Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **GIRL SCOUTS OF CT - CAMP CANDLEWOOD** Ρ СТ0910014 NC 25 GW Combined Local Address (where applicable) Service Residential Commercial Industrial Agricultural Connections

1

29 BOGUS	HILL ROAD
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Towns Served: NEW FAIRFIELD

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)		1 rou							
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		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								
Physical Parameters (PPS)		1 rou	tine (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		Complete						
	3/1/20 - 3/31/20								
	4/1/20 - 4/30/20								
	5/1/20 - 5/31/20								

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

Nitrate And Nitrite (NOX)		1 re	outine (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		Complete
	1/1/21 - 12/31/21		

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 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			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y							
		BH65411	DINING HALL	А	Y							

Connecticut Department of Public Health Drinking Water Section

		Wat	er Qua	lity №	<i>l</i> onit	oring a	nd Cor	nplia	ince	Sc	hedu	le		
PWS ID	PW	'S Name						Classif	ication	Ро	pulation	Ow	ner Type Pr	imary Source
СТ0910014	GIR	L SCOUTS OF	CT - CAMP (WOOD			Ν	IC		25		Р	GW
Local Addres	ss (wher	e applicable)				Service	Reside	ntial Co	ommerc	ial	Industri	ial	Combined	Agricultura
29 BOGUS H	ILL ROA	D				Connectio	ns		1					
Towns Serve	d: NEW	FAIRFIELD												
		1	Water Sy	<i>stem</i>	Facili	ity and S	ampling	g Poin	t Inve	ent	ory			
Water						-				ota	=	and	1	
System V	Vater Sy	stem Facility		Samplin	g Point	Sampling H	Point		Col	lifor	m Cop	per		Stage
Facility ID				11	D	Description	n	Sta	atus I	Rule	e Rule	Tier	Asbestos	WQP 2 DBP
				BJ45	624	DINING HA	LL PREP SI	N .	A	Y				
				BJ45	625	DINING KIT	CHEN LEFT	Γ.	A	Y				
				BJ45	626	DINING KIT	CHEN RIGH	HT .	A	Y				
				BJ45	627	MENS ROC	M		A	Υ				
				BJ68	3205	PREP SINK	LEFT		A	Y				
				BJ68	3206	PREP SINK	RIGHT		A	Υ				
				BJ68	3208	LADIES RO	OM		A	Υ				
				DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N .	A					
				UPST	REAM	WITHIN 5 S	SERVICE CO	N .	A					
00700 E	NTRY PC	DINT		З	3	ENTRY POI	NT		A					
21569 D	INING F	IALL WELL #1		2	2	WELL			A					
21570 D	INING H	IALL WELL #2		2	2	DINING HA	LL WELL #2	2	A					
60651 A	TMOSPI	HERIC TANK												
					Con	tact Info	ormatio	n						
Name					0	rganization							Job Title	
Ms. Michele	Velez					irl Scouts of	Connecticu	ut		0	Dir. Prop	erty	Svcs.	
Mailing Add	ress Line	e One		Mailing	Addres	s Line Two					City		State	Zip Code
20 Washingt	on Aver	nue							North	На\	/en		СТ	06473
Business P	hone	Extension	Fax		Mobi	le Phone	Emergenc	y Phone	Email	Add	lress			
203-239-2	2922	3329	203-239-7	7220			800-922	2-2770	mvele	z@ę	gsofct.or	g		
Contact Role	e(s): Ad	ministrative C	Contact	I			1							
Name					O	rganization							Job Title	
Ms. Mary Ba	arneby				Gi	irl Scouts of	Ct, Inc			C	Ceo			
Mailing Add	ress Line	e One		Mailing	Addres	s Line Two					City		State	Zip Code
340 Washing	gton Str	eet							Hartfo	ord			СТ	06106
Business P	-	Extension	Fax	·	Mobi	le Phone	Emergenc	y Phone	Email	Add	lress		I	
800-922-2	2770	3246							custor	ner	care@gs	ofct.	org	
Contact Role	e(s): Le	gal Contact, O	wner	I			ı		1					
Please note		-												
1. The resid	ual disinf	ectant concenti	ration must b	e measu	red at the	e same locatio	on and time	as each t	otal coli	form	n sample.			
2. If a Collec	tion Peri	od is specified,	all water qua	lity samp	les must	be collected	during the s	pecified p	period.					
3. Dependir	ig on resi	ults, additional r	nonitoring m	av be rec	nuired (i.e	e, repeat or c	onfirmation	samples	. This so	hed	ule is subi	iect t	o change, and	any related

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

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

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

End of schedule

	Connecticut Departmen	nt of Public H	lealth	D	rinking	g Wa	ater	Se	ction	
	Water Quality M	onitoring an	d Con	npl	iance	Sche	edul	e		
PWS ID	PWS Name	<u> </u>		Clas	ssification	Popu	lation	Owr	ner Type	Primary Source
СТ0910024	ICONS SPORTS BAR & GRILL				NC	2	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	ial Ir	ndustri	al	Combined	d Agricultura
80 ROUTE 39		Connections			1					
Towns Served:	NEW FAIRFIELD									
	Μ	lonitoring Requ	iireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Colifor	m (3100)							1 ro	utine (RT) per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	Collect	ion Pe	riod	Comp	liance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/	31/19				C	omplete
			11/1/19 -	11/	30/19				C	omplete
			12/1/19 -	12/	31/19				C	omplete
			1/1/20 -	1/3	1/20				C	omplete
			2/1/20 -	2/2	9/20					
			3/1/20 -	3/3	1/20					
			4/1/20 -	4/3	0/20					
			5/1/20 -	5/3	1/20					
			6/1/20 -	6/3	0/20					
			7/1/20 -	7/3	1/20					
			8/1/20 -	8/3	1/20					
			9/1/20 -	9/3	0/20					
•	ameters (PPS) Point (Sampling Point ID)		Monitori	ing P	Period C	Collect	ion Pe		-) per month <i>liance Status</i>
Select fro	m Inventory of Active Sampling Points		10/1/19 -	10/	31/19				C	omplete
			11/1/19 -	11/	30/19				C	omplete
			12/1/19 -	12/	31/19				C	omplete
			1/1/20 -	1/3	1/20				C	omplete
			2/1/20 -	2/2	9/20					
			3/1/20 -	3/3	1/20					
			4/1/20 -	4/3	0/20					
			5/1/20 -	5/3	1/20					
			6/1/20 -	6/3	0/20					
			7/1/20 -	7/3	1/20					
			8/1/20 -							
			9/1/20 -	9/3	0/20					
	n Facility: ENTRY POINT (WSF ID: 0	0700)								
	Nitrite (NOX)								-	RT) per year
	Point (Sampling Point ID)		Monitori	_		ollect	ion Pe	riod		liance Status
ENTRY PC	אווו (3)		1/1/19 - 12/31/19 1/1/20 - 12/31/20						C	omplete
			1/1/20 - 1/1/21 -		-					
	Oth	ner Compliance								
Compliance Sc	hedule Activity				Date		Achie	ved	Date	
	ANITARY SURVEY				2017					
		c Notification R								
	Public		-	_		1-1-0				
Violation/Situ	ation	Compliance Period	Notice Tier		<u>Public N</u> Required					<u>rtification</u> I Received
	ation ation has been provided to help owners and oper									

WS ID PW	/S Name	ter Qua	5		0						wher Type	Primary Sourc
	ONS SPORTS B	AR & GRILL					N		25		P	GW
ocal Address (whe					Service	Residen		mmercia	-	strial	Combine	-
80 ROUTE 39					Connection			1		Stria	combine	
owns Served: NEW	/ FAIRFIELD							_				
, REVISED TOTAL COL	IFORM RULE	(RTCR) TT Vid	lation	12/2	/16 - 7/19/1	7 2	7/2	2/2017			8/1/2017	
		Water Sy							ntorv		0,1,201,	
147.7		water Sy	stem	гасш	ty and So	amping	FUIII		-		,	
Water System Water Sy	ystem Facility		Samplina	Point	Sampling P	oint				ead an Copper		Stag
Facility ID	stem ruenty		ID		Description		Sta					s WQP 2 DBF
-	JTION SYSTEM		4		DISTRIBUTI			us.	Y			•
00700 ENTRY P	OINT		3		ENTRY POIN	NT	A	1				
21570 WELL			2		WELL		A	1				
				Cont	tact Info	rmation	1					
Jame					ganization						Job Title	
Mr. David Bernardi	ni				Route 39 LL	C			Mana	ger		
Mailing Address Lin	e One		Mailing A	Address	Line Two				City	5	State	Zip Code
03 East 3Rd Street								Mount	Vernon		NY	10553
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	Phone	Email A	ddress			
914-879-4739		917-665-7	608			914-664-	7600	dndber	n@yaho	o.com	ı	
Contact Role(s): Ad	dministrative	Contact, Leg	al Contac	t								
lame				Or	ganization						Job Title	
80 Route 39 LLC												
Mailing Address Lin	e One		Mailing A	Address	Line Two				City		State	Zip Code
80 Route 39								New Fa	irfield		СТ	06812
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	Phone	Email A	ddress			
	wner											

