	Connecticut De	*					U			ection	
	Water Q	uality Monit	oring an	d Con	ıpl:	ianc	e Sch	edul	e		
PWS ID	PWS Name				Clas	sification	on Pop	ulation	Owr	ner Type Pr	mary Source
CT0960042	NORTHVILLE MARKET, IN	IC.				NC		30		Р	GW
	(where applicable)		Service	Residen	tial	Comme	ercial	ndustria	al	Combined	Agricultura
301 LITCHFIELI			Connections	1							
Towns Served:	NEW MILFORD			_					_		
Water System	m Facility: <b>DISTRIBUTIO</b>		oring Requ	iireme	nts						
Total Colifor	•	N 3131LIVI (W3FII	D. 00000j					1	rou	ıtine (RT) r	er quarter
	Point (Sampling Point ID)			Monitori	na P	eriod	Collec	tion Per			ince Status
	m Inventory of Active Samp	ling Points		7/1/19 -			Conce	tion i ci	10u		nplete
30.000.110	р	8		10/1/19 -			_				nplete
			<u> </u>	1/1/20 -							nplete
				4/1/20 -							•
				7/1/20 -	9/30	0/20					
Physical Para	ameters (PPS)							1	rou	ıtine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Per	iod	Complic	ınce Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 -	9/30	)/19				Cor	nplete
				10/1/19 -	12/3	31/19				Cor	nplete
		1/1/20 -				Cor	nplete				
		4/1/20 -	6/30	0/20							
				7/1/20 -	9/30	0/20					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)									
	Nitrite (NOX)									<del>-</del>	Γ) per year
	Point (Sampling Point ID)			Monitori			Collec	tion Per	iod		ince Status
ENTRY PC	DINT (3)			1/1/19 -						Cor	nplete
				1/1/20 -							
	- 111			1/1/21 -	12/3	1/21					
•	m Facility: WELL (WSF II	D: 20043)								(==)	
E. Coli (3014	•				_						er quarter
	Point (Sampling Point ID)			Monitori			Collec	tion Per	iod		ince Status
WELL (2)				7/1/19 -							nplete
				10/1/19 - 1/1/20 -							nplete
				4/1/20 -		•				Cor	nplete
				7/1/20 -			_			_	
		Other C	ompliance		•	-					
Compliance Sc	chedule Activity		ļ			Date		Achiev	ved	Date	
-	SANITARY SURVEY			_		2010				<u> </u>	
	SANITARY SURVEY				2/2/2						
	Wate	r System Facili	ity and Sar	npling	Poi	int In	vento	ry			
Water							Total	Lead o	and		
-	ter System Facility	Sampling Point		nt		(	Coliforn				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER	VICE CON	V	Α					

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source					
CT0960042 NORTHVILLE MARKET, INC.					NC	30	Р	GW					
Local Address (v	Service	Residential Cor		Commerci	al Industri	al Combine	ed Agricultural						
301 LITCHFIELD	Connections	1											

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

	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				
00700	ENTRY POINT	3	ENTRY POINT	А									
20043	WELL	2	WELL	Α									
54614	TREATMENT PLANT												
61719	ATMOSPHERIC STORAGE												

				Contact Info	ormation					
Name				Organization		Job Title				
Mr. Joel Brenner										
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code	
301 Litchfield Road						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	mail Address			
860-355-2667										
Contact Role(s): Le	gal Contact, (	Owner								
Name				Organization				Job Title		
Mr. David Brenner				Northville Ma	arket Inc		President			
Mailing Address Line	e One		Mailing Address Line Two			City		State	Zip Code	
301 Litchfield Road						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	·		

Contact Role(s): Administrative Contact

### Please note the following:

860-355-2667

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

203-417-8408

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

860-350-3232

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.

860-868-2842

david@northvillemarket.net

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

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

End of schedule

	Connectic	ut Depa	ırtmeı	nt of	f Public	Health	Dri	inking	g Wa	ater	Se	ction		
	Wat	ter Qua	lity M	onit	coring a	and Con	npli	ance S	Sche	edule	9			
PWS ID	PWS Name						Class	ification	Popu	lation	Own	ner Type P	rimary S	ource
CT0960014	THAI CHARM RE	STAURANT						NC	2	5		Р	GW	
Local Addres	ss (where applicable)				Service	Resider	ntial C	Commerci	al In	dustria	I	Combined	Agricu	ltural
218 KENT RO	DAD				Connectio	ons		1						
Towns Serve	d: NEW MILFORD													
			M	onit	oring Re	quireme	nts							
Water Syst	em Facility: <b>DISTR</b>	IBUTION S	YSTEM (	WSF I	D: 00600)									
<b>Total Colif</b>	orm (3100)									1	rou	tine (RT)	per qua	rter
Sampli	ng Point (Sampling Po	oint ID)				Monitor	ing Pe	riod C	ollecti	ion Peri	od	Compl	iance Sta	atus
Select f	rom Inventory of Acti	ve Sampling	g Points			7/1/19	- 9/30/	/19				Co	mplete	
						10/1/19	- 12/31	1/19				Co	mplete	
						1/1/20	- 3/31/	/20				Co	mplete	
						4/1/20	- 6/30/	/20						
						7/1/20	- 9/30/	/20						
Physical Pa	arameters (PPS)									1	rou	tine (RT)	per qua	rter
Sampli	ng Point (Sampling Po	oint ID)				Monitor	ing Pe	riod C	ollecti	ion Peri	od	Compl	iance Sta	atus
Select f	rom Inventory of Acti	ve Sampling	Points			7/1/19	- 9/30/	/19				Co	mplete	
						10/1/19	- 12/31	1/19				Co	mplete	
						1/1/20	- 3/31/	/20				Co	mplete	
						4/1/20	- 6/30/	/20						
						7/1/20	- 9/30/	/20						
Water Syst	em Facility: ENTRY	POINT (V	WSF ID: 0	0700)										
Nitrate An	d Nitrite (NOX)										1 1	routine (I	RT) per v	vear
	ng Point (Sampling Po	oint ID)				Monitor	ing Pe	riod C	ollecti	on Peri		=	iance Sta	-
ENTRY	POINT (3)	<u> </u>				1/1/19 -	12/31	/19				Co	mplete	
	<u>, , ,</u>					1/1/20 -	12/31	/20					<u> </u>	
						1/1/21 -								
		Water S	ystem	Facil	ity and S	Sampling			nto	У				
Water					-			To	otal	Lead a	ınd			
System V	Vater System Facility		Sampling	Point	Sampling	Point		Col	iform	Сорр	er		S	tage
Facility ID			ID		Descriptio	n	St	tatus R	Rule	Rule 1	Tier	Asbestos	WQP 2	DBPR
00600 D	ISTRIBUTION SYSTEM		4		DISTRIBUT	TION SYSTEM	1	Α	Υ					
			DOWNST	REAM	WITHIN 5	SERVICE CO	N	Α						
			UPSTRI	EAM	WITHIN 5	SERVICE CO	N	Α						
00700 E	NTRY POINT		3		ENTRY PO	INT		Α						
21625 V	/ELL		2		WELL			Α						
57361 T	REATMENT PLANT													
				Con	tact Info	ormation	1							
Name												Job Title		
	no Danasy			U	rganization							Jon Hile		
Mr. Kititako			Mailiaa	١٨٨٢٥٦	s Lino Two				C:	tv		Ctata	7in Co	do
	ress Line One		iviailing A	auures	s Line Two			Noveta	Ci	ιy		State	Zip Coo	
20 Nunnawa		F-	1	NA ele	ilo Dhara-	Fm. 5 = = =	, DL - :	Newto				СТ	06470	U
Business P		Fax		IVIODÍ	ile Phone	Emergency	y Pnon							
860-428-6	04//							крапая	sy@gn	nail.con	1			

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

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

		_				_ I			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0960014	THAI CHARM RESTAU	RANT				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural		
218 KENT ROAD		Connections		1					

Towns Served: NEW MILFORD

### 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 Pu	ıblic Health Drin	king Wa	ter Se	ction		
Water Quality Monitori	ing and Complian	nce Sche	dule			
PWS ID PWS Name	Classific	cation Popula	ation Own	er Type Primary Source		
CT0960024 ALFREDOS RESTAURANT	NC	25	,	P GW		
, , , ,		mmercial Inc	lustrial	Combined Agricultural		
651 KENT ROAD Con	nnections	1				
Towns Served: NEW MILFORD						
Monitorin	ng Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)					
Total Coliform (3100)			1 rout	tine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Perio	od Collectio	n Period	Compliance Status		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19	9		Complete		
	10/1/19 - 12/31/1			Complete		
	1/1/20 - 3/31/20					
	4/1/20 - 6/30/20					
	7/1/20 - 9/30/20	)				
Physical Parameters (PPS)				tine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Perio		n Period	Compliance Status		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19			Complete Complete		
	10/1/19 - 12/31/1 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)	7/1/20 3/30/20	,				
Nitrate (1040)			1 rout	tine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Perio	od Collection	n Period	Compliance Status		
ENTRY POINT (3)	7/1/19 - 9/30/19			Complete		
	10/1/19 - 12/31/1			Complete		
	1/1/20 - 3/31/20			•		
	4/1/20 - 6/30/20					
	7/1/20 - 9/30/20	)				
Nitrite (1041)			1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Perio	d Collection	n Period	<b>Compliance Status</b>		
ENTRY POINT (3)	1/1/19 - 12/31/19	9		Complete		
	1/1/20 - 12/31/20	0				
	1/1/21 - 12/31/2	1				
Other Comp	pliance Schedules					
Compliance Schedule Activity	Due Date	e	Achieved E	Date		
RESPOND TO SANITARY SURVEY	6/15/201	.4				
RESPOND TO SANITARY SURVEY	9/15/201	.9				
Water System Facility a	and Sampling Point	Inventor	<b>/</b>			
Water		Total	Lead and			
System Water System Facility Sampling Point Sam	-	Coliform	Copper	Stage		
	scription Stat	tus Rule	Rule Tier	Asbestos WQP 2 DBPR		
	TRIBUTION SYSTEM A	. Y				
DOWNSTREAM WIT						
	THIN 5 SERVICE CON A					
00700 ENTRY POINT 3 ENT	TRY POINT A					

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0960024	CT0960024 ALFREDOS RESTAURANT					25	Р	GW				
Local Address (	Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural					
651 KENT ROAI	Connections			1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

	Water System Facility and Sampling Point Inventory											
Water						Lead and			_			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID		ID	Description	Statu	s Rule	Rule Tier	Asbestos	WQP	2 DBPR			
21626	WELL	2	WELL	Α								
61509	TREAMENT PLANT											

