	Connecticut Dep	artment of	F Public I	Health	Drir	nking V	Water	Sec	tion	
	Water Ou	ality Monit	oring an	d Com	plia	nce Sc	hedul	e		
PWS ID	PWS Name		0		_				r Type P	rimary Source
CT135501	3 ST PETER AND ST ANDREW	COPTIC ORTHOD	ОХ		N	С	50	ı	Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercial	Industria	al C	ombined	Agricultura
20 BROOK	(DALE ROAD		Connections	1						
Towns Ser	ved: STAMFORD									
		Monito	oring Requ	uiremei	nts					
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)						1	routi	ne (RT)	per quarter
	oling Point (Sampling Point ID)			Monitorii	ng Perio	od Coll	ection Per			ance Status
	ct from Inventory of Active Samplir	g Points		10/1/19 -					•	
				1/1/20 -	3/31/2	0				=
				4/1/20 -						
				7/1/20 -						
Physical	Parameters (PPS)			. ,	. , _		1	routi	ne (RT)	per quarter
-	oling Point (Sampling Point ID)			Monitorin	ng Perio	od Coll	ection Per			ance Status
_	t from Inventory of Active Samplir	g Points		10/1/19 -						
				1/1/20 -	3/31/2	0				
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0				
Water Sy	stem Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 rc	outine (F	RT) per year
	pling Point (Sampling Point ID)			Monitorii	na Perio	od Coll	ection Per		-	ance Status
_	RY POINT (3)			1/1/19 - 1					•	
	()			1/1/20 - 1						
				1/1/21 - 1						
	Water 9	System Facili	itv and Sa	mpling	Point	t Inven	torv			
Water	2133331	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Tota	•	and		
System	Water System Facility	Sampling Point	Sampling Po	int		Colifo				Stage
Facility ID		ID	Description		Sta				Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A					
		DOWNSTREAM	WITHIN 5 SE	RVICE CON	A	Ą				
		UPSTREAM	WITHIN 5 SE	RVICE CON	A	Ą				
00700	ENTRY POINT	3	ENTRY POINT	Γ	P	4				
10607	WELL	2	WELL		A	4				
1510	TRINITY EPISCOPAL TREATMENT PLANT									
55185	PRESSURE TANKS (TWO)									
		Certified	Operator	Inform	ation					
Water Sv	stem Facility: TRINITY EPISCO									
	assification: CLASS 1 TREATMENT			. 5. 10. 15						Contification
Operator	_	Operator Typ	ρ (ertificatio	n(s)					Certification Expiration
-	E., RICHARD J.	CHIEF OPERATO		ATER TRE		IT PI ANT ()PERATOR	- CLA	SS III	9/30/2020
112.00, 11	,		tact Infor							2, 30, 2020
Name			rganization	acion					ob Title	
	ew Awaad		Peter St Andr	ow Orth C	hurch			J	ob Title	
				ew Oith C	iiuiCII		City		State	7in Codo
ivialling A	ddress Line One	Mailing Address	S LINE I WO				City		State	Zip Code

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1355013	ST PETER AND ST ANDREW COPTIC ORTHODOX							50	Р	GW	
Local Address (w	here applicable)			Service	Residential		mmerci	al Industri	al Combine	ed Agricultural	
20 BROOKDALE F	ROAD			Connection	1						
Towns Served: S	TAMFORD				·	·			·		
20 Brookdale Rd							Stamfo	rd	СТ	06903	
Business Phone	e Extension	Fax	Mobile	le Phone Emergency Pl			one Email Address				
203-455-7447					203-968	-8631	abouna	a@copts.org	5		