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	Connecticut De	^				0		ection		
	Water Qu	uality Moni	toring an	d Comp	oliano	ce Sch	edule			
PWS ID	PWS Name	U	0	Cl	assificat	ion Popu	ulation Ow	ner Type P	rimary Sou	irce
СТ091003	4 CANDLEWOOD ISLE CLUE	B HOUSE			NC		25	P	GW	
Local Add	ress (where applicable)		Service	Residentia	l Comn	nercial li	ndustrial	Combined	Agricultu	ural
55 LAKE D	RIVE NORTH		Connections		-	1				
Towns Ser	ved: NEW FAIRFIELD				- 1					
		Moni	toring Requ	uirement	S					
Water Sy	stem Facility: DISTRIBUTIO									
	liform (3100)							itine (RT)		
	pling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Statı	IS
Selec	t from Inventory of Active Samp	ling Points		7/1/19 - 9/					mplete	
				10/1/19 - 12					mplete	
				1/1/20 - 3/				Co	mplete	
				4/1/20 - 6/						
Dh. i i	Demonster (DDC)			7/1/20 - 9/	30/20		-			
-	Parameters (PPS)			Monitoring	Doried	Collect		itine (RT)		
-	oling Point (Sampling Point ID) t from Inventory of Active Samp	ling Points		Monitoring 7/1/19 - 9/		conect	tion Period		iance Statu Implete	15
Jelet	a nom inventory of Active Samp	ing Foints		//1/19 - 3/ 10/1/19 - 12					mplete	
				1/1/20 - 3/					mplete	
				4/1/20 - 6/					mpiete	
				7/1/20 - 9/						
Mater Sv	stem Facility: ENTRY POINT	(W/SE ID: 00700	11	771720 - 57	50/20					
	And Nitrite (NOX)	(110) 12:00700					1	routine (I	RT) ner ve	ar
	bling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	-	iance Statu	
	RY POINT (3)			1/1/19 - 12/					mplete	-
				1/1/20 - 12/					•	
				1/1/21 - 12/	/31/21					
		Other (Compliance	Schedu	les					
Complian	ce Schedule Activity			Due	e Date		Achieved	Date		
RESPOND	TO SANITARY SURVEY			3/8	3/2014					
CORRECTI	VE ACTION/CORRECTIVE ACTION	I PLAN		6/6	6/2014					
RESPOND	TO SANITARY SURVEY			2/22	2/2019					
	Water	r System Faci	lity and Sar	npling P	oint lı	nvento	ry			
Water						Total	Lead and			
System	Water System Facility	Sampling Poin	t Sampling Poi	nt		Coliform			Sta	
Facility ID		ID	Description		Status		Rule Tier	Asbestos	WQP 2 DI	BPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А	Y				
			/ WITHIN 5 SER		А					
		UPSTREAM	WITHIN 5 SEF		A					
00700	ENTRY POINT	3	ENTRY POINT		Α					
21571	WELL	2	WELL		A					
			ntact Inform	nation						
Name			Organization					Job Title		
Mr. Jeffre			The Candlewood	l Isle Assn, Ir	nc.		esident			
	ddress Line One	Mailing Addre	ess Line Two				ity	State	Zip Code	
P.O. Box 3	80, Candlewood Isle				Ne	ew Fairfiel	d	СТ	06812	

		~	<i></i>	0			1						
PWS ID	PWS Name						Classif	ication	Population	Ow	ner Type	Prin	nary Source
СТ0910034	CANDLEWOOD I	SLE CLUB HO	DUSE				N	C	25		Р		GW
Local Address (w	here applicable)			Service		Resident	tial Co	mmercia	al Industri	al	Combine	ed /	Agricultural
55 LAKE DRIVE N	IORTH			Connectio	ons			1					
Towns Served: N	IEW FAIRFIELD				1								
Business Phon	e Extension	Fax		Mobile Phone	Em	iergency	Phone	Email A	ddress				
203-746-0220)	203-746-	0220										
Contact Role(s):	Legal Contact												
Name				Organization							Job Title	е	
Ms. Michelle O'	connor			Tax Dist of Ca	andle	wood Isl	le		Office Ad	minis	strator		
Mailing Address	Line One		Mailin	g Address Line Two					City		State	Z	Zip Code
P.O. Box 380								New Fa	irfield		СТ		06812
Business Phon	e Extension	Fax		Mobile Phone	Em	ergency	Phone	Email A	ddress				
203-746-0220)	203-746-	0220					office@	candlewoo	disle	e.com		
Contact Role(s):	Legal Contact			1									
Name				Organization							Job Title	е	
Ms. Joan Archer				Candlewood	Isle A	Associati	on		Admin				
Mailing Address	Line One		Mailin	g Address Line Two					City		State	Z	Zip Code
PO Box 380								New Fa	irfield		СТ		06812
Business Phon	e Extension	Fax		Mobile Phone	Em	ergency	Phone	Email A	ddress		1		
203-746-3880)												
Contact Role(s):	Administrative	Contact						1					
Please note the	following:												
1. The residual d	lisinfectant concent	ration must b	oe measu	ured at the same locati	ion ar	nd time as	s each t	otal colifo	orm sample.				

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

Connecticut De	partment of Publ	ic Health Drink	ing Water S	ection
	uality Monitoring	and Complian	ce Schedule	
PWS ID PWS Name		Classificat	tion Population O	wner Type Primary Source
CT0910054 4 COTTON TAIL ROAD		NC	25	P GW
Local Address (where applicable)	Service		mercial Industrial	Combined Agricultura
Towns Served: NEW FAIRFIELD	Connec	tions	1	
	Monitoring F	Requirements		
Water System Facility: DISTRIBUTION	N SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)			1 ro	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Perio	d Compliance Status
Select from Inventory of Active Samp	ling Points	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		
Physical Parameters (PPS)			1 ro	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Perio	d Compliance Status
Select from Inventory of Active Samp	ling Points	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		
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 Perio	d Compliance Status
ENTRY POINT (3)		1/1/19 - 12/31/19		Complete
		1/1/20 - 12/31/20		Complete
		1/1/21 - 12/31/21		
Water System Facility: WELL (WSF II	D: 21573)			
E. Coli (3014)			1 ro	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Perio	
WELL (2)		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		
	Other Complia	ance Schedules		
Compliance Schedule Activity		Due Date	Achieve	d Date
RESPOND TO SANITARY SURVEY		2/1/2019		
	Public Notificati	on Requirements		
	Complian		olic Notification	PN Certification
Violation/Situation	Period	Tier Requ		Due to DPH Received
Total Coliform MCL Violation	7/1/12 - 9/30			10/28/2012
E. Coli M&R Violation	7/1/19 - 9/30			12/18/2020
Water	r System Facility and	d Sampling Point I	nventory	
Water System Water System Facility	Sampling Point Samplir	ng Point	Total Lead an Coliform Coppe	