			Co	ontact Info	ormation					
Name				Organization			Job Title			
Ms. Mimi Leto				Alfredo's Res	taurant		Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
651 Kent Road						Gaylord	sville	СТ	06755	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	nil Address			
860-355-2448					860-354-4038					
Contact Role(s): A	dministrative	Contact, Leg	gal Contact							
Name				Organization			Job Title			
Ms. Rosalia Desbie	ns			651 Kent Rd		Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
651 Kent Rd						Gaylord	sville	СТ	06755	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress			

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

Schedule Generation Date: 3/10/2020

Page 6

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
	Water Qua	ality Monit	oring an	d Com	ıplı	ance	Sche	edule	<del>)</del>			
PWS ID	PWS Name				Class	ification	Popul	ation	Owner T	ype Pri	mary Sc	ource
СТ0960034	BIBLE BAPTIST CHURCH					NC	2!	5	Р		GW	
Local Address	(where applicable)		Service	Resident	ial C	Commerc	cial Ind	dustrial	Con	nbined	Agricul	tural
126 KENT ROA	D		Connections			1						
Towns Served:	NEW MILFORD						l .					
		Monito	oring Requ	uiremer	nts							
Water Systen	Facility: DISTRIBUTION S	D: 00600)										
<b>Total Colifor</b>	m (3100)							1 1	routine	(RT) p	er quai	rter
	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Collection				nce Sta	
	m Inventory of Active Samplin	g Points		4/1/20 -								
	, ,	<u> </u>		7/1/20 - 9								
<b>Total Colifor</b>	m (3100)			., _, _,	-,,			1 1	routing	(RT) n	er quai	rtor
	Point (Sampling Point ID)			Monitorin	na Pe	riod	Collection			• •	ince Sta	
		g Doints		7/1/19 - 9			Concein	on rem	ou (		nplete	cus
Select from Inventory of Active Sampling Points											•	
T. 1. 1. C. 1'C.	(24.00)			10/1/19 -	12/31	1/19					nplete	
Total Colifor	•						o		-		per per	
	Point (Sampling Point ID)			Monitorin	_		Collection	on Peri	oa (		ince Sta	tus
	m Inventory of Active Samplin	g Points		12/7/19 -	12/12	2/19	_				nplete	_
Total Colifor	•			Monitoring Period			-				per mo	
	Point (Sampling Point ID)						Collection	on Peri	od (	Complia	ince Sta	tus
	m Inventory of Active Samplin	g Points		1/1/20 -	1/31/	/20						
•	ameters (PPS)							1 ו			er quai	
Sampling	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Collection	on Peri	od (	Complia	nce Sta	tus
Select fro	m Inventory of Active Samplin	g Points		7/1/19 - 9	9/30/	/19				Cor	nplete	
				10/1/19 -	12/31	1/19				Cor	nplete	
				1/1/20 - 3	3/31/	/20						
				4/1/20 -	6/30/	/20						
				7/1/20 - 9	9/30/	/20						
Water Systen	Facility: ENTRY POINT (	WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1 rout	tine (R	Γ) per y	ear
	Point (Sampling Point ID)			Monitorin	na Pei	riod	Collection	on Peri		-	nce Sta	
ENTRY PC				1/1/19 - 1							nplete	
	(0)			1/1/20 - 1								
				1/1/21 - 1		•						
Water System	n Facility: WELL (WSF ID:	21627\		1/1/21 1	12/51	/ 2 1						
-		21027)						4 4	.!	4 /TC\		.: a al
E. Coli (3014	•			0.0 14 1	0 -	ant an art	C-!!+:				per per	
, ,	Point (Sampling Point ID)			Monitorin			Collection	on Peri	oa (		nce Sta	tus
WELL (2)				12/7/19 -	-	-				Cor	nplete	
	Water S	System Facili	ty and Sai	mpling	Poir	nt Inv	entor	У				
Water						•	Total	Lead a	nd			
•	ter System Facility	Sampling Point		int			liform	Сорре				tage
Facility ID		ID	Description		St	tatus	Rule	Rule T	ier Ask	estos	NQP 2 L	DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	l	Α						
		UPSTREAM	WITHIN 5 SEF	RVICE CON		Α						
00700 ENT	RY POINT	3	ENTRY POINT	-		Α						
21627 WE	LL	2	WELL			Α						

C	onnectic	ut Depa	irtment o	of Public	Health	Drir	iking	water	Section	n	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce So	chedul	e		
PWS ID PW	/S Name									e Pi	rimary Source
CT0960034 BIE	BLE BAPTIST C	HURCH				N	С	25	Р		GW
Local Address (whe	re applicable)			Service	Residen	tial Co	mmercial	Industria	al Combi	ned	Agricultura
126 KENT ROAD				Connection	ns		1				
Towns Served: NEW	/ MILFORD				1	,					
			Co	ntact Info	rmation	)					
Name			(	Organization					Job Ti	tle	
Mr. G. Eric Foehr			F	Forest Homes	Water Assn	)		Chaiman			
Mailing Address Lin	e One		Mailing Addre	ss Line Two				City	State	ة	Zip Code
126 Kent Road							New Mil	ord	СТ		06776
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress		·	
860-354-0733							OFFICE@	BIBLE-BAP	TIST.COM		
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact, Ow	vner							
Name			(	Organization					Job Ti	tle	
Mr. Kirk Englund			E	Bible Baptist (	Church			Chairman			
Mailing Address Lin	e One		Mailing Addre	ess Line Two				City	State	ة	Zip Code
126 Kent Road							New Mil	ord	СТ		06776
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress			
860-354-0733					860-355-	5467					
Contact Role(s): Le	gal Contact										
Name			(	Organization					Job Ti	tle	
Board of Deacons											
Mailing Address Lin	e One		Mailing Addre	ess Line Two				City	State	ة	Zip Code
126 Kent Road							New Mil	ord	СТ		06776
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	Phone	Email Ad	dress			
860-355-4509											
Contact Role(s): O	wner										

Connecticut Department of Dublic Health Drinking Water Section

# 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

PWS ID	PWS Name		Classificat	ion Population Own	er Type Primary Source
CT0960064	BUCKS ROCK CAMP		NC	450	P GW
Local Address (	where applicable)	Service R	esidential Comm	nercial Industrial (	Combined Agricultural
59 BUCK ROCK	ROAD	Connections	1		
Towns Served:	NEW MILFORD				
	N	<b>Nonitoring Requir</b>	ements		
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)			
<b>Total Colifor</b>	n (3100)			1 rout	ine (RT) per quarter
Sampling	Point (Sampling Point ID)	М	onitoring Period	<b>Collection Period</b>	Compliance Status
Select from	n Inventory of Active Sampling Points	7	/1/19 - 9/30/19		Complete
			/1/20 - 6/30/20		
		7,	/1/20 - 9/30/20		
	meters (PPS)				ine (RT) per quarter
	Point (Sampling Point ID)		onitoring Period	Collection Period	Compliance Status
Select from	n Inventory of Active Sampling Points		/1/19 - 9/30/19		Complete
			/1/20 - 6/30/20 /1/20 - 9/30/20		
Water System	Facility: ENTRY POINT - WELLS 6		71/20 - 9/30/20		
Nitrate And I	,	& 7 (W3F ID. 00701)		1 "	outing (PT) per year
	Point (Sampling Point ID)	M	onitoring Period	Collection Period	outine (RT) per year  Compliance Status
ENTRY PO			1/19 - 12/31/19	Concetion remou	Complete
	(-)		1/20 - 12/31/20		
		<u></u>	1/21 - 12/31/21		
	Monthly Water System	Facility (WSF) Le	vel Monitori	ng Requiremen	ıts
Water System	Facility: ENTRY POINT - WELLS 6			gequee.	
Analyte	Monitoring Requirement		Operating Limi	+ 0	samples Req/Month
Chlorine	Entry Point Chlorine Resid		Minimum: 0.2		Daily
Start Date:		Compliance		Operating Limit	Monitoring
	-, , -	Monitorin		Compliance Status:	Compliance Status:
		10/1/2019	- 10/31/2019	•	
		11/1/2019	- 11/30/2019		
		12/1/2019	- 12/31/2019		
			1/31/2020		
		2/1/2020 -	2/29/2020		
Analyte	Monitoring Requirement	(Summary Type)	Operating Limi		amples Req/Month
Chlorine	Entry Point RDC (EPRD)		Minimum: 0.30	) MG/L	Daily
Start Date:	7/1/2016	Compliand		<b>Operating Limit</b>	Monitoring
		Monitorin	_	Compliance Status:	Compliance Status:
			- 10/31/2019 - 11/30/2019		
			- 12/31/2019		
			1/31/2020		
1			2/29/2020		
		=, -, -==	, -,		
	Ot.	her Compliance S	chedules		
Compliance Sci		her Compliance S		Achieved F	ate
<i>Compliance Sci</i> SEASONAL STA		her Compliance S	Chedules  Due Date 6/1/2020	Achieved E	Pate

	Water Quality Monit	oring an	d Con	npli	ance S	chedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0960064	BUCKS ROCK CAMP				NC	450	Р	GW
Local Address (	where applicable)	Service	Residen	tial (	Commercia	l Industria	al Combine	ed Agricultural

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

59 BUCK ROCK ROAD

57763

# **Other Compliance Schedules**

Connections

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2021

#### Water System Facility and Sampling Point Inventory Water Lead and Water System Facility Sampling Point Sampling Point System **Coliform** Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status 00600 **DISTRIBUTION SYSTEM** Υ **DISTRIBUTION SYSTEM** Α **BOYS HOUSE OUTDOOR** Α TAP@CHIMNEY DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Δ 00701 **ENTRY POINT - WELLS 6 & 7 ENTRY POINT** 2 WELL 6 WELL 6 Α 48032 53937 WELL 7 2 WFII 7 Α 57759 TREATMENT PLANT

# **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 57759)

ATMOSPHERIC STORAGE TANK

Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2021
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022

			(	Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Noah Salzman				Buck's Rock	Camp		Exec Director		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
59 Buck'srock Road						New Mil	ford	СТ	06776
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ac	ldress		
415-652-4804					203-788-8305	noah@b	ucksrockcamp.	com	
6 5 . ( )				_	·				

