Connecticut Department of Duh	lia Haalth Drinki	na Watar Car	ation
Connecticut Department of Pub Water Quality Monitoring		- C	CUOII
PWS ID PWS Name			er Type Primary Source
CT0910502 NEW FAIRFIELD WPCA	NTNC	275	L GW
Local Address (where applicable) Service			Combined Agricultural
	ections 3	erciai iliaastilai (Lombined Agricultural
Towns Served: NEW FAIRFIELD	3		
	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	<u> </u>		
Asbestos (1094)	•	1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
, , ,	1/1/20 - 12/31/28		<u> </u>
Total Haloacetic Acids (2456)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
96RT37 DRS REST RM (NFDR019)	1/1/19 - 12/31/19	9/1-9/30	Complete
	1/1/20 - 12/31/20	9/1-9/30	•
	1/1/21 - 12/31/21	9/1-9/30	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
SHAWS BREAK RM SINK (NFSH010)	1/1/19 - 12/31/19	9/1-9/30	Complete
	1/1/20 - 12/31/20	9/1-9/30	
	1/1/21 - 12/31/21	9/1-9/30	
Total Coliform (3100)		1 rout	ine (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		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		
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		
Physical Parameters (PPS)		1 rout	ine (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		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	4/1/20 - 6/30/20 7/1/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Water System Facility: ENTRY POINT (WSF ID: 00700) Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
		1 routine Collection Period	(RT) per three years Compliance Status
Inorganic Chemicals (IOCS)	7/1/20 - 9/30/20		· · ·

Monitoring Period

1 routine (RT) per year

Compliance Status

Page 1

Collection Period

Schedule Generation Date: 3/10/2020

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

Connecticut Department of					_			ction	
Water Quality Monite	oring an	d Com	ıpli	ance	Sch	edul	e		
PWS ID PWS Name			Class	ification	Pop	ulation	Owr	ner Type Pi	imary Source
CT0910502 NEW FAIRFIELD WPCA				ITNC		275		L	GW
Local Address (where applicable)	Service	Resident	tial (Commerc	cial I	Industria	al	Combined	Agricultural
4 BRUSH HILL ROAD (ROUTE 39)	Connections	3							
Towns Served: NEW FAIRFIELD									
Monito	oring Requ	uiremei	nts						
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)							1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
ENTRY POINT (3)		1/1/19 - 1	12/31	/19				Co	mplete
		1/1/20 - 1	12/31	/20				Co	mplete
		1/1/21 - 1	12/31	/21					
Pesticides, Herbicides and PCBs-Phase II (SOC2)						1 rou	itine	(RT) per	three years
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
ENTRY POINT (3)		1/1/17 - 1	12/31	/19				Со	mplete
		1/1/20 - 1	12/31	/22					
		1/1/23 - 1	12/31	./25					
Pesticides, Herbicides and PCBs-Phase V (SOC5)						1 rou	ıtine	(RT) per	three years
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
ENTRY POINT (3)		1/1/17 - 3	12/31	/19				Co	mplete
		1/1/20 - 1	12/31	/22					
		1/1/23 - 1	12/31	./25					
Organic Chemicals (VOCS)							1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
ENTRY POINT (3)		1/1/19 - 1	12/31	/19				Со	mplete
		1/1/20 - 1	12/31	/20					
		1/1/21 - 1	12/31	/21					
Water System Facility: WELL 1 (WSF ID: 10430)									
E. Coli (3014)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoria	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
WELL (2)		7/1/19 -	9/30	/19				Co	mplete
		10/1/19 -	12/3	1/19				Со	mplete
		1/1/20 -	3/31	/20				Со	mplete
		4/1/20 -	6/30	/20					
		7/1/20 -	9/30	/20					
Water System Facility: WELL 2 (WSF ID: 48685)									
E. Coli (3014)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
WELL 2 (2)		7/1/19 -	9/30	/19				Со	mplete
		10/1/19 -	12/3	1/19		mplete			
		1/1/20 -	3/31	/20				Со	mplete
		4/1/20 -	6/30	/20					
		7/1/20 -	9/30	/20					
Water System Facility: WELL 3 (WSF ID: 48687)									
E. Coli (3014)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Pe	riod	Collec	tion Per	riod	Compli	ance Status
\A/ELL 2 /2\		7/1/10	0/20	14.0					

7/1/19 - 9/30/19

Schedule Generation Date: 3/10/2020

WELL 3 (2)

Complete

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0910502	NEW FAIRFIELD WPCA				NTNC	275	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
4 BRUSH HILL R	OAD (ROUTE 39)	Connections	3					

Towns Served: NEW FAIRFIELD

Monitoring Requirements

Water System Facility: WELL 3 (WSF ID: 48687)

. Coli (3014)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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 Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2011	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2011	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2013	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		NFDR019	96RT37 DRS REST RM	Α	Υ	1		Υ
		NFDR020	96RT37 THERAP R RM	Α	Υ	1		
		NFLIB017	LIBRARY REST RM	Α	Υ	1		
		NFPL021	STARBUCKS REST RM	Α	Υ	1		
		NFPL022	NAIL SALON REST RM	Α	Υ	1		
		NFPL023	LIQUOR STORE REST R	Α	Υ	1		
		NFSH006	SHAWS FLORIST	Α	Υ	1		
		NFSH007	SHAWS PROD H SINK	Α	Υ	1		
		NFSH008	SHAWS MENS RM SINK	Α	Υ	1		
		NFSH009	SHAWS LADIES RM SINK	Α	Υ	1		
		NFSH010	SHAWS BREAK RM SINK	Α	Υ	1		Υ
		NFSH011	SHAWS BAKERY H SINK	Α	Υ	1		
		NFSH012	SHAWS GROCERY H SIN	Α	Υ	1		
		NFSH013	SHAWS MEAT H SINK	Α	Υ	1		
		NFSH014	SHAWS SEAFOOD H SIN	Α	Υ	1		
		NFSH015	SHAWS DELI H SINK	Α	Υ	1		
		NFSH016	SHAWS TRPL SINK	Α	Υ	1		

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.

