAND SNI		A	Y		Y	
		CI003	KIT SNK TRPL		Α	Y		Y	
		CI004	KIT SNK SING		A	Y		Y	
		CI005	SERVERS STA	TION	Α	Y		Y	
		CI006	BAR SINK		Α	Υ		Υ	
		CI007	RR LADY ROO		Α	Υ		Υ	
		CI008	RR LADY ROO		Α	Υ		Υ	
		CI009	RR LADY ROO		Α	Υ		Υ	
		CI010	RR MENS RR	L	Α	Υ		Υ	

RR MENS RR R

CI011

Υ

Α

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0180204	CANDLEWOOD INN				NC	75	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural			
506 CANDLEWC	OOD LAKE ROAD			1							

Connecticut Department of Public Health Drinking Water Section

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	Stage 2 DBPR	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20324	WELL	2	WELL	Α						
54125	WX350 STORAGE TANKS									
54127	CANDLEWOOD INN TREATMENT SYSTEM									

				Cc	ontact Inf	ormation					
Name					Organization				Job Title		
Mr. Simon T. Curtis	•				Cfo						
Mailing Address Line One Mailing Add				Addr	ress Line Two			City	State	Zip Code	
506 Candlewood La	ke Rd						Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	Email Ac	ldress			
203-775-4442		203-775-	4623			203-770-3762	sc@westnav.com				
Contact Role(s): A	dministrative	Contact	'								
Name					Organization				Job Title		
Lake View Properti	es LLC										
Mailing Address Lin	e One		Mailing A	Addr	ess Line Two			City	State	Zip Code	
506 Candlewood La	ke Rd						Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	Email Ac	ldress			
	1					-1	-			-	

Contact Role(s): Legal Contact, Owner

## Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

	Co					Public I oring an							ection	
PWS ID	D\A	/S Name	ter Qua	iity 14101	110	oring an	u Con		assificati				ner Type F	rimary Source
CT0180264		SMOS ENTER	DRISES					Cit	NC	011 1 0	25	)11 O VV	P	GW
		re applicable)	TRIJES			Service	Residen	tial		ercial	Indus	trial	Combined	
1106 FEDE						Connections		ciai	1		maas	criai	Combine	Agriculturur
Towns Ser									_	'				
TOWNS SET	vea: Bite	01111222		Mon	i+,	oring Requ	uiromo	nt	<u> </u>					
Water Sys	stem Fac	ility: DISTR	RIBUTION S				uneme	111	3					
<b>Total Col</b>	liform (3	3100)										1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ing	Period	Colle	ction	Period	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		-	7/1/19 -	9/	30/19					omplete
							10/1/19 -						Co	omplete
							1/1/20 -	3/:	31/20				Co	omplete
							4/1/20 - 7/1/20 -							
Physical	Paramet	ers (PPS)										1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ing	Period	Colle	ction	Period	Compl	iance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			7/1/19 -	9/:	30/19				Co	omplete
							10/1/19 -	12	/31/19				Co	omplete
							1/1/20 -	3/3	31/20				Co	omplete
							4/1/20 -	6/	30/20					
							7/1/20 -	9/:	30/20					
Water Sys	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 0070	00)									
		te (NOX)										1	routine (	RT) per year
		t (Sampling P	oint ID)				Monitori			Colle	ction	Period		iance Status
ENTR	Y POINT (	3)					1/1/19 -						Co	omplete
							1/1/20 -		-					
							1/1/21 -	12/	/31/21					
				Other	. Co	ompliance								
Compliand									e Date		Acl	nieved	Date	
		ARY SURVEY							5/2020					
CORRECTIV	VE ACTIO	N/CORRECTIV	E ACTION PL	AN			$\epsilon$	5/23	3/2020					
			Water S	ystem Fa	cili	ty and Sa	mpling	P	oint In	vent	ory			
Water										Total	Led	d and	1	
System	-	stem Facility			int	Sampling Po	int			Colifor		pper		Stage
Facility ID			_	ID .		Description			Status	Rule	Ru	le Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTIO			A	Υ				
						WITHIN 5 SEI			A					
00700	ENITOY D	OINT		UPSTREAM	<b>/</b> I	WITHIN 5 SEI		N	A					
	ENTRY P	JINI		3		ENTRY POINT	l		Α					
20329	WELL			2		WELL			A					
				C	on	tact Infor	mation	)						
Name					Or	ganization							Job Title	
Mr. Fabio	Figueired	o								C	)wner			
Mailing Ad	ddress Lin	e One		Mailing Add	ress	Line Two					City		State	Zip Code
139 Ethan	Allen Hig	hway	1			T			Rid	lgefield			CT	06877
Business	Phone	Extension	Fax	M	obil	le Phone E	mergency	/ Ph	one Em	ail Add	ress			

	domined to a parameter of a dome from the first of the doctron										
	Water Quality	Monitoring an	d Con	npl	iance S	Schedul	le				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type P	rimary Source			
CT0180264	COSMOS ENTERPRISES		NC		25	Р	GW				
Local Address	(where applicable)	Service	Residen	tial	Commercia	al Industri	al Combined	Agricultural			
1106 FEDERAL	ROAD	Connections			1						
Towns Served:	: BROOKFIELD	·									
203-544-03	203-544-0333   203-994-4039   fabio@lapietramarble.com										
Contact Role(s	Administrative Contact, Owner										

Connecticut Department of Public Health Drinking Water Section

#### Please note the following:

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

End of schedule

Connecticut Department of Pub	lic Health Drinki	ng Water Se	ction
Water Quality Monitorin	g and Complianc	e Schedule	
PWS ID PWS Name	<u> </u>		ner Type Primary Source
CT0180344 FOX HILL INN	NC	85	P GW
Local Address (where applicable) Servic	e Residential Comm	ercial Industrial	Combined Agricultural
257 FEDERAL ROAD Conne	ections 1		
Towns Served: BROOKFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)			utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20 3/1/20 - 3/31/20		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
Physical Parameters (PPS)		1 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20 7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20	_	<u> </u>
Water System Facility: ENTRY POINT (WSF ID: 00700)	5/ 1/20 - 5/ 30/ 20		
Nitrate (1040)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

**Monitoring Period** 

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Schedule Generation Date: 3/10/2020

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

Nitrite (1041)

1 routine (RT) per year

**Compliance Status** 

Complete

Complete

**Collection Period** 

	Connecticut De	epartment of	f Public Health	Drinki	ing W	ater	Section	
	Water Q	uality Monit	oring and Com	plianc	e Sch	edule	9	
PWS ID	PWS Name	-		Classificati	on Popu	ulation (	Owner Type	Primary Source
CT018034	FOX HILL INN			NC	8	85	Р	GW
Local Add	ress (where applicable)		Service Resident	tial Comm	ercial li	ndustrial	Combine	ed Agricultural
257 FEDE	RAL ROAD		Connections	1				
Towns Se	rved: BROOKFIELD				,			
		Monit	oring Requireme	nts				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrite	(1041)						1 routine	(RT) per year
	value of the control		Monitori	ng Period	Collect	tion Peri		pliance Status
			1/1/21 - :	12/31/21				
	Wate	r System Facil	ity and Sampling	Point In	vento	ry		
Water					Total	Lead a	nd	
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Сорре	er	Stage
Facility II		ID	Description	Status	Rule	Rule T	ier Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A				
		FHI001	KIT SNK MAIN FLOOR	Α	Υ		Υ	
		FHI002	KIT SNK MN FL DW SN	( A	Υ		Υ	
		FHI003	KIT SK MN FL SING 1	Α	Υ		Υ	
		FHI004	KIT SK MN FL SING 2	Α	Υ		Υ	
		FHI005	SERVERS STAT	Α	Υ		Υ	
		FHI006	RR MEN RM MAIN FLR	L A	Υ		Υ	
		FHI007	RR MEN RM MAIN FLR	R A	Υ		Υ	
		FHI008	RR LADY RM MN FLR L	Α	Υ		Υ	
		FHI009	RR LADY RM MN FLR R	Α	Υ		Υ	
		FHI010	BAR SINK TRIPLE	Α	Υ		Υ	
		FHI011	RR LADY RM 2F L	Α	Υ		Υ	
		FHI012	RR LADY RM 2F	Α	Υ		Υ	
		FHI013	RR MENS RM 2F	Α	Υ		Υ	
		FHI014	BAR SNK 2ND FL TRPLE	Α	Υ		Υ	
		FHI015	RR BASEMENT	Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20335	WELL	2	WELL	A				
		Con	tact Information					
Name		0	rganization				Job Title	e
Mr. Simo	n T. Curtis				Cfc	)		
Mailing A	ddress Line One	Mailing Addres	s Line Two		С	ity	State	Zip Code
506 Cand	lewood Lake Rd			Bro	okfield		CT	06804

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Simon T. Curtis	5					Cfo	Cfo			
Mailing Address Lin	ie One		Mailing Add	ress Line Two		City State Zip				
506 Candlewood La	ake Rd					Brookfield	СТ	06804		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
203-775-4442		203-775-4	4623		203-770-3762	sc@westnav.com				
Contact Bolo(s): A	dministrativa	Contact	,			•				

Contact Role(s): Administrative Contact

	Connectic	ит рера	i unent oi	Public	пеани	ווועו	ıkıng	, water	secu	1011	
	Wat	ter Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner <sup>-</sup>	Гуре	Primary Source
CT0180344	FOX HILL INN					N	IC	85	Р		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Cor	nbine	d Agricultural
257 FEDERAL RO	7 FEDERAL ROAD				ıs		1				
Towns Served: B	ROOKFIELD				·	·		·			
Name			Oi	rganization					Jol	o Title	
Blue Ridge LLC											
Mailing Address	Line One		Mailing Address	s Line Two				City	S	tate	Zip Code
257 Federal Rd							Brookfi	ield		CT	06804
<b>Business Phon</b>	e Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s)	Legal Contact. C	)wner									

Connecticut Department of Dublic Health Drinking Water Costion

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

End of schedule

Connecticut Depa						U			ction	
Water Qua	lity Monit	oring an	d Con	npl	liance	Sch	redul	e		
PWS ID PWS Name				Cla	ssification	Pop	ulation	Own	er Type Pi	rimary Source
CT0180364 18 OLD ROUTE 7					NC		25		Р	GW
Local Address (where applicable)		Service	Residen	tial	Commerc	cial	Industria	ıl (	Combined	Agricultural
18 OLD ROUTE 7		Connections			1					
Towns Served: BROOKFIELD				_				_		
	Monite	oring Requ	ıireme	nts						
Water System Facility: <b>DISTRIBUTION S</b>	YSTEM (WSF I	D: 00600)								
Total Coliform (3100)							1	rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ing F	Period	Collec	ction Per	iod	Compli	ance Status
Select from Inventory of Active Sampling	g Points		7/1/19 -					_	Co	mplete
			10/1/19 -							mplete
			1/1/20 -						Со	mplete
			4/1/20 - 7/1/20 -		•					
Physical Parameters (PPS)							1	rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ing F	Period	Collec	ction Per			ance Status
Select from Inventory of Active Sampling	g Points		7/1/19 -	9/3	0/19				Co	mplete
			10/1/19 -	· 12/	31/19				Co	mplete
			1/1/20 -						Со	mplete
			4/1/20 -							
			7/1/20 -	9/3	0/20					
Water System Facility: ENTRY POINT (V	<b>VSF ID: 00700)</b>									
Nitrate And Nitrite (NOX)									=	T) per year
Sampling Point (Sampling Point ID)			Monitori			Collec	ction Per	iod		ance Status
ENTRY POINT (3)			1/1/19 -		-				Со	mplete
			1/1/20 -							
			1/1/21 -							
	Other C	ompliance	Sched	lule	es					
Compliance Schedule Activity					Date		Achie	red D	Date	
RESPOND TO SANITARY SURVEY					/2012					
RESPOND TO SANITARY SURVEY					/2017					
	Public Not	ification R	Require	eme	ents					
	C	ompliance	Notice	?	<u>Public l</u>	Notifi	<u>cation</u>		PN Cert	<u>rification</u>
Violation/Situation		Period	Tier		Required		erformed		ue to DPH	Received
E. Coli		1/16 - 2/24/17			3/20/2018			3,	/30/2018	
water S	ystem Facili	ity and Sar	mpling	, 20	int inv	ento				
Water System Water System Facility	Sampling Point	Camplina Doi	nt			Total oliforn	Lead o			Ctara
System Water System Facility Facility ID	ID	Description	,,,,			nijorii Rule			Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
	DOWNSTREAM				Α					
	LAN001	HSF SWEET R	EWARDS		Α	Υ			Υ	
	LAN003	HSB SWEET R	EWARDS		Α	Υ			Υ	
	LAN004	DS SWEET RE	WARDS		Α	Υ			Υ	
	LAN005	SINGSNK SWE	EET REWA	ARD	Α	Υ				
	LAN006	RR SWEET RE	WARDS		Α	Υ			Υ	

	Connecticut Department of Public Health	ı Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance :	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Primar