Connecticut Department of Public Health Drinking Water Section

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

Conn	ecticut Department o				_			tion		
DIA/C ID	Water Quality Moni	itoring an						T 0		
PWS ID PWS Nan			(on Po	-			imary Source	
	Y CORNERS SHOPPING CENTER	c ·	D :1 ::	NC		25		D	GW	
Local Address (where app	licable)	Service Connections	Residenti			Industria	al Co	ombined	Agricultural	
1051 LONG RIDGE ROAD	2	Connections		1						
Towns Served: STAMFORI										
Water System Facility:	Moni DISTRIBUTION SYSTEM (WSF	toring Requ	iiremen	ts						
Total Coliform (3100)	·					1	routi	ne (RT) r	er quarter	
Sampling Point (Sam	npling Point ID)		Monitorin	g Period	Coll	ection Per			ance Status	
	y of Active Sampling Points		7/1/19 - 9						mplete	
			10/1/19 - 1	2/31/19	_		_	_	mplete	
			1/1/20 - 3						mplete	
			4/1/20 - 6							
			7/1/20 - 9							
Physical Parameters (PPS)					1	routi	ne (RT) r	er quarter	
Sampling Point (Sam	-		Monitorin	g Period	Coll	ection Per			ance Status	
Select from Inventor	y of Active Sampling Points		7/1/19 - 9	/30/19				Cor	mplete	
			10/1/19 - 1	2/31/19				Cor	mplete	
			1/1/20 - 3/31/20						mplete	
			4/1/20 - 6	/30/20						
			7/1/20 - 9	/30/20						
Water System Facility:	ENTRY POINT (WSF ID: 00700))								
Nitrate And Nitrite (N	OX)						1 ro	utine (R	T) per year	
Sampling Point (Sam	npling Point ID)		Monitoring Period Collection Period						ance Status	
ENTRY POINT (3)			1/1/19 - 1	2/31/19				Cor	mplete	
			1/1/20 - 12	2/31/20				Complete		
			1/1/21 - 12	2/31/21						
Water System Facility:	WELL (WSF ID: 22243)									
E. Coli (3014)						1	routi	ne (RT) p	er quarter	
Sampling Point (Sam	npling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Complic	ance Status	
WELL (2)			7/1/19 - 9	/30/19				Cor	mplete	
			10/1/19 - 1	2/31/19				Cor	mplete	
			1/1/20 - 3	/31/20				Cor	mplete	
			4/1/20 - 6	/30/20						
		-	7/1/20 - 9	/30/20						
Мо	nthly Water System Fac	ility (WSF) I	evel M	onitorii	ng R	equirer	ment	ts		
Water System Facility:	ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Sumr	mary Type)	Opera	ting Limit			Sa	imples Re	q/Month	
Chlorine	Entry Point Chlorine Residual Mo	onitoring (CHLR) Minim	num: 0.2 N	∕IG/L			Dai	ly	
Start Date: 1/1/2015		Complia	nce Histor	y:	Oper	ating Limi	t	Monitor	ing	
		Monitor	ing Period			pliance Sta		Complia	nce Status:	
		10/1/20	19 - 10/31/	′2019				_		
		11/1/20	19 - 11/30/	′2019						
		12/1/20	19 - 12/31/	′2019						
			0 - 1/31/20							
		2/1/202	0 - 2/29/20)20						

	Connecticut	Departmen	nt of	Public	Health	Dri	nking	Wat	er S	Section	
		Quality M					Ŭ				
PWS ID	PWS Name	Quality M	Office	Ji 1115 0	iiia doii					wner Type Pr	rimary Source
CT1350014	CHIMNEY CORNERS	SHOPPING CENTE	R				NC	25	1011 0	P	GW
	ss (where applicable)	00		Service	Residen		ommercia		strial	Combined	Agricultural
	RIDGE ROAD			Connectio			1				8
	ed: STAMFORD										
		Public	Noti	ification	n Require	emer	nts				
				mpliance	Notice		Public No	otificatio	on	PN Cert	ification
Violation/Si	ituation			Period	Tier	R	equired	Perfor		Due to DPH	Received
Chlorine M8	R Violation		1/1/2	15 - 1/31/1	.5 3	3,	/5/2016			3/15/2016	
Chlorine M8	&R Violation		2/1/2	15 - 2/28/1	.5 3	4/	15/2016			4/25/2016	
Chlorine M8	&R Violation		3/1/2	15 - 3/31/1	.5 3	4/	27/2016			5/7/2016	
Chlorine M8	R Violation		7/1/3	15 - 7/31/1	.5 3	9/	16/2016			9/26/2016	
Chlorine M8	&R Violation		9/1/2	15 - 9/30/1	.5 3	12,	/17/2016			12/27/2016	
	W	ater System	Facilit	ty and S	Sampling	Poir	nt Inve	ntory			
Water								ead ar	nd		
	Vater System Facility			Sampling I			-		Coppe		Stage
Facility ID		ID		Descriptio			utus		ule Ti	er Asbestos	WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	4			ION SYSTEM	1		Y		.,	
		CCOC		DUNKIN H	-			Y		Y	
		CCOC		RR DR DEN		.,		Y		Y	
		CC00			NTIS LAB SNI	K		Y		Y	
		CC00		RR LIQUOF				Y		Y	
		CCOC		RR HAIR SA	ALON REPAIR SHOP	,		Y Y		Y	
		CCOC		RR PERS TI				Υ		Y Y	
					SERVICE COI	NI	A	ı		'	
		UPSTRE			SERVICE CO		A				
00700 E	NTRY POINT	3		ENTRY PO			A				
	VELL	2		WELL			A				
	REATMENT PLANT			VVLLL							
33107	112,1111121111121111		Cont	tact Info	ormation	1					
Name				ganization	or matro:					Job Title	
	danopoulos			9 Ponus Ric	dge LLC			Presid	ent	700	
	ress Line One	Mailing A		Line Two	- 0			City		State	Zip Code
379 Ponus R		1 181					New Ca			СТ	06840
Business P		Fax	Mobile	e Phone	Emergency	/ Phon					
203-219-3						•			ewine	es@yahoo.cor	n
	e(s): Administrative Con	tact, Legal Contac	t, Own	er	I .					-	
Name	1			ganization						Job Title	
Ms. Helen J	ordanopoulos		379	9 Ponus Ric	dge LLC						
1 -							_				