		partment o				•			ection	
		uality Monit	toring a	na Con						
PWS ID	PWS Name									Primary Sourc
CT0910502	NEW FAIRFIELD WPCA				NTI			75	L	GW
	vhere applicable)		Service	Residen	tial Co	mmerc	ial Ir	ndustrial	Combine	d Agricultura
	DAD (ROUTE 39)		Connectio	ns 3						
Towns Served: N										
	Wate	r System Facil	ity and S	ampling	Point	t Inve	ento	ry		
Water			- "				otal	Lead and	1	
•	er System Facility	Sampling Point ID	Sampling I Description				iform		. Ashasta	Stage
Facility ID			-	1	Sta	tus	Rule			WQP 2 DBP
		NFTH001	KITCHEN	5.4	Δ.	-	Y	1	Y	
		NFTH002	LWR LVL R		Δ.	-	Y	1		
		NFTH003	LADIES RM		Δ.		Y	1		
		NFTH004	MENS RM		Δ.	-	Υ	1		
		NFTH005	FIN DEPT K	-	Δ.	-	Y	1		
		NFTH018	TOWN HAI				Υ	1		
		UPSTREAM		SERVICE CON						
00700 ENTR	Y POINT	3	ENTRY POI	NT	Α	١				
10430 WELL	. 1	2	WELL		Δ	4				
48685 WELL	. 2	2	WELL 2		Α	4				
48687 WELL	. 3	2	WELL 3		A	A				
	FAIRFIELD WATER TMENT PLANT									
TREA										
TREA	TMENT PLANT	Certified	Operato	or Inform	ation					
TREA 55715 ATM	TMENT PLANT DSPHERIC STORAGE	Certified	<u> </u>							
TREA 55715 ATM Water System	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT	<u> </u>							Contisionation
TREA 55715 ATM Water System Facility Classific	TMENT PLANT DSPHERIC STORAGE	LD WATER TREAT	MENT PLA	NT (WSFII	D: 4869					Certification
TREA 55715 ATM Water System Facility Classific Operator Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT NT PLANT <i>Operator Typ</i>	MENT PLAI	NT (WSF II	D: 4869	93)	IT ODE	DATOR (TASS II	Expiration
TREA 55715 ATM Water System Facility Classific Operator Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT NT PLANT Operator Typ CHIEF OPERATO	MENT PLAI	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)	IT OPE	RATOR - C	LASS II	-
TREA 55715 ATM Water System Facility Classific Operator Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT NT PLANT Operator Typ CHIEF OPERATO	MENT PLAI	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)	IT OPE	RATOR - C	LASS II	Expiration
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT NT PLANT Operator Type CHIEF OPERATO COP	MENT PLAI	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)	IT OPE	RATOR - C	LASS II Job Title	Expiration
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE	LD WATER TREAT NT PLANT Operator Type CHIEF OPERATO COP	MENT PLAI De DR ntact Info	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)	IT OPE	RATOR - C		Expiration
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT	LD WATER TREAT NT PLANT Operator Type CHIEF OPERATO COP	DR ntact Info	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)		RATOR - C		Expiration
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT	NT PLANT Operator Typ CHIEF OPERATO COT	DR ntact Info	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	93)	Ci	ity	Job Title	Expiration 3/31/2023
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One	COr Mailing Addres	DR ntact Info	NT (WSF II Certification WATER TRE	D: 4869 on(s) EATMEN	T PLAN	Ci	ity d	Job Title	Expiration 3/31/2023 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phone	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One E Extension	COr Mailing Addres	MENT PLAI DE DR ntact Info	Certification WATER TRE	D: 4869 on(s) EATMEN	T PLAN	Ci	ity d	Job Title	Expiration 3/31/2023 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s):	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One E Extension	COR Mailing Address	DR ntact Info rganization ss Line Two ile Phone	Certification WATER TRE	D: 4869 on(s) EATMEN	T PLAN	Ci	ity d	Job Title State CT	Expiration 3/31/2023 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One e Extension Owner	COMMATER TREAT NT PLANT Operator Typ CHIEF OPERATO COMMAND Mailing Address Fax Mob	DR ntact Info rganization ile Phone	Certification WATER TRE	D: 4869 on(s) EATMEN	T PLAN	Ci airfield Addre	ity d sss	Job Title State CT Job Title	Expiration 3/31/2023 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name Ms. Susan Chap	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One e Extension Owner	COR Mailing Address Fax Mob	MENT PLAI DE DR Intact Info Irganization Iss Line Two Ille Phone Irganization Own of New	Certification WATER TRE	D: 4869 on(s) EATMEN	T PLAN	Ci airfield Addre	ity d sss	Job Title State CT Job Title	Expiration 3/31/2023 Zip Code 06812
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name Ms. Susan Chap Mailing Address	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One e Extension Owner man Line One	COMMATER TREAT NT PLANT Operator Typ CHIEF OPERATO COMMAND Mailing Address Fax Mob	MENT PLAI DE DR Intact Info Irganization Iss Line Two Ille Phone Irganization Own of New	Certification WATER TRE	D: 4869 on(s) EATMEN	New F	Ci airfield Addre	ity d sss	Job Title State CT Job Title an State	Zip Code 06812 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name Ms. Susan Chap Mailing Address 4 Brush Hill Road	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One Extension Owner man Line One	COR Mailing Address Mailing Mailing Mailing Address Mailing Ma	MENT PLAI DE DR Intact Info Irganization Iss Line Two Ille Phone Irganization Own of New Iss Line Two	Certification WATER TRE Drmation Emergency Fairfield	D: 4869 on(s) EATMEN	New F	Ci airfield Addre Firs Ci airfield	ity d sss et Selectma	Job Title State CT Job Title	Expiration 3/31/2023 Zip Code 06812
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name Ms. Susan Chap Mailing Address 4 Brush Hill Road Business Phon	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One e Extension Owner man Line One d e Extension	COR Mailing Address Mailing Mailing Mailing Address Mailing Ma	MENT PLAI DE DR Intact Info Irganization Iss Line Two Ille Phone Irganization Own of New	Certification WATER TRE	D: 4869 on(s) EATMEN	New F Email	Ci airfield Addre Firs Ci airfield	ity d sss st Selectma	Job Title State CT Job Title an State CT	Zip Code 06812 Zip Code
TREA 55715 ATM Water System Facility Classific Operator Name FOLEY, JAMES Name New Fairfield Mailing Address 4 Brush Hill Rd Business Phon Contact Role(s): Name Ms. Susan Chap Mailing Address 4 Brush Hill Road Business Phon 203-312-5600	TMENT PLANT DSPHERIC STORAGE Facility: NEW FAIRFIE ation: CLASS 1 TREATMENT Line One e Extension Owner man Line One d e Extension	TAX Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mob	MENT PLAI DE DR Intact Info Irganization Iss Line Two Ille Phone Irganization Own of New Iss Line Two	Certification WATER TRE Drmation Emergency Fairfield	D: 4869 on(s) EATMEN	New F Email	Ci airfield Addre Firs Ci airfield	ity d sss et Selectma	Job Title State CT Job Title an State CT	Zip Code 06812 Zip Code