Schedule Generation Date: 3/10/2020

Name TTON TAIL ROAD applicable) AIRFIELD ON SYSTEM	4 BIS001 BIS002 BIS003 BIS004	Service Connection DISTRIBUTIC KIT SNK TRP KIT HAND SI RR MENS RF	ON SYSTEM PL SNK	Nitial Con	C mmercia 1 tus m	25 Il Industr	Р	Type F mbinec	Primary Source GW Agricultur
applicable) AIRFIELD	BIS001 BIS002 BIS003	Connection DISTRIBUTIO KIT SNK TRP KIT HAND SI	DN SYSTEM PL SNK	tial Con Sta A	mmercia 1 tus m	Il Industr		mbinec	-
AIRFIELD	BIS001 BIS002 BIS003	Connection DISTRIBUTIO KIT SNK TRP KIT HAND SI	DN SYSTEM PL SNK	Sta A	1 tus	Y	ial Co	mbinec	Agricultur
	BIS001 BIS002 BIS003	DISTRIBUTIO KIT SNK TRP KIT HAND SI	ON SYSTEM PL SNK	A	tus m			1903103	WQI 2 001
	BIS001 BIS002 BIS003	KIT SNK TRP KIT HAND SI	PL SNK	A	\ ·				- MQI 2 00
ON SYSTEM	BIS001 BIS002 BIS003	KIT SNK TRP KIT HAND SI	PL SNK	A	\ ·			<i><i><i>iiiiiiiiiiiii</i></i></i>	1101 2001
	BIS001 BIS002 BIS003	KIT SNK TRP KIT HAND SI	PL SNK						
	BISOO2 BISOO3	KIT HAND SI		'		Y		Y	
	BIS003	-		A		Y		Ŷ	
				Α	-	Y		Ŷ	
		RR LADY RO		A		Y		Y	
	BIS005	BAR SINK		A	۰ · · ·	Y		Y	
	BIS006	RR BAR		A	· ،	Y		Y	
	DOWNSTREAM	WITHIN 5 SE	ERVICE CON	I A	١				
	UPSTREAM	WITHIN 5 SE	ERVICE CON	I A	١				
NT	3	ENTRY POIN	IT	A	١				
	2	WELL		A	١				
	Con	tact Info	rmation						
	0	rganization					Jo	b Title	
Dne	Mailing Addres	s Line Two				City		State	Zip Code
					Flushing	3		NY	11355
Extension Fax	Mobi	ile Phone	Emergency	Phone	Email A	ddress			
			718-309-3	3248					
l Contact, Owner									
	0	rganization					Jo	b Title	
	1		ante		1	Owner o	f Bus		
Dne	Mailing Addres	s Line Two				City		State	Zip Code
	ļ							СТ	06812
Extension Fax		ile Phone							
	5403		203-994-3	3755	scottyb	iscotti1@y	ahoo.co	m	
	Dne Extension Fax I Contact, Owner Dne Extension Fax 203-746-1 inistrative Contact ving:	UPSTREAM NT 3 2 Con One Mailing Addres Extension Fax Mobi I Contact, Owner I Contact, Owner Stression Fax Mobi Con Con Con Con Con Con Con Con	UPSTREAM WITHIN 5 Si NT 3 ENTRY POIN 2 WELL Contact Info Organization One Mailing Address Line Two Extension Fax Mobile Phone I Contact, Owner I Contact, Owner Organization Biscottis Ristor One Mailing Address Line Two Extension Fax Mobile Phone Extension Fax Mobile Phone I Contact, Owner Data Stress	UPSTREAM WITHIN 5 SERVICE CON NT 3 ENTRY POINT 2 WELL Contact Information Organization Organization Dene Mailing Address Line Two Extension Fax Mobile Phone Emergency 718-309-3 I Contact, Owner I Contact, Owner Dene Mailing Address Line Two Extension Fax Mobile Phone Emergency 203-746-5403 Z03-994-3 inistrative Contact	UPSTREAM WITHIN 5 SERVICE CON A NT 3 ENTRY POINT A 2 WELL A Contact Information Organization Organization One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone 718-309-3248 I Contact, Owner I Contact, Owner Discottis Ristorante Organization Biscottis Ristorante One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone 203-746-5403 203-994-3755 inistrative Contact	UPSTREAM WITHIN 5 SERVICE CON A NT 3 ENTRY POINT A 2 WELL A Contact Information Organization Organization One Mailing Address Line Two Flushing Extension Fax Mobile Phone Emergency Phone Email A 718-309-3248 I Contact, Owner I Contact, Owner New Fa Siscottis Ristorante One Mailing Address Line Two New Fa Extension Fax Mobile Phone Emergency Phone Email A Organization Biscottis Ristorante New Fa Extension Fax Mobile Phone Emergency Phone Email A 203-746-5403 203-994-3755 scottyb inistrative Contact	UPSTREAM WITHIN 5 SERVICE CON A 3 ENTRY POINT A 2 WELL A Contact Information Organization Organization City One Mailing Address Line Two City Extension Fax Mobile Phone Emergency Phone Email Address I Contact, Owner Organization Organization Owner organization 0 0rganization Emergency Phone Email Address I Contact, Owner Organization Owner organization 0 0rganization Owner organization Owner organization Discottis Ristorante Owner organization Owner organization Owner organization 0 0rganization Biscottis Ristorante Owner organization 0 0rganization City New Fairfield Extension Fax Mobile Phone Emergency Phone Email Address 203-746-5403 203-794-3755 scottybiscottil@y inistrative Contact ying: Ving Stottis Ristorante	UPSTREAM WITHIN 5 SERVICE CON A NT 3 ENTRY POINT A 2 WELL A Contact Information Jot Organization Jot One Mailing Address Line Two City S One Mailing Address Line Two Flushing S Extension Fax Mobile Phone Emergency Phone Email Address I Contact, Owner Organization Jot Jot Biscottis Ristorante Owner of Bus Owner of Bus One Mailing Address Line Two City S I Contact, Owner Mailing Address Line Two Owner of Bus Dwe Fairfield Date Mailing Address Line Two City S One Mailing Address Line Two City S Stension Fax Mobile Phone Emergency Phone Email Address One Mailing Address Line Two City S S Stension Fax Mobile Phone Emergency Phone Email Address Stension	UPSTREAM WITHIN 5 SERVICE CON A NT 3 ENTRY POINT A 2 WELL A Contact Information Job Title Organization Job Title One Mailing Address Line Two City State One Mailing Address Line Two Flushing NY Extension Fax Mobile Phone Emergency Phone Email Address I Contact, Owner Organization Job Title Job Title Biscottis Ristorante Owner of Bus Owner of Bus One Mailing Address Line Two City State I Contact, Owner Mobile Phone Emergency Phone Email Address One Mailing Address Line Two City State One Mailing Address Line Two City State New Fairfield CT Emergency Phone Email Address Zon- Flushing Address Line Two Rein Field CT Extension Fax Mobile Phone Emergency Phone Email Address Zon- Zon- </td

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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	Connecticut Departr	nent	of Public F	lealth	D	rinkin	g	Nater	Sect	ion	
	Water Quality						<u> </u>				
PWS ID	PWS Name		0							Type Pr	imary Source
СТ0910104	FIELDSTONE PLAZA					NC		25	Р		GW
Local Address (v	where applicable)		Service	Residen	itial	Commer	cial	Industria	al Co	mbined	Agricultural
88 ROUTE 37 #1	1		Connections			1					
Towns Served:	NEW FAIRFIELD		·								
		Mon	toring Requ	uireme	nts	5					
Water System	Facility: DISTRIBUTION SYSTE	M (WSI	ID: 00600)								
Total Coliforr	• •									ie (RT) p	er quarter
	Point (Sampling Point ID)			Monitori	_		Coll	ection Per	riod		ance Status
Select from	n Inventory of Active Sampling Poir	ts		7/1/19 -							nplete
				10/1/19 -							nplete
				1/1/20 -						Со	nplete
				4/1/20 -							
				7/1/20 -	- 9/3	0/20		-		(22)	-
-	meters (PPS)			Manita		Deviced	C-!!	1 ection Per			oer quarter
	Point (Sampling Point ID)	+-		Monitori 7/1/19 -	_		Colli	ection Per	100		nce Status
Select Iron	n Inventory of Active Sampling Poir	ls		10/1/19 -							nplete nplete
				1/1/20 -							nplete
				4/1/20 -						0	npiece
				7/1/20 -							
Water System	Facility: ENTRY POINT (WSF I	D· 0070	n)	771720	5,5	0720					
Nitrate (1040		2.0070						1	routin	o (RT) r	er quarter
•	Point (Sampling Point ID)			Monitori	ina P	Period	Coll	ection Per			ince Status
ENTRY POI				7/1/19 -	_						nplete
				10/1/19 -							nplete
				1/1/20 -							nplete
				4/1/20 -							•
				7/1/20 -							
Nitrite (1041	.)								1 rou	utine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Coll	ection Per	iod	Complie	ance Status
ENTRY PO	INT (3)			1/1/19 -	12/3	31/19				Со	mplete
				1/1/20 -	12/3	31/20				Со	nplete
				1/1/21 -	12/3	31/21					
	Pu	blic No	otification R	Require	eme	ents					
			Compliance	Notice	?			fication		PN Cert	fication
Violation/Situa			Period	Tier		Required		Performed		to DPH	Received
Total Coliform I			/1/11 - 3/31/11	2		4/1/2011				1/2011	
Total Coliform I			/1/11 - 3/31/11	2		5/4/2011				4/2011	
Nitrate M&R Vi			/1/11 - 9/30/11	2		2/9/2012			2/19	9/2012	
	Water Syste	em Fac	ility and Sai	npling	; Po	oint Inv	ent	tory			
Water							Tota				
	er System Facility Sam	-	nt Sampling Poi	nt			olifo			hart	Stage
Facility ID		ID	Description			Status	Rule	e Kule	iler As	spestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4 (NICTOLA)				A	Y				
		/NSTREA STREAM	M WITHIN 5 SEF WITHIN 5 SEF			A					
NOTE: This informs	ution has been provided to help owners and					A mpliance wi	ith dr	inkina wate	r auality	monitorin	n requirements