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

	Connectic	_							_			ection		
		ter Qua	lity M	lon	itoring a	ind Coi	_							
PWS ID	PWS Name											vner Type F		
CT0960104	CANDLEWOOD \	ALLEY COU	NTRY CLU	JB				NC		25		Р	GV	
	where applicable)				Service	Reside	ntial (	Com	nmercial	Ind	ustrial	Combined	Agric	cultural
401 DANBURY					Connectio	ns			1					
Towns Served:	NEW MILFORD							_						
Water System	Facility: <b>DISTR</b>	IRLITION S			toring Re	quirem	ents							
Total Colifor	•	IDO HON 3	ISILIVI	(VV3F	1D. 00000j						1 ro	utino (PT)	nor ai	ıartar
	n (5100) Point (Sampling P	oint ID)				Monito	rina Do	rio	d Col	lectio	n Period	utine (RT)	per qu iance S	
	n Inventory of Act		Points			7/1/19				iectio	II FEIIUC		omplete	
Select II O	il ilivelitory of Act	ve Sampling	FOIIICS			10/1/19							omplete	_
						1/1/20						Ci	mpiet	
						4/1/20								
						7/1/20								
Physical Para	meters (PPS)										1 ro	utine (RT)	per qu	uarter
Sampling	Point (Sampling P	oint ID)				Monito	ring Pe	rio	d Col	lectio	n Period	l Compl	iance S	tatus
Select from	n Inventory of Act	ve Sampling	Points			7/1/19	- 9/30,	/19				Co	mplete	е
						10/1/19	- 12/3	1/1	9			Co	mplete	е
						1/1/20	- 3/31,	/20						
						4/1/20	- 6/30,	/20	l					
						7/1/20	- 9/30,	/20	ı					
Water System	Facility: ENTR	POINT (V	VSF ID: 0	0700	0)									
Nitrate And I	Nitrite (NOX)										1	L routine (	RT) pe	r year
Sampling	Point (Sampling P	oint ID)				Monito	ring Pe	rio	d Col	lectio	n Period	d Compl	iance S	tatus
ENTRY PO	INT (3)					1/1/19	- 12/31	L/19	9			Co	mplete	е
						1/1/20	- 12/31	L/2C	)					
						1/1/21	- 12/31	L/21	1					
			Otl	her	Complian	ce Sche	dules	S						
Compliance Sci	hedule Activity						Due D	ate	?	A	Achieved	l Date		
RESPOND TO S	ANITARY SURVEY						6/26/2	2015	5					
		Water Sy	ystem	Fac	ility and S	amplin	g Poi	nt	Inven	tory	/			
Water			- "						Tota		Lead and	_		
*	er System Facility	•	Sampling ID		nt Sampling I Description				Colifo		Copper		MOD	Stage
Facility ID	TOUR LITEON CYCTEN	<u> </u>			•			<u>tatı</u>			Kule He	r Asbestos	WQP	2 DBPK
00600 DIST	RIBUTION SYSTEM		4		DISTRIBUT			A	Y					
					M WITHIN 5			A						
00700 FNT	RY POINT		UPSTR		WITHIN 5		/IN	A						
00700 ENT 21634 WEI			2		WELL	IN I		A A						
21034 WEL	.L				ntact Info	rmatio	<b>n</b>	A						
Name						milatio						lab Titl		
Name					Organization					C	val N4	Job Title		
Ms. Beth Ford	s Lina Ona		Mailine	۸۵۵۰	occ Lino Two						eral Man		Zin C	ode
Mailing Addres			ivialling	Audre	ess Line Two				Now Mail	City	<u> </u>	State	Zip C	
401 Danbury R		Fare		N 4 c	hilo Dhana	Emeraca	n. Dha-		New Mili			СТ	067	70
Business Pho		Fax	2065	IVIO	bile Phone	Emergend	y rnon	ie E	Ettiali Ad	uress				
860-354-935	9	860-355-3	5905											

	Connecticu	ut Depa	rtment (	of Public	Health	Dri	nking	, Water	Se	ction	
	Wat	er Qua	lity Mon	itoring ai	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Own	ner Type	Primary Source
СТ0960104	CANDLEWOOD V	ALLEY COU	NTRY CLUB			ľ	١C	25		Р	GW
Local Address (w	here applicable)			Service	Residen	itial Co	ommercia	al Industri	al	Combine	d Agricultural
401 DANBURY R	DANBURY ROAD Connections						1				
Towns Served: N	EW MILFORD				,			,			
Contact Role(s):	Administrative (	Contact, Leg	al Contact								
Name				Organization						Job Title	<u> </u>
Candlewood Val	ley Country Club										
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
401 Danbury Rd							New M	ilford		СТ	06776
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s):	Owner		,								

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 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 Dep	artmei	nt of	f Public H	lealth D	rinkir	ng Wa	ater S	Section	
	Water Qua	ality M	onit	coring an	d Comp	oliance	Sch	edule	)	
PWS ID	PWS Name				Cl	lassificatio	n Popu	lation	wner Type	Primary Sou
СТ0960234	HARRYBROOKE PARK					NC	2	.5	Р	GW
Local Address (	where applicable)			Service	Residentia	I Comme	rcial In	dustrial	Combin	ed Agricultu
LANESVILLE RC	)AD			Connections		1				
Towns Served:	NEW MILFORD		_							
				oring Requ	irement	ts				
	n Facility: DISTRIBUTION	SYSTEM (	WSF I	D: 00600)						
<b>Total Colifor</b>	m (3100)							1 r	outine (R	Γ) per quart
	Point (Sampling Point ID)				Monitoring		Collecti	ion Peri		pliance Statu
Select fro	m Inventory of Active Samplir	ng Points		_	7/1/19 - 9/					Complete
					10/1/19 - 12					Complete
					1/1/20 - 3/					Complete
					4/1/20 - 6/	-				
					7/1/20 - 9/	/30/20				
	ameters (PPS)								<del>-</del>	Γ) per quart
	Point (Sampling Point ID)				Monitoring		Collecti	ion Perio		pliance Statu
Select from	m Inventory of Active Samplir	ng Points			7/1/19 - 9/					Complete
					10/1/19 - 12					Complete
					1/1/20 - 3/					Complete
					4/1/20 - 6/					
Matax Custon	- Facility BALICELINA ENTE	V DOINT	NACE	ID: 00700\	7/1/20 - 9/	30/20				
	n Facility: MUSEUM ENTR	AT POINT	(VVSF	וט: טטייטטן					4	(DT)
	Nitrite (NOX)  Point (Sampling Point ID)				Monitorina	Dorind	Collect	ion Perio		(RT) per ye pliance Statu
ENTRY PO					<b>Monitoring</b> 1/1/19 - 12,		Conecu	on Pen		Complete
LINIKI PO	1111 (3)				1/1/20 - 12					Complete
					1/1/21 - 12					complete
Water System	n Facility: POOLHOUSE EN	ITRV DOIN	T /\A/		1/1/21 - 12/	/31/21				
-	Nitrite (NOX)	VIII POIN	11 (00	31 10.00701)					1 routino	(RT) per ye
	Point (Sampling Point ID)				Monitoring	Period	Collecti	ion Perio		pliance Statu
	JSE ENTRY POINT (3)				1/1/19 - 12		Conecti	on Ferr		Complete
10021100	JOE ENTRY I ONLY (5)				1/1/20 - 12					Complete
					1/1/21 - 12					
		Public	: Not	tification R						
		ı abın		Compliance	Notice		Notifica	ation	DN C	ertification
Violation/Situe	ation			Period	Tier	Require		formed		_
Total Coliform			7/1	/15 - 9/30/15	2	2/6/201		<del>,</del>	2/16/201	
	Water :	System	Facil	ity and Sar	mpling P			ry		
Water							Total	Lead a	nd	
	ter System Facility	Sampling	Point	Sampling Poi	nt	C	oliform	Сорре	er	Sta
Facility ID		ID		Description		Status	Rule	Rule T	ier Asbest	os WQP 2 DI
00600 DIST	TRIBUTION SYSTEM	3-GARI		GENERATED E		Α	Υ			
		3-POOLH	OUSE	GENERATED E		Α	Υ			
		4		DISTRIBUTION		Α	Υ			
		4-GARI		GARDEN DIST		Α	Υ			
		4-MUSE	UM	MUSEUM DIS	TRIBUTION	Α	Υ			

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0960234	HARRYBROOKE PARK				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
LANESVILLE RO	DAD	Connections			1			

Towns Served: NEW MILFORD

	Wate	er System Facili	ity and Sampling Po	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		4-POOLHOUSE	POOLHOUSE DISTRIBUTI	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	MUSEUM ENTRY POINT	3	ENTRY POINT	Α					
00701	POOLHOUSE ENTRY POINT	3	POOLHOUSE ENTRY POIN	Α					
21642	MUSEUM WELL	2-MUSEUM	MUSEUM WELL	Α					
21643	POOLHOUSE WELL	2-POOLHOUSE	POOLHOUSE WELL	Α					
61114	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	า			Job Title	
Mr. William Deak				Harrybrooke	e Park		Chairman		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
P.O. Box 364						New Mil	ford	СТ	06776
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	dress		
860-354-6325						wfdeak@	Paol.com		

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

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

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

Page 14

	Connectic	•								ection	
		ter Qual	ity Mon	itoring a	and Com						
PWS ID	PWS Name								on Owi		Primary Soul
CT0960244	JEHOVAHS WITN	NESSES					C	25		Р	GW
	s (where applicable)			Service Connection	Residen	tial Co	mmercial	Indus	trial	Combine	d Agricultu
22 OLD PARK				Connectio	7113		1				
Towns Served	d: NEW MILFORD		D. 0	:	•						
Water Syste	em Facility: <b>DISTR</b>	IBUTION SY		itoring Re F ID: 00600)	quireme	nts					
Total Colifo	orm (3100)		-						1 rou	ıtine (RT	per quarte
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection I	Period	Comp	liance Statu
Select fr	om Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	.9			C	omplete
					10/1/19 -	12/31/	19			C	omplete
					1/1/20 -	3/31/2	.0			C	omplete
					4/1/20 -	6/30/2	0				
					7/1/20 -	9/30/2	0				
-	rameters (PPS)									- '	per quarte
	g Point (Sampling P				Monitori	_		lection I	Period		liance Statu
Select fr	om Inventory of Act	ive Sampling	Points		7/1/19 -						omplete
					10/1/19 -						omplete
					1/1/20 -					C	omplete
					4/1/20 -						
				-	7/1/20 -	9/30/2	.0				
-	em Facility: ENTR'	Y POINT (W	/SF ID: 00/0	0)					_		·•
	d Nitrite (NOX)										RT) per yea
	g Point (Sampling P	oint ID)			Monitori			lection I	Perioa		liance Statu
ENIRYP	POINT (3)				1/1/19 -						omplete
					1/1/20 -						
		<b>NA/</b>			1/1/21 -			•			
		water Sy	stem Fac	ility and S	Sampling	Poin	t Inven	tory			
Water	latan Cuatana Farailitu		Samualina Dai	nt Committee	Daint		Tota		ad and		6.
System W Facility ID	ater System Facility	3	ampling Poli ID	nt Sampling Descriptio			Colifo Luc Rul		opper de Tier	Achesto	Stag s WQP 2 DB
	STRIBUTION SYSTEM	1	4	-	TION SYSTEM		i <u>tus Kul</u> A Y	e nu	ie riei	ASDESTO	VVQI Z DD
00000 DI	STRIBOTION STSTEW			M WITHIN 5			Α Ι				
		'	UPSTREAM		SERVICE CON		Α				
00700 EN	NTRY POINT		3	ENTRY PO			Α				
	ELL		2	WELL			<u>`</u> A				
	REATMENT PLANT			***			•				
37300 11	(E) (TIVIEIT I E) (ITI		Ca	ntost laf	ormotion						
			CC	ontact Info							
Name				Organization						Job Title	
Mr. Kevin Mo			Mailin - A I I	oco Lina T				C:r.		Ct-1	7:- 0 1
Mailing Addr	ess Line One		Mailing Addr	ess Line Two			Nov. 5 4:14	City		State	Zip Code
110 Kent Rd	nono Eutoroise	Face	B 4 -	shilo Dhara	Emorgans	Dhazz	New Milf			СТ	06776-340
Business Ph		Fax		bile Phone	Emergency		Email Ad	uress			
860-354-4	(s): Administrative	860-355-4			860-770-	303Z					
Contact Role	(3). Administrative	comact, Legi	ai Contact								