C	connectic	ut Depa	irtme	ent of	Public	Health	ı D	rınkıng	g Water	Section	l	
	Wa	ter Qua	lity N	Jonit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID P	WS Name						Classification F		Population	Owner Type	Primary Sou	
CT0910502 N	IEW FAIRFIELD	WPCA						NTNC	275	L	GW	
Local Address (wh	ocal Address (where applicable)					Resider	ntial	Commerci	al Industri	al Combin	ed Agricultu	
4 BRUSH HILL ROAD (ROUTE 39)					Connection	ns 3						
Towns Served: NE	W FAIRFIELD					·					·	
Name				Or	ganization		Job Title					
Ms. Patricia Del M	lonaco			To	own of New Fairfield First Selectman					ctman		
Mailing Address Li	ne One		Mailing	Address	Line Two	ne Two				State	Zip Code	
4 Brush Hill Rd								New Fa	airfield	СТ	06812	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Ph	one Email A	Address	·		
203-312-5600		203-312-	5612			203-240	-014	3 pdelm	onaco@new	fairfield.org		
Contact Role(s):	Owner							,				

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

contact Role(s). Owner

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
СТ0910532	NEW FAIRFIELD HIGH/MIDDLE SCHOOL			NTNC	1,791	L	GW				
Local Address (Service	Residen	ntial Commerci		al Industri	al Combine	d Agricultural				

Connections

54 GILLOTTI ROAD	connections 1		
Towns Served: NEW FAIRFIELD			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM HIGH & I	MIDDLE SCHOOL (WSF ID: 006	500)	
Chlorine Residual (1012)		2 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		
	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		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
K DBL SINK L (NFHS004)	1/1/19 - 12/31/19	9/1-9/30	Complete
	1/1/20 - 12/31/20	9/1-9/30	
	1/1/21 - 12/31/21	9/1-9/30	
Total Trihalomethanes (2950)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
SCIENCE ROOM 202 (NFMS003)	1/1/19 - 12/31/19	9/1-9/30	Complete
	1/1/20 - 12/31/20	9/1-9/30	
	1/1/21 - 12/31/21	9/1-9/30	
Total Coliform (3100)		2 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		
	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		

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.

Schedule Generation Date: 3/10/2020

54 GILLOTTI ROAD

	Connecticut Department					_			ection	
DIAK ID	Water Quality Mon	noring an	u Con						T D:	
PWS ID CT0910532	PWS Name NEW FAIRFIELD HIGH/MIDDLE SCHOOL				NTNC	n Po	1,791	UW	L L	imary Source
	(where applicable)	Service	Residen			rcial		st.	Combined	Agricultura
54 GILLOTTI F		Connections	1	llidi	Comme	Clai	iiiuustiia	11	Combined	Agricultura
	: NEW FAIRFIELD	Commedians	1							
TOWIIS SELVED		tarina Dan	.:							
		toring Requ								
•	m Facility: DISTRIBUTION SYSTEM HIGH	& MIDDLE SCI	HOOL (W	VSF I	D: 0060)0)			(5=)	
Total Colifo	•					.			outine (RT)	-
Sampling	g Point (Sampling Point ID)		Monitori			Coll	ection Per	ıod	Complic	ince Status
			8/1/20 -		-					
			9/1/20 -	9/30)/20					-
	opper (PBCU)								e (RT) per t	•
	g Point (Sampling Point ID)		Monitori			Coll	ection Per	iod		ince Status
Select fro	om Inventory of Active Sampling Points		1/1/17 -				6/1-9/30		Cor	nplete
			1/1/20 -		-		6/1-9/30			
			1/1/23 -	12/3	1/25		6/1-9/30			
•	rameters (PPS)						2	2 ro	utine (RT)	-
Sampling	g Point (Sampling Point ID)		Monitori			Coll	ection Per	iod	Complia	ince Status
Select fro	om Inventory of Active Sampling Points		10/1/19 -						Cor	mplete
			11/1/19 -	11/3	30/19				Cor	nplete
			12/1/19 -	12/3	31/19				Cor	mplete
			1/1/20 -	1/31	1/20				Cor	mplete
			2/1/20 -	2/29	9/20					
			3/1/20 -	3/31	1/20					
			4/1/20 -	4/30	0/20					
			5/1/20 -	5/31	1/20					
			6/1/20 -	6/30	0/20					
			7/1/20 -	7/31	1/20					
			8/1/20 -	8/31	1/20					
			9/1/20 -	9/30	0/20					
Water Syste	m Facility: ENTRY POINT (WSF ID: 00700	0)								
Inorganic Cl	nemicals (IOCS)						1 rou	tin	e (RT) per t	hree years
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod	Coll	lection Per	iod	Complia	nce Status
ENTRY P	OINT (3)		1/1/17 -	12/3	1/19				Cor	nplete
			1/1/20 -	12/3	1/22					
		_	1/1/23 -	12/3	1/25					-
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod	Coll	lection Per	iod	Complia	nce Status
ENTRY P	OINT (3)		1/1/19 -	12/3	1/19				Cor	nplete
			1/1/20 -	12/3	1/20					
			1/1/21 -	12/3	1/21					
Pesticides, I	Herbicides and PCBs - Phase II & V (SOCS	5)					1 rou	tine	e (RT) per t	hree years
Sampling	g Point (Sampling Point ID)		Monitori	ing P	eriod	Coll	lection Per			ince Status
ENTRY P	OINT (3)		1/1/17 -	12/3	1/19				Cor	mplete
			1/1/20 -	12/3	1/22					