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0180364	18 OLD ROUTE 7				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
18 OLD ROUTE	7	Connections			1			

Towns Served: BROOKFIELD

Water System Facility and Sampling Point Inventory											
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage					
racinty ib	LAN007	BARBER SHAMPOO SNK	<u>Status</u> A	V	Y	WQP 2 DDPK					
	LAN008	RR BARBER SHOP	A	Υ	Y						
	LAN009	RR HAIR SALON	Α	Υ	Υ						
	LAN010	HAIR SALON SHAMP SNK	Α	Υ	Υ						
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY POINT	3	ENTRY POINT	Α								
20337 WELL	2	WELL	Α								
54120 TREATMENT PLANT											

		(	Contact Inf	ormation				
Name				1	Job Title			
n			18 Old Route	e 7		Owner Vice	President	
Mailing Address Line One Mailing Addr					City		State	Zip Code
					Brookfie	ld	СТ	06804
Extension	Fax	ſ	Mobile Phone	Emergency Phone	Email Ac	ldress		
203-775-5000 13 203-775-7199 20					www.to	wercorp.con	n	
	Extension	e One  Extension Fax	n e One Mailing Ad Extension Fax N	Organization  18 Old Route e One Mailing Address Line Two  Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	Organization  18 Old Route 7  e One Mailing Address Line Two  Brookfie  Extension Fax Mobile Phone Emergency Phone Email Ac	Organization  18 Old Route 7  Owner Vice  One  Mailing Address Line Two  City  Brookfield  Extension  Fax  Mobile Phone  Emergency Phone  Email Address	Organization Job Title  18 Old Route 7 Owner Vice President  e One Mailing Address Line Two City State  Brookfield CT  Extension Fax Mobile Phone Emergency Phone Email Address

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

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End of schedule

	Connecticut De	epartment of	Public H	ealth	Drinki	ing W	ater Se	ection	
		uality Monit							
PWS ID	PWS Name	juicine y 1 101110	011118 0111		Classificati			ner Type P	rimary Source
CT018037		RESTAURANT			NC		25	Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Comm	ercial Ir	ndustrial	Combined	Agricultural
1024 FEDE	ERAL ROAD		Connections		1				
Towns Ser	ved: BROOKFIELD					-	-		
		Monito	oring Requ	iremer	nts				
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
<b>Total Co</b>	liform (3100)						1 ro	utine (RT)	per quarter
Samı	oling Point (Sampling Point ID)		ı	Monitorin	ng Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			Co	mplete
			1	10/1/19 -	12/31/19			Co	mplete
				1/1/20 - 3				Co	mplete
				4/1/20 -					
				7/1/20 - 9	9/30/20				
_	Parameters (PPS)								per quarter
	pling Point (Sampling Point ID)		ı	Monitorin		Collect	ion Period		ance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/19 - 9	-				mplete
		1	1/1/19 -					mplete	
				1/1/20 - 3				Сс	mplete
				4/1/20 -	-				
		- (14/67-15 00700)		7/1/20 - 9	9/30/20				
	stem Facility: ENTRY POIN	I (WSF ID: 00700)							· \
	And Nitrite (NOX)							=	RT) per year
_	pling Point (Sampling Point ID)			Monitorin		Collect	ion Period		ance Status
ENTR	Y POINT (3)			1/1/19 - 1				Co	mplete
				1/1/20 - 1					
				1/1/21 - 1					
		Other Co	ompliance	Sched	ules				
Complian	ce Schedule Activity			D	ue Date		Achieved	Date	
RESPOND	TO SANITARY SURVEY			4	/5/2020				
	Wate	er System Facili	ity and San	npling	Point Ir	vento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform	Copper		Stage
Facility ID	)	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		GLR001	KIT HAND SNK		Α	Υ		Υ	
		GLR002	KIT SNK SINGL		Α	Υ		Υ	
		GLR003	KIT SNK DOUB	SLE	Α	Υ		Υ	
		GLR004	RR MENS RR		Α	Υ		Υ	
		GLR005	RR LADY ROO	М	Α	Y		Y	
		GLR006	BAR SINK		Α	Υ		Y	
		UPSTREAM	WITHIN 5 SER	VICE CON					
00700	ENTRY POINT	3	ENTRY POINT		Α				

Α

WELL

20338 WELL

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT0180374	CT0180374 GOLDEN LEAF CHINESE RESTAURANT				25	Р	GW			
Local Address (	Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural				
1024 FEDERAL ROAD		Connections		1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BROOKFIELD

			(	Contact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Kwok Lun Lee							Owner		
Mailing Address Line One Mailing Add				dress Line Two			City	State	Zip Code
1024 Federal Road						Brookfie	ld	СТ	06804
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Ad	dress		
203-775-4597 203-775-4598					the_gold	enleaf@yal	noo.com		

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

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Connecticut Depa	rtment of	F Public H	lealth I	Drinki	ng Wa	iter S	ection	
Water Qual								
PWS ID PWS Name	ircy Monic	or mg am					vner Tyne Pr	imary Source
CT0180414 HI-WAY MARKET				NC	2!		P	GW
Local Address (where applicable)		Service	Residentia			dustrial	Combined	Agricultural
616 FEDERAL ROAD		Connections		1		2000.101	30111311134	7.8
Towns Served: BROOKFIELD								
	Monite	oring Requ	iremen	tc				
Water System Facility: <b>DISTRIBUTION SY</b>				<b>L</b> 3				
Total Coliform (3100)						1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)			Monitoring	g Period	Collection	on Period	d Compli	ance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9	/30/19			Coi	mplete
		:	10/1/19 - 1	2/31/19			Coi	mplete
			1/1/20 - 3	/31/20				
			4/1/20 - 6	/30/20				
			7/1/20 - 9	/30/20				
Physical Parameters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)			Monitoring		Collection	on Period	d Compli	ance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9	•				mplete
		:	10/1/19 - 1				Соі	mplete
			1/1/20 - 3					
			4/1/20 - 6					
			7/1/20 - 9	/30/20				
Water System Facility: ENTRY POINT (W	/SF ID: 00700)							
Nitrate And Nitrite (NOX)							L routing /D	T) mar waar
						•	L routine (R	
Sampling Point (Sampling Point ID)			Monitoring		Collection	on Period	d Compli	ance Status
			1/1/19 - 12	2/31/19	Collection		d Compli	
Sampling Point (Sampling Point ID)			1/1/19 - 12 1/1/20 - 12	2/31/19 2/31/20	Collection		d Compli	ance Status
Sampling Point (Sampling Point ID)			1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	2/31/19 2/31/20 2/31/21	Collection		d Compli	ance Status
Sampling Point (Sampling Point ID)	Other C		1/1/19 - 12 1/1/20 - 12 1/1/21 - 12	2/31/19 2/31/20 2/31/21	Collection		d Compli	ance Status
Sampling Point (Sampling Point ID)	Other C		1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu	2/31/19 2/31/20 2/31/21			d Complic Con	ance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)	Other C		1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu	2/31/19 2/31/20 2/31/21 Les		on Period	d Complic Con	ance Status
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity	Other Co	ompliance	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 5/3	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 3/2012		on Period	d Complic Con	ance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)  Compliance Schedule Activity RESPOND TO SANITARY SURVEY	Public Not	ompliance	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 5/3	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/20/20/20/20/20/20/20/20/20/20/20/20/20		on Period	d Complic Con	ance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)  Compliance Schedule Activity RESPOND TO SANITARY SURVEY  Violation/Situation	Public Not	ompliance cification R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu Du 5/3 equiren	2/31/19 2/31/20 2/31/21 2/31/2	: Notifica ed Perf	Achieved	d Complication Constitution Con	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli	Public Not	ompliance cification R compliance Period //16 - 3/20/17	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 5/3 equiren Notice Tier	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/2012 2/2012 2/2012 2/2012 2/2012	: Notifica ed Perf	Achieved	d Complication Confidence of C	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation	Public Not  10/1 7/1/	ompliance cification R compliance Period /16 - 3/20/17	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 5/3 equiren Notice Tier 3	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201	: Notifica ed Perf	Achieved	d Complication Constitution Con	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation	Public Not	ompliance cification R compliance Period /16 - 3/20/17	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 5/3 equiren Notice Tier 3	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201	: Notifica ed Perf	Achieved	d Complication Confidence of C	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy	Public Not  c  10/1  7/1/  ystem Facili	ompliance cification R compliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 5/3 equiren Notice Tier 3 3 mpling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21	Notifica ed Perf 18 18 Ventor	Achieved	Conplication Confidence of Con	mplete
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water  System Water System Facility	Public Not  10/1  7/1/  ystem Facili Sampling Point	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu 5/3 equiren Notice Tier 3 3 mpling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21	Notifica ed Perf	Achieved  tion formed  Lead and Copper	Complication Confidence Confidenc	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water  System Water System Facility  Facility ID	Public Not  10/1 7/1/ ystem Facili Sampling Point ID	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  Du  5/3 Requiren  Notice Tier  3 3 mpling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201 2/31/21	Notifica ed Perf 18 18 Ventor Total Coliform Rule	Achieved  tion formed  Lead and Copper	Complication Confidence Confidenc	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1 7/1/ ystem Facili Sampling Point ID 4	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  5/3 equiren Notice Tier 3 3 npling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/2012 3/2/2013 3/2/2013 2/2011 3/2/2013 3/2/2013	Notifica ed Perf	Achieved  tion formed  Lead and Copper	Complication Confidence Confidenc	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1 7/1/ ystem Facili Sampling Point ID 4 DOWNSTREAM	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  5/3 sequiren  Notice Tier  3 3 mpling F  nt  N SYSTEM  VICE CON	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201 3/2/201 3/2/201 4/31/21	Notifica ed Perf 8 8 Ventor Total Coliform Rule Y	Achieved  tion formed  Lead and Copper	Complication Confidence of Complication Confidence of Conf	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1 7/1/ ystem Facili Sampling Point ID 4 DOWNSTREAM HM001	cification R compliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER RR GENERIC R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  5/3 sequiren  Notice Tier  3 3 mpling F  nt  N SYSTEM  EVICE CON  RR	2/31/19 2/31/20 2/31/21 iles iles ile Date 30/2012 nents Public Require 3/2/201 3/2/201 Status A A	Notifica ed Perf 18 18 Ventor Total Coliform Rule Y	Achieved  tion formed  Lead and Copper	Complication Confidence of Complication Confidence of Conf	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1 7/1/ //stem Facili Sampling Point ID 4 DOWNSTREAM HM001 HM002	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER RR GENERIC R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  5/3 Requiren  Notice Tier 3 3 mpling F  nt  N SYSTEM EVICE CON RR SNK	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201 3/2/201 3/2/201 3/2/201 A A A A	Notifica ed Perf 18 18 18 Ventor Total Coliform Rule Y Y Y	Achieved  tion formed  Lead and Copper	Complication Confidence Complication Confidence Confide	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1  7/1/  ystem Facili  Sampling Point 1D  4  DOWNSTREAM HM001 HM002 HM003	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER RR GENERIC R KIT SNK TRPL KIT HAND SNE	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  Du  5/3 Requiren  Notice Tier  3 3 mpling F  nt  N SYSTEM EVICE CON  RR SNK	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201 3/2/201 3/2/201 4 A A A A A	Notifica ed Perf 18 18 Ventor Total Coliform Rule Y	Achieved  tion formed  Lead and Copper	Complication Confidence of Complication Confidence of Conf	ification Received
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Violation/Situation  E. Coli  Physical Parameters M&R Violation  Water Sy  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	Public Not  10/1 7/1/ //stem Facili Sampling Point ID 4 DOWNSTREAM HM001 HM002	cification Rompliance Period /16 - 3/20/17 /16 - 9/30/16 ity and Sar Sampling Poil Description DISTRIBUTION WITHIN 5 SER RR GENERIC R	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 Schedu  Du  5/3 Requiren  Notice Tier  3 3 mpling F  nt  N SYSTEM EVICE CON  RR SNK	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/2/201 3/2/201 3/2/201 3/2/201 3/2/201 A A A A	Notifica ed Perf 18 18 18 Ventor Total Coliform Rule Y Y Y	Achieved  tion formed  Lead and Copper	Complication Confidence Complication Confidence Confide	ification Received

	ary Source GW gricultural
PWS ID PWS Name Classification Population Owner Type Prima CT0180414 HI-WAY MARKET NC 25 P  Local Address (where applicable) Service Residential Commercial Industrial Combined Age 616 FEDERAL ROAD Connections 1	GW
Local Address (where applicable)  Service Connections  Service Connections  Residential Commercial Industrial Combined Agential Company Agentical Company Ag	
616 FEDERAL ROAD Connections 1	gricultural
OTO TEDERAL NOAD	
Towns Convode PROOKEIELD	
TOWITS SETVED. BROOKFIELD	
Water System Facility and Sampling Point Inventory	
Water System Water System Facility Sampling Point Sampling Point Coliform Copper Facility ID Description Status Rule Rule Tier Asbestos WC	Stage QP 2 DBPR
20341 WELL 2 WELL A	
Contact Information	
Name Organization Job Title	
Ms. Lynn Pisano Hi-Way Market	
Mailing Address Line One Mailing Address Line Two City State Zip	p Code
457 North Main Street, Suite 3A Danbury CT 0	06811
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	
203-790-8083 203-830-4372	
Contact Role(s): Administrative Contact	
Name Organization Job Title	
616 Federal Rd LLC	
Mailing Address Line One Mailing Address Line Two City State Zip	p Code
2 Ives Street Danbury CT 0	06810
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	