	Connectic	ut Depa	rtment (	of Publi	c Heal	lth I	Drin	iking	Water	Sec	tion	
	Wa	ter Qua	lity Mon	itoring	and C	omj	plia	nce S	chedul	.e		
PWS ID	PWS Name					C	Classifi	cation	Population	Owne	r Type F	Primary Source
СТ0960244	JEHOVAHS WITI	NESSES					N	С	25		Р	GW
Local Address (w	here applicable)			Service	Resi	dentia	al Cor	nmercia	Industri	al C	ombined	d Agricultural
22 OLD PARK LAI	NE			Connecti	ons			1				
Towns Served: N	IEW MILFORD				,							·
Name				Organizatio	า					J	lob Title	
Mr. David R Bak	er			Jehovahs W	itnesses				Chairman			
Mailing Address	Line One		Mailing Addre	ess Line Two	ı				City		State	Zip Code
22 Old Park Lane	2			New Milford					ilford		СТ	06776
Business Phone	e Extension	Fax	Мо	bile Phone	Emerge	ency P	y Phone Email Address					
860-354-1555	;											
Contact Role(s):	<b>Legal Contact</b>											
Name				Organizatio	า					J	lob Title	
Jehovahs Witnes	sses											
Mailing Address	Line One		Mailing Addre	ess Line Two	ı				City		State	Zip Code
22 Old Park Lane	<u> </u>							New Mi	ilford		СТ	06776
Business Phone	e Extension	Fax	Мо	bile Phone	Emerge	ency P	hone	Email A	ddress			
Contact Role(s):	Owner				·							

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 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 Dep						_			ction	
	ality Monit	oring an	a Con							
PWS ID PWS Name  CT0960254 KENT RD SHOPPING CENTE	R			Class	sification NC	n Pop	oulation 25	Owr	ner Type P	Primary Sour GW
Local Address (where applicable)		Service	Residen	tial	Comme	rcial	Industri	ial	Combine	d Agricultu
48 KENT ROAD		Connections			1					
Towns Served: NEW MILFORD										·
	Monit	oring Requ	ireme	nts						
Water System Facility: <b>DISTRIBUTION</b>										
Total Coliform (3100)							1	L rou	itine (RT)	per quarte
Sampling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe	riod	Comp	liance Statu
Select from Inventory of Active Samplin	g Points		7/1/19 -	9/30	/19				C	omplete
		_	10/1/19 -	12/3	1/19				C	omplete
			1/1/20 -	3/31	/20					<u>.</u>
			4/1/20 -							
			7/1/20 -							
Physical Parameters (PPS)					<u>,                                      </u>		1	l rou	itine (RT	per quarte
Sampling Point (Sampling Point ID)			Monitori	ng Pe	eriod	Colle	ction Pe			liance Statu
Select from Inventory of Active Samplin	g Points		7/1/19 -							omplete
, , , , , , , , , , , , , , , , , , , ,	<u> </u>		10/1/19 -							omplete
			1/1/20 -		-					
			4/1/20 -							
			7/1/20 -		•					
Water System Facility: ENTRY POINT (	WSE ID: 00700\		7/1/20	3,30	720					
Nitrate And Nitrite (NOX)	113. 15. 007007							1	routing	RT) per yea
Sampling Point (Sampling Point ID)			Monitori	na Da	priod	Colle	ction Pe			liance Statu
ENTRY POINT (3)			1/1/19 -			Cone	ction re	TIOU		omplete
LIVINI FORVI (3)			1/1/20 -							ompiete
			1/1/21 -							
	System Facil	ity and Sai	mpling	Poi	nt Inv					
Water System Water System Easility	Sampling Point	Camplina Doi	nt			Total				Char
System Water System Facility Facility ID	ID	Description	nı	_		olifori Rule			Achesto	Stag S WQP 2 DB
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA		tatus ^	Y	Nuie	1161	ASDESTO	VVQF Z DD
00000 DISTRIBUTION STSTEM					A	ĭ				
	DOWNSTREAM				A					
20722 51/75/ 2011/7	UPSTREAM	WITHIN 5 SEF		V	A					
00700 ENTRY POINT	3	ENTRY POINT			A					
21644 WELL	2	WELL	. •		A					
	Con	tact Infori	mation							
Name	0	rganization							Job Title	
Ms. Susan Daigle		ester & Lynore,	LLC			А	gent			
Mailing Address Line One	Mailing Addres	s Line Two					City		State	Zip Code
48 Kent Road					New	Milfo	rd		СТ	06776
Business Phone Extension Fax	Mobi	le Phone E	mergency	Phor	ne Ema	il Addı	ress			
860-355-9222										
Contact Role(s): Administrative Contact, Le	gal Contact									

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

		_			_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0960254	KENT RD SHOPPING C	ENTER			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
48 KENT ROAD			Connections		1			

Towns Served: NEW MILFORD

### 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

C	onnectic	ut Departme	ent of	f Public	Health	Drir	nking	Water	Se	ction	
Q		ter Quality N					_			Ction	
PWS ID PV	WS Name	ter Quarity I	VIOIII	Joi ing a	na con	_			1	or Type P	rimary Source
	'NN DEMING P	ΔRK					ICation F	25	OWI	P P	GW
Local Address (whe		AIII		Service	Residen		mmercial		al	Combined	
CANDLEWOOD LAN				Connection		ciai co	1	maastri			7.61.001.01.01
Towns Served: NEV											
			Monit	oring Red	auireme	nts					
Water System Fa	cility: DISTR	IBUTION SYSTEM									
Total Coliform (	3100)							1	l rou	tine (RT)	per quarter
Sampling Poil	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Pe	riod	Compl	iance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 -	9/30/1	.9			Cc	mplete
					4/1/20 -						
					7/1/20 -	9/30/2	20				
Physical Parame											per quarter
	nt (Sampling P	-			Monitori	_		lection Pe	riod		iance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 -					Co	mplete
					4/1/20 - 7/1/20 -						
Water System Fa	cility: ENTD	POINT (WSF ID:	00700\	1	7/1/20-	3/30/2	.0				
Nitrate And Nitr	•	T FORT (WSI ID.	00700)						1	routino (	RT) per year
	nt (Sampling P	oint ID)			Monitori	na Peri	od Col	lection Pe		<del>-</del>	iance Status
ENTRY POINT		· · · · · · · · · · · · · · · · · · ·			1/1/19 -			4/1-9/30			mplete
	ν- /				1/1/20 -			4/1-9/30			, , , , , , , , , , , , , , , , , , , ,
					1/1/21 -	12/31/2	21	4/1-9/30			
		Ot	ther C	omplian	ce Sched	ules					
Compliance Sched	ule Activity				L	Due Da	te	Achie	ved	Date	
SEASONAL START U	JP COMPLETIO	N			į	5/1/202	20				
		<b>Water System</b>	r Facil	ity and S	ampling	Poin	t Inven	tory			
Water							Tota	al Lead	and		
*	system Facility		_	Sampling F			Colife				Stage
Facility ID			D	Description			itus Rui		Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		4 		ON SYSTEM		A Y				
				WITHIN 5 S			Α ν				
			PR-01 PR-02	LADIES ROO MENS ROO			A Y A Y	N			
			REAM		ERVICE CON		д т Д	ľ	N		
00700 ENTRY F	POINT		3	ENTRY POI			<u>¬                                    </u>				
21646 WELL	Olivi		2	WELL	N I		<u>¬</u> А				
21040 WEEL							<u> </u>				
Name				itact Info	rmation					Lab TO	
Name Mr. Daniel Calhou	•			rganization ew Milford P	arke O. Dae-	oatio=		Director	Darles	Job Title	
Mailing Address Lir		Mailin		s Line Two	arks & Kecr	eation		Director F City	arKS	State	Zip Code
10 Main Street	ie Olie	ivialilit	Audres	S LITIE TWO			New Mil			CT	06776
Business Phone	Extension	Fax	Mohi	ile Phone	Emergency	Phone				CI	00770
	EXCENSION		.,,,,,,,,,		c. Scricy				lford.	org	
860-355-6050		860-355-6052			- 33			n@newmi	lford.	org	

Contact Role(s): Administrative Contact, Legal Contact

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

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0960274	LYNN DEMING PARK				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
CANDLEWOOD	LAKE ROAD		Connections		1			
							•	