	Connecticut Des	aartmant al	Dublic	[oal+h	Drink	ing M	Intor	Co.	ction		
	Connecticut Dep								ction		
		iality Monit	oring an								
PWS ID	PWS Name							Own	er Type F		
CT0910532	NEW FAIRFIELD HIGH/MII	DDLE SCHOOL	1		NTNC		.,791		L	G\	
	(where applicable)		Service Connections		ial Comr	nercial	Industria	al	Combined	l Agri	cultura
54 GILLOTTI R			Connections	1							
Towns Served	: NEW FAIRFIELD			•							
	5 111 511504 501115		oring Requ	ıremei	nts						
•	m Facility: ENTRY POINT	(WSF ID: 00700)							tina (DT)		
•	emicals (VOCS)			Manitari	en Doriod	Calla	1 ction Per		tine (RT)		
	g Point (Sampling Point ID)			Monitorir 7/1/19 -		Collec	tion Per	100	Compl	omplet	
ENTRY PO	JINT (5)				9/30/19 12/31/19					omplet	
				1/1/20 -						omplet	
				4/1/20 -					C	mpiet	.c
				7/1/20 -							
	Monthly Water	System Easil	ity (\MSE) !			ing Po	auiro	mo-	ntc		
Matan Custon	.			evel iv	ioiiitoi	ilig ive	quirei	IIICI	113		
•	m Facility: TREATMENT PI	-	-			••				/2.0	
Analyte		quirement (Summ	ary Type)		ating Lim				Samples F		ontn
Chlorine	Entry Point RD	C (EPRD)	Committee		mum: 0.6					nuous	
Start Date	: 10/1/2011		-	nce Histo	-		ting Limi		Monito	_	
				ing Perio o 19 - 10/31		Compl	iance Sta Y	atus:	Compli	ance S	tatus:
				19 - 10/31 19 - 11/30			Y				
				19 - 12/31	-		'				
) - 1/31/2							
				0 - 2/29/2							
		Other C	ompliance	Sched	ules						
Compliance Se	chedule Activity		•	E	Due Date		Achie	ved L	Date		
DISTRIBUTION	I SYSTEM MATERIALS EVALUA	ATION		8,	/31/2019						
CROSS CONNE	ECTION SURVEY REPORT			3	3/1/2020						
	Water	System Facili	ity and Sar	npling	Point I	nvent	ory				
Water						Total	Lead	and			
•	ater System Facility	Sampling Point		nt		Coliforn					Stage
Facility ID		ID	Description		Status		Rule	Tier	Asbestos	WQP	2 DBPI
	STRIBUTION SYSTEM HIGH & DDLE SCHOOL	4	NFHS004 - KIT	CHEN DI	А	Υ					
		4 - NFHS	HIGH SCHOOL								
		4 - NFMS	MIDDLE SCHO								
		DOWNSTREAM		VICE CON							
		NFHS001	NURSES SINK		Α	Y	1				
		NFHS002	WF NURSES S	INK	A	Y	1		Υ		
		NFHS003	K HAND SINK		A	Y	1				
		NFHS004	K DBL SINK L		A	Y	1				Y
		NFHS005	K DBL SINK R		Α	Υ	1				
ı		• · - · · -			-						
		NFHS006 NFHS007	WF NEAR GYN		A A	Y Y	1 1				

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L RM OFFICE

NFHS008

	Connecticut	t Department of	Public Health	Drinki	ng W	ater Sec	ction		
	Wate	er Quality Monit	oring and Com	plianc	e Sch	edule			
PWS ID	PWS Name			Classification		lation Owne	er Type P	rimary	Source
CT0910532	NEW FAIRFIELD HI	GH/MIDDLE SCHOOL		NTNC			L	G۷	
Local Address	(where applicable)	•	Service Resident	tial Comm			ombined	1	cultural
54 GILLOTTI R	* * * * * * * * * * * * * * * * * * * *		Connections 1						
	NEW FAIRFIELD								
	W	/ater System Facili	ty and Sampling	Point In	vento	ry			
Water		•	,		Total	Lead and			
System Wa Facility ID	ter System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform Rule	Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		NFHS009	ART RM R SINK	А	Υ	1			
		NFHS010	ART RM L SINK	Α	Υ	1			
		NFHS011	WF RM 109	Α	Υ	1			
		NFHS012	WF RM 223	Α	Υ	1			
		NFHS013	MAIN OFF R RM	Α	Υ	1			
		NFHS014	WM RM STAFF	Α	Υ	1			
		NFHS015	WM RM NEAR RM 210	Α	Υ	1			
		NFHS016	L RM STAFF ENT	Α	Υ	1			
		NFHS017	KITCHEN DI	Α	Υ				
		NFMS001	NURSES SINK	Α	Υ	1			
		NFMS002	STAFF LOUNGE	Α	Υ	1			
		NFMS003	SCIENCE ROOM 202	Α					Υ
		UPSTREAM	WITHIN 5 SERVICE CON	I A					
00700 ENT	TRY POINT	3	ENTRY POINT	Α					
10434 WE	LL #3	2	WELL #3	Α					
10435 WE	 LL #2	2	WELL #2	Α					
	MOSPHERIC STORAGE								
	LL #4	2	WELL 4	Α					
	MP FACILITY		WLLL 7	,,					
	ATMENT PLANT								
11 001 111	ATTIVIETT LATE	Cautifical	On a water lade was	-4:					
M/-+ C+	- Facility - DICTRID		Operator Inform		.00/				
	•	UTION SYSTEM HIGH &	INIDDEE SCHOOL (M	3F ID: 006	100)				
_	ication: CLASS 1 DIST		- C	·- (-)					ication
Operator Nam		Operator Type							ration
GRANT, SHANI		CHIEF OPERATO				RATOR - CLA)/2020
				ON SYSTEM	OPERATO	OR - CLASS II		9/30)/2020
-		IENT PLANT (WSF ID: T	P001)						
	ication: CLASS 1 TREA	ATMENT PLANT							ication
Operator Nam	ne	Operator Type							ration
FOLEY, JAMES		CHIEF OPERATO	R WATER TRE	ATMENT PL	ANT OPE	RATOR - CLA	SS II	3/31	L/2023
		Con	tact Information						
Name		Or	ganization				Job Title		
Mr. Philip A. Ross			ew Fairfield Public Schools Director B&Grounds						

City

pross@new-fairfield.k12.ct.us

New Fairfield

Emergency Phone | Email Address

203-994-0091

State

CT

Zip Code

06812

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

203-312-5780

56 Gillotti Road

Business Phone

203-312-5779

	Connectic	ut Depa	rtment	of	Public	Health	Dri	nking	Water	Sec	ction	
	Wa	ter Qua	lity Mor	nito	oring a	nd Con	nplia	nce So	chedul	e		
PWS ID	PWS Name						Classif	cation P	opulation	Owne	er Type Pr	imary Source
CT0910532	NEW FAIRFIELD	HIGH/MIDD	LE SCHOOL				NT	NC	1,791		L	GW
Local Address (w	here applicable)				Service	Residen	tial Co	mmercial	Industria	al C	Combined	Agricultural
54 GILLOTTI ROA	AD.				Connection	ns 1						
Towns Served: N	EW FAIRFIELD			·		,						
Contact Role(s):	Administrative	Contact										
Name				Org	ganization						Job Title	
New Fairfield												
Mailing Address	Line One		Mailing Add	ress	Line Two				City		State	Zip Code
4 Brush Hill Rd								New Fair	field		СТ	06812
Business Phone	e Extension	Fax	M	obile	e Phone	Emergency	/ Phone	Email Ad	dress			
Contact Role(s):	Owner											
Name	1			Org	ganization						Job Title	
Ms. Susan L. Cha	ıpman			Tov	wn of New F	Fairfield			First Selec	tman		
Mailing Address	Line One		Mailing Add	ress	Line Two				City		State	Zip Code
Town Hall			Rt. 39, 4 Bru	ısh H	ill Road			New Fair	field		СТ	06812
Business Phone	e Extension	Fax	М	obile	e Phone	Emergency	/ Phone	Email Ad	dress			
203-312-5600		203-312-	5610					schapma	n@newfai	rfield	.org	
Contact Role(s):	Legal Contact		·									