## Please note the following:

Contact Role(s): Legal Contact, Owner

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

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

End of schedule

	Connecticut Departme	ent of Public H	lealth	n D	rinkin	g Wa	ater	S	ection	
	Water Quality N	Monitoring an	d Con	np	liance	Sche	edul	e		
PWS ID	PWS Name								vner Type P	rimary Source
CT0180454	ALL-STAR TRANSPORTATION				NC	2	5		Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerc	ial In	dustria	al	Combined	Agricultura
25 OLD GRAYS	BRIDGE	Connections			1					
Towns Served:	BROOKFIELD	,							1	-
	N	Monitoring Requ	ireme	ents	S					
•	n Facility: <b>DISTRIBUTION SYSTEM</b>									
<b>Total Colifor</b>									= '	) per month
	Point (Sampling Point ID)		Monitor			Collecti	on Pei	riod		iance Status
Select fro	m Inventory of Active Sampling Points		10/1/19							omplete
			11/1/19		-					omplete
			12/1/19							omplete
			1/1/20						Co	omplete
			2/1/20							
			3/1/20							
			4/1/20		-					
			5/1/20		-					
			6/1/20							
			7/1/20 8/1/20							
	. (555)		9/1/20	- 9/5	30/20				/	
_	ameters (PPS) Point (Sampling Point ID)		Monitor	.i	Daviad (	Collecti				) per month iance Status
	m Inventory of Active Sampling Points		10/1/19			Conecu	UII PEI	100		omplete
Select II 0	in inventory of Active Sampling Foilits		11/1/19	•	•					omplete
			12/1/19							omplete
			1/1/20							omplete
			2/1/20							ompiete
			3/1/20							
			4/1/20							
			5/1/20							
			6/1/20		· ·					
			7/1/20		•					
			8/1/20							
		-	9/1/20							
Water Syster	n Facility: ENTRY POINT (WSF ID:	00700)	-, -,							
•	Nitrite (NOX)						1	ro	utine (RT)	per quarter
	Point (Sampling Point ID)		Monitor	ing	Period (	Collecti				iance Status
ENTRY PC			7/1/19	- 9/3	30/19				Co	omplete
			10/1/19	- 12,	/31/19				Co	omplete
			1/1/20	- 3/3	31/20				Co	omplete
			4/1/20	- 6/3	30/20					
			7/1/20	- 9/3	30/20					
	Publ	ic Notification R	Require	em	ents					
		Compliance	Notice		Public N	Notifica Notifica	ition	T	PN Cer	<u>tification</u>
Violation/Situ	ation	Period	Tier		Required		 forme	d	Due to DPH	_
D:	alar MCL Violation	7/1/06 0/20/06	-		40/4/0000	_			12/11/2006	

2

12/1/2006

7/1/06 - 9/30/06

Distribution Color MCL Violation

12/11/2006

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0180454	0180454 ALL-STAR TRANSPORTATION				NC	25	Р	GW			
Local Address (where applicable)		Service	Residen	Residential Comm		al Industri	al Combin	ed Agricultural			
25 OLD GRAYS E	BRIDGE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BROC	OKFIELD										
		Water Sy	ystem Faci	lity and S	Sampling P	oint Ir	vento	ry			
Water System Water Sys Facility ID	stem Facility	,	Sampling Poin ID	t Sampling Descriptio	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600 DISTRIBUT	TION SYSTEM	1	4	DISTRIBUTION SYSTEM			Υ				
			DOWNSTREAM	REAM WITHIN 5 SERVICE CON							
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY PO	INT		3	ENTRY PO	INT	Α					
20344 WELL			2	WELL		Α					
			Co	ntact Info	ormation						
Name			(	Organization					Job Title		
Ms. Debra Jones			,	All-Star Trans	portation	oortation Contract Manager					
Mailing Address Line	One		Mailing Addre	ess Line Two			С	ity	State	Zip C	ode
25 Old Grays Bridge						Bro	ookfield		СТ	068	304
Business Phone	Extension	Fax	Mol	bile Phone	Emergency P	hone Em	ail Addre	SS			
203-775-1545						DE	BRA.JONE	S@ALL-STA	RTRANSPO	ORTATI	ON.CO
Contact Role(s): Ad	ministrative	Contact									
Name			(	Organization					Job Title		
Ms. Leslie Sheldon				All-Star Trans	portation		Coi	rp Ops Mng	r		
Mailing Address Line	One		Mailing Addre	ess Line Two			С	ity	State	Zip C	ode
146 Huntingdonave						Wa	aterbury		СТ	067	'08
Business Phone	Extension	Fax	Mol	bile Phone	Emergency P	hone Em	ail Addre	SS			
203-573-0555						inf	o@ALL-S	TARTRANSP	ORTATION	.COM	
Contact Role(s): Leg	gal Contact										

### Please note the following:

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

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

End of schedule

				_				_		
	Connecticut Departme				•	_			ection	
	Water Quality M	lonitoring an	d Com	ıpl	iance :	Sc	hedul	e		
PWS ID	PWS Name			Clas	sification	Ро	pulation	Ow	ner Type	Primary Source
CT0180464	LAUREL HILL COMPLEX				NC		25		Р	GW
Local Address (\	where applicable)	Service	Resident	tial	Commerc	ial	Industria	al	Combine	ed Agricultural
940 FEDERAL RO	DAD	Connections			1					
Towns Served: I	BROOKFIELD							_		
	N	Ionitoring Requ	ireme	nts						
Water System	Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)								
Total Coliforn	•								-	T) per month
	Point (Sampling Point ID)		Monitori			Colle	ction Per	rioa		oliance Status
Select fron	n Inventory of Active Sampling Points		10/1/19 -							Complete
			11/1/19 -							Complete
			12/1/19 -							Complete
			1/1/20 -						(	Complete
			2/1/20 -							
			3/1/20 - 4/1/20 -							
			5/1/20 -	-						
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Physical Para	meters (PPS)				•			1 rc	outine (R	T) per month
Sampling I	Point (Sampling Point ID)		Monitorii	ng P	eriod (	Colle	ction Pe	riod	Com	oliance Status
Select fron	n Inventory of Active Sampling Points		10/1/19 -	10/3	31/19				(	Complete
		:	11/1/19 -	11/3	30/19				(	Complete
		:	12/1/19 -	12/3	31/19					Complete
			1/1/20 -	1/32	1/20				(	Complete
			2/1/20 -							
			3/1/20 -							
			4/1/20 -		•					
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 - 9/1/20 -							_
Water System	Facility: ENTRY POINT (WSF ID: 0	20700)	9/1/20-	3/30	3/20					
Nitrate And N	,	, , , , , , , , , , , , , , , , , , ,						1	routine	(RT) per year
	Point (Sampling Point ID)		Monitorii	na P	eriod (	Colle	ction Pei			oliance Status
ENTRY POI			1/1/19 - :			.0110	.ccion i ci	700		Complete
2.11.11.	. ,		1/1/20 - 1							l: 222
			1/1/21 - :		-					
	Otl	her Compliance		•						
Compliance Sch					Date		Achie	ved	Date	
	ANITARY SURVEY				2020					
	Publi	c Notification R								
	1 4011		344116							

Notice

**Public Notification** 

**Compliance** 

**PN Certification** 

	Water Quality	y Monito	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0180464	0180464 LAUREL HILL COMPLEX					NC	25	Р	GW
Local Address	(where applicable)		Service	Residen	itial	Commercia	al Industria	al Combine	ed Agricultural
940 FEDERAL F	Connections		1						
Towns Served:	BROOKFIELD								
E. Coli M&R Vi	olation	8/15	/19 - 9/3/19	3		12/9/2020	- cryonnes	12/19/202	20
E. Coli M&R Vi	/19 - 9/3/19	3		12/9/2020		12/19/202	20		

Connecticut Department of Public Health Drinking Water Section

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20345	WELL	2	WELL	Α					
61820	WATER SOFTENER	·				·			

			C	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Alan Weiner				Brook North	Investments, LLC		Member		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
458 Danbury Road,	Ste A-7					New Mil	ford	СТ	06776
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
			20	3-512-5957	203-512-5958	alan000	75@yahoo.com		

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

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

	Connectic	ut Dona	rtmont of	f Dublic	Hoolth F	)rin	king V	Nator S	action	
'		•							ECHOII	
		ter Qua	lity Monit	coring a						
	PWS Name				Cl			-		rimary Source
	NEWBURY CONG	GREGATIONA	AL CHURCH			N(		25	Р	GW
Local Address (wi				Service Connection	Residentia	I Cor	nmercial	Industrial	Combined	Agricultural
126 TOWER ROAL Towns Served: BF				Connection	113		1			
Towns Served: Br	ROOKFIELD			• • •	•					
Water System F	acility: DISTR	IBUTION SY			quirement	is .				
<b>Total Coliform</b>	(3100)							1 ro	utine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection Period	l Compl	iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/	30/19	<u> </u>		Co	omplete
					10/1/19 - 12				Co	omplete
					1/1/20 - 3/				Co	omplete
					4/1/20 - 6/					
_					7/1/20 - 9/	30/20	)			
Physical Param										per quarter
	oint (Sampling P		<b>.</b>		Monitoring			ection Period		iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 - 9/					omplete
					10/1/19 - 12 1/1/20 - 3/					omplete omplete
					4/1/20 - 6/				C	impiete
					7/1/20 - 9/	-				
Water System F	acility: FNTR	V POINT (M	/SE ID: 00700)		7/1/20-3/	30/20	,			
Nitrate And Ni	•	i i Olivi (v	v3i 1D. 00700)					1	routine (	RT) per year
	oint (Sampling P	oint ID)			Monitoring	Perio	d Coll	ection Period	=	iance Status
ENTRY POIN		······································			1/1/19 - 12					mplete
	. (0)				1/1/20 - 12					
					1/1/21 - 12					
		Water Sv	ystem Facil	ity and S				torv		
Water		Trate. o	yotem raem	ity and s	ab9 .	•	Tota		1	
	System Facility		Sampling Point	Sampling F	Point		Colifo		•	Stage
Facility ID			ID	Description	1	Stat	us Rule	e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	Α				
			UPSTREAM	WITHIN 5 S	SERVICE CON	Α				
00700 ENTRY	POINT		3	ENTRY POI	NT	Α				
20352 WELL			2	WELL		Α				
55653 ATMO	SPHERIC STORA	GE								
55655 PRESS	URE STORAGE									
			Con	tact Info	rmation					
Name			0	rganization					Job Title	
Ms. Marjorie Car	mody				gregational Ch	urch	-	Trustee		
Mailing Address I	ine One		Mailing Addres	s Line Two				City	State	Zip Code
P.O. Box 597							Brookfiel	d	СТ	06804
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Ph	none	Email Add	dress		
203-775-0392					203-775-24	22				
(C + + D + / )	Administrative	Contact								

•	Johnsecher	at Depa	n unent	of Fublic	Health	וועו	likilig	vvater	sec	uon	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	ince So	chedul	le		
PWS ID	PWS Name					Classif	fication P	opulation	Owne	r Type	Primary Source
CT0180534	NEWBURY CONG	REGATION	AL CHURCH			١	NC .	25		Р	GW
Local Address (wi	nere applicable)			Service	Resider	ntial Co	ommercial	Industri	al C	ombine	ed Agricultural
126 TOWER ROA	D			Connection	ns		1				
Towns Served: BF	ROOKFIELD				'	'					
Name				Organization					J	ob Title	e
Newbury Congre	gational Church										
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
126 Tower Road	PO Box 597						Brookfie	ld		CT	06804
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	y Phone	Email Ad	ldress			
203-775-0392											
Contact Role(s):	Legal Contact, O	wner		,			•				