Towns Served: NEW MILFORD

### 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

Page 20

	Connecticut Departmen	nt of Public H	lealth	Dı	rinkin	g Wate	r S	ection	
	Water Quality M	onitoring an	d Con	npl	iance	Schedu	ıle		
PWS ID	PWS Name			_	ssification			vner Type	Primary Source
CT0960284	RED CARPET MOTEL				NC	25		Р 7.	GW
Local Address (v	where applicable)	Service	Residential Comm			ial Indust	rial	Combine	ed Agricultural
244 KENT ROAD		Connections			1				
Towns Served:	NEW MILFORD							I.	
	M	onitoring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)							
Total Coliforn	•	•					1 r	outine (R	T) per month
	Point (Sampling Point ID)		Monitor	ina P	eriod (	Collection P		<del>-</del>	oliance Status
	n Inventory of Active Sampling Points		10/1/19 -						Complete
	, , , , , , , , , , , , , , , , , , , ,		11/1/19 -						Complete
			. , , . L2/1/19 -						Complete
			1/1/20 -		-				Complete
			2/1/20 -						
			3/1/20 -						
			4/1/20 -						
			5/1/20 -		-				
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
			9/1/20 -						
Physical Para	meters (PPS)				•		1 r	outine (R	T) per month
_	Point (Sampling Point ID)		Monitori	ing P	eriod (	Collection P		=	oliance Status
Select fron	n 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 -	1/3	1/20			(	Complete
			2/1/20 -	2/2	9/20				- ·
			3/1/20 -						
			4/1/20 -	4/3	0/20				
			5/1/20 -						
			6/1/20 -						
			7/1/20 -						
			8/1/20 -						
		_	9/1/20 -	9/3	0/20				
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And N							1	Lroutine	(RT) per year
	Point (Sampling Point ID)		Monitor	ing P	eriod (	Collection P			oliance Status
ENTRY POI			1/1/19 -						Complete
	•		1/1/20 -						
			1/1/21 -	12/3	31/21				
	Oth	er Compliance	Sched	lule	es				
Compliance Sch					Date	Achi	ieved	l Date	
-	ANITARY SURVEY		1	10/1/	/2015				
		Notification R	_						
	i ubiic		-quii (	-1110					

Notice

**Public Notification** 

**Compliance** 

**PN Certification** 

	Connecticut De	epartmer	nt of	f Public H	lealth l	Drinki	ing V	Vater	· Se	ection	
	Water 0	uality M	onit	oring an	d Com	plianc	e Sc	hedul	le		
PWS ID	PWS Name	, • • • • • • • • • • • • • • • • • • •		011110		Classificati			1	ner Type Pi	rimary Source
CT096028						NC	0	25		Р	GW
	ess (where applicable)			Service	Residenti		ercial	Industri	ial	Combined	Agricultural
244 KENT				Connections		1					J
	ved: NEW MILFORD			1							
DEVISED T	OTAL COLIFORM RULE (RTCR) T	T Violation	12/2	1/16 - 8/21/18	2	7/22/20	017	0.,00		8/1/2017	nescrica
	OTAL COLIFORM RULE (RTCR) T		-	/18 - 8/21/18	2	4/28/20				5/8/2018	
	OTAL COLIFORM RULE (RTCR) T			/17 - 8/21/18	2	4/28/20				5/8/2018	
	OTAL COLIFORM RULE (RTCR) T			3/18 - 8/21/18	2	4/28/20				5/8/2018	
	OTAL COLIFORM RULE (RTCR) T			)/18 - 8/21/18	2	8/30/20				9/9/2018	
	OTAL COLIFORM RULE (RTCR) T		-	1/18 - 8/16/18	2	8/30/20				9/9/2018	
	R Violation	1 VIOIACIOII		5/17 - 6/5/18	3	3/6/20				3/16/2019	
	R Violation			5/17 - 6/5/18	3	3/6/20				3/16/2019	
	R Violation			8/17 - 6/5/18	3	3/6/20				3/16/2019	
	R Violation		-	.8/17 - 6/5/18	3	3/6/20				3/16/2019	
	R Violation		-	8/17 - 6/5/18	3	3/6/20				3/16/2019	
	R Violation			6/29/18 -	3	8/29/20				9/8/2019	
	R Violation			6/29/18 -	3	8/29/20				9/8/2019	
	arameters M&R Violation			/18 - 4/30/18	3	8/29/20				9/8/2019	
	R Violation			6/29/18 -	3	8/29/20				9/8/2019	
	orm M&R Violation			/18 - 4/30/18	3	8/29/20				9/8/2019	
	arameters M&R Violation			/19 - 4/30/19	3	6/24/20				7/4/2020	
	orm M&R Violation			/19 - 4/30/19	3	6/24/20				7/4/2020	
Total Colli		u Cuatana I						<b>.</b>		7/4/2020	
	wate	r System i	Facili	ity and Sar	npling i	oint in					
Water System	Water System Facility	Samplina	Point	Sampling Poi	nt		Total Colifor				Stage
Facility ID		ID	1 Omic	Description 1		Status	Rule		•	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM	A	Υ				
00000		BARBEF	RR	BARBER SHOP		Α	Y			Υ	
		BS		BAR SINK		A	Y			Y	
			REAM	WITHIN 5 SER	VICE CON	Α				•	
		RESTKIT		REST KIT HAN		Α	Υ			Υ	
		RESTKIT		REST KIT HAN		Α	Υ			Υ	
		RESTKS	SSS	REST KIT SNK	SINGLE	Α	Υ			Υ	
				REST KIT TRPL		Α	Υ			Υ	
				REST KIT TRPL		Α	Υ			Υ	
		RRLF	3	RR LADY ROO	М	Α	Υ			Υ	
		RRM		RR MENS RR		Α	Υ			Υ	
		TATTOO	) RR	TATTOO PARL	OR RR	Α	Υ			Υ	
		UPSTRE	AM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3		ENTRY POINT		А					
21647	WELL	2		WELL		Α					
21647											
	TREATMENT PLANT										
			Con	tact Inforr	nation						
				tact Inforr	nation					Job Title	

Red Carpet Inn

Mailing Address Line Two

Mailing Address Line One

Mr. Alex Patel

Zip Code

Owner

City

State

	IM.	tor Ous	lity Monito	oring a	nd Con	anli	ance	Schadul	ما		
	VVC	itei Qua	iity Moilit	or mg a	iiu Con	_			1		
PWS ID	PWS Name					Class	sification	Population	Owne	er Type Pr	imary Source
СТ0960284	RED CARPET M	OTEL					NC	25		Р	GW
Local Address (v	where applicable	)		Service	Residen	itial	Commerci	al Industri	al C	Combined	Agricultural
244 KENT ROAD	)			Connection	ns		1				
Towns Served:	NEW MILFORD								·		
296 Ethan Allei	n Highway						Ridgefi	ield		CT	06877
Business Pho	ne Extension	Fax	Mobile	e Phone	Emergency	/ Phoi	ne Email A	Address			
203-438-378	1						patelra	keshkumar:	32@ya	ahoo.com	
Contact Role(s)	Administrative	Contact, Leg	al Contact	,							

Connecticut Department of Public Health Drinking Water Section

#### 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 D	enartment of	F Public F	lealth	Drink	inσ V	Vater	So	ction	
		Quality Monit							CHOII	
PWS ID	PWS Name	Quality Monit	oring an	u don	_				ner Type P	rimary Sourc
СТ096029	4 TANDOORI FLAMES				NC		34		Р	GW
Local Add	ress (where applicable)		Service	Residen	tial Comm	nercial	Industri	al	Combined	l Agricultura
	SURY ROAD		Connections		1					0 11 11
Towns Ser	ved: NEW MILFORD				I					
		Monite	oring Requ	uireme	nts					
Water Sy	stem Facility: <b>DISTRIBUT</b>	ION SYSTEM (WSF I	D: 00600)							
<b>Total Co</b>	liform (3100)						1	rou	itine (RT)	per quarter
Samı	oling Point (Sampling Point IL	D)		Monitori	ng Period	Colle	ction Pe	riod	Compl	iance Status
Selec	ct from Inventory of Active Sa	mpling Points		7/1/19 -	9/30/19				Co	omplete
				10/1/19 -	12/31/19				Co	omplete
				1/1/20 -	3/31/20				Co	omplete
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
_	Parameters (PPS)						1	rou	itine (RT)	per quarter
Sam	oling Point (Sampling Point IL	0)		Monitori	ng Period	Colle	ction Pe	riod	Compl	iance Status
Selec	t from Inventory of Active Sa	mpling Points		7/1/19 -	9/30/19				Co	omplete
				10/1/19 -	12/31/19				Co	omplete
				1/1/20 -	3/31/20				Co	omplete
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (	RT) per year
Sam	oling Point (Sampling Point IL	o)		Monitori	ng Period	Colle	ction Pe	riod	Compl	iance Status
ENTR	RY POINT (3)			1/1/19 -	12/31/19				Co	omplete
				1/1/20 -	12/31/20				Co	omplete
				1/1/21 -	12/31/21					
		Other C	ompliance	Sched	lules					
Complian	ce Schedule Activity				Due Date		Achie	ved	Date	
RESPOND	TO SANITARY SURVEY			2	2/26/2016					
	Wat	er System Facili	ity and Sai	mpling	Point Ir	nvent	ory			
Water						Total	Lead	and		
System	Water System Facility	Sampling Point	Sampling Poi	int		Colifor	m Cop	per		Stage
Facility ID	)	ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	I A	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	N A					
		TF001	REST KIT HAN	ID SNK L	Α	Υ				
		TF002	REST KIT HAN	ID SNK R	Α	Υ				
		TF003	REST KIT SNK	SINGLE	Α	Υ				
		TF004	REST KIT TRPI	L SNK L	Α					
		TF005	REST KIT TRPI	L SNK R	Α	Υ				
		TF006	BAR SINK		Α	Υ				
		TF007	RR LADY ROO	M	Α	Υ				
		TF008	RR MENS RR		Α	Υ				
		TE000	DADDED CHOI			.,				

TF009

TF010

**UPSTREAM** 

Schedule Generation Date: 3/10/2020 Page 24

BARBER SHOP RR

TATTOO PARLOR RR

WITHIN 5 SERVICE CON

Α

Α

Υ

Υ

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0960294	TANDOORI FLAMES				NC	34	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
471 DANBURY	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEV	V MILFORD									
	,	Water Sy	stem Faci	lity and S	Sampling Point	Inven	itory			
Water System Water S Facility ID	ystem Facility	٤	Sampling Point	t Sampling Descriptio		Tot Colifo tus Ru	orm Coppe		s WQP	Stage 2 DBPR
00700 ENTRY F	POINT		3	ENTRY PO	INT A	١				
21648 WELL			2	WELL	A	١				
			Coi	ntact Info	ormation					
Name			C	Organization				Job Title		
Mr. Parviz B. Mehi	i						Property Ov	wner		
Mailing Address Lir	ne One		Mailing Addre	ss Line Two			City	State	Zip C	ode
2 Glen Hill Road						Danbury	1	СТ	068	11
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email Ac	ldress			