Please note the following:

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

Schedule Generation Date: 3/10/2020

	Connecticut Department of	Public H	lealth	Dı	rinking	<mark>g Wate</mark> r	S	ection		
	Water Quality Monito	oring and	d Con	npl	iance s	Schedul	le			
PWS ID	PWS Name	0		_	ssification			ner Type I	Primary	Source
CT0915053	CONSOLIDATED & MEETING HOUSE HILL SCH	OOL			NTNC	1,425		L	GV	
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al	Combine	Agric	cultural
12 & 24 GILLOT	TI ROAD	Connections	3							
Towns Served: N	NEW FAIRFIELD			·						
	Monito	ring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID	D: 00600)								
Asbestos (10	94)					2 rc	uti	ne (RT) pe	r nine	years
Sampling F	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	rioa	l Comp	liance S	tatus
Select from	n Inventory of Active Sampling Points		1/1/11 -	12/3	1/19			C	omplete	e
			1/1/20 -	12/3	31/28					
Total Coliforn								outine (RT		
	Point (Sampling Point ID)		Monitori			ollection Pe	rioa		liance S	
Select from	n Inventory of Active Sampling Points		10/1/19 -						omplete	
			11/1/19 -						omplete	
			12/1/19 -						omplete	
			1/1/20 -					С	omplete	е
			2/1/20 -							
			3/1/20 -		-					
			4/1/20 -							
			5/1/20 -							
			6/1/20 - 7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Lead And Cop	ner (PRCII)		9/1/20-	9/3	0/20		10	routine (RT) no	r vear
	Point (Sampling Point ID)		Monitori	ina P	eriod C	ollection Pe		-	liance S	-
	n Inventory of Active Sampling Points		1/1/19 -			6/1-9/30			omplete	
00.000	· · · · · · · · · · · · · · · · · · ·		1/1/20 -			6/1-9/30			Jp.	
			1/1/21 -			6/1-9/30				
Physical Para	meters (PPS)			•				outine (RT) per n	nonth
•	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe		-	liance S	
Select from	n Inventory of Active Sampling Points		10/1/19 -	10/3	31/19			С	omplete	e
		:	11/1/19 -	11/3	30/19			С	omplete	е
		:	12/1/19 -	12/	31/19			С	omplete	e
			1/1/20 -	1/3	1/20			C	omplete	e
			2/1/20 -	2/29	9/20					
			3/1/20 -							
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -	9/30	0/20					

Inorganic Chemicals (IOCS)

Sampling Point (Sampling Point ID)

Monitoring Period Collection Period Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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

Connecticut Dej	partment of	f Public H	lealth	Dr	rinki	ng W	ater	Se	ction		
Water Ou	iality Monit	oring an	d Con	lgr	ianc	e Sch	edul	le			
PWS ID PWS Name	<i></i>	8 -		_				1	ner Type P	rimary Sc	ource
CT0915053 CONSOLIDATED & MEETII	NG HOUSE HILL SCI	HOOL			NTNC		425		L	GW	
Local Address (where applicable)		Service	Residen				ndustri	ial	Combined		tural
12 & 24 GILLOTTI ROAD		Connections	3							7 70 7 7 7	
Towns Served: NEW FAIRFIELD											
	Monit	oring Requ	iirama	ntc							
Maria Carta a Facility FALTRY DOINT			iii eiiie	1113							
Water System Facility: ENTRY POINT	(WSF ID: 00700)						_		4>		
Inorganic Chemicals (IOCS)									(RT) per	•	
Sampling Point (Sampling Point ID)		_	Monitori			Collec	tion Pe	riod		iance Sta	tus
CONSOLIDATED SCHOOL ENTRY POIN	Т (3)		1/1/17 -						Сс	mplete	
			1/1/20 -								
			1/1/23 -	12/3	1/25						
Nitrate And Nitrite (NOX)				_		- "			routine (F		
Sampling Point (Sampling Point ID)	T (0)		Monitori			Collec	tion Pe	riod		iance Sta	tus
CONSOLIDATED SCHOOL ENTRY POIN	1 (3)		1/1/19 -						Co	mplete	
			1/1/20 -								
			1/1/21 -	12/3	1/21		_		(27)		
Pesticides, Herbicides and PCBs - Pha	se II & V (SOCS)		0.0 14 1			6-11			(RT) per	-	
Sampling Point (Sampling Point ID)	T (2)		Monitori			Collec	tion Pe	rioa		ance Sta	tus
CONSOLIDATED SCHOOL ENTRY POIN	1 (3)		1/1/17 -						CC	mplete	
			1/1/20 -								
0			1/1/23 -	12/3	1/25		4	•••	(DT)		
Organic Chemicals (VOCS) Sampling Point (Sampling Point ID)			Monitori	na D	oriod	Collec	roı tion Pe		(RT) per	-	
	T /2\			_		Conec	tion Pe	rioa		ance Sta	tus
CONSOLIDATED SCHOOL ENTRY POIN	1 (3)		1/1/17 -						CC	mplete	
			1/1/20 - 1/1/23 -								
	011 0										
	Other C	ompliance	Sched	lule	es es						
Compliance Schedule Activity					Date		Achie	eved	Date		
SUBMIT LEAD CONSUMER NOTICE CERTIFIC					/2012						
SUBMIT LEAD CONSUMER NOTICE CERTIFIC					/2013						
DISTRIBUTION SYSTEM MATERIALS EVALUA	ATION				2019						
CROSS CONNECTION SURVEY REPORT			3	3/1/2	2020						
Water	System Facili	ity and Sar	mpling	Ро	int In	vento	ry				
Water						Total	Lead				
System Water System Facility	Sampling Point		nt			Coliform		-			tage
Facility ID	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 L	JBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		l	Α	Y					
	CS001	CAF HAND SIN			Α	Y	1		Υ		
	CS002	NURSES SINK			A	Y	1				
	CS003	WF MAIN OFF	-ICE		A	Y	1				
	CS004	CAF SINK			Α	Υ	1	L			