Connecticut Department of Dublic Health Drinking Water Costion

## Please note the following:

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

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End of schedule

Schedule Generation Date: 3/10/2020

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	Connecticut De	*				0			ection		
	Water Q	uality Monit	oring and	d Com	iplia	nce So	ched	ule			
PWS ID	PWS Name				Classifi	ication Po	opulati	on Ow	ner Type P	rimary	Source
CT0180624	EXTRA SPACE STORAGE				N	С	25		Р	G۱	N
Local Addre	ess (where applicable)		Service	Resident	tial Co	mmercial	Indu	strial	Combined	Agri	cultural
578 FEDER	AL ROAD		Connections			1					
Towns Serv	ved: BROOKFIELD										
		Monite	oring Requ	ireme	nts						
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
<b>Total Coli</b>	iform (3100)							1 ro	utine (RT)	per q	uarter
Sampl	ling Point (Sampling Point ID)			Monitori	ng Perio	od Coll	ection	Period	Compl	iance S	itatus
Select	from Inventory of Active Samp	oling Points		7/1/19 -	9/30/1	9			Co	mplet	e
			:	10/1/19 -	12/31/	19			Co	mplet	e
				1/1/20 -	3/31/2	0			Co	mplet	e
				4/1/20 -							
				7/1/20 -	9/30/2	0					
Physical F	Parameters (PPS)							1 ro	utine (RT)	per q	uarter
Sampl	ling Point (Sampling Point ID)			Monitorii	ng Peri	od Coll	ection	Period	Compl	iance S	status
Select	from Inventory of Active Samp	oling Points		7/1/19 -	9/30/1	9			Co	mplet	e
				10/1/19 -	12/31/	19			Co	mplet	e
				1/1/20 -	3/31/2	0			Co	mplet	e
				4/1/20 -	6/30/2	0					
				7/1/20 -	9/30/2	0					
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)							1	routine (	RT) pe	r year
Sampl	ling Point (Sampling Point ID)			Monitori	ng Perio	od Coll	ection	Period	Compl	iance S	status
ENTRY	POINT (3)			1/1/19 - :	12/31/1	19			Co	mplet	e
				1/1/20 - 3	12/31/2	20			Co	mplet	e
				1/1/21 - 1	12/31/2	21					
		Other C	ompliance	Sched	ules						
Compliance	e Schedule Activity			L	Due Dat	te	Ac	hieved	Date		
RESPOND T	TO SANITARY SURVEY			6	/21/20:	19					
	Wate	r System Facili	itv and Sar	npling	Point	t Inven	torv				
Water	33000			9		Tota	•	ad and	1		
	Water System Facility	Sampling Point	Sampling Poi	nt		Colifo		aa ana Topper			Stage
Facility ID		ID	Description		Sta	D. J			Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM							
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 /	A					
		ESS001	KIT SNK APAR	TMENT	Þ	Α Υ			Υ		
		ESS002	RR APARTMEI	NT	Þ	Α Υ			Υ		
		ESS003	RR GENERIC R	lR.	A	Α Υ			Υ		
		UPSTREAM	WITHIN 5 SER	VICE CON	1 /	A					
00700	ENTRY POINT	3	ENTRY POINT		P	4					
20360	WELL	2	WELL		Þ	A					
		Con	tact Inforr	nation							
Name		0	rganization						Job Title		
Mr. David I	Rasmussen		orage Portfolic	li Subsid	iar		Manag	ger	<u> </u>		
	dress Line One	Mailing Address					City		State	Zip C	Code
3 5	.6.10					1					

(	Connectic	ut Depa	rtment	of Public	: Health	n Drii	nking	Water	Section	
	Wa	ter Qua	lity Mon	itoring a	and Cor	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	cation	Population	Owner Type	Primary Source
CT0180624	EXTRA SPACE ST	ORAGE				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
578 FEDERAL RO	AD			Connection	ons		1			
Towns Served: B	ROOKFIELD							<u> </u>		<u> </u>
Storage Portfolio	II Subsidiary LLC	-	2795 E Cotto	nwood Pkwy	Ste 400		Sait Lak	e City	UT	84121
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	ddress		
301-984-2500										
Contact Role(s):	Legal Contact		·							
Name				Organization					Job Titl	e
Ms. Laura Rose				Extra Space S	Storage			Store Mai	nager	
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
578 Federal Road	I						Brookfi	eld	СТ	06804
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	ddress		
203-775-4823					203-556	-9963	fac0568	@extraspa	ce.com	
Contact Role(s):	Administrative	Contact			•					

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- L. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Conne	ecticut Departmer							ction	
PWS ID	PWS Nam	Water Quality M	onitoring and		<u> </u>				or Tuno Dr	imary Source
CT0180644	ST. PAULS				NC	אן ווכ	25	Own	P P	GW
Local Address (			Service	Residenti		arcial	Industria	al (	Combined	Agricultural
174 WHISCONI		icable)	Connections	Residenti	1		muustiit	י וג	Combined	Agricultural
Towns Served:		n	33							
TOWIIS SELVEG.	DROOKI ILL		onitoring Dogs							
Water System	n Facility:	DISTRIBUTION SYSTEM (	onitoring Requ WSF ID: 00600)	illemen	11.5					
Total Colifor	m (3100)						1	rou	tine (RT) բ	er quarter
Sampling	Point (Sam	pling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
Select from	m Inventory	of Active Sampling Points		7/1/19 - 9	9/30/19				Co	mplete
			:	10/1/19 - 1	12/31/19	_			Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6	5/30/20					
				7/1/20 - 9	9/30/20					
Physical Para	-	•					1	rout		er quarter
Sampling	Point (Sam	pling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
Select from	m Inventory	of Active Sampling Points		7/1/19 - 9					Co	mplete
				10/1/19 - 1	12/31/19				Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6	5/30/20					
				7/1/20 - 9	9/30/20					
Water System	n Facility:	ENTRY POINT (WSF ID: 0	0700)							
Nitrate And I	Nitrite (NO	OX)						1 r	outine (R	T) per year
Sampling	Point (Sam	pling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
ENTRY PO	INT (3)			1/1/19 - 1	2/31/19				Co	mplete
				1/1/20 - 1	2/31/20					
				1/1/21 - 1	2/31/21					
Water System	n Facility:	WELL (WSF ID: 20362)								
E. Coli (3014	<b>!</b> )						1	rout	tine (RT) բ	er quarter
Sampling	Point (Sam	pling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
WELL (2)				7/1/19 - 9	9/30/19				Co	mplete
				10/1/19 - 1	12/31/19				Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6	5/30/20	_		_		
				7/1/20 - 9	9/30/20					
		nthly Water System		Level M	onitori	ng R	equirer	mer	nts	
•	n Facility: 1	ENTRY POINT (WSFID: 00								
Analyte		Monitoring Requirement (		-	ating Limit			9	Samples Re	-
Chlorine		Entry Point Chlorine Residu	= :		num: 0.2 N	-			Dai	•
Start Date:	4/1/2008			ince Histoi	-		ating Limi		Monitor	_
				ing Period		Com	oliance Sta	atus:	Complia	nce Status:
				19 - 10/31,						
				19 - 11/30,						
				19 - 12/31,						
				0 - 1/31/20						
			2/1/202	0 - 2/29/20	)20					

	Co	onnectic	ut Depa	rtmer	nt of	Public	Health	Dri	nking	Water	Section	
		Wa	ter Qual	ity M	onit	oring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PW	VS Name				0		•				Primary Source
CT0180644	ı ST.	. PAULS CHUR	СН						С	25	Р	GW
Local Addre	ess (whe	re applicable)				Service	Resider	itial Co	mmercia	al Industria	al Combine	ed Agricultural
174 WHISC	ONIER R	OAD				Connectio	ns		1			
Towns Serv	ved: BRO	OKFIELD										·
				Oth	er C	omplian	ce Sched	dules				
Compliance	e Schedu	le Activity						Due Da	te	Achie	ved Date	
CROSS CON	NNECTIO	N SURVEY REP	ORT					3/1/201	L8			
CROSS CON	NNECTIO	N SURVEY REP	ORT					3/1/201	19			
CROSS CON	NNECTIO	N SURVEY REP	ORT					3/1/202	20			
				Public	Not	ification	Require	emen	ts			
					C	ompliance	Notice	: <u>[</u>	Public No	<u>otification</u>	PN Co	ertification_
Violation/S	Situation					Period	Tier		quired	Performe	d Due to DP	PH Received
Chlorine M	I&R Viola	ition				15 - 7/31/1		9/1	.6/2016		9/26/201	6
-		s M&R Violation	on			/17 - 9/30/1			14/2018		12/24/201	
Total Colifo	orm M&F					17 - 9/30/1			14/2018		12/24/201	18
			Water Sy	stem l	Facili	ty and S	ampling	Poin	t Inve	ntory		
Water										tal Lead		
	Water S	ystem Facility	9	Sampling ID	Point	Sampling F Description				form Cop		Stage 2 DRDD
Facility ID 00600	DICTRIRI	ITIONI CVCTEN	1						itus		Her Asbesic	os WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4 DOWNST	DEANA	WITHIN 5 S	ION SYSTEM			Y		
				UPSTRE			SERVICE CO		4 4			
00700	ENTRY P	OINT		3	.AIVI	ENTRY POI			٦ 4			
	WELL	Olivi		2		WELL	INI		٦ 4			
	CONTAC	T TANK				VVLLL			1			
		ENT PLANT										
33434	TICE/CITO				Con	tact Info	rmation					
Name						ganization	illiatioi				Job Title	2
Mr. Doug	Melody					. Pauls Chur	rch			Sexton	300 1100	<u>-</u>
Mailing Ad		e One		Mailing A		Line Two				City	State	Zip Code
174 Whisco									Brookfi	•	СТ	06804
Business	Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email A	Address		
203-775	5-9587				203-9	47-0849		'				
Contact Ro	ole(s): A	dministrative	Contact	1					1			
Name	-				Or	ganization					Job Title	е
Reverend J	Joseph Sl	hepley			St	. Paul's Paris	sh					
Mailing Ad	dress Lin	e One		Mailing A	ddress	s Line Two				City	State	Zip Code
174 Whisco	onier Roa	ad							Brookfi	ield Center	СТ	06804
Business	Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email A	Address		

Stpaulsbrookfield@gmail.com

203-775-4232

203-775-9587

Contact Role(s): Legal Contact

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

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0180644	ST. PAULS CHURCH				NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
174 WHISCONIE	R ROAD		Connections		1			

Towns Served: BROOKFIELD

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End of schedule

	Connecticut Do	epartment of	Public Hea	lth	Drinki	ing W	ater :	Sect	ion	
	Water C	uality Monit	oring and C	om	pliand	e Sch	edule	9		
PWS ID	PWS Name	<u> </u>	8						Type Pr	imary Source
CT018072		CHURCH			NC		41	Р		GW
Local Addr	ress (where applicable)		Service Res	ident	ial Comm	ercial I	ndustrial	Со	mbined	Agricultural
	VHISCONIER ROAD		Connections		1					
Towns Ser	ved: BROOKFIELD									
		Monito	oring Require	mer	nts					
Water Sv	stem Facility: <b>DISTRIBUTIC</b>									
Asbestos	•		<b>,</b>				1 rou	ıtine (	RT) per	nine years
	oling Point (Sampling Point ID)	)	Mon	itorir	ng Period	Collec	tion Peri	-		ance Status
	t from Inventory of Active Sam				.2/31/13		1-12/31		,	
	liform (3100)	1 0	, ,		7 - 7 -	,		routin	e (RT) r	er quarter
	oling Point (Sampling Point ID)	)	Mon	itorin	ng Period	Collec	tion Peri			ance Status
	t from Inventory of Active Sam				9/30/19					mplete
					12/31/19					mplete
					3/31/20					mplete
			4/1,	/20 -	6/30/20					
			7/1,	/20 - :	9/30/20					
Physical	Parameters (PPS)						1 1	routin	e (RT) p	er quarter
Samp	oling Point (Sampling Point ID)	)	Mon	itorir	ng Period	Collec	tion Peri	od	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	7/1,	/19 - 9	9/30/19				Coi	mplete
			10/1,	/19 -	12/31/19				Coi	mplete
			1/1,	/20 - :	3/31/20				Coi	mplete
			4/1,	/20 -	6/30/20					
			7/1,	/20 - :	9/30/20					
Water Sy:	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 rou	utine (R	T) per year
Samp	oling Point (Sampling Point ID)		Mon	itorir	ng Period	Collec	tion Peri	od	Compli	ance Status
ENTR	Y POINT (3)		1/1/	19 - 1	.2/31/19				Coi	mplete
					.2/31/20				Coi	mplete
			1/1/	21 - 1	.2/31/21					
		Other Co	ompliance Scl	hed	ules					
Compliand	ce Schedule Activity			D	ue Date		Achiev	ed Dat	te	
CROSS CO	NNECTION EXEMPTION			3	/1/2015					
	Wate	er System Facili	ity and Sampl	ing	Point Ir	vento	ry			
Water		•				Total	Lead a	nd		
System	Water System Facility	Sampling Point	Sampling Point			Coliform				Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier As	sbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS	TEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE	CON	Α					
		UPSTREAM	WITHIN 5 SERVICE	CON	Α					
		VP001	K DBL SINK		Р	Υ	1			
		VP002	K S SINK		Р	Υ	1			
		VP003	M RM SINK		Р	Υ	1			
		VP004	L RM SINK		Р	Υ	1			
		VP005	1ST FLR WF		Р	Υ	1			
		1/0006			_					