Сс	onnecticu	ut Depa	rtment of	f Public	Health	Drir	ıking	Wate	r Se	ection	
	Wat	er Qua	lity Monit	coring a	nd Con	nplia	nce S	chedu	le		
PWS ID PW	/S Name		-			Classifi	cation	Populatior	n Owi	ner Type	Primary Source
CT0910104 FIE	LDSTONE PLA	ZA				Ν	С	25		Р	GW
Local Address (when	re applicable)			Service	Residen	tial Co	mmercia	al Industr	rial	Combined	d Agricultural
88 ROUTE 37 #1				Connectior	าร		1				
Towns Served: NEW	/ FAIRFIELD										
		Water Sy	stem Facil	ity and Sa	ampling	Point	t Inve	ntory			
Water							То	tal Lead	d and		
	stem Facility		Sampling Point						oper		Stage
Facility ID			ID	Description		Sta	<i>cus</i>	ule Rule	e Tier	Asbestos	WQP 2 DBPR
00700 ENTRY P0	DINT		3	ENTRY POI	NT	A	4				
21576 WELL			2	WELL		A	4				
55844 PRESSUR	E STORAGE										
			Con	tact Info	rmation	1					
Name			0	rganization						Job Title	
Dr. Ralph Manfredi			Fi	eldstone Pla	za Condo As	ssoc.					
Mailing Address Line	e One		Mailing Addres	s Line Two				City		State	Zip Code
88 Route 37							New Fa	irfield		СТ	06812
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
203-746-6551		203-746-8	8863								
Contact Role(s): Ac	ministrative (Contact, Leg	al Contact								
Name			0	rganization						Job Title	
Fieldstone Plaza Co	ndo Assoc. Inc	:					1				
Mailing Address Line	e One		Mailing Addres	s Line Two				City		State	Zip Code
C/O R Manfredi			88 Rte 37				New Fa	irfield		СТ	06812
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
Contact Role(s): Ov	wner										
Name			0	rganization						Job Title	
Ms. Claire Luks			88	3 Route 37 #	1			Trustee			
Mailing Address Line	e One		Mailing Addres	s Line Two				City		State	Zip Code
18 Bay Drive							New Fa	irfield		СТ	06812
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
Contact Role(s): O v	wner										
Please note the foll											
1. The residual disin	fectant concent	ration must b	e measured at the	e same locatio	on and time a	is each to	otal colifo	orm sample.			
2. If a Collection Per	iod is specified,	all water qua	ity samples must	be collected of	during the sp	ecified p	eriod.				
3. Depending on res		-							-		
correspondence s			e generation dates stions, please c							d in this sch	edule.

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End of schedule

	Connecticut De	^			0		ection	
	Water Qi	uality Monit	oring and Con		1		T	
PWS ID	PWS Name							imary Source
CT0910304		NACK SHOP		NC		.5	Р	GW
	ess (where applicable)		Service Resider			dustrial	Combined	Agricultural
94 ROUTE 3			Connections	1	L			
Towns Serv	ved: NEW FAIRFIELD							
		Monite	oring Requireme	nts				
Water Sys	stem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)					
	iform (3100) ling Point (Sampling Point ID)		Monitor	ing Period	Collect	1 rou ion Period		oer quarter ance Status
	t from Inventory of Active Samp	ling Points		9/30/19				mplete
	······			12/31/19				mplete
				- 3/31/20				mplete
				- 6/30/20				
				· 9/30/20				
Physical I	Parameters (PPS)					1 ro	utine (RT) r	per quarter
-	ling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period		ance Status
Select	t from Inventory of Active Samp	ling Points	7/1/19 -	9/30/19			Со	mplete
			10/1/19 -	- 12/31/19			Со	mplete
			1/1/20 -	- 3/31/20			Со	mplete
			4/1/20 -	- 6/30/20				
			7/1/20 -	- 9/30/20				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate A	nd Nitrite (NOX)					1	routine (R	T) per year
Samp	ling Point (Sampling Point ID)		Monitor	ing Period	Collect	ion Period	Complie	ance Status
ENTRY	Y POINT (3)		1/1/19 -	12/31/19			Со	mplete
				12/31/20			Со	mplete
			1/1/21 -	12/31/21				
Water Sys	stem Facility: WELL (WSF II	D: 21591)						
E. Coli (3	8014)					1 ro	utine (RT) p	per quarter
	ling Point (Sampling Point ID)			ing Period	Collect	ion Period	Complie	ance Status
WELL	(2)			- 9/30/19				mplete
				- 12/31/19				mplete
				3/31/20			Со	mplete
				6/30/20				
			· ·	9/30/20				
	Water	r System Facili	ty and Sampling	Point In	nvento	ry		
Water					Total	Lead and		
	Water System Facility		Sampling Point		Coliform	Copper	Antonia	Stage
Facility ID		ID	Description	Status		Kule Tier	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		DISTRIBUTION SYSTEM		Y			
			WITHIN 5 SERVICE CO		V		V	
		NFM001	TRIPLE SINK LEFT	A	Y		Y	
		NFM002	TRIPLE SINK RIGHT	A	Y Y		Y	
		NFM003		A	ř		Y	
00700		UPSTREAM	WITHIN 5 SERVICE COI ENTRY POINT					
	ENTRY POINT WELL	3	WELL	A				
<1221	VVLLL	L	VVELL	A				

(Connectic	ut Depa	rtment of	f Public	Health	Drii	nking	g W	ater	Sec	tion	
	Wa	ter Qua	lity Monit	oring an	nd Con	nplia	nce S	Sch	edul	e		
PWS ID	PWS Name					Classif	ication	Ρορι	ulation	Owne	er Type Pr	rimary Source
СТ0910304	NEW FAIRFIELD	MOBIL SNAC	СК ЅНОР			Ν	IC	2	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Ir	ndustria	al C	ombined	Agricultural
94 ROUTE 37				Connection	S		1					
Towns Served: N	EW FAIRFIELD					1						
		Water Sy	ystem Facili	ity and Sa	ampling	; Poin	t Inve	nto	ry			
Facility ID	System Facility		Sampling Point ID	Sampling Po Description	oint	Sto	Coli	otal iform ule		per	Asbestos	Stage WQP 2 DBPR
50460 TREAT			Com	to at linfa.								
				tact Info	rmatior	1						
Name				rganization							Job Title	
Ms. Sherry Halla				ew Fairfield N	Лobil			Ma	anager		1	
Mailing Address I			Mailing Address	s Line Two					ity		State	Zip Code
94 State Route 3	7						New Fa	airfiel	d		СТ	06812
Business Phone	e Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Addre	SS			
203-746-4100		203-746-2	1843		203-470	-8712	mobil0	@aol	l.com			
Contact Role(s):	Administrative	Contact, Leg	al Contact									
Please note the f	-											
1. The residual di	sinfectant concen	tration must b	e measured at the	e same locatio	n and time a	as each t	otal colif	orm sa	ample.			
	Period is specified,											
	results, additional ce sent by the DWS	-							-			