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RM 210

RM 223

RM 237

CS005

CS005 - RM

CS006

CS007

CS007 - RM

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0915053	CONSOLIDATED & MEETING HOUSE HILL SC	HOOL		I	NTNC	1,425	L	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
12 & 24 GILLO	TI ROAD	Connections	2					

Towns Ser	ved: NEW FAIRFIELD		·						
	Water S	ystem Facili	ty and Sampling P	oint In	ventor	У			
Water System Facility ID	Water System Facility	-	Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos	WQP	Stage 2 DBPR
		CS008	RM 210	Α	Υ	1			
		CS008 - RM	GENERATED BY BATCH	Α	Υ				
		CS009	RM 31	Α	Υ	1			
		CS009 - RM	GENERATED BY BATCH	Α	Υ				
		CS010	RM 108	Α	Υ	1			
		CS011	RM 216	Α	Υ	1			
		CS012	RM 202 L SINK	Α	Υ	1			
		CS013	RM 202 R SINK	Α	Υ	1			
		CS014	RM 201 L SINK	Α	Υ	1			
		CS015	RM 201 R SINK	Α	Υ	1			
		CS016	RM 107	Α	Υ	1			
		CS017	RM 40	Α	Υ	1			
		CS019	RM 104	Α	Υ	1			
		CS020	RM 106	Α	Υ	1			
		CS020 - RM	GENERATED BY BATCH	Α	Υ				
		CS021	RM 107	Α	Υ	1			
		CS022	RM 210	Α	Υ	1			
		CS023	STAFF LOUNGE	Α	Υ	1			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MHS001	NURSES R RM	Α	Υ	1			
		MHS002	NURSES RM SINK	Α	Υ	1			
		MHS003	COPY RM SINK	Α	Υ	1			
		MHS004	WF RM 405	Α	Υ	1			
		MHS005	CRS R RM 107	Α	Υ	1			
		MHS006	RM 501	Α	Υ	1			
		MHS007	WF CAF #1	Α	Υ	1			
		MHS008	CAF DBL SINK	Α	Υ	1			
		MHS009	G LAV RM 108	Α	Υ	1			
		MHS010	CRS L RM 107	Α	Υ	1			
		MHS011	WF GYM	Α	Υ	1			
		MHS012	WF RM 407	Α	Υ	1			
		MHS013	CRS RM 501	Α	Υ	1			
		MHS014	WF RM 502	Α	Y	1			
		MHS015	CRS RM 502	Α	Υ	1			
		MHS016	WF CAF #2	Α	Y	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	CONSOLIDATED SCHOOL						
10440	CONSOLIDATED SCHOOL WELL 1	2	CONSOLIDATED SCHOOL						
52295	CONSOLIDATED SCHOOL WELL 2	2	CONSOLIDATED SCHOOL						
	nformation has been provided to help owner				والمراسلة والمارية		litur manuitavia		

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.

Schedule Generation Date: 3/10/2020

	Connectic	ut Dena	rtme	nt of	Public	Health	Dri	nking	Water	۲۶۵	ction	
		ter Qual						U			CCIOII	
PWS ID	PWS Name	cer quar	10y 111		or mg a	ila don					ner Type P	rimary Source
	CONSOLIDATED	& MEETING	HOUSE H	HILL SCH	HOOL			ΓNC	1,425	-	L	GW
Local Address (w	here applicable)				Service	Residen	ntial Co	ommercial	Industri	al	Combined	Agricultural
12 & 24 GILLOTT	I ROAD				Connection	3						
Towns Served: N	EW FAIRFIELD					1				,		
		Water Sy	stem	Facili	ity and Sa	ampling	Poin	t Inven	tory			
Water					-			Tot	al Lead	and		
System Wate	r System Facility	5			Sampling P			Colife	orm Cop	per		Stage
Facility ID			ID)	Description		Sto	atus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
58609 MHHS	STANK											
58611 CS TA	NK											
			Cert	ified	Operato	r Inform	natio	า				
Water System	Facility: DISTR	IBUTION SY	STEM ((WSF II	D: 00600)							
Facility Classifica	ation: SMALL WA	TER SYSTEM										Certification
Operator Name			Opera	tor Type	е	Certification	on(s)					Expiration
FOLEY, JAMES		(CHIEF O	PERATO)R	WATER TRI	EATMEI	NT PLANT	OPERATO	R - CL	ASS II	3/31/2023
				Con	tact Info	rmation	1					
Name				Or	rganization						Job Title	
Mr. Philip A. Ros	SS			Ne	ew Fairfield F	Public Scho	ols		Director E	3&Gr	ounds	
Mailing Address	Line One		Mailing	Address	s Line Two				City		State	Zip Code
56 Gillotti Road								New Fair	field		СТ	06812
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	/ Phone	Email Ad	ldress			
203-312-5779		203-312-5	780			203-994	-0091	pross@r	ew-fairfie	ld.k1	2.ct.us	
Contact Role(s):	Administrative	Contact										
Name				Or	rganization						Job Title	

Contact Role(s): Legal Contact

Extension

Please note the following:

Ms. Susan L. Chapman

Business Phone

203-312-5600

Town Hall

Mailing Address Line One

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

Rt. 39, 4 Brush Hill Road

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

Fax

203-312-5610

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.

Town of New Fairfield

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

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

End of schedule

Zip Code

06812

State

 CT

First Selectman

City

schapman@newfairfield.org

New Fairfield

Emergency Phone Email Address

Schedule Generation Date: 3/10/2020

(Connecticut Department of	f Public H	Iealth	ı Dı	rinking	g Wat	er S	ection	
	Water Quality Monit	coring an	d Con	npl	iance :	Sched	ule		
PWS ID F	PWS Name			Clas	sification	Populati	on Ov	vner Type	Primary Source
CT0915103	HERITAGE PLAZA				NTNC	54		Р	GW
Local Address (wh	nere applicable)	Service	Residen	ntial	Commerc	ial Indu	strial	Combine	ed Agricultural
28 ROUTE 39		Connections	21						
Towns Served: NE	EW FAIRFIELD								
	Monit	oring Requ	ıireme	nts					
•	acility: DISTRIBUTION SYSTEM (WSF I	D: 00600)							
Asbestos (1094	4)					1	routi	ne (RT) p	er nine years
Sampling Po	int (Sampling Point ID)		Monitor	ing P	eriod (Collection	Period	d Com	pliance Status
Select from I	nventory of Active Sampling Points		1/1/11 -	12/3	1/19			(Complete
			1/1/20 -	12/3	1/28				
Total Coliform							1 r	_	T) per month
	int (Sampling Point ID)		Monitor			Collection	Period	d Com	pliance Status
Select from I	nventory 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 -						
Lead And Copp	er (PBCU)		3, 2, 2	5,5	-,	5	routi	ne (RT) no	er six months
• •	oint (Sampling Point ID)		Monitor	ing P	eriod (Collection			pliance Status
	Inventory of Active Sampling Points		7/1/19 -						Complete
	, 1 5		1/1/20 -						
			7/1/20 -	12/3	1/20				
Physical Param	eters (PPS)						1 r	outine (R	T) per month
Sampling Po	int (Sampling Point ID)		Monitor	ing P	eriod (Collection	Period	d Com	pliance Status
Select from I	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 -	- 1/3	1/20			(Complete
			2/1/20 -						
			3/1/20 -						
			4/1/20 -		-				
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -	- 8/3	1/20				