LWR LVL WF

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VP006

	Con	nectic	ut Depa	rtment o	f Public	Health	Dri	nkin	g W	ater S	ection	
		Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce	Sch	edule		
PWS ID	PWS	Name					Classif	ication	Popu	ılation Ov	vner Type	Primary Sourc
CT0180724	VALLI	EY PRESBYT	ERIAN CHUI	RCH			N	IC	4	41	Р	GW
Local Address	(where	applicable)			Service	Resider	ntial Co	mmerc	ial Ir	ndustrial	Combine	d Agricultura
21 WEST WHI	ISCONIER	ROAD			Connection	ns		1				
Towns Served	: BROOK	FIELD			1				'		1	
			Water Sy	ystem Faci	lity and Sa	ampling	Poin	t Inve	ento	ry		
Water System Wo Facility ID	ater Syst	em Facility		Sampling Point	t Sampling P Description		Sto	Co	otal liform Rule			Stage s WQP 2 DBPI
				VP007	CLASS R RIV	1		Р	Υ	1		
ı				VP008	R RM BY ST	ORAGE RIV	l	Р	Υ	1		
				VP009	PRAC LIFE F	RRM		Р	Υ	1		
00700 EN	ITRY POI	NT		3	ENTRY POIN	VT		A				
10978 W	ELL			2	WELL			A				
				Coi	ntact Info	rmation	1					
Name				C	Organization						Job Title	
Mr. John Suto	or			V	/alley Presbyt	erian Chur	ch		Eld	er		
Mailing Addre	ess Line C	ne		Mailing Addre	ss Line Two				С	ity	State	Zip Code
21 West Whis	sconier R	oad						Brook	field		СТ	06804
Business Ph	ione E	Extension	Fax	Mot	oile Phone	Emergency	y Phone	Email	Addre	:SS		
203-775-26	624					203-775	-9118	JGSUT	OR@C	CHARTER.	NET	
Contact Role(	s): Adm	inistrative	Contact									
Name				C	Organization						Job Title	
Valley Presby	terian Cl	hurch										
Mailing Addre	ess Line C	One		Mailing Addre	ss Line Two				С	ity	State	Zip Code
21 West Whis	sconier R	oad						Brook	field		СТ	06804

Contact Role(s): Owner Name Organization Job Title Mr. H. James Munn Clerk Mailing Address Line One Mailing Address Line Two City State Zip Code 21 West Whisconier Rd Brookfield 06804 CT **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 203-775-2624 valleypresct@gmail.com

**Emergency Phone Email Address** 

Mobile Phone

Contact Role(s): Legal Contact

## Please note the following:

**Business Phone** 

Extension

- 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.

Fax

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

	Department of					ction	
Water	<b>Quality Monit</b>	oring and Con	nplian	ce Sch	redule		
PWS ID PWS Name	-		Classificat	tion Pop	ulation Owi	ner Type Pr	imary Source
CT0180794 CANDLEWOOD EAST	BEACH CLUB/MARINA		NC		25	Р	GW
Local Address (where applicable)		Service Resider	tial Comn	nercial	Industrial	Combined	Agricultural
204 CANDLEWOOD LAKE ROAD		Connections		1			
Towns Served: BROOKFIELD							
	Monito	oring Requireme	nts				
Water System Facility: <b>DISTRIBUT</b>	ION SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collec	tion Period	Compli	ance Status
Select from Inventory of Active Sa	mpling Points	7/1/19	9/30/19			Cor	mplete
		10/1/19	12/31/19			Cor	mplete
		1/1/20	3/31/20			Cor	mplete
		4/1/20	6/30/20				
		7/1/20 -	9/30/20				
Physical Parameters (PPS)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collec	tion Period	Compli	ance Status
Select from Inventory of Active Sa	mpling Points	7/1/19	9/30/19			Cor	mplete
		10/1/19	12/31/19			Cor	mplete
		1/1/20	3/31/20			Cor	mplete
		4/1/20	6/30/20				
		7/1/20	9/30/20				
Water System Facility: ENTRY PO	NT (WSF ID: 00700)						
Nitrate (1040)					1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collec	tion Period	Compli	ance Status
ENTRY POINT (3)		7/1/19	9/30/19			Cor	mplete
			12/31/19			Cor	mplete
			3/31/20			Cor	mplete
			6/30/20				
		7/1/20 -	9/30/20				
Nitrite (1041)						=	T) per year
Sampling Point (Sampling Point I	D)		ing Period	Collec	tion Period		ance Status
ENTRY POINT (3)			12/31/19				mplete
			12/31/20			Cor	mplete
			12/31/21				
	Other C	ompliance Sched	lules				
Compliance Schedule Activity			Due Date		Achieved	Date	
RESPOND TO SANITARY SURVEY		9	9/22/2008				
RESPOND TO SANITARY SURVEY		1	1/14/2018				
Wa	ter System Facili	ty and Sampling	Point I	nvento	ory		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliforn			Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	1 A	Υ			
	CEM001	RR KITCHEN	Α	Υ		Υ	
	CEM002	KIT HAND SNK BACK	Α	Υ		Υ	
	CEM002 CEM003	KIT HAND SNK BACK KIT HAND SNK FRONT	A A	Y Y		Y Y	

Connecticut Department of Public Health Drinking water Section											
	Water Quality Monitoring and Con	npliance S	Schedul	le							
'S ID	PWS Name	Classification	Population	Owner Type	Primary So						

+ of Dublic Hoolth Duinling Motor Cooti

PW3 ID	PWS Name			Clas	silication	Population	Owner Type	Prir	nary Source
CT0180794	CANDLEWOOD EAST BEACH CLUB/MARINA				NC	25	Р		GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combin	ed	Agricultural
204 CANDI FW	OOD LAKE ROAD	Connections			1				

Towns Served: BROOKFIELD

DVA

	V	<b>Vater System Facili</b>	ity and Sampling F	Point Ir	nventor	γ	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos V	Stage NQP 2 DBPR
		CEM004	KIT SNK SINGLE	Α	Υ	Υ	
		CEM005	KIT SNK TRPL SNK	Α	Υ	Υ	
		CEM006	LL LADY ROOM NO 1	Α	Υ	Υ	
		CEM007	LL LADY ROOM NO 2	Α	Υ	Υ	
		CEM008	LL LADY ROOM NO 3	Α	Υ	Υ	
		CEM009	LL LADY ROOM NO 4	Α	Υ	Υ	
		CEM010	RR MENS NO 1	Α	Υ	Υ	
		CEM011	RR MENS NO 2	Α	Υ	Υ	
		CEM012	RR MENS NO 3	Α	Υ	Υ	
		CEM013	RR MENS NO 4	Α	Υ	Υ	
		CEM014	RR 2ND FLOOR NO 1	Α	Υ	Υ	
		CEM015	RR 2ND FLOOR NO 2	Α	Υ	Υ	
		CEM016	RR 2ND FLOOR NO 3	Α	Υ	Υ	
		CEM017	RR EXTERIOR NO 1	Α	Υ	Υ	
		CEM018	RR EXTERIOR NO 2	Α	Υ	Υ	
		CEM019	SHOP SINK	Α	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
58507	WELL 1	2	WELL 1	Α			

30307 ****					<u> </u>	<u> </u>					
Contact Information											
Name		Organization			Job Title						
Mr. Mitchel J. O'hara, Jr.				O'hara Holdings, LLC			Member				
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code		
204 Candlewood La	ike Road					Brookfie	ld	СТ	06804		
<b>Business Phone</b>	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address					
203-775-2253						mitchjr@	tchjr@candlewoodeast.com				

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

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut De	partmer	nt of Public F	lealth	Dri	nking	Water	Section	1
	Water Qı	iality Mo	onitoring an	d Con	nplia	ance S	chedul	e	
PWS ID	PWS Name				Classi	fication [	Population	Owner Type	Primary Source
CT018112	4 GOLF QUEST - BROOKFIEI	_D			1	NC	28	Р	GW
Local Addr	ress (where applicable)		Service	Residen	itial Co	ommercia	l Industria	l Combin	ed Agricultural
1 SAND CU	JT LANE		Connections			1			
Towns Ser	ved: BROOKFIELD		,	I					
		M	onitoring Requ	iireme	nts				
Water Sy:	stem Facility: <b>DISTRIBUTION</b>								
<b>Total Col</b>	liform (3100)						1	routine (R	T) per quarter
Samp	oling Point (Sampling Point ID)			Monitor	ing Per	riod Co	llection Per	iod Con	pliance Status
Selec	t from Inventory of Active Samp	ling Points		7/1/19 -	9/30/	19			Complete
				10/1/19 -	- 12/31	/19		<u>—</u>	Complete
				1/1/20 -	- 3/31/	20			
				4/1/20 -	- 6/30/	20			
				7/1/20 -	9/30/	20			
Physical	Parameters (PPS)						1	routine (R	T) per quarter
-	oling Point (Sampling Point ID)			Monitor	ing Per	riod Co	llection Per	=	pliance Status
Selec	t from Inventory of Active Sample	ling Points		7/1/19 -	9/30/	19			Complete
	· · · · · · · · · · · · · · · · · · ·			10/1/19 -	- 12/31	/19			Complete
				1/1/20 -	- 3/31/	20			·
				4/1/20 -	- 6/30/	20			
				7/1/20 -					
Water Sy:	stem Facility: ENTRY POINT	(WSF ID: 0	0700)	, .					
	And Nitrite (NOX)	•	•					1 routine	(RT) per year
	oling Point (Sampling Point ID)			Monitor	ina Per	riod Co	llection Per		pliance Status
	Y POINT (3)			1/1/19 -					Complete
211111	(3)			1/1/20 -					Complete
				1/1/21 -					
		Dublic							
		Public	Notification R	-					
Violetie e	(City and a se		Compliance	Notice		Public No	_		<u>Certification</u>
Violation/			<b>Period</b> 7/1/16 - 9/30/16	Tier		equired	Performed		
	orm M&R Violation			3		/2/2018		3/12/20:	
-	arameters M&R Violation		7/1/16 - 9/30/16	3		/2/2018		3/12/20:	
E. Coli			4/1/17 - 6/30/17	3		14/2018		9/24/20:	18
	Water	System I	Facility and Sar	mpling	Poin	nt Inver	ntory		
Water						Tot			
System	Water System Facility		Point Sampling Poi	nt		Colif			Stage
Facility ID		ID	Description			atus Ru		Tier Asbest	os WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A \	<b>'</b>		
			REAM WITHIN 5 SER			Α			
		UPSTRE				Α			
00700	ENTRY POINT	3	ENTRY POINT			Α			
22741	WELL 1	2	WELL			Α			
			<b>Contact Inform</b>	mation	1				
Name			Organization					Job Tit	le
	as J. Brown		K/B Enterprises	of Brkfld.	LLC		Principal (I		
	Idress Line One	Mailing A	address Line Two	/			City	State	Zip Code
	Cut Dood					Drookfie		CT.	00004

	Connecticut Department of Fublic ficatur Diffixing Water Section											
	Wa	ter Qual	lity Moni	toring a	nd Cor	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	cation	Population	Owner Type	Primary Source		
CT0181124 GOLF QUEST - BROOKFIELD NC 28 P GW												
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural		
1 SAND CUT LAN	E			Connectio	ns		1					
Towns Served: B				·						·		
One Sand Cut Ko	du						DIOUKI	ieiu	CI	00004		
Business Phon	e Extension	Fax	Mol	oile Phone	Emergenc	y Phone	Email A	Address				
203-775-3556 203-775-9191 203-775-3556												

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

### Please note the following:

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End of schedule

	Connecticut Do Water Q	epartment of Quality Monit				•	_			ction		
PWS ID	PWS Name				Classific	cation	Popu	lation	Own	er Type P	rimary Source	
CT0181184	NEWBURY INN				N	С	3	86		Р	GW	
Local Addr	ess (where applicable)		Service	Resident	tial Cor	mmerc	ial In	dustri	al C	Combined	Agricultural	
1030 FEDE	RAL ROAD		Connections			1						
Towns Serv	ved: BROOKFIELD											
		Monito	oring Requ	uireme	nts							
Water Sys	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)									
	iform (3100) ling Point (Sampling Point ID)	1		Monitorii	na Deric	nd (	1 routine (RT) per quarte  Collection Period Compliance Status					
	t from Inventory of Active Sam			7/1/19 -			.onecti	ion rei	iou		mplete	
Jelect	t from inventory of Active Sam	ipinig roints		10/1/19 -					_		mplete	
				1/1/20 -							Пріссе	
				4/1/20 -								
				7/1/20 -								
Physical I	Parameters (PPS)				· ·			1	rout	ine (RT)	per quarter	
_	ling Point (Sampling Point ID)			Monitori	ng Perio	od C	Collect	ion Pe			ance Status	
Select	from Inventory of Active Sam	pling Points		7/1/19 -	9/30/19	9				Со	mplete	
				10/1/19 -	12/31/2	19				Со	mplete	
				1/1/20 -	3/31/20	)						
				4/1/20 -	6/30/20	)						
				7/1/20 -	9/30/20	)						
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate A	and Nitrite (NOX)								1 r	outine (R	T) per year	
	ling Point (Sampling Point ID)			Monitori			Collect	ion Pe	riod	Compli	ance Status	
ENTR	Y POINT (3)		1/1/19 - 12/31/19							Со	mplete	
				1/1/20 - :								
				1/1/21 - :		1						
		Other Co	ompliance	Sched	lules							
Complianc	e Schedule Activity			L	Due Dat	е		Achie	ved D	ate		
RESPOND 7	TO SANITARY SURVEY			4	4/3/202	0						
CORRECTIV	/E ACTION/CORRECTIVE ACTIO	N PLAN		7	7/2/202	0						
	Wate	er System Facili	ity and Sar	mpling	<b>Point</b>	Inve	entoi	ry				
Water						T	otal	Lead	and			
	Water System Facility	Sampling Point		int			iform				Stage	
Facility ID		ID	Description		Stat	us	Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION				Υ					
		DOWNSTREAM										
00700	ENTRY ROUNT	UPSTREAM	WITHIN 5 SER									
	ENTRY POINT	3	ENTRY POINT		A							
	WELL #1	2	WELL		Α							
59788	ATMOSPHERIC TANK											
		Con	tact Inform	mation								
Name		Oı	rganization							Job Title		
	hyam Patel		ewbury Inn			ı						
	dress Line One	s Line Two				Ci	ty		State	Zip Code		
1030 Feder	ral Rd.					Brookt	field			CT	06804	