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

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	Connecticut Dep	artment of	Public	Health	Drir	nkin	g Wa	ater S	Section	
	Water Qua	ality Monit	oring a	nd Con	nolia	nce	Sche	edule		
PWS ID	PWS Name				Classifi					rimary Source
СТ091031	4 NEW FAIRFIELD TOWN PAR	K			N	IC	2		L	GW
Local Addr	ress (where applicable)		Service	Residen	tial Co	mmer	cial In	dustrial	Combined	Agricultural
ROUTE 39			Connectio	ns		1				
Towns Ser	ved: NEW FAIRFIELD						·			
		Monit	oring Re	quireme	nts					
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)							
Total Col	liform (3100)							1 re	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitori	ng Peri	od	Collecti	on Perio	d Compl	iance Status
Selec	t from Inventory of Active Samplin	g Points		7/1/19 -					Co	omplete
				4/1/20 -						
				7/1/20 -	9/30/2	20				
-	Parameters (PPS)								• •	per quarter
	oling Point (Sampling Point ID)	- Deinte		Monitori	-		Collecti	on Perio		iance Status
Selec	t from Inventory of Active Samplin	g Points		7/1/19 -					Co	omplete
				4/1/20 - 7/1/20 -						
Mator Sv	stem Facility: ENTRY POINT (//1/20-	9/30/2	.0				
	And Nitrite (NOX)	wsr ib. 00700j							1 routino (I	RT) per year
	bling Point (Sampling Point ID)			Monitori	na Peri	od	Collecti	on Perio	-	iance Status
	Y POINT (3)			1/1/19 -			conceth		-	omplete
				1/1/20 -						
				1/1/21 -						
		Other C	omplian	ce Sched						
Compliand	ce Schedule Activity				Due Da	te		Achieve	d Date	
SEASONAL	START UP COMPLETION			!	5/1/202	20				
	Water S	System Facili	ity and S	ampling	Point	t Inv	entor	'Y		
Water							Total	Lead an	d	
System	Water System Facility	Sampling Point					oliform	Сорре		Stage
Facility ID		ID	Description			itus	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		ION SYSTEM		A •	Y			
						А •	V		V	
		NTP001 NTP002	FIRST AID F RR 1ST FLC			А А	Y Y		Y Y	
		NTP002 NTP003	RR 2ND FLC			н Д	r Y		Y Y	
		UPSTREAM				ң Д	I		1	
00700	ENTRY POINT	3	ENTRY POI			<u>¬</u> А				
21592	WELL	2	WELL			<u> А</u>				
				rmation						
Name				mation					Job Title	
Name	ield	0	rganization						100 1116	
	Idress Line One	Mailing Addres	s Line Two				Cit	tv	State	Zip Code
4 Brush Hi						New	Fairfield		CT	06812
Business		(Mobi	le Phone	Emergency	Phone					
Contact Ro	ole(s): Owner									
NOTE This is	oformation has been provided to help our					• • • • • •			and the second second	

		C					r				-			
PWS ID	PWS Name						Cla	ssification	Ро	pulation	Owne	er Type	Prin	nary Source
СТ0910314	NEW FAIRFIELD	TOWN PARK	(NC		25		L		GW
Local Address (w	here applicable)				Service	Reside	ntial	Commerc	cial	Industria	al C	ombine	d A	Agricultural
ROUTE 39					Connectio	ns		1						
Towns Served: N	EW FAIRFIELD													
Name				Or	ganization						J	lob Title	5	
Ms. Susan L. Cha	apman			То	wn of New	Fairfield			F	irst Selec	tman			
Mailing Address	Line One		Mailing /	Address	Line Two					City		State	Z	Zip Code
Town Hall			Rt. 39, 4	Brush H	Hill Road			New F	airfi	ield		СТ		06812
Business Phone	e Extension	Fax		Mobil	e Phone	Emergend	cy Ph	one Email	Add	ress				
203-312-5600)	203-312-	5610					schap	man	@newfai	rfield.	org		
Contact Role(s):	Legal Contact							i						
Name	•			Or	ganization						J	lob Title	9	
Mr. Bucky Riehl				То	wn of New	Fairfield			B	Buildings I	Mana	ger		
Mailing Address	Line One		Mailing A	Address	Line Two					City		State	Z	Zip Code
180 Rt 39								New F	airfi	ield		СТ		06812
Business Phone	e Extension	Fax		Mobil	e Phone	Emergend	cy Ph	one Email	Add	ress				
203-312-5634		203-312-	5678	203-6	17-5960			briehl	@ne	ewfairfield	d.org			
Contact Role(s):	Administrative	Contact	·		·			·						
Please note the	following:													
1. The residual d	isinfectant concen	tration must b	e measure	ed at the	same locatio	on and time	as ea	ich total coli	form	sample.				
2. If a Collection	Period is specified,	all water qua	lity sample	es must l	be collected	during the s	pecifi	ied 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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	Connections D	nontmont	of Dublic	I loolth I	امند	ing M	Voton Co	otion	
	Connecticut De	*				<u> </u>		ection	
	Water Q	Juality Mor	nitoring a						
PWS ID	PWS Name			C		tion Pop			Primary Source
СТ0910324	25 OLD ROUTE 37				NC		25	Р	GW
	where applicable)		Service	Residentia			Industrial	Combine	d Agricultural
25 OLD ROUTE 3			Connectio	ons		1			
Towns Served: N	NEW FAIRFIELD			•	_				
				quiremen	ts				
-	Facility: DISTRIBUTIC	DN SYSTEM (WS	SF ID: 00600)				4		• • • • • • • • • • • • • • • • • • • •
Total Coliforn				Monitoring	n Dariad	Collo	ר 1 rou ction Period		per quarter
	Point (Sampling Point ID) In Inventory of Active Sam			Monitoring 7/1/19 - 9	-	Colle	ction Periou		<i>liance Status</i> omplete
381801 11011	Thiventory of Active Sam			10/1/19 - 1					omplete
				1/1/20 - 3					omplete
				4/1/20 - 6					ompiete
				7/1/20 - 9					
Physical Para	meters (PPS)			.,_,	, ,		1 roi	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Period		liance Status
	n Inventory of Active Sam			7/1/19 - 9				C	omplete
				10/1/19 - 1				C	omplete
				1/1/20 - 3	/31/20			C	omplete
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
Water System	Facility: ENTRY POIN	T (WSF ID: 007	00)						
Nitrate And N	litrite (NOX)						1	routine (RT) per year
Sampling F	Point (Sampling Point ID)	1		Monitoring	g Period	Colle	ction Period	Сотр	liance Status
ENTRY POI	NT (3)			1/1/19 - 12				C	omplete
				1/1/20 - 12					
				1/1/21 - 12					
		Other	[•] Complian	ce Schedu	les				
Compliance Sch	edule Activity			-	ie Date		Achieved	Date	
RESPOND TO SA	NITARY SURVEY			4/	3/2020				
	Wate	er System Fa	cility and S	Sampling P	Point I	nvente	ory		
Water						Total			
	er System Facility		int Sampling			Colifor			Stage
Facility ID		ID	Descriptio		Statu		Rule Tier	Aspestos	WQP 2 DBPF
00600 DISTI	RIBUTION SYSTEM	4		TON SYSTEM	A	Y			
			AM WITHIN 5		A				
		UPSTREAN		SERVICE CON	A				
-	RY POINT	3	ENTRY PO	INI	A				
21593 WELI 59318 TREA	L TMENT PLANT	2	WELL		A				
59318 TREA									
		C	ontact Info	ormation					
Name			Organization					Job Title	
Mr. Marc Leder							roperty Own		
Mailing Address		Mailing Add	ress Line Two				City	State	Zip Code
36 Cedar Hill Rd			1.11 -1	-		aylordsvi		СТ	06755
Business Phor	ne Extension	Fax M	obile Phone	Emergency P	none Er	mail Addı	ress		
NOTE: This informa	tion has been provided to help	owners and operator	s of public water	systems maintain	compliand	e with drin	nking water qua	ality monitor	ing requirements.

	110	iter quu	mey monie	or mg ui		ipna		Juncaal			
PWS ID	PWS Name					Classif	ication	Population	Owner Typ	e Pr	imary Source
СТ0910324	25 OLD ROUTE	37				N	С	25	Р		GW
Local Address (w	here applicable)			Service	Resider	tial Co	mmercia	al Industri	al Combi	ned	Agricultural
25 OLD ROUTE 3	7			Connection	S		1				
Towns Served: N	EW FAIRFIELD										
860-350-2827											
Contact Role(s):	Legal Contact,	Owner									
Name			Or	rganization					Job Ti	tle	
Mr. Carl W. Hub	en		OI	de 37 Patio 8	k Grill			Manager			
Mailing Address	Line One		Mailing Address	s Line Two				City	Stat	e	Zip Code
25 Route 37							New Fa	irfield	СТ		06812
Business Phone	e Extension	Fax	Mobil	le Phone I	Emergency	/ Phone	Email A	ddress			
203-746-3700							cwh@c	olde37pand	y.com		
Contact Role(s):	Administrative	Contact		·							
Please note the	following:										
1. The residual di	sinfectant concer	tration must b	e measured at the	e same locatior	n and time a	as each t	otal colife	orm sample.			
2. If a Collection	Period is specified	l, all water qua	lity samples must	be collected d	uring the sp	ecified p	eriod.				