1 routine (RT) per three years **Monitoring Period** Sampling Point (Sampling Point ID) **Collection Period Compliance Status** NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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

Inorganic Chemicals (IOCS)

9/1/20 - 9/30/20

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020 Page 15

Connecticut Department	of Public F	lealth	Dri	nkina	ı Wat	or (Sec	rtion	
Water Quality Mon				`				CIOII	
PWS ID PWS Name			_					er Type	Primary Source
CT0915103 HERITAGE PLAZA				TNC	54			P	GW
Local Address (where applicable)	Service	Residen	tial C	ommerci	ial Indu	ıstrial	С	ombine	d Agricultura
28 ROUTE 39	Connections	21							
Towns Served: NEW FAIRFIELD					ı				
Mon	itoring Requ	uireme	nts						
Water System Facility: ENTRY POINT (WSF ID: 0070	00)								
Inorganic Chemicals (IOCS)					1	rout	ine ((RT) pe	r three years
Sampling Point (Sampling Point ID)		Monitori	ng Pei	riod C	Collection	n Perio	od	Comp	oliance Status
ENTRY POINT (3)		1/1/17 - :	12/31,	/19				(Complete
		1/1/20 - :	12/31,	/22					
		1/1/23 - :	12/31,	/25					
Nitrate And Nitrite (NOX)							1 rc	outine	(RT) per year
Sampling Point (Sampling Point ID)		Monitori	ng Pei	riod C	Collection	n Perio			oliance Status
ENTRY POINT (3)		1/1/19 - :						(Complete
,		1/1/20 - :							
		1/1/21 - :							
Pesticides, Herbicides and PCBs-Phase II (SOC2)		• •	<u> </u>		1	rout	ine ((RT) pe	r three years
Sampling Point (Sampling Point ID)		Monitori	na Pei	riod C	- Collection				oliance Status
ENTRY POINT (3)		1/1/17 - :							Complete
		1/1/20 -							
		1/1/23 -							
Pesticides, Herbicides and PCBs-Phase V (SOC5)		, , -	, - ,		1	rout	ine ((RT) pe	r three years
Sampling Point (Sampling Point ID)		Monitori	ng Pei	riod C	Collection				oliance Status
ENTRY POINT (3)		1/1/17 - :							Complete
- 1-7		1/1/20 - :							
		1/1/23 - :							
Organic Chemicals (VOCS)		, , -	, - ,			1 r	outi	ine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Pei	riod C	Collection			-	oliance Status
ENTRY POINT (3)		7/1/19 -							Complete
()		 10/1/19 -							Complete
		1/1/20 -	-	-					Complete
		4/1/20 -							<u>-</u>
		7/1/20 -							
Other	Compliance	Sched	lules						
Compliance Schedule Activity			Due D		A	chiev	ed D	ate	
SWTS 1: PWS TO RECOMMEND SOWT		6	/30/2	012					
CCTS 1: PWS TO RECOMMEND OCCT			/30/2						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE			/28/2						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE			/31/2						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE			/28/2						
ADDRESS CONTAMINATION			/17/2						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE			/28/2						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE			/31/2						
COL LEND CONSCINENTIONICE CERTIFICATE		3	, 0 1 / 2						

DISTRIBUTION SYSTEM MATERIALS EVALUATION

SUBMIT LEAD CONSUMER NOTICE CERTIFICATE

CROSS CONNECTION SURVEY REPORT

8/31/2019

3/1/2020

3/30/2020

	Conne	ecticut Den	artment of	Public F	lealth	Dri	inkin	g Wa	ater Se	ction	
	001111	_	ality Monit								
PWS ID	PWS Nam		arrey 1.10111e	oring an	u don	_				ner Type P	rimary Source
CT091510							ITNC		4	P	GW
Local Add	ress (where appl	icable)		Service	Residen	ntial C	Commer	cial In	dustrial	Combined	Agricultural
28 ROUTE	39	•		Connections	21						
Towns Sei	rved: NEW FAIRF	IELD				<u> </u>		'	'		
		Water	System Facili	ty and Sa	mpling	Poir	nt Inv	ento	ſy		
Water								Total	Lead and		
System Facility ID	Water System I	Facility	Sampling Point ID	Sampling Pol Description	int	St	Co tatus	oliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00500	BETWEEN GAC	FILTERS									
00600	DISTRIBUTION S	SYSTEM	4	GENERIC DIS	TRIBUTIO	N	Α	Υ			
			DOWNSTREAM		RVICE COI	N	Α				
			HP1	OFFICE SINK		_	Α	Υ	1	Y	
			HP1 - OFFIC	GENERATED	_		A	Y	4		
			HP2	KITCHEN DOI	_		A	Y	1		
			HP2 - KITCH HP3	GENERATED KITCHEN SIN		1	A A	Y Y	1		
			HP3 - KITCH	GENERATED		ı	A	Υ	1		
			HP4	LADIES ROOM	_	'	Α	Y	1		
			HP5	NURSERY RES			Α	Y	1		
			HP5 - NURSE	GENERATED			Α	Υ	_		
			HP6	NURSERY KIT	CHEN		Α	Υ	1		
			HP6 - NURSE	GENERATED	ву ватсн	ł	Α	Υ			
			UPSTREAM	WITHIN 5 SEI	RVICE COI	N	Α				
00700	ENTRY POINT		3	ENTRY POINT	-		Α				
11012	WELL 2		2	WELL 2			Α				
11013	WELL 3		2	WELL 3			Α				
45134	HERITAGE PLAZ STATION	A TREATMENT									
60876	ATMOSPHERIC	TANK 1									
60878	ATMOSPHERIC	TANK 2									
			Certified	Operator	Inform	natio	n				
Water Sy	stem Facility:	DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
	assification:										Certification
Operator			Operator Type		ertificatio						Expiration
FOLEY, JA			CHIEF OPERATO				NT PLA	NT OPE	RATOR - CL	ASS II	3/31/2023
		HERITAGE PLAZ	ZA TREATMENT	STATION (W	'SF ID: 45	5134)					
	assification:										Certification
Operator			Operator Type		ertificatio						Expiration
FOLEY, JA	MES		CHIEF OPERATO	DR W	ATER TRE	EATME	ENT PLA	NT OPE	RATOR - CL	ASS II	3/31/2023