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

#### Please note the following:

203-748-2020

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

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

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

End of schedule

	C	onnectic									ection	
		Wat	er Qual	ity Mor	nitoring a	and Com	pliai	nce So	che	dule		
PWS ID	PV	VS Name				(	Classific	cation P	opula	ition Ow	ner Type I	Primary Source
CT096042	4 RC	CKY RIVER MO	OTEL				NO	С	27		Р	GW
Local Addı	ress (whe	re applicable)			Service	Residenti	al Cor	mmercial	Ind	ustrial	Combine	d Agricultura
236 KENT	ROAD				Connection	ons		1				
Towns Ser	ved: NEV	V MILFORD										
				Mor	nitoring Re	quiremen	ts					
Water Sy	stem Fac	cility: DISTR	<b>BUTION SY</b>	STEM (WS	SF ID: 00600)							
<b>Total Co</b>	liform (3	3100)								1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling Po	oint ID)			Monitoring	g Perio	od Col	lectio	n Period	Comp	liance Status
Selec	t from Inv	ventory of Acti	ve Sampling	Points		7/1/19 - 9	/30/19	9			C	omplete
						10/1/19 - 1	2/31/1	19			С	omplete
						1/1/20 - 3	/31/20	)			С	omplete
						4/1/20 - 6	/30/20	)				
						7/1/20 - 9	/30/20	)				
_		ters (PPS)								1 ro		per quarter
		t (Sampling Po	-			Monitoring	g Perio	od Col	lectio	n Period	Comp	liance Status
Selec	t from Inv	ventory of Acti	ve Sampling	Points		7/1/19 - 9						omplete
						10/1/19 - 1						omplete
						1/1/20 - 3					С	omplete
						4/1/20 - 6						
						7/1/20 - 9	/30/20	)				
Water Sy	stem Fac	cility: ENTRY	POINT (W	SF ID: 007	00)							
		te (NOX)								1	=	RT) per year
		t (Sampling Po	oint ID)			Monitoring			lectio	n Period		liance Status
ENTR	Y POINT	(3)				1/1/19 - 12					С	omplete
						1/1/20 - 12						
						1/1/21 - 12						
		,	Water Sy	stem Fa	cility and	Sampling F	oint	Inven	tory	/		
Water								Tota		Lead and	1	
System	-	ystem Facility	S		int Sampling			Colifo		Copper		Stage
Facility ID		IT. 0.1. 0.40TE. 4		ID	Description		Stat			Kule Tiel	Aspestos	WQP 2 DBP
00600	DISTRIBU	JTION SYSTEM		4		TION SYSTEM	A					
					AM WITHIN 5		A					
				UPSTREAM		SERVICE CON	A					
00700	ENTRY P	OINT		3	ENTRY PO	DINT	Α					
21657	WELL			2	WELL		А	<u> </u>				
				C	ontact Inf	ormation						
Name					Organization						Job Title	
Mr. Cham	pa Patel				Rocky River I	Motel			Own	er		
Mailing Ad	ddress Lin	e One		Mailing Add	ress Line Two				City	/	State	Zip Code
236 Kent F	Road							New Mil			СТ	06776
Business	Phone	Extension	Fax	M	obile Phone	Emergency P	hone	Email Ad	dress	5		
860-35	5-3208		860-355-8	165		860-355-32	208	rockyrive	ermot	el@aol.c	om	
Contact Ro	ole(s): A	dministrative (	Contact, Lega	al Contact, (	Owner							

	onnectic	ut Depa	irtmen	t of Publi	IC H	ealth	D	rinking	g Water	Se	ction	
	Wa	ter Qua	lity Mo	nitoring	and	d Com	ıpl	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Own	er Type P	rimary Source
CT0960424 R	OCKY RIVER M	OTEL						NC	27		Р	GW
Local Address (wh	ere applicable)			Service		Resident	tial	Commerci	al Industri	al (	Combined	Agricultural
236 KENT ROAD				Connect	tions			1				
Towns Served: NE	W MILFORD			,						'		
Name				Organizatio	n						Job Title	
Mr. Ramesh. Pate	ı			Rocky River	Mote	el			Owner			
Mailing Address Li	ne One		Mailing Ad	ddress Line Two	)				City		State	Zip Code
236 Kent Road								New M	lilford		СТ	06776
Business Phone	Extension	Fax		Mobile Phone	Em	nergency	Pho	one Email A	Address			
860-355-3208		860-355-	8165					rockyri	vermotel@a	ol.co	m	
Contact Role(s):	Owner				•							

nt of Dublic Hoolth Duinling Motor Cooti

# 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 Departmen	t of Public H	ealth	Drinki	ng W	ater S	Section	
Water Quality Mo	onitoring and	d Com	plianc	e Sch	edule		
PWS ID PWS Name	<u> </u>		Classificati			wner Type Pr	imary Source
CT0960474 THE OLD OAK TAVERN			NC		30	P	GW
Local Address (where applicable)	Service	Residenti	al Comm	ercial I	ndustrial	Combined	Agricultural
1 SOUTH KENT ROAD	Connections		1				0
Towns Served: NEW MILFORD	l l						
Mo	onitoring Requ	iremen	its				
Water System Facility: DISTRIBUTION SYSTEM (\)	WSF ID: 00600)						
Total Coliform (3100)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collect	tion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			Cor	mplete
		10/1/19 - 1	2/31/19			Cor	mplete
		1/1/20 - 3	3/31/20				
		4/1/20 - 6	5/30/20				
		7/1/20 - 9	9/30/20				
Physical Parameters (PPS)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitorin	g Period	Collec	tion Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			Cor	mplete
		10/1/19 - 1				Cor	mplete
		1/1/20 - 3					
		4/1/20 - 6					
		7/1/20 - 9	9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)						1 routine (R	
Sampling Point (Sampling Point ID)		Monitorin		Collec	tion Perio		ance Status
ENTRY POINT (3)		1/1/19 - 1				Cor	mplete
		1/1/20 - 1					
		1/1/21 - 1					
Public	<b>Notification R</b>	equirer	ments				
	Compliance	Notice	Publi	ic Notific	<u>ation</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Requir	ed Pe	rformed	Due to DPH	Received
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	10/17/2			10/27/2012	
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/20			6/22/2013	
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/20			8/15/2015	
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/20			7/15/2016	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/20			2/18/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/20			2/18/2018	
Water System F	acility and Sar	npling F	Point In	vento	ry		
Water				Total	Lead an		
	Point Sampling Point	nt		Coliform			Stage
Facility ID ID	Description		Status	Rule	Kule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	SYSTEM	A	Υ			
00700 ENTRY POINT 3	ENTRY POINT		Α				

WELL

2

21660 WELL

Α

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0960474	THE OLD OAK TAVERN				NC	30	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 SOUTH KENT	ROAD	Connections			1			

Towns Served: NEW MILFORD

				Contact Info	ormation				
Name Organization Job Title									
Mr. Henry Showah			Hen John Enterprises LLC				Owner		
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code
1 South Kent Road						Gaylords	sville	СТ	06755
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-355-1100		845-501-3	3266		914-260-6617	henjohn	llc@outlook	com	

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

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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	Iealth I	Orinking	Water S	Section	
Water Quality M	onitoring an	d Com	oliance S	chedule		
PWS ID PWS Name			lassification I			imary Source
CT0960604 TRINITY LUTHERAN CHURCH			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	l Commercia	Industrial	Combined	Agricultural
107 KENT ROAD	Connections		1			
Towns Served: NEW MILFORD	"		1			
M	lonitoring Requ	iiremen	ts			
Water System Facility: DISTRIBUTION SYSTEM (						
Total Coliform (3100)				1 r	outine (RT) լ	oer quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9,	/30/19		Co	mplete
		10/1/19 - 1			Со	mplete
		1/1/20 - 3,			Со	mplete
		4/1/20 - 6,				
		7/1/20 - 9,	/30/20			
Physical Parameters (PPS)					outine (RT) լ	-
Sampling Point (Sampling Point ID)		Monitoring		llection Perio		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9,				mplete
		10/1/19 - 1				mplete
		1/1/20 - 3,			Co	mplete
		4/1/20 - 6, 7/1/20 - 9,				
Water System Facility: ENTRY POINT (WSF ID: 0	10700\	7/1/20 - 9/	/30/20			
	10700)				1 vautina /D	T)
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)		Monitoring	Pariod Co	llection Perio	1 routine (R	ance Status
ENTRY POINT (3)		1/1/19 - 12		nection Ferro	-	mplete
LIVINI I OIIVI (3)		1/1/20 - 12				impiete
		1/1/21 - 12				
Oth	ner Compliance					
Compliance Schedule Activity	•		e Date	Achieve	ed Date	
RESPOND TO SANITARY SURVEY		2/1	.2/2015			
RESPOND TO SANITARY SURVEY			.5/2019			
Public	c Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/24/2010		10/4/2010	
Physical Parameters M&R Violation	4/1/10 - 6/30/10	3	8/25/2011		9/4/2011	
Water System	Facility and Sar	mpling P	oint Inver	ntory		
Water			To		nd	
*	Point Sampling Point	nt	Colif			Stage
Facility ID ID		L CVCTC* 4	Status Ru		er Aspestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION			′		
	REAM WITHIN 5 SER		A			
UPSTRI			Α			
00700 ENTRY POINT 3	ENTRY POINT		Α			

Α

WELL

2

21668 WELL

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0960604	TRINITY LUTHERAN CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
107 KENT ROAD		Connections			1			

Towns Served: NEW MILFORD

			C	Contact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Gary Hults				Trinity Luthe	ran	Trustee			
Mailing Address Line One Mailing Add			dress Line Two			City	State	Zip Code	
PO Box 388						New Mil	ford	СТ	06776
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	dress		
860-354-3450					860-355-0823				

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 Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID PWS								Primary Source		
CT0969373 BULI	LLS BRIDGE GOLF CLUB				NC	45	Р	GW		
Local Address (where	Service	Residen	tial	Commercia	al Industria	al Combine	ed Agricultural			
OLD STONE ROAD	Connections			1						

OLD STONE ROAD	Connections 1	_	
Towns Served: NEW MILFORD			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	D: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 10/31/19	_	Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/4/19 - 10/9/19		Complete
	11/27/19 - 12/2/19		
	11/27/19 - 12/2/19		
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/19 - 11/30/19		
	12/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 1/31/20		Complete
	1/1/20 1/31/20		
	2/1/20 - 2/29/20		
	2/1/20 - 2/29/20		
	2/1/20 - 2/29/20 3/1/20 - 3/31/20		
	2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20		
	2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20		
	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		