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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	Connectic		rtment of ity Monit				0			ction	
		ter Quar		or mg a					-		
PWS ID CT0910394	PWS Name		A/F11			Classifi		200	Owr	S	rimary Source GW
	SQUANTZ POND	5.P./ WAIN \	VELL	Service	Residen		mmercial		ial	S Combined	-
ROUTE 39	where applicable)			Connection			mmercia	maustri	Idl	Compined	Agricultural
	NEW FAIRFIELD			connection	5 5						
Towns Served.											
Water System	Facility: DISTR			oring Red D: 00600)	quireme	nts	_	_	_		
Total Coliforn	n (3100)							1	1 rou	tine (RT)	per quarter
	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Pe			ance Status
	n Inventory of Act		Points		7/1/19 -	-					mplete
	•				4/1/20 -						
					7/1/20 -						
Physical Para	meters (PPS)							1	1 rou	tine (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Pe			ance Status
	n Inventory of Act		Points		7/1/19 -	-					mplete
	<u> </u>	. 0			4/1/20 -						-
					7/1/20 -						
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N		•	•						1	routine (R	T) per year
	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Pe		-	ance Status
ENTRY POI		,			1/1/19 -			4/1-9/30)		mplete
	. ,				1/1/20 -			4/1-9/30			•
					1/1/21 -			4/1-9/30			
			Other C	omplian							
Compliance Sch	nedule Activity			•		Due Da	te	Achie	eved I	Date	
	RT UP COMPLETIO	N			[5/1/202	20				
	TION SURVEY REF					 3/1/202					
			vstem Facili	ity and S				tory			
Water		water Sy	stemraciii	ity and 5	amping			•	land		
	er System Facility		Sampling Point	Samplina F	Point		Tot Colife				Stage
Facility ID			ID	Description		Sta	itus Ru			Asbestos	WQP 2 DBPR
	RIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM		4 Y				
			DOWNSTREAM								
			UPSTREAM		SERVICE CON		4				
00700 ENT	RY POINT		3	ENTRY POI			4				
21598 WEL			2	WELL			۹.				
	ROPNEUMATIC TA	NK									
			Cor	tact Info	rmation						
			ľ	tact Info	mation					1.1.1.1.1	
Name				rganization	• • • •			c		Job Title	
Mr. David Cool				eep-Enginee	rıng Unit			Supv Civil	I Engi	1	
Mailing Address			Mailing Address	s Line Two				City		State	Zip Code
163 Great Hill R		_			_	21	Portland			СТ	06480
Business Phor		Fax		le Phone	Emergency						
860-342-221		860-344-2		05-7552	860-424-	3333	david.co	oley@ct.g	gov		
Contact Role(s)	: Administrative	Contact, Leg	al Contact, Owr	ner							

PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
СТ0910394	SQUANTZ POND S.P./MAIN WELL			I	NC	200	S	GW
Local Address	(where applicable)	Service	Residen	ntial C	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 39		Connections	5					
Towns Served:	NEW FAIRFIELD							
Please note th	e following:							
1. The residua	I disinfectant concentration must be measured at the	same location	and time a	as each	total colife	orm sample.		
2. If a Collection	on Period is specified, all water quality samples must l	pe collected du	ring the sp	ecified	period.			
1 0	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation date	1					0,	'

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

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21 BRUSH HILL ROAD Connections 1	Type Primary Source GW nbined Agricultura
CT0910414ST. EDWARD RC CHURCHNC25PLocal Address (where applicable)ServiceResidentialCommercialIndustrialCom21 BRUSH HILL ROADOnnections11II	GW
Local Address (where applicable)ServiceResidentialCommercialIndustrialCon21 BRUSH HILL ROADConnections1111	
21 BRUSH HILL ROAD Connections 1	nbined Agricultura
	0
Towns Served: NEW FAIRFIELD	
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
	e (RT) per quarter
	Compliance Status
Select from Inventory of Active Sampling Points 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	
Physical Parameters (PPS) 1 routine	e (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period	Compliance Status
Select from Inventory of Active Sampling Points7/1/19 - 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	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 rou	tine (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	
Water System Facility: WELL (WSF ID: 21599)	
E. Coli (3014) 1 routine	e (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period	Compliance Status
WELL (2) 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	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System Facility Sampling Point Coliform Copper	Stage
Status	bestos WQP 2 DBP
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
DOWNSTREAMWITHIN 5 SERVICE CONAUPSTREAMWITHIN 5 SERVICE CONA	
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT	
DOWNSTREAMWITHIN 5 SERVICE CONAUPSTREAMWITHIN 5 SERVICE CONA00700ENTRY POINT3ENTRY POINT21599WELL2WELLA	
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT	

		~	5		0		1					
PWS ID	PWS Name						Class	fication P	opulation	Ow	ner Type	Primary Source
СТ0910414	ST. EDWARD RC	CHURCH						NC	25		Р	GW
Local Address (wh	nere applicable)				Service	Reside	ntial C	ommercial	Industri	al	Combine	d Agricultural
21 BRUSH HILL RO	DAD				Connection	IS		1				
Towns Served: N	EW FAIRFIELD											!
				Con	tact Info	rmatio	n					
Name				0	rganization						Job Title	
Father Nick Cirille	D			St	Edward The	Confessor	⁻ Churc	า				
Mailing Address L	ine One		Mailing A	ddres	s Line Two				City		State	Zip Code
21 Brush Hill Rd								New Fair	field		СТ	06812
Business Phone	Extension	Fax		Mobi	ile Phone	Emergenc	y Phon	e Email Ad	dress		· ·	
203-746-2200		203-746-	4856	203-4	400-5284			Frnick@:	saintedwa	rdch	urch.org	
Contact Role(s):	Administrative	Contact, Le	gal Contact									
Name				0	rganization						Job Title	
Mr. Frank Caggia	no			Ro	oman Cath D	iocese Brid	dgeport		Bishop			
Mailing Address L	ine One		Mailing A	ddres	s Line Two				City		State	Zip Code
238 Jewett Avenu	ie							Bridgepo	or		СТ	06606
Business Phone	Extension	Fax		Mobi	ile Phone	Emergenc	y Phon	e Email Ad	ldress			
203-372-4301												
Contact Role(s):	Legal Contact											
Please note the f	ollowing:											
1. The residual dis	sinfectant concent	tration must l	pe measured	l at the	e same locatio	n and time	as each	total colifor	m sample.			
2. If a Collection F	Period is specified,	all water qua	ality samples	must	be collected o	luring the s	pecified	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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	Connecticut D	*				<u> </u>			
	Water (Quality Monit	coring an	d Com	plianc	ce Sch	nedule		
PWS ID	PWS Name				Classificat	ion Pop	ulation C	wner Type	Primary Sourc
СТ0910554	4 FIELDSTONE COMMON	IS			NC		25	Р	GW
Local Addr	ess (where applicable)		Service	Resident	ial Comm	nercial	Industrial	Combined	d Agricultura
3 ROUTE 3	9		Connections		1	L			
Towns Serv	ved: NEW FAIRFIELD							1	
		Monit	oring Requ	iiremer	nts				
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)						
Total Col	iform (3100)						1 r	outine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		Monitorir	ng Period	Collec	ction Perio	od Comp	liance Status
Select	t from Inventory of Active San	npling Points		7/1/19 -	9/30/19			C	omplete
			:	10/1/19 -	12/31/19			C	omplete
				1/1/20 -	3/31/20			C	omplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Physical	Parameters (PPS)						1 r	outine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		Monitorir	ng Period	Collec	tion Perio	od Comp	liance Status
Select	t from Inventory of Active San	npling Points		7/1/19 -	9/30/19			C	omplete
				10/1/19 -	12/31/19			C	omplete
				1/1/20 -	3/31/20			C	omplete
				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
Water Sys	stem Facility: ENTRY POIN	NT (WSF ID: 00700)							
	and Nitrite (NOX)							1 routine (RT) per year
	ling Point (Sampling Point ID)		Monitorir	ng Period	Collec	tion Perio	-	liance Status
	Y POINT (3)	-		1/1/19 - 1					omplete
				1/1/20 - 1					omplete
				1/1/21 - 1					•
	Wat	er System Facili				nvento	orv		
Water				0		Total	Lead a	nd	
	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn			Stage
, Facility ID		ID	Description		Status	Dula			WQP 2 DBP
00500	GAC FILTER	5	ENTRY POINT		A				
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	А	Y			
		DOWNSTREAM							
		FC001	ORTHO CONS		A	Y		Y	
		FC002	ORTHO KITCH		А	Y		Y	
		FC003	ORTHO LAB S		А	Y		Y	
		FC004	RR ORTHODO		A	Ŷ		Ŷ	
		FC005	ORTHO TOOT			Ŷ		Ŷ	
		FC006	ORTHO TOOT			Ŷ		Ŷ	
		FC007	ORTHO SETRI		A	Ŷ		Ŷ	
		FC008	ORTHO HAND		A	Ŷ		Ŷ	
		FC009	ORTHO HAND		A	Ŷ		Ŷ	
		FC010	ORTHO BACK			Ŷ		Ŷ	
		FC011	ORTHO DARK		A	Ŷ		Ŷ	
I				•	-	-		•	