	Wat	er Quality M	Ionito	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name				Classification		Population	Owner Type	Primary Source	
CT0181184	NEWBURY INN						NC	36	Р	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
1030 FEDERAL R	OAD			Connections			1			
Towns Served: B	ROOKFIELD			,				,	'	·
Business Phon	e Extension	Fax	Mobile	e Phone Er	nergency	/ Pho	ne Email A	Address		
203-775-0220	)						patelra	iha123@yah	noo.com	

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

#### Please note the following:

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

End of schedule

Co	onnecticut Departmer Water Quality Mo					_			ection	
PWS ID PW	/S Name		u don	_		_			ner Tyne Pr	imary Source
	NCHOS & GRINGOS MEXICAN REST	ΔΙΙΚΔΝΤ		Cias	NC	0	25	O 11	P	GW
Local Address (when		Service	Residen	tial	Commerc	ial	Industria	al	Combined	Agricultural
779 FEDERAL ROAD	**	Connections	residen	ciai	1	,,,,,,	maastric		Combined	7 igi i caircai ai
Towns Served: BRO										
		onitoring Post	iromo	ntc						
Water System Fac	cility: DISTRIBUTION SYSTEM (	onitoring Requ WSF ID: 00600)	ill ellle	1115						
Total Coliform (3	3100)						1	rou	utine (RT) p	er quarter
Sampling Poin	t (Sampling Point ID)		Monitori	ng P	eriod (	Colle	ection Per	riod	Compli	ance Status
Select from Inv	ventory of Active Sampling Points		7/1/19 -	9/30	0/19				Cor	mplete
			10/1/19 -	10/3	31/19				Cor	mplete
			1/1/20 -	3/31	1/20				Cor	mplete
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Total Coliform (3	3100)							3 r	epeat (RP)	per period
Sampling Poin	t (Sampling Point ID)		Monitori	ing P	eriod (	Colle	ection Per	riod	Compli	ance Status
Select from Inv	ventory of Active Sampling Points	1	10/19/19	- 10/	24/19				Cor	nplete
Total Coliform (3	3100)					3 te	emporary	y ro	utine (TR)	per month
Sampling Poin	t (Sampling Point ID)		Monitoring Period Collection Perio					riod	Complic	ance Status
Select from Inv	ventory of Active Sampling Points		11/1/19 -	11/3	30/19				Cor	mplete
<b>Physical Paramet</b>	•							utine (RT) բ	er quarter	
Sampling Poin	t (Sampling Point ID)		Monitori	ing P	eriod (	Colle	ection Per	riod	Complic	ance Status
Select from Inv	ventory of Active Sampling Points		7/1/19 -	9/30	0/19				Cor	mplete
			10/1/19 -	12/3	31/19				Cor	mplete
			1/1/20 -	3/31	1/20				Cor	mplete
			4/1/20 -	6/30	0/20					
			7/1/20 -	9/30	0/20					
Water System Fac	cility: ENTRY POINT (WSF ID: 00	0700)								
Nitrate And Nitri	te (NOX)							1	routine (R	T) per year
Sampling Poin	t (Sampling Point ID)		Monitori	ing P	eriod (	Colle	ection Per	riod	Complic	ance Status
ENTRY POINT (	3)		1/1/19 -	12/3	1/19				Cor	mplete
			1/1/20 -	12/3	1/20					
			1/1/21 -	12/3	1/21					
Water System Fac	cility: WELL #1 (WSF ID: 22980)									
E. Coli (3014)							1 t	trig	gered (TG)	per period
Sampling Poin	t (Sampling Point ID)		Monitori	ing P	eriod (	Colle	ection Per	riod	Compli	ance Status
WELL #1 (2)		1	10/18/19	- 10/	24/19				Cor	mplete
		er Compliance	Sched	lule	!S					
Compliance Schedu	le Activity		Due Date Achieved Date							
RESPOND TO SANIT			4/3/2020							
	N/CORRECTIVE ACTION PLAN			7/2/2						
	N/CORRECTIVE ACTION PLAN			7/2/2						
CORRECTIVE ACTIO	N/CORRECTIVE ACTION PLAN			7/2/2	2020					
	Public	Notification R	Require	eme	ents					
Violation/Situation		Compliance Period	•				<u>PN Certi</u> Due to DPH	ification Received		

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0181194	PANCHOS & GRINGOS MEXICAN RE	STAURANT			NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
779 FEDERAL	ROAD	Connections			1			

Towns Served: BROOKFIELD

Public Notification Requirements												
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform MCL Violation	9/1/12 - 9/30/12	2	10/24/2012		11/3/2012							
Total Coliform MCL Violation	10/1/12 - 10/31/12	2	12/7/2012		12/17/2012							
E. Coli	10/11/16 - 2/24/17	3	3/15/2018		3/25/2018							

	Water System Facility and Sampling Point Inventory												
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage					
Facility ID		ID	Description	Status	Rule	Rule Tier Asbesto	s WQP	_					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		PG001	KIT SNK TRPL SNK	Α	Υ	Υ							
		PG002	KIT SNK SINGLE	Α	Υ	Υ							
		PG003	KIT HAND SNK	Α	Υ	Υ							
		PG004	SERVERS STATION	Α	Υ	Υ							
		PG005	BAR SINK	Α	Υ	Υ							
		PG006	RR MENS RR	Α	Υ	Υ							
		PG007	RR LADY ROOM	Α	Υ	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
22980	WELL #1	2	WELL #1	Α									
61818	ATMOSPHERIC STORAGE												
61819	WATER SOFTENER												

Contact Information												
Name				Organization	1			Job Title	<u> </u>			
Mr. John Matos				J&C Matos, L	LC.		President					
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code			
779 Federal Rd						Brookfie	ld	СТ	06804			
Business Phone	Extension	Fax	1	Mobile Phone	hone Emergency Phone Email Address							
203-740-1767		203-740-8	3410		203-240-0955	johnnym	npg@AOL.COM					

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

### Please note the following:

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End of schedule

	Co	onnectic											ection		
		Wa	ter Qua	lity M	lonit	coring a	nd Con	np	lianc	e Scl	ned	lule			
PWS ID	PW	/S Name						Cla	ssificati	on Po	oulati	ion Ov	ner Type F	rimary S	Source
CT0181214	4 70	CANDLEWOO	D LAKE ROA	AD.					NC		25		Р	GW	1
Local Addr	ress (whe	re applicable)				Service	Residen	itial	Comm	ercial	Indu	strial	Combined	l Agric	ultural
70 CANDLE	EWOOD L	AKE RD				Connection	ns		1						
Towns Ser	ved: BRO	OKFIELD													
				N	lonit	oring Red	quireme	nts	5						
•		cility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)									
Total Col	-	-											utine (RT)		
		t (Sampling P					Monitor			Colle	ction	Period		iance St	
Select	t from Inv	entory of Act	ive Sampling	g Points			7/1/19 -							omplete	_
							10/1/19 -		-					omplete	
							1/1/20 -						C	omplete	!
					4/1/20 - 6/30/20 7/1/20 - 9/30/20										
Physical	Paramet	ters (PPS)										1 ro	utine (RT)	per qu	arter
Samp	oling Poin	t (Sampling P			Monitor	ing F	Period	Colle	ction	Period	l Comp	iance St	tatus		
Select	t from Inv	entory of Act	ive Sampling	g Points			7/1/19 -	- 9/3	0/19				C	omplete	
							10/1/19 -	- 12/	/31/19				C	omplete	
							1/1/20 -	- 3/3	1/20				С	omplete	!
							4/1/20 -	- 6/3	0/20						
							7/1/20 -	- 9/3	0/20						
Water Sys	stem Fac	cility: ENTR	Y POINT (V	WSF ID: (	0700)										
		te (NOX)										1	routine (		-
		t (Sampling P	oint ID)			Monitoring Period Collection Period Compliance						iance St	tatus		
ENTR	Y POINT (	3)					1/1/19 -	12/3	31/19				C	omplete	!
							1/1/20 -	12/3	31/20						
							1/1/21 -	12/3	31/21						
			Water S	ystem	Facili	ity and S	ampling	Po	int In	vent	ory				
Water										Total	Le	ad and	1		
System	_	stem Facility		Sampling	g Point	Sampling P				Colifor	m C	Copper			Stage
Facility ID	1			ID	)	Description	)		Status	Rule	R	ule Tie	r Asbestos	WQP 2	2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM	1	Α	Υ					
				DOWNS	TREAM	WITHIN 5 S	ERVICE COI	N	Α						
				UPSTR	EAM	WITHIN 5 S	ERVICE COI	N	Α						
				WTD	001	KIT HAND S	NK		Α	Υ			Υ		
				WTD	002	KIT SNK TRI	PL SNK		Α	Υ			Υ		
				WTD	003	RR GENERIO	C RR		Α	Υ			Υ		
00700 ENTRY POINT 3						ENTRY POI	NT		Α						
23072	WELL #1			2		WELL #1			Α						
54667	BLADDE	RTANK													
					Con	tact Info	rmation	1							
Name					Oı	rganization							Job Title		
Mr. Harolo	d Nadeau									Т	ruste	e			
Mailing Ad	dress Lin	e One		Mailing	Addres	s Line Two				,	City		State	Zip Co	ode
L&H LLC.				77 Stage	ecoach (	Circle			Mi	lford			СТ	0646	50
Business	Business Phone Extension Fax Mol						Mobile Phone								
203-263	3-2532								na	deahe@	)omai	il com			

	Connecticu	t Depa	rtment	of Public	Health	Dri	nking	Water	Sec	ction	
	Wate	er Qua	lity Mon	itoring ar	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Own	er Type	Primary Source
CT0181214	70 CANDLEWOOD	LAKE ROA	'D			1	NC	25		Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ommercia	al Industri	al (	Combine	d Agricultural
70 CANDLEWOO	D LAKE RD			Connection	S		1				
Towns Served: B	ROOKFIELD				·						·
Contact Role(s):	Administrative C	ontact, Leg	al Contact								
Name				Organization						Job Title	1
L & H Nadeau LL	С										
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
77 Stagecoach Ci	rcle						Milford	l		СТ	06460
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	e Email A	ddress			
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.
- 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 schedule.