	Connecticut D	lenartment of	Dublic H	aalth	Dı	rinkin	σ M/	ator	Sac	rtion	
		Quality Monit				`	_			LUUII	
PWS ID	PWS Name	quality Monit	oring and	a Con	_					ar Tyne F	rimary Source
CT096937		LIR			Cias	NC		15	OWIN	P	GW
0.00007	ress (where applicable)		Service	Resident	tial	Commerc		ndustria	al (	Combined	_
OLD STON			Connections			1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.8
Towns Se	rved: NEW MILFORD										
		Monito	oring Requ	ireme	nts						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 r	outine (I	RT) per year
	pling Point (Sampling Point ID	<b>)</b> )		Monitori	ng P	Period (	Collect	ion Per		-	iance Status
ENTF	RY POINT (3)			1/1/19 - :	12/3	31/19				Co	mplete
				1/1/20 - :	12/3	31/20					
				1/1/21 - :	12/3	31/21					
Water Sy	stem Facility: WELL 1 (W	SF ID: 53302)									
E. Coli (	3014)							1 t	rigge	ered (TG	) per period
Sam	pling Point (Sampling Point ID	<b>)</b>		Monitori	ng P	Period (	Collect	ion Per	iod	Compl	iance Status
WEL	L 1 (2)			10/3/19 -	- 10/	/9/19				Co	omplete
			:	11/26/19	- 12	/2/19					
				11/26/19	- 12	/2/19					
		Other Co	ompliance	Sched	lule	es					
Complian	ce Schedule Activity			L	Due	Date		Achie	ved D	ate	
CROSS CC	NNECTION SURVEY REPORT			3	3/1/:	2021					
		Public Not	ification R	equire	eme	ents					
	late at	C	ompliance	Notice		<u>Public N</u>					<u>tification</u>
	/Situation	TT \ /; -   - +; 4 /4 /	Period	Tier		Required		formed		ie to DPH	Received
REVISED	FOTAL COLIFORM RULE (RTCR)		/20 - 1/13/20	2		2/6/2020			2/	/16/2020	
	Wat	er System Facili	ty and Sar	npling	Ро	int Inve	ento	ry			
Water	Mateu Custom Fasilitus	Committee Deint	Campulina Dai	-4			otal	Lead (			C.
System Facility ID	Water System Facility	Sampling Point ID	Description	π			liform Rule	Copp		Achestas	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIST	RIBLITION		<u>Status</u> A	nuic	nuic	1101	A30C31O3	WQI Z DDI K
00000	DISTRIBUTION STSTEM	BBGC001	BAR 3 BAY SIN		•	A	Υ	3			
		BBGC002	BAR 1 BAY SIN			Α	Y	3		Υ	
		BBGC003	KITHCHEN 3 E			Α	Υ	3		•	
		BBGC004	KITCH HANDV		K	Α	Υ	3			
		BBGC005	KITCHEN 1 BA			Α	Υ	3			
		BBGC006	PRO BATHRO	OM SINK		Α	Υ	3			
		BBGC007	LADIES ROOM	ISINK		Α	Υ	3			
		BBGC008	MENS ROOM	SINK		Α	Υ	3			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					

WELL 1

Α

2

53302 WELL 1

60720 TREATMENT PLANT

C	onnectic	*					U				
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	nce S	chedule			
PWS ID P	NS Name					Classifi	cation P	opulation O	opulation Owner Type Primar		
СТ0969373 В	JLLS BRIDGE G	OLF CLUB				N	С	45	Р	GW	
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmercial	Industrial	Combine	ed Agricultura	
OLD STONE ROAD				Connectio	ons		1				
Towns Served: NE\	W MILFORD										
			Co	ontact Info	ormation	า					
Name				Organization					Job Title	2	
Mr. David Flatau				Bulls Bridge G	Golf Club						
Mailing Address Lir	ne One		Mailing Addr	ess Line Two			City State Zip C				
24 Fox Run							Sherman CT 0678				
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email Ac	ldress			
860-927-7135		860-927-7	7136		860-927	-7135	DCFLATAU@AOL.COM				
Contact Role(s): L	egal Contact										
Name				Organization					Job Title	2	
Mr. Peter Rothsch	ild			The Bull's Bri	dge Golf Clu	b, I		President			
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	State	Zip Code	
750 Third Ave							New Yor	k	NY	10017	
Business Phone	Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email Ac	ldress			
Contact Role(s): L	egal Contact (	)wner									
Name	egai contact, c	, which		Organization					Job Title	2	
Mr. Attila Fodor				Bulls Bridge G				Club House		<u>*                                      </u>	
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	State	Zip Code	
71 Bulls Bridge Rd							South Ke	ent	СТ	06785	
Business Phone	Extension	Fax	Mo	bile Phone	e Emergency Phone Email Address						
860-927-7135		860-927-7	7136				a.fodor@	ှာbullsbridge	golfclub.cor	n	
Contact Role(s):	dministrative	Contact									

Connecticut Department of Public Health Drinking Water Section

#### 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 De	oartmen	t of	Public H	lealth	D	rinking	Water	Section	
	Water Qu	ialitv Mo	nit	oring an	d Con	npl	liance S	chedule	9	
PWS ID	PWS Name			6		_			Owner Type Pr	imary Source
СТ0969374	GEORGE WASHINGTON P	LAZA					NC	39	P	GW
Local Address	s (where applicable)			Service	Residen	itial	Commercia	l Industrial	Combined	Agricultural
	WASHINGTON PLAZA			Connections			2			
Towns Served	d: NEW MILFORD									
		Мо	nite	oring Requ	iireme	nts	3			
Water Syste	m Facility: DISTRIBUTION	SYSTEM (W	/SF I	D: 00600)						
<b>Total Colifo</b>	orm (3100)							1	routine (RT) p	er quarter
Samplin	g Point (Sampling Point ID)				Monitori	ing F	Period Co	llection Peri	od Compli	ance Status
Select fr	om Inventory of Active Sampl	ing Points			7/1/19 -	- 9/3	0/19		Co	mplete
					10/1/19 -	- 12/	/31/19		Co	mplete
					1/1/20 -				Co	mplete
					4/1/20 -	- 6/3	0/20			
					7/1/20 -	- 9/3	0/20			
-	rameters (PPS)							1	routine (RT) រុ	er quarter
	g Point (Sampling Point ID)				Monitori			llection Peri	od Compli	ance Status
Select fr	om Inventory of Active Sampl	ing Points			7/1/19 -					mplete
					10/1/19 -					mplete
					1/1/20 -				Cor	mplete
					4/1/20 -					
					7/1/20 -	- 9/3	0/20			
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate And	d Nitrite (NOX)								1 routine (R	T) per year
Samplin	g Point (Sampling Point ID)				Monitori	ing F	Period Co	llection Peri	od Compli	ance Status
ENTRY P	POINT (3)				1/1/19 -				Co	mplete
					1/1/20 -	12/3	31/20			
					1/1/21 -	12/3	31/21			
		Othe	er C	ompliance	Sched	dule	es			
Compliance S	Schedule Activity					Due	Date	Achiev	ed Date	
RESPOND TO	SANITARY SURVEY				9	9/15	/2019			
		Public	Not	ification R	equire	eme	ents			
			С	ompliance	Notice	?	Public No	tification	PN Cert	<u>ification</u>
Violation/Sit	uation			Period	Tier		Required	Performed	Due to DPH	Received
Total Coliforn	n M&R Violation		4/1/	/18 - 6/30/18	3		8/30/2019		9/9/2019	
Physical Para	meters M&R Violation		4/1/	/18 - 6/30/18	3		8/30/2019		9/9/2019	
	Water	System Fa	acili	ity and Sar	npling	Po	int Inve	ntory		
Water							То	tal Lead a	nd	
	ater System Facility		Point	Sampling Poi	nt		Colif			Stage
Facility ID		ID		Description			Status Ru	ıle Rule T	ier Asbestos	WQP 2 DBPR
00000 01	STRIBUTION SYSTEM	4		DISTRIBUTION			Α			
00600 DI		DOMESTO	FAM	WITHIN 5 SER	VICE COI	N	Α			
00600 DI										
00600 DI		UPSTREA		WITHIN 5 SER		N	Α			
	ITRY POINT				VICE COI	N	A A			

61510 ATMOSPHERIC STORAGE

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
СТ0969374	GEORGE WASHINGTON PLAZA				NC	39	Р	GW			
Local Address (v	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
1&3 GEORGE W	Connections			2							

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

			Co	ontact Inf	ormation				
Name				Organization	ı		Job Title		
Mr. Jeremiah. C Co	nway			Conway Hard	dwood Products		Legal Conta	ict	
Mailing Address Lin	e One		Mailing Addr	Address Line Two City				State	Zip Code
37 Gaylord Road						Gayroad	sville	СТ	06755
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	dress		
860-355-4030									
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	
Mr. Luis E Panora				3 George Wa	shington Plaza		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
631 Kent Rd						Gaylords	ville	СТ	06755
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-210-1622									
Contact Role(s): A	dministrative C	ontact, Leg	gal Contact, O	wner					

### 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 Dep									ction	
	Water Qua	ality Monit	oring and	d Con	ıpl	iance	e Sch	nedu!	le		
PWS ID	PWS Name				Clas	sificatio	n Pop	ulation	Owr	ner Type F	rimary Source
СТ0969394	UPPER CRUST RESTAURAN	Γ				NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial	Comme	rcial	Industri	ial	Combined	Agricultural
373 LITCHFIELI	D ROAD		Connections							1	
Towns Served:	NEW MILFORD								'		,
		Monito	oring Requ	iireme	nts						
Water Systen	n Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)								
<b>Total Colifor</b>	m (3100)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance Status
Select fro	m Inventory of Active Samplin	g Points		7/1/19 -	9/30	0/19				Co	omplete
			-	10/1/19 -	12/3	31/19	-			Co	omplete
				1/1/20 -	3/31	1/20				Co	omplete
				4/1/20 -	6/30	0/20					
				7/1/20 -	9/30	0/20					
<b>Physical Para</b>	ameters (PPS)							1	l rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe			iance Status
Select fro	m Inventory of Active Samplin	g Points		7/1/19 -	9/30	0/19				Co	omplete
			-	10/1/19 -	12/3	31/19				Co	omplete
				1/1/20 -	3/31	1/20				Co	omplete
				4/1/20 -	6/30	0/20					
				7/1/20 -	9/30	0/20					
Water Systen	n Facility: ENTRY POINT (	WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (I	RT) per year
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance Status
ENTRY PC	DINT (3)			1/1/19 -	12/3	1/19				Co	omplete
				1/1/20 -	12/3	1/20					
				1/1/21 -	12/3	1/21					
Water Systen	n Facility: WELL 1 (WSF II	): 58 <b>72</b> 5)									
E. Coli (3014	4)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Compl	iance Status
WELL 1 (2	2)			7/1/19 -	9/30	0/19				Co	omplete
			-	10/1/19 -	12/3	31/19				Co	omplete
				1/1/20 -	3/31	1/20				Co	mplete
				4/1/20 -	6/30	0/20					
				7/1/20 -	9/30	0/20	_				
	Water 9	System Facili	ty and Sar	npling	Po	int In	vento	ory			
Water							Total				
7	ter System Facility	Sampling Point		nt		(	Coliforn	-			Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			Α					
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700 ENT	TRY POINT	3	ENTRY POINT			Α					
58725 WE	LL 1	2	WELL 1			Α					
58729 TRE	ATMENT PLANT										