RR NAIL SALON

HAND SINK NAIL SALON

FC012

FC013

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	Wat	er Quality Monit	oring an	id Con	ıpl	iance	e Sc	hedul	e		
PWS ID	PWS Name				Clas	Classification Population Owner Type Primary So					
СТ0910554	FIELDSTONE CON	/MONS				NC		25		Р	GW
Local Address (\	where applicable)		Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultura
3 ROUTE 39			Connections	5		1					
Towns Served: I	NEW FAIRFIELD										
		Water System Facili	ity and Sa	mpling	Po	int In	vent	ory			
Water System Wate Facility ID	er System Facility	Sampling Point ID	Sampling Point Description			(Status	Tota Colifor Rule	rm Copper		-	Stage WQP 2 DBP
		FC014	RR YOGA			A	Y			Y	
		FC015	CHIRO RR			А	Y				
		UPSTREAM	WITHIN 5 SE	RVICE CON	N	А					
00700 ENT	RY POINT	3	ENTRY POIN	Т		А					
22721 WEL	L	2	WELL			А					
50462 TREA	TMENT PLANT										
		Con	tact Infor	mation							
Name		01	rganization							Job Title	
Ms. Susan Huw	er	Fi	eldstone Com	mons	Treasurer-Condo Asso						
Mailing Address	s Line One	Mailing Address	s Line Two					City		State	Zip Code
Fieldstone Com	mons	3 Route 39				New	/ Fairf	eld		СТ	06812
Business Phor	ne Extension	Fax Mobi	le Phone E	Emergency	Pho	ne Ema	il Add	ress			
203-746-242	9	203-746-2420				shu	wer@s	bcglobal	.net		
Contact Role(s):	Administrative	Contact, Legal Contact, Owr	ner								
	disinfectant concent	ration must be measured at the all water quality samples must						sample.			
3. Depending of	n results, additional	monitoring may be required (i.e on or after the generation date	e. repeat or cor	nfirmation s	ampl	es). This	sched			0,	· ·

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

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	Connecticut Dep					<u> </u>			ction		
	Water Qu	ality Monit	oring an	d Com	plian	ce Sc	chedul	e			
PWS ID	PWS Name				Classificat	tion Po	opulation	Owne	er Type Pr	imary Source	
СТ0915234	NEW FAIRFIELD SCHOOLS	CONCESSION STAI	ND		NC		100		L	GW	
	(where applicable)		Service	Resident	tial Comr	mercial	Industria	al C	ombined	Agricultural	
54 GILLOTTI RO			Connections			1					
Towns Served:	NEW FAIRFIELD										
		Monit	oring Requ	ireme	nts						
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colifor	• •						2	1 rout	tine (RT)	per month	
	Point (Sampling Point ID)				ng Period		ection Per	riod		ance Status	
Select fro	m Inventory of Active Sampli	ng Points			10/31/19				_	mplete	
					11/30/19				Со	mplete	
					12/31/19						
				4/1/20 -							
				5/1/20 -							
				6/1/20 -							
				7/1/20 - 8/1/20 -							
				9/1/20 -							
Physical Par	ameters (PPS)			3/1/20-	9/30/20			1 rout	tino (RT)	per month	
-	Point (Sampling Point ID)			Monitori	ng Period	Coll	ection Per			ance Status	
	m Inventory of Active Sampli	ng Points			10/31/19					mplete	
beleeting					11/30/19					mplete	
					12/31/19						
				4/1/20 -							
				5/1/20 -							
				6/1/20 -	6/30/20						
				7/1/20 -	7/31/20						
				8/1/20 -	8/31/20						
				9/1/20 -	9/30/20						
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)							1 rc	outine (R	T) per year	
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Coll	ection Per	tion Period Compliance Statu			
ENTRY PC	DINT (3)			1/1/19 - 12/31/19 Comp							
				1/1/20 - 1	12/31/20						
				1/1/21 - 2	12/31/21						
		Other C	ompliance	Sched	ules						
Compliance Sc	hedule Activity			L	Due Date		Achie	ved D	ate		
SEASONAL STA	ART UP COMPLETION			2	4/1/2020						
	Water	System Facil	ity and Sar	npling	Point I	nvent	tory				
Water						Tota	I Lead	and			
	ter System Facility	Sampling Point		nt		Colifo				Stage	
Facility ID		ID	Description		Status	s Rule	e Rule	Tier /	Asbestos	WQP 2 DBPI	
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION								
		DOWNSTREAM									
		UPSTREAM	WITHIN 5 SER	VICE CON							
00700 ENT	TRY POINT	3	ENTRY POINT		A						

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source CT0915234 NEW FAIRFIELD SCHOOLS CONCESSION STAND NC 100 I. GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 54 GILLOTTI ROAD 1 Towns Served: NEW FAIRFIELD Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 2 56993 WELL 1 WELL 1 A 56997 PRESSURE TANK **Contact Information** Organization Job Title Name Ms. Patricia Del Monaco Town of New Fairfield First Selectman Mailing Address Line One Mailing Address Line Two Citv State Zip Code 4 Brush Hill Rd New Fairfield 06812 CT **Business Phone** Extension Fax Mobile Phone **Emergency Phone** Email Address 203-312-5600 203-312-5612 203-240-0143 pdelmonaco@newfairfield.org 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. 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.

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	Connecticut De	partment of	^F Public H	ealth	Drin	king	Wat	ter S	ection			
		uality Monit				0			cetion			
PWS ID	PWS Name		or mg am						wher Type	Primary Sou		
CT0915244	249 ROUTE 39				NC		25		P	GW		
	ss (where applicable)		Service	Residen		nmercia		ustrial	Combine			
	AN ROAD (RT-39)		Connections	Residen		1	ii iiu	ustrial	COMDING	eu Agricultu		
	ed: NEW FAIRFIELD					T						
TOWINS SELVE		Monit	oring Requ	ireme	nts							
Water Syst	em Facility: DISTRIBUTIO						_	_	_			
	form (3100)		21.00000					1 rc	utine (R1) per quart		
	ing Point (Sampling Point ID)			Monitori	ng Period	d Co	llectio	n Perio	-	pliance Statu		
-	from Inventory of Active Samp	ling Points			9/30/19					Complete		
					12/31/1					Complete		
					3/31/20					eempiete		
					6/30/20							
					9/30/20							
Physical P	arameters (PPS)							1 rc	outine (RT) per quart		
Sampli	ing Point (Sampling Point ID)			Monitori	ng Period	d Co	llectio	n Perio	d Com	Compliance Status		
Select	from Inventory of Active Samp	ling Points		7/1/19 -	9/30/19					Complete		
			:	10/1/19 -	12/31/1	9				Complete		
				1/1/20 -	3/31/20							
				4/1/20 -	6/30/20							
				7/1/20 -	9/30/20							
Physical P	arameters (PPX)							1 rc	outine (R1) per quart		
Sampli	ing Point (Sampling Point ID)			Monitori	ng Period	d Co	llectio	n Perio	d Com	pliance Statu		
Select	from Inventory of Active Samp	oling Points		7/1/19 -	9/30/19	1						
				10/1/19 -	12/31/1	.9						
				1/1/20 -	3/31/20							
				4/1/20 -	6/30/20)						
				7/1/20 -	9/30/20)						
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)										
	nd Nitrite (NOX)							:		(RT) per ye		
Sampli	ing Point (Sampling Point ID)			Monitori	ng Period	d Co	llectio	n Perio	d Com	pliance Statu		
ENTRY	POINT (3)			1/1/19 -	12/31/19	9				Complete		
					12/31/20							
				1/1/21 -	12/31/21	1						
	Wate	r System Facili	ity and Sar	npling	Point	Inver	ntory	1				
Water						To		ead an				
System V Facility ID	Nater System Facility	Sampling Point ID	Sampling Poil	nt	_	Colif		Copper		Sta os WQP 2 DI		
-	WELL 1	2	WELL 1		<u>Statı</u> A	US RU						
		4	DISTRIBUTION			``	Y					
00000 L		4 DOWNSTREAM				1	1					
		DOWINGTREAM	VVIIITIIN 3 SER	VICE CUP	N A							