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

End of schedule

Connecticut Department of Public	: Health Drinking Water Section
Water Quality Monitoring a	*
PWS ID PWS Name	Classification Population Owner Type Primary Source
CT0181224 849 FEDERAL ROAD	NC 34 P GW
Local Address (where applicable)  Service	Residential Commercial Industrial Combined Agricultural
849 FEDERAL RD Connection	ns 1
Towns Served: BROOKFIELD	
Monitoring Re	quirements
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>	
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	7/1/19 - 9/30/19
	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
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	7/1/19 - 9/30/19
	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
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)	1/1/19 - 12/31/19 Complete
	1/1/20 - 12/31/20
	1/1/21 - 12/31/21
Other Complian	ce Schedules
Compliance Schedule Activity	Due Date Achieved Date
RESPOND TO SANITARY SURVEY	6/2/2017
Public Notification	n Requirements
Compliance	Notice <u>Public Notification</u> <u>PN Certification</u>
Violation/Situation Period	Tier Required Performed Due to DPH Received
Physical Parameters M&R Violation 1/1/19 - 3/31/2	
Total Coliform M&R Violation 1/1/19 - 3/31/2	
Physical Parameters M&R Violation 4/1/19 - 6/30/2	
Total Coliform M&R Violation 4/1/19 - 6/30/2	
Physical Parameters M&R Violation 7/1/19 - 9/30/2	
Total Coliform M&R Violation 7/1/19 - 9/30/2	9 3 12/9/2020 12/19/2020
Water System Facility and S	Sampling Point Inventory
Water	Total Lead and
System Water System Facility Sampling Point Sampling	
Facility ID ID Descriptio	Status
	ION SYSTEM A Y
849FR001 TRIPLE SIN	
849FR002 HAND SIN	K A Y

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT0181224	TO181224 849 FEDERAL ROAD				34	Р	GW			
Local Address	Service	Resider	ntial Commer	cial Industr	ial Combin	ed Agricultural				
849 FEDERAL F	RD	Connections				1				

Wa	Water System Facility and Sampling Point Inventory										
Water				Total	Lead and						
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
	849FR003	SINGLE VEG WASH	Α	Υ							
	849FR004	BATHROOM	Α	Υ							
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
	KSHS	KIT HAND SNK	Α	Υ		Υ					
	KSS	KIT SNK SINGLE	Α	Υ		Υ					
	KSTS	KIT SNK TRPL SNK	Α	Υ		Υ					
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY POINT	3	ENTRY POINT	Α								
23123 WELL #1	2	WELL	Α								

Name				Organization		Job Title			
Mr. Salvatore Sprov	viero				Property Manager				
Mailing Address Line	ling Address Line One Mailing Address Line Two			City		State	Zip Code		
PO Box 855						Brookfie	d	СТ	06804
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress		
203-948-7933		203-775-7	7844		203-947-2072	salbonn(	🖟 sbcglobal.net		
Contact Role(s): Ac	dministrative	Contact, Ow	ner						
Name				Organization			Job Title		
Mr. Michael Sprovi	ero						Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 855						Brookfie	d	СТ	06804
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress	·	
203-775-0452									

**Contact Information** 

### Please note the following:

Contact Role(s): Legal Contact, Owner

Towns Served: BROOKFIELD

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

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

End of schedule

	Connecticut Dep	partment of	Public H	lealth I	Drink	king V	Vater S	Section	
	Water Qu	iality Monit	oring an	d Com	olian	ce Scł	nedule		
PWS ID	PWS Name	<u> </u>	<u> </u>		lassifica				rimary Source
CT0189863	1114 FEDERAL ROAD				NC		50	P	GW
Local Address (	where applicable)		Service	Residentia	al Comi	mercial	Industrial	Combined	Agricultural
1114 FEDERAL	ROAD		Connections				1		
Towns Served:	BROOKFIELD								
		Monito	oring Requ	iremen	ts				
Water System	n Facility: <b>DISTRIBUTION</b>								
<b>Total Colifor</b>	m (3100)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Perio	d Compl	iance Status
Select from	m Inventory of Active Sampl	ing Points		10/1/19 - 1	2/31/19	) <u> </u>		Cc	omplete
				1/1/20 - 3	/31/20				
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)			Monitoring	-		ction Perio		iance Status
Select from	m Inventory of Active Sampl	ing Points		10/1/19 - 1	2/31/19	)		Co	omplete
				1/1/20 - 3					
				4/1/20 - 6					
				7/1/20 - 9	/30/20				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)							=	RT) per year
Sampling	Point (Sampling Point ID)			Monitoring		Colle	ction Perio	d Compl	iance Status
ENTRY PO	INT (3)			1/1/19 - 12				Co	omplete
				1/1/20 - 12					
				1/1/21 - 12	2/31/21				
-	erbicides and PCBs - Phas	se II & V (SOCS)							three years
	Point (Sampling Point ID)			Monitoring	-		ction Perio	d Compl	iance Status
ENTRY PO				1/1/17 - 9	/30/18	1	/1-9/30		
_	nicals (VOCS)								three years
	Point (Sampling Point ID)			Monitoring			ction Perio	d Compl	iance Status
ENTRY PO	. ,			1/1/17 - 9			/1-9/30		
	Water	System Facili	ity and Sar	npling P	oint l	nvent	ory		
Water						Total			
•	ter System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description		Statu	s Rule	Rule II	er Aspestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	GENERIC DIST		A				
		DOWNSTREAM			A		2	V	
		ITW001	MFG MENS B		Α		2	Y	
		ITW002	MFG WOMEN BATHROOM	IJ	Α		2	Y	
		ITW003	LOBBY MENS		M A	Υ	2	Υ	
		ITW004	LOBBY WOMI BATHROO	ENS	Α		2	Y	
		ITW005	KITCHENET		Α	Υ	2	Υ	
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
00700 ENT	RY POINT	3	ENTRY POINT		Α				

Α

WELL 1

2

49180 WELL 1

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0189863	89863 1114 FEDERAL ROAD				NC	50	Р	GW			
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	d Agricultural			
1114 FEDERAL ROAD		Connections				1					

Towns Served: BROOKFIELD

Contact Information										
Name				Organization	1	Job Title				
Mr. William Rogg				Oskar Rogg 1	Trust					
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code	
257 North Street						Hingham		MA	02043	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress			
617-594-6049						williamro	ogg@gmail.com			

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0189793	ST MARGUERITE BOURGEOYS CHURCH				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
138 CANDLEWO	OD LAKE ROAD	Connections			1			

138 CANDLEWOOD LAKE ROAD	Connections 1		
Towns Served: BROOKFIELD			
Monit	oring Requirements		
Water System Facility: DISTRIBUTION (WSF ID: 00600	))		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 10/31/19		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/4/19 - 10/9/19		Complete
	11/27/19 - 12/2/19		
	11/27/19 - 12/2/19		
	11/27/19 - 12/2/19		
	12/20/19 - 12/25/19		Complete
	12/20/19 - 12/25/19		
	1/11/20 - 1/16/20		
	1/11/20 - 1/16/20		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		

	Connecticut De	epartment of	Public H	lealth	Drink	ing W	ater Se	ection	
		uality Monit							
PWS ID	PWS Name	dancy 1410111c	orms an	u don				ner Type P	rimary Source
CT018979		GEOYS CHURCH			NC	-	25	Р	GW
Local Addr	ress (where applicable)		Service	Resident	tial Comn	nercial I	ndustrial	Combined	Agricultural
	LEWOOD LAKE ROAD		Connections			1			
Towns Ser	ved: BROOKFIELD								
		Monito	oring Requ	uireme	nts				
Water Sys	stem Facility: <b>DISTRIBUTIC</b>								
Physical	Parameters (PPS)						1 rc	utine (RT)	per month
Samp	oling Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Period	Compli	ance Status
				6/1/20 -	6/30/20				
				7/1/20 -	7/31/20				
				8/1/20 -	8/31/20				
				9/1/20 -	9/30/20				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (F	T) per year
Samp	oling Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Period	Compli	ance Status
ENTR	Y POINT (3)			1/1/19 - :	12/31/19			Со	mplete
				1/1/20 - :	12/31/20				
				1/1/21 -	12/31/21				
Water Sy:	stem Facility: WELL (WSF	ID: 53678)							
E. Coli (3	3014)						1 trig	gered (TG)	per period
Samp	oling Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Period	Compli	ance Status
WELL	. (2)			10/3/19	- 10/9/19			Со	mplete
				11/26/19	- 12/2/19				
				11/26/19	- 12/2/19				
				11/26/19	- 12/2/19				
			1	12/19/19	- 12/25/19	1		Со	mplete
			1	12/19/19	- 12/25/19	1		Со	mplete
				1/10/20 -	- 1/16/20		mplete		
				1/10/20 -	- 1/16/20				
		Other Co	ompliance	Sched	ules				
Compliand	ce Schedule Activity			L	Due Date		Achieved	Date	
CROSS CO	NNECTION EXEMPTION			3	3/1/2022				
	Wate	er System Facili	ty and Sai	mpling	Point I	nvento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point		int		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION	4	GENERIC DIST						
		D001	MENS RESTRO		A	Y	N	Y	
		D002	WOMENS RES		A	Y	N	Y	
		D003	KITCHEN SINE		A	Y	N	Y	
		D004 KITCHEN SINK 2			A Y N			Y	
		D005	KITCHEN SINK		A Y N Y				
		D006	SACRIST SINK		A	Y	1	Y	
		D007	SACRIST BATH		Α	Y	N	Y	

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DOWNSTREAM WITHIN 5 SERVICE CON

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0189793	ST MARGUERITE BOURGEOYS CHURCH		NC	25	Р	GW					
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
138 CANDLEWOOD LAKE ROAD		Connections	5		1						
Towns Served:	BROOKFIELD										

	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	Stage 2 DBPR			
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
53678	WELL	2	WELL	Α								

## **Certified Operator Information**

Water System Facility: DISTRIBUTION (WSF ID: 00600)

Facility Classification: SMALL W	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
RINALDI, EVELYN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2022
		WATER TREATMENT PLANT OPERATOR IN TRAINING	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
BUTLER, JAMES	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2020

- ,										-,,	
				Coı	ntact Info	ormation					
Name				C	Organization		Job Title				
Reverend Shawn Cutler St Marguerite Bourgeoys Church Pastor											
Mailing Address Line One Mailing Add					ess Line Two			City	State	Zip Code	
138 Candlewood La	Lake Rd Brookfiel					ld	СТ	06804			
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Address				
203-775-5117	210	203-775-9	9254				ldiorio@stmarguerite.org				
C++ D-1-/-). A	d	C	al Camba								

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

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020

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	Connectio	ut Depa	rtment o	of Public	Health 1	Drir	nking	Wa	ater S	Sect	ion		
					and Com		U						
PWS ID	PWS Name	COT QUICE	1109 1 1011				ication				Type P	rimary	Source
CT0189924		OD LAKE RD				N		. 3		Р	7.	G۷	
Local Addr	ess (where applicable)			Service	Residenti	al Co	mmercia	l In	dustrial	Cor	nbined	Agrio	cultural
292 CANDI	LEWOOD LAKE RD			Connectio	ons		1						
Towns Serv	ved: BROOKFIELD			'									
			Moni	toring Re	quiremen	ts							
Water Sys	stem Facility: <b>DISTF</b>	RIBUTION S	YSTEM (WSF	ID: 00600)									
<b>Total Col</b>	iform (3100)								1 re	outin	e (RT)	per qu	ıarter
Samp	ling Point (Sampling F	oint ID)			Monitorin	g Perio	od Co	llecti	ion Perio	d	Compl	ance S	tatus
Select	t from Inventory of Act	ive Sampling	Points		7/1/19 - 9	/30/1	.9				Cc	mplete	5
					10/1/19 - 1						Cc	mplete	5
					4/1/20 - 6								
					7/1/20 - 9	/30/2	0						
•	Parameters (PPS)								1 re	outin	e (RT)	per qu	ıarter
	ling Point (Sampling F				Monitoring			llecti	ion Perio	d	Compl	ance S	tatus
Select	t from Inventory of Act	ive Sampling	Points		7/1/19 - 9							mplete	
					10/1/19 - 1						Cc	mplete	5
					4/1/20 - 6								
					7/1/20 - 9	/30/2	.0						
Water Sys	stem Facility: ENTR	Y POINT (V	VSF ID: 0070	0)									
	and Nitrite (NOX)										tine (F		-
Samp	ling Point (Sampling F	Point ID)			Monitoring	g Perio	od Co	llecti	ion Perio	d	Compl	ance S	tatus
ENTR'	Y POINT (3)				1/1/19 - 1				-12/31		Cc	mplete	5
					1/1/20 - 12				-12/31				
			_		1/1/21 - 1			•	-12/31				
		Water Sy	ystem Fac	ility and S	Sampling F	Point	t Inver	ntor	γ				
Water System Facility ID	Water System Facility		Sampling Poir ID	nt Sampling Descriptio		C4			Coppe Rule Tie	r	hestos	WOP	Stage 2 DRPR
	DISTRIBUTION SYSTEM	1	4	DISTRIBUT			i <u>tus Ru</u> A	170	naic in	C/ 7.13		11 4.	
00000	DISTRIBUTION STOTER		DOWNSTREA			Α							
			UPSTREAM		SERVICE CON	Α							
00700	ENTRY POINT		3	ENTRY PO		, ,							
	WELL 1		2	WELL 1		μ							
	TREATMENT PLANT												
			Co	ntact Info	ormation								
Namo										lal	b Title		
Name Mr. Scott I	Parente			Organization						101	o ricie		
	dress Line One		Mailing Addr	ess Line Two				Ci	tv	c	tate	Zip C	ode
	ewood Lake Drive		Widning Addit	COS LINE I WO			Brookfie		- y	3	CT	068	
Business		Fax	Mo	bile Phone	Emergency F	Phone			SS			000	-
203-775		Tux	1410	2.10 1 110110			dth6481						
							200						

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

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

		_		O		_ I			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0189924	292 CANDLEWOOD L	AKE RD				NC	35	Р	GW
Local Address (v	Local Address (where applicable)				Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
292 CANDLEWOOD LAKE RD				Connections		1			
Towns Served: E	BROOKFIELD								