	Water Quality Mon	itoring an	d Con	npl	iance S	Schedul	le	
PWS ID PWS Name					sification	Population	Owner Type	Primary Source
т0969394	UPPER CRUST RESTAURANT			NC	25	Р	GW	
ocal Address (where applicable) Service Reside					Commerci	al Industri	al Combine	ed Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

373 LITCHFIELD ROAD

Contact Information										
Name				Organization				Job Title		
Ms. Nancy Conant				Upper Crust F	Restaurant		Owner			
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
373 Litchfield Rd						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	dress			
860-350-0006		860-355-0	360	860-402-6374		nancy_j_conant@sbcglobal.net				

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 Dep	artment of	Public Heal	th Drink	ing Wa	ater Se	ction	
Water Ou	alitv Monit	oring and Co	mpliand	e Sche	edule		
PWS ID PWS Name		011118 011101 01				ner Type P	rimary Source
CT0969404 358 DANBURY ROAD			NC	6		P	GW
Local Address (where applicable)		Service Resid	ential Comm		dustrial	Combined	Agricultural
358 DANBURY ROAD		Connections	2		aastriai	Combined	7.61.001.01
Towns Served: NEW MILFORD			_	-			
	Monito	oring Requiren	nents				
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)		Moni	oring Period	Collecti	on Period		iance Status
Select from Inventory of Active Sampli	ng Points	7/1/:	9 - 9/30/19			Со	mplete
		10/1/2	9 - 12/31/19			Co	mplete
		1/1/2	0 - 3/31/20			Со	mplete
		4/1/2	0 - 6/30/20				
		7/1/2	0 - 9/30/20				
Physical Parameters (PPS)					1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monis	oring Period	Collecti	on Period		iance Status
Select from Inventory of Active Sampli	ng Points	7/1/:	9 - 9/30/19			Со	mplete
		10/1/2	9 - 12/31/19			Со	mplete
		1/1/2	0 - 3/31/20			Со	mplete
		4/1/2	0 - 6/30/20				
		7/1/2	0 - 9/30/20				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate (1040)					1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)		Moni	oring Period	Collecti	on Period		iance Status
ENTRY POINT (3)			9 - 9/30/19				mplete
, ,			9 - 12/31/19				mplete
			0 - 3/31/20				mplete
			0 - 6/30/20				•
			0 - 9/30/20				
Nitrite (1041)		. ,			1	routine (F	RT) per year
Sampling Point (Sampling Point ID)		Moni	oring Period	Collecti	on Period	-	iance Status
ENTRY POINT (3)			9 - 12/31/19			Co	mplete
		1/1/2	0 - 12/31/20			Со	mplete
		1/1/2	1 - 12/31/21				-
Water	System Facili	ty and Sampli	ng Point Ir	nventor	У		
Water				Total	Lead and		
System Water System Facility	Sampling Point			Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYST	EM A				
	DOWNSTREAM	WITHIN 5 SERVICE	ON A				
	UPSTREAM	WITHIN 5 SERVICE	ON A				
00700 ENTRY POINT	3	ENTRY POINT	Α				
I and the second	2	WELL 1	Α				

.04	358 DANBURY ROAD	NC	66	P	GW						
	PWS Name	Classification	Population	Owner Type	Primary Source						
	Water Quality Monitoring and Compliance Schedule										
	Connecticut Department of Fublic Hearth Drinking water Section										

_					- 1	- /1	
СТ0969404	358 DANBURY ROAD			NC	66	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
358 DANBURY R	ROAD	Connections		2			

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: NEW MILFORD

**PWS ID** 

Contact Information										
Name				Organization	1		Job Title			
Mr. Carlo Degrazia				Carlos Auto	Service					
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code	
360 Danbury Rd						New Milf	ford	СТ	06776	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address				
860-799-6752					347-993-2433					

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

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

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 Depa Water Qua				nd Com	plia	nce S	ched	lule		
PWS ID PWS Name				(	lassiti N		opulat 25	ion Own		rimary Source
CT0969414 300 KENT ROAD			Service	Residenti		mmercial		ıstrial	L Combined	GW Agricultural
Local Address (where applicable) 300 KENT ROAD			Connectio		ai Coi	1	mau	ISTITIAL	Combined	Agricultural
Towns Served: NEW MILFORD			Commedia							
TOWNS SELVED. NEW WILL OND	n	/onita	oring Do	auiromon	+c					
Water System Facility: <b>DISTRIBUTION S</b>				quiremen	LS					
Total Coliform (3100)								1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)				Monitorin			lection	Period		iance Status
Select from Inventory of Active Sampling	Points			7/1/19 - 9						omplete
				10/1/19 - 1						omplete
				1/1/20 - 3					Co	omplete
				4/1/20 - 6						
Dhysical Davameters (DDC)				7/1/20 - 9	/30/2	U		1	tine (DT)	Man annoute:
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)				Monitorin	a Dori	nd Col	llection	1 rou Period		per quarter iance Status
Select from Inventory of Active Sampling	Points			7/1/19 - 9			iection	renou		omplete
Select from inventory of Active Sampling	5 1 011113			10/1/19 - 1						mplete
				1/1/20 - 3						mplete
				4/1/20 - 6						
				7/1/20 - 9						
Water System Facility: ENTRY POINT (V	WSF ID:	00700)								
Nitrate And Nitrite (NOX)								1 1	routine (	RT) per year
Sampling Point (Sampling Point ID)				Monitorin	g Perio	od Col	llection	Period	Compl	iance Status
ENTRY POINT (3)				1/1/19 - 1	2/31/1	L9			Co	omplete
				1/1/20 - 1	2/31/2	20				
				1/1/21 - 1	2/31/2	21				
Water S	ystem	Facili	ity and S	Sampling I	Point	t Inven	tory			
Water	-		-			Tot	al Le	ead and		
	-	_	Sampling I			Colife		Copper		Stage
Facility ID	IE	)	Description	n	Sta			Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	•		ION SYSTEM	Α	<b>Υ</b>				
00700 ENTRY POINT	3		ENTRY POI	INT	Α	<b>Υ</b>				
60084 WELL 1	2		WELL 1		Α	١				
60087 TREATMENT PLANT										
		Con	tact Info	ormation						
Name		Or	rganization						Job Title	
Mr. Joe Casimiro										
Mailing Address Line One	Mailing	Address	s Line Two				City		State	Zip Code
43 River Road				T		New Mil			СТ	06776
Business Phone Extension Fax		Mobi	le Phone	Emergency F	hone					
203-313-7564	_					casimiro	j@chai	rter.net		
Contact Role(s): Administrative Contact, Leg	gal Conta	ict, Own	ner							

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

		<u> </u>		0		1-				
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0969414	300 KENT ROAD	IT ROAD					NC	25	L	GW
Local Address (v	where applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
300 KENT ROAD	)			Connections			1			

Towns Served: NEW MILFORD

### 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

Co		•		nt of Pub				_			ction	
		ter Quai	iity M	onitoring	g and							
PWS ID PW	/S Name					С	lassifi	cation F	opula	ition Owr	ner Type F	rimary Source
CT0969434 TH	E GREEN SPO	Т					N	С	31		Р	GW
Local Address (when	re applicable)			Service		Residentia	al Cor	mmercia	Ind	ustrial	Combined	l Agricultura
354 LITCHFIELD ROA	AD.			Conne	ctions			1				
Towns Served: NEW	/ MILFORD											
				onitoring I		remen	ts					
Water System Fac	•	RIBUTION SY	STEM (	WSF ID: 0060	0)							
Total Coliform (3	-									1 rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			M	lonitoring	g Perio	od Co	llectio	n Period	Comp	iance Status
Select from Inv	entory of Act	ive Sampling	Points		7	//1/19 - 9,	/30/19	9			C	omplete
					10	)/1/19 - 1	2/31/	19			C	omplete
					1	./1/20 - 3,	/31/20	0			С	omplete
					4	/1/20 - 6,	/30/20	0				
					7	//1/20 - 9,	/30/20	0				
<b>Physical Paramet</b>	ers (PPS)									1 rou	tine (RT)	per quarter
Sampling Poin	• •	oint ID)			M	lonitoring	g Perio	od Co	llectio	n Period		iance Status
Select from Inv	entory of Act	ive Sampling	Points		7	//1/19 - 9,	/30/19	9			C	omplete
	·	<u> </u>				)/1/19 - 1						omplete
						./1/20 - 3,						omplete
						/1/20 - 6						· · · · · ·
						//1/20 - 9						
Water System Fac	ility: FNTR	Y POINT (W	/SF ID: 0	0700)	·	, =, = 0	, 00, 2					
Nitrate And Nitri	•		751 151 0	<i></i>						1	routing (	RT) per year
Sampling Poin	• •	oint ID)			M	lonitoring	n Doric	nd Co	llectio	n Period	=	iance Status
ENTRY POINT (		onit ibj				/1/19 - 12			rectio	ii r enou		omplete
LIVINI POINT (	ارد											Jilipiete
						/1/20 - 12 /1/21 - 12						
		144 1 6		- 111		/1/21 - 12						
		Water Sy	/stem	Facility and	d Sam	pling P	oint	Inver	itory	/		
Water								Tot		Lead and		
,	stem Facility	9		Point Sampli	_			Colife		Copper		Stage
Facility ID			ID	Descrip			Sta		le	Rule Tier	Asbestos	WQP 2 DBP
	JTION SYSTEM	1	4		SUTION S	SYSTEM	А	١				
00700 ENTRY PO	TNIC		3	ENTRY	POINT		А	١				
60116 WELL 1			2	WELL 1			А	١				
				Contact I	nform	ation						
Name				Organizati	on						Job Title	
Mr. Chris Bruzzi				Bruzzi Rea	l Estate,	LLC.						
Mailing Address Line	e One		Mailing A	Address Line Tv					City	/	State	Zip Code
354 Litchfield Rd								New Mil			СТ	06776
Business Phone	Extension	Fax		Mobile Phone	e Eme	ergency P				<u> </u>	1	
203-650-1620						<u> </u>				ruzzilawn	.com	
Contact Role(s): Ac	dministrative	Contact. Leg	al Contac	:t								

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

	Transfer Colored	<i>8</i>		P				
PWS ID PWS Name					sification	Population	Owner Type	Primary Source
СТ0969434	THE GREEN SPOT		NC	31	Р	GW		
Local Address (w	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
354 LITCHFIELD ROAD		Connections			1			

Towns Served: NEW MILFORD

#### 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