ENTRY POINT

WITHIN 5 SERVICE CON

А

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UPSTREAM

3

00700

ENTRY POINT

	vu	ter quu	ncy mon	ntor mg u		iipiit		Juneau		
PWS ID	PWS Name			Cla		fication	Population	Owner Type	Primary Source	
СТ0915244	249 ROUTE 39						NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combir	ed Agricultural
249 SHERMAN R	OAD (RT-39)			Connectior	าร		1			
Towns Served: N	EW FAIRFIELD							I.		
			Co	ontact Info	rmatior	ו				
Name				Organization					Job Tit	le
Mr. Justin R Mei	ten-Slodowski									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
11 Southview Rd							Newfa	irfield	СТ	06812
Business Phone	e Extension	Fax	Mc	bile Phone	Emergency	y Phon	e Email /	Address		
203-746-8888										
Contact Role(s):	Administrative	Contact, Ow	ner							
Please note the	following:									
1. The residual d	isinfectant concent	tration must b	e measured at	the same locatio	on and time a	as each	total colif	orm sample.		
2. If a Collection	Period is specified,	all water qua	lity samples mu	st be collected o	during the sp	pecified	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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	^	of Public H			<u> </u>					
	uality Mon	itoring an		A				.		
		.								
			Decident			_	-	GW		
					cial I	ndustria	Compline	d Agricultura		
				L						
	Moni	itoring Real	uiromor	tc						
n Facility: DISTRIBUTIC					_		_			
rm (3100)						1	routine (RT) per quarter		
Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Peri	od Com	oliance Status		
m Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			(Complete		
			10/1/19 - 3	12/31/19						
			1/1/20 - 3	3/31/20			(Complete		
			4/1/20 - 6	5/30/20						
			7/1/20 - 9	9/30/20						
						1	-			
				-	Collec	tion Peri	od Com	Compliance Status		
m Inventory of Active Sam	pling Points						(Complete		
						(Complete			
			7/1/20 - 9	9/30/20						
m Facility: ENTRY POIN	T - OFFICE (WSF	ID: 00700)								
• •								(RT) per year		
				-	Collec	tion Peri		oliance Status		
DINT - OFFICE (3)					Complete					
							(Complete		
				· ·						
	Public No		-	1			1			
			Notice			PN Certification				
ation	7/					rformed				
							12/19/202	.0		
wate	er System Fac	liity and Sa	mpling			-	u d			
ter System Facility	Samplina Poi	nt Samplina Po	int					Stage		
	ID				Rule			-		
TRIBUTION SYSTEM	4	-	N SYSTEM							
	BH65412			A	Y					
				A						
				A						
TRY POINT - OFFICE	3			A						
	2			А						
	Сс	ontact Infor	mation							
		Organization					Job Title	2		
			1							
/elez		Girl Scouts of Co	onnecticut		Di	r. Proper	ty Svcs.			
	PWS Name GIRL SCOUTS OF CT - CA (where applicable) L ROAD : NEW FAIRFIELD m Facility: DISTRIBUTIC rm (3100) <i>Point (Sampling Point ID)</i> pm Inventory of Active Sam ameters (PPS) <i>Point (Sampling Point ID)</i> pm Inventory of Active Sam m Facility: ENTRY POIN Nitrite (NOX) <i>Point (Sampling Point ID)</i> DINT - OFFICE (3)	PWS Name GIRL SCOUTS OF CT - CAMP CANDLEWOOD (where applicable) L ROAD : NEW FAIRFIELD Moni m Facility: DISTRIBUTION SYSTEM (WSI rm (3100) (Point (Sampling Point ID) im Inventory of Active Sampling Points ameters (PPS) (Point (Sampling Point ID) im Inventory of Active Sampling Points im Facility: ENTRY POINT - OFFICE (WSF Nitrite (NOX) Point (Sampling Point ID) DINT - OFFICE (3) Public Nation ration 7/ Water System Facility Sampling Point ID TRIBUTION SYSTEM 4 BH65412 DOWNSTREA UPSTREAM TRY POINT - OFFICE 3 FICE WELL 2 ATTMENT PLANT	PWS Name GIRL SCOUTS OF CT - CAMP CANDLEWOOD - LH (where applicable) Service L ROAD Connections : NEW FAIRFIELD Monitoring Requirements m Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) rm (3100) Point (Sampling Point ID) in Inventory of Active Sampling Points ameters (PPS) in Point (Sampling Point ID) im Inventory of Active Sampling Points in Pacility: ENTRY POINT - 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9/30/20 7/1/20 - 9/30/20 minventory of Active Sampling Points 7/1/19 - 12/31/19 10/1/19 - 12/31/20 10/1/19 - 12/31/20 10/1/19 - 12/31/20 10/1/20 - 12/31/20 minventory of Active Sampling Point ID Monitoring Period Collection IPoint (Sampling Point ID) Monitoring Period Collection IPoint (Sampling Point ID) Monitoring Period Collection IPoint (Cox) <td>PWS Name Classification Population Classification<td>GIRL SCOUTS OF CT - CAMP CANDLEWOOD - LH NC 25 P (where applicable) Service Connections Residential Commercial Industrial Combine LROAD NEW FAIRFIELD Monitoring Requirements m Facility: Isruetical Collection Period Collection Period Control (RT) m facility: DISTRIBUTION SYSTEM (WSF ID: 00600) I routine (RT) I routine (RT) Collection Period Collect</td></td>	PWS Name Classification Population Classification <td>GIRL SCOUTS OF CT - CAMP CANDLEWOOD - LH NC 25 P (where applicable) Service Connections Residential Commercial Industrial Combine LROAD NEW FAIRFIELD Monitoring Requirements m Facility: Isruetical Collection Period Collection Period Control (RT) m facility: DISTRIBUTION SYSTEM (WSF ID: 00600) I routine (RT) I routine (RT) Collection Period Collect</td>	GIRL SCOUTS OF CT - 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PWS ID	PWS Name					Cl	assifi	cation	Population	ו Owr	ner Type Pi	rimary Source		
СТ0915254	GIRL SCOUTS C	F CT - CAMP	CANDLEWOO	D - LH			NC		25		Р	GW		
Local Address (w	here applicable)		Service	Resid	dentia	l Coi	mmerci	al Indust	rial	Combined	Agricultural		
29 BOGUS HILL F	ROAD			Connectio	ons			1						
Towns Served: N	EW FAIRFIELD				I		1							
zo washington P	wenue							NOTUL	naven		CI	00475		
Business Phon	e Extension	Fax	Mo	obile Phone	Emerge	ncy Pł	none	Email A	Address					
203-239-2922	3329	203-239-	7220		800-9	22-27	70	mvelez	@gsofct.o	ogsofct.org				
Contact Role(s):	Administrative	e Contact												
Name	÷			Organization					Job Title					
Girl Scouts of Ar	nerica, Inc.													
Mailing Address	Line One		Mailing Addr	ess Line Two					City		State	Zip Code		
340 Washington	Street							Hartfo	rd		СТ	06106		
Business Phon	e Extension	Fax	Mo	obile Phone	Emerge	ncy Pł	none	Email A	Address					
860-522-0163														
Contact Role(s):	Legal Contact,	Owner												
Please note the	following:													
1. The residual d	isinfectant conce	ntration must b	be measured at	the same locat	ion and tin	ne as e	ach to	otal colif	orm sample					
2. If a Collection	Period is specifie	d, all water qua	ality samples mi	ust be collected	d during the	e speci	fied p	eriod.						

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