### Please note the following:

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

End of schedule

Connecticut De	partment of	Public H	lealth	Drink	ing W	ater	Section	on	
Water Q	uality Monit	oring an	d Con	plianc	e Sch	edule	9		
PWS ID PWS Name	<u>J</u>							/pe Pr	imary Source
CT0189944 THE DIVE SHOP AQUATION	CENTER			NC		29	Р		GW
Local Address (where applicable)		Service	Residen	tial Comm	nercial	Industria	l Com	bined	Agricultural
439 FEDERAL ROAD		Connections		1	L				
Towns Served: BROOKFIELD				1	'		'		
	Monito	oring Requ	ireme	nts					
Water System Facility: <b>DISTRIBUTIO</b>									
Total Coliform (3100)						1	routine	(RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Peri	od C	ompli	ance Status
Select from Inventory of Active Samp	ling Points		7/1/19 -	9/30/19				Co	mplete
			10/1/19 -	12/31/19				Co	mplete
			1/1/20 -	3/31/20				Co	mplete
			4/1/20 -	6/30/20					
			7/1/20 -	9/30/20					
Physical Parameters (PPS)						1	routine	(RT)	er quarter
Sampling Point (Sampling Point ID)				ng Period	Collec	tion Peri	od C	ompli	ance Status
Select from Inventory of Active Samp	ling Points		7/1/19 - 9/30/19					Co	mplete
				12/31/19				Co	mplete
									mplete
				6/30/20					
			7/1/20 -	9/30/20					
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)								_	T) per year
Sampling Point (Sampling Point ID)				ng Period	Collec	tion Peri	od C		ance Status
ENTRY POINT (3)				12/31/19					mplete
				12/31/20				Co	mplete
			1/1/21 - :	12/31/21					
Water System Facility: WELL (WSF II	D: 55647)								
E. Coli (3014)						1			er quarter
Sampling Point (Sampling Point ID)				ng Period	Collec	tion Peri	od C	ompli	ance Status
WELL (2)				12/31/19					
				3/31/20				Co	mplete
				6/30/20					
				9/30/20					
	r System Facili	ity and Sar	mpling	Point Ir					
Water System Water System Facility	Sampling Point	Sampling Doi	nt		Total	Lead a			Ctaac
System Water System Facility Facility ID	ID	Description	,,,	Charter	Coliforn Rule			estos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	V SYSTEM	Status A					<del> </del>
COOC DISTRIBUTION STSTEIN	DOWNSTREAM								
	TDS001	PARTY ROOM		A	Υ			Υ	
	TDS001	RR OFFICE	-	A	Y			Y	
	TDS002	RR LADY ROO			Y Y			Υ	
	TDS004	RR LADY ROOM R A		Y			Y		
	TDS005	RR MENS RR			Y			Y	
	TDS006	RR MENS RR		A	Y			Y	
	. = = 300				-				

	Water Quality Monit	oring an	d Con	nplia	ance S	chedul	e	
PWS ID	PWS Name	Classif	fication	Population	Owner Type	Primary Source		
CT0189944	THE DIVE SHOP AQUATIC CENTER			N	NC	29	Р	GW
Local Address (	Local Address (where applicable) Service Reside					l Industri	al Combine	ed Agricultural
439 FEDERAL R	OAD	Connections			1			

	Water System Facility and Sampling Point Inventory												
Water					Total	Lead and							
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage				
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR				
		TDS007	FAMILY CHANGING	Α	Υ		Υ						
			ROOM										
		TDS008	RR LADY CHANGE RM L	Α	Υ		Υ						
		TDS009	RR LADY CHANGE RM R	Α	Υ		Υ						
		TDS010	RR MEN CHANGE RM L	Α	Υ		Υ						
		TDS011	RR MEN CHANGE RM R	Α	Υ		Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
55647	WELL	2	WELL	Α					·				

Name				Organization	1		Job Title			
Mr. Gary Gordon				The Dive Sho	р	Owner	Owner			
Mailing Address Lin	e One		Mailing A	ddress Line Two		City	State	Zip Code		
439 Federal Rd						Brookfield	СТ	06804		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address				
203-775-2755		203-740-	9877		203-740-9166	diveshop1@aol.com				
Contact Role(s): A	dministrative	Contact, Leg	al Contact	:	1	1				
Name				Organization	1		Job Title			
439 Federal Road II	nc									
Mailing Address Lin	e One		Mailing A	ddress Line Two		City	State	Zip Code		
439 Federal Rd						Brookfield	СТ	06804		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				

### Please note the following:

Towns Served: BROOKFIELD

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End of schedule

Connecticut Departme	ent o	f Public H	lealth	Dri	nking	g Wa	ter S	Section	
Water Quality N	Monit	toring and	d Con	nplia	ance S	Sche	dule	9	
PWS ID PWS Name						1			rimary Source
CT0189954 83 FEDERAL ROAD				١	NC	25		Р	GW
Local Address (where applicable)		Service	Residen	tial Co	ommerci	ial Inc	lustrial	Combined	Agricultural
83 FEDERAL ROAD		Connections			1				
Towns Served: BROOKFIELD									
	Monit	oring Requ	iireme	nts					
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF	ID: 00600)							
Total Coliform (3100)								routine (RT)	
Sampling Point (Sampling Point ID)			Monitori			Collectio	n Perio		iance Status
Select from Inventory of Active Sampling Points			7/1/19 -						of Service
			10/1/19 -						omplete
			1/1/20 -					Co	omplete
		4/1/20 - 6/30/20							
			7/1/20 -	9/30/2	20				
Physical Parameters (PPS)				D	:I C			routine (RT)	
Sampling Point (Sampling Point ID)			Monitorii			Collectio	n Perio		iance Status
Select from Inventory of Active Sampling Points			7/1/19 - 9/30/19 10/1/19 - 12/31/19						of Service
			1/1/20 -						omplete omplete
			4/1/20 -					Cl	mpiete
			7/1/20 -						
Water System Facility: ENTRY POINT (WSF ID:	00700	1	7/1/20-	3/30/2	20				
Nitrate And Nitrite (NOX)	00700							1 routine (I	RT) per year
Sampling Point (Sampling Point ID)			Monitori	na Per	iod C	Collectio	n Perio	=	iance Status
ENTRY POINT (3)			1/1/19 - :						mplete
			1/1/20 - :						mplete
			1/1/21 - :						, in prece
Puh	lic No	tification R							
1 43		Compliance	Notice		Public N	lotificat	ion	DN Cor	tification_
Violation/Situation		Period	Tier		<u>r ublic N</u> equired	-	ormed		
Total Coliform M&R Violation	1/1	./14 - 1/31/14	2		26/2014		,,,,,cu	7/6/2014	110007700
Total Coliform M&R Violation		./17 - 3/31/17	3		7/2018			6/17/2018	
Physical Parameters M&R Violation		./17 - 3/31/17	3		7/2018			6/17/2018	
Water System	n Facil	ity and Sar	npling	Poin	t Inve	entory	/		
Water		-			T	otal	Lead a	nd	
	_	Sampling Poi	nt			iform	Сорре		Stage
Facility ID	D	Description		Sto	atus F	Rule	Rule T	ier Asbestos	WQP 2 DBPR
	4	DISTRIBUTION			Α	Υ			
	D001	STORAGE RM			Α	Υ		Υ	Υ
	D002	BATHROOM (		R	Α	Υ		Υ	Υ
	D003	BATHROOM S			Α	Υ		Υ	Υ
	DOWNSTREAM WITHIN 5 SERV								
	REAM	WITHIN 5 SER			A				
00700 ENTRY POINT	3	ENTRY POINT			Α				

Α

WELL 1

56924

WELL 1

(	Connectic	ut Depa	rtment	of Public	Health	Drir	nking	Water	Section	L	
	Wa	ter Qua	lity Mon	itoring a	nd Com	plia	nce S	Schedul	e		
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0189954	3 FEDERAL ROA	AD				N	С	25	Р	GW	
Local Address (wh	nere applicable)			Service	Resident	Residential Commerci		al Industri	al Combin	ed Agricultural	
83 FEDERAL ROAL	)			Connection	ns		1				
Towns Served: BF	OOKFIELD										
			Co	ontact Info	rmation						
Name				Organization					Job Titl	e	
Mr. Fadi Qumbar	gi			Brookfield Au	to Care			Owner			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code	
83 Federal Road							Brookfield CT			06804	
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	Phone	Email A	ddress			
347-782-2681							steveso	liagnostic@	gmail.com		
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner							
Name				Organization	Organization			Job Title			
S & F Investment	LLC										
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code	
39 8Th Avenue						Brookly	/n	NY	11217		
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	Phone	Email Address				
347-782-2681							steveso	liagnostic@	gmail.com		

# Contact Role(s): Owner Please note the following:

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End of schedule

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	C L' LD L		· IAI · C					
	Connecticut Department			ection				
	Water Quality Mor	nitoring and Compliand						
PWS ID	PWS Name	Classificati	ion Population Ow	ner Type Primary Source				
CT0189964	SAINT JOSEPH CHURCH	NC	25	P GW				
Local Address (	where applicable)	Service Residential Comm	nercial Industrial	Combined Agricultural				
163 WISCONIE		Connections 1	L					
Towns Served:	BROOKFIELD							
	Moi	nitoring Requirements						
Water System	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
Total Colifor	m (3100)		1 ro	outine (RT) per month				
	Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status					
Select from Inventory of Active Sampling Points		10/1/19 - 10/31/19		Complete				
		11/1/19 - 11/30/19		Complete				
		12/1/19 - 12/31/19		Complete				
		1/1/20 - 1/31/20		Complete				
		2/1/20 - 2/29/20		Complete				
		3/1/20 - 3/31/20						
		4/1/20 - 4/30/20						
		5/1/20 - 5/31/20						
		6/1/20 - 6/30/20						
		7/1/20 - 7/31/20						
		8/1/20 - 8/31/20						
		9/1/20 - 9/30/20						
_	ameters (PPS)			outine (RT) per month				
	Point (Sampling Point ID)	Monitoring Period	Collection Period	•				
Select from	m Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete				
		11/1/19 - 11/30/19		Complete				
		12/1/19 - 12/31/19		Complete				
		1/1/20 - 1/31/20		Complete				
		2/1/20 - 2/29/20		Complete				
		3/1/20 - 3/31/20						
		4/1/20 - 4/30/20						
		5/1/20 - 5/31/20						
		6/1/20 - 6/30/20						
		7/1/20 - 7/31/20						
		8/1/20 - 8/31/20 9/1/20 - 9/30/20		<del></del>				
Mator Systom	Facility: ENTRY POINT (WSF ID: 007							
•		00)	1	manatina (DT) mananan				
	Nitrite (NOX)	Monitoring Poriod	Collection Period	routine (RT) per year				
ENTRY PO	Point (Sampling Point ID)	Monitoring Period 1/1/19 - 12/31/19	Conection Perioa	Compliance Status Complete				
ENTRYPO	1141 (3)	1/1/19 - 12/31/19		Complete				
		1/1/20 - 12/31/20		complete				
	Otho	r Compliance Schedules						
Compliance Co		Due Date	Achieved	Data				
-	hedule Activity T (MULTIPLE TC+)		Acnievea	Dute				
LI MOSESSIVIEIN		4/19/2019						
	water System Fa	cility and Sampling Point Ir						
Water	tor System Easility Sampling De	oint Campling Boint	Total Lead and	· ·				

System Water System Facility Sampling Point Sampling Point Coliform Copper 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.

	Connectic	ut Dena	rtment o	f Public	Health D	rin	king	τ W	Jater 9	Se	ction	
		_	lity Moni								CCIOII	
PWS ID	PWS Name	<del></del>		<u> </u>							ner Type I	Primary Source
CT0189964	SAINT JOSEPH C	HURCH				NC	2		25		Р	GW
Local Address (where applicable)				Service	Residential	Cor	Commercia		Industrial		Combine	d Agricultura
163 WISCONIER ROAD			Connection	S		1						
Towns Served:	BROOKFIELD					'						,
Facility ID	,		ID	Description		Stat	us R	ule	Rule T	ier	Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	1	3	GENERATED	BY BATCH	Α		Υ				
			4	DISTRIBUTION	ON SYSTEM	Α		Υ				
			DOWNSTREAM	1 WITHIN 5 S	ERVICE CON	Α						
			SJC001	RR MENS R	₹	Α		Υ			Υ	
			SJC002	RR LADY RC	MO	Α		Υ			Υ	
			SJC003	SACRISTY R	EST ROOM	Α		Υ			Υ	
			SJC004	SACRISTY H	AND SINK	Α		Υ			Υ	
			UPSTREAM	WITHIN 5 S	ERVICE CON	Α						
00700 ENT	RY POINT		3	ENTRY POIN	IT	Α						
05010 CHU	IRCH WELL		2	CHURCH W	ELL	Α						
			Coi	ntact Info	rmation							
Name O				rganization				Job Title				
Reverend George F. O'neill Sa				aint Joseph Church And School			Pa	astor				
Mailing Address Line One Mailing Addres			s Line Two				City		State	Zip Code		
163 Whisconier Road P.O. Box 5072				Brookfield					СТ	06804-5072		
Business Phone Extension Fax		Mob	oile Phone Emergency Phon		one	Email Address						
203-775-1035 12 203-775-1684			L684		203-775-592	28	luke756@gmail.com					
Contact Role(s)	: Administrative	Contact, Leg	al Contact, Ow	ner								

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