Organization Job Title Mr. Camillo Santomero Lordae Property Management Manager Mailing Address Line One Mailing Address Line Two City State Zip Code 1 New King St Suite 201 West Harrison NY 10604 Emergency Phone Email Address **Business Phone** Extension Mobile Phone Fax 914-762-1730 office@lordae.com

Contact Information

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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	Wat	er Quality N	Monitoring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0915103	HERITAGE PLAZA					NTNC	54	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
28 ROUTE 39			Connections	21					
	NEW FAIRFIELD								
714 440 030	-	J14-702-1730				UTTICE	violuac.com	i	

Connecticut Department of Public Health Drinking Water Section

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.

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

End of schedule

Connecticut Department of Public	r Health Drinki	ng Water Se	ection			
Water Quality Monitoring a			001011			
PWS ID PWS Name	Classification		ner Type Primary Source			
	NTNC	130	P GW			
CT0915203 74 ROUTE 37, LLC Local Address (where applicable) Service	Residential Comme					
Connection		erciai illuustilai	Combined Agricultural			
Towns Served: NEW FAIRFIELD						
Monitoring Re	equirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Asbestos (1094)		1 routin	e (RT) per nine years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19	Complete				
	1/1/20 - 12/31/28	_				
Total Coliform (3100)		1 rou	itine (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		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					
Lead And Copper (PBCU)		5	routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30	Complete			
	1/1/20 - 12/31/20	6/1-9/30				
	1/1/21 - 12/31/21	6/1-9/30				
Physical Parameters (PPS)		1 rou	itine (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		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)						
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/20					
	1/1/21 - 12/31/23					
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					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			e (RT) per three years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete			
	1/1/20 - 12/31/22					
	1/1/23 - 12/31/25					
Organic Chemicals (VOCS)			routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			

Schedule Generation Date: 3/10/2020

	C	onnecticut Dep	partment of	F Public H	ealth	Dı	rinki	ng V	Vater	· Se	ection		
	O.	•	ality Monit					_					
PWS ID	PV	VS Name	arrey 1.10111e	oring and	a don	_					ner Type	Prin	nary Source
CT091520	03 74	ROUTE 37, LLC					NTNC		130		P		GW
Local Add		re applicable)		Service	Residen	tial	Comme	rcial	Industr	ial	Combine	ed /	Agricultura
	•	,		Connections			1						
Towns Se	erved: NEV	V FAIRFIELD											
			Monito	oring Requ	ireme	nts	5						
Water Sy	ystem Fac	cility: ENTRY POINT	(WSF ID: 00700)										
•	•	ls (VOCS)								1	routine	(RT)	per year
_		nt (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Pe			-	ce Status
	RY POINT				1/1/19 -					Complete			
		. ,			1/1/20 -								olete
					1/1/21 -		-						<u> </u>
Water Sy	ystem Fac	cility: WELL #1 (WSF	ID: 10769)				-						
E. Coli ((3014)									1 rou	ıtine (R1	') pe	r quarter
• •						ing P	Period	Colle	ction Pe		=		ce Status
WEL	L #1 (2)				7/1/19 -	9/3	0/19					Com	olete
				-	10/1/19 -	12/	31/19				(Com	olete
					1/1/20 -								olete
					4/1/20 -								<u>'</u>
					7/1/20 -	9/3	0/20						
			Other C	ompliance	Sched	lule	es						
Complian	าce Schedu	le Activity				Due	Date		Achie	eved	Date		
SUBMIT L	LEAD CONS	SUMER NOTICE CERTIFIC	ATE		1	2/29	/2016						
SUBMIT L	LEAD CONS	SUMER NOTICE CERTIFIC	ATE		1:	2/29	/2017						
DISTRIBU [*]	ITION SYST	EM MATERIALS EVALUA	TION		8	3/31,	/2019						
SUBMIT L	LEAD CONS	SUMER NOTICE CERTIFIC	ATE		1:	2/29	/2019						
CROSS CC	ONNECTIO	N SURVEY REPORT				3/1/	2020						
		Water	System Facili	ity and Sar	npling	Po	int In	vent	orv				
Water		Trace:	oystem raem	ity and sar				Tota		and			
System	Water S	ystem Facility	Sampling Point	Sampling Poi	nt			Colifor					Stage
Facility IL		•	ID	Description			Status	Rule		-	Asbesto	s W	QP 2 DBP
00600	DISTRIBU	JTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Υ					
			BRIGHT BEGI	GENERATED E	у ватсн		Α	Υ					
			CLASSIC NAI	GENERATED E	у ватсн		Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	V	Α						
			UPSTREAM	WITHIN 5 SER	VICE CON	V	Α						
00700	ENTRY P	OINT	3	ENTRY POINT			Α						
10769	WELL #1		2	WELL #1			Α						
45698	TREATM	ENT PLANT											
			Certified	Operator	nform	ati	on						
Water St	vstem Fac	cility: TREATMENT PL				.uti	J.1						
	•	on: CLASS 2 TREATMENT		30301									
acinty Ci	.assijicuti	CLASS & INCATIVICINI	I LANI									C	ertification

Certification(s)

WATER TREATMENT PLANT OPERATOR - CLASS II

Expiration

3/31/2023

Operator Type

CHIEF OPERATOR

Operator Name

FOLEY, JAMES

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source	
CT0915203 74 ROUTE 37, LLC					NTNC	130	Р	GW	
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural	
		Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW FAIRFIELD

Contact Information											
Name			Organiza	Organization				Job Title			
Mr. Christopher Santomero Lordae Property Management					Manager						
Mailing Address Line One Mailing Addr				ddress Line T	ress Line Two			City		Zip Code	
1 New King St Suite 201						West Ha	ırrison	NY	10604		
Business Phone	Extension	Fax		Mobile Phon	ne	Emergency Phone	Email Address				
914-448-8300		860-354-8	203-770-437	73		office@lordae.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.
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End of schedule

Schedule Generation Date: 3/10/2020