Zip Code

06840

State

CT

City

New Canaan

Emergency Phone Email Address

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Legal Contact, Owner

Fax

379 Ponus Ridge Rd

Business Phone

203-966-5321

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1350014	CHIMNEY CORNERS SHOPPING CENTER			NC	25	Р	GW
Local Address	Local Address (where applicable)			ntial Commerc	ial Industri	al Combine	ed Agricultural
1051 LONG RIDGE ROAD		Connections		1			
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Towns Served: STAMFORD

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

		45 11: 1		_									
	Connecticut Departmen				_								
	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	e						
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
CT1350034	MADONIA RESTAURANT				NC	25	Р	GW					
Local Address (v	vhere applicable)	Service	Residen	tial	Commercia	al Industria	Combine	ed Agricultural					
1297 LONG RID	GE ROAD	Connections	ns 1										
Towns Served: S	STAMFORD				1								
	M	onitoring Requ	ireme	nts	;								
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)											
Total Coliforn	n (3100)					1	routine (RT) per quarter					
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period Co	ollection Per	iod Com _l	oliance Status					
Select from	n Inventory of Active Sampling Points		7/1/19 -	9/3	0/19		(Complete					
		:	10/1/19 -	12/	31/19		· · · · · · · · · · · · · · · · · · ·	_					
	1/1/20 - 3/31/20												
			4/1/20 -	6/3	0/20								
7/1/20 - 9/30/20													
Physical Para	Physical Parameters (PPS) 1 routine (RT) per quarter												
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period Co	ollection Per	od Com	oliance Status					
Select from	n Inventory of Active Sampling Points		7/1/19 - 9/30/19					Complete					
		:	10/1/19 - 12/31/19										
			1/1/20 -	3/3	1/20								
			4/1/20 -	6/3	0/20								
			7/1/20 -	9/3	0/20								
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)											
Nitrate And N	litrite (NOX)						1 routine	(RT) per year					
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period Co	ollection Per		oliance Status					
ENTRY POI	NT (3)		1/1/19 -	12/3	31/19		(Complete					
			1/1/20 -	12/3	31/20								
			1/1/21 -	12/3	31/21								
	Oth	ner Compliance	Sched	lule	es								
Compliance Sch	edule Activity			Due	Date	Achiev	ed Date						
RESPOND TO SA	ANITARY SURVEY			3/6/	2020								
RESPOND TO SA	ANITARY SURVEY		;	3/6/	2020								
CORRECTIVE AC	TION/CORRECTIVE ACTION PLAN			6/4/	2020								
CORRECTIVE AC	TION/CORRECTIVE ACTION PLAN		ı	6/4/	2020								
	Public	Notification R	equire	eme	ents								
		Compliance	Notice		Public No	<u>otification</u>	PN Ce	ertification					
Violation/Situa		Period	Tier		Required	Performed							
	R RULE TT Violation	8/28/10 - 5/6/11	2		10/30/2010		11/9/201						
Total Coliform N	M&R Violation	7/1/12 - 9/30/12	2		1/30/2013		2/9/2013						
Total Coliform N	A&R Violation	10/1/12 - 12/31/12	2	1	11/10/2013		11/20/201	.3					
-	eters M&R Violation	7/1/12 - 9/30/12	3		12/31/2013		1/10/201						
Physical Parame	eters M&R Violation	10/1/12 - 12/31/12	3	1	10/11/2014		10/21/201	.4					
E. Coli M&R Vio	lation	9/13/18 -	3		1/2/2020		1/12/202	0					
	Water System	Facility and Sar	npling	Po	int Inve	ntorv							
	111111111111111111111111111111111111111	,											

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage
Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR

Total

Lead and

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

Schedule Generation Date: 3/10/2020

Water

	Сс	onnectic	ut Depa	rtment of	f Public	Health	Dı	inki	ng W	ater Se	ction	
		Wa	ter Oua	lity Monit	oring a	nd Con	ınl	ianc	e Scho	edule		
PWS ID	PW	/S Name						sification			ner Type P	rimary Source
CT135003		ADONIA REST	AURANT					NC		25	Р	GW
		re applicable)			Service	Residen	tial	Comme			Combined	_
1297 LON					Connection			1				7 18 1 10 11 10 11 11
Towns Ser												
			Water S	/stem Facil	ity and S	amnling	Po	int In	vento	rv		
14/eston			water 5	stelli i acii	ity and 3	amping	10			_		
Water System	Water Si	stem Facility		Sampling Point	Samplina F	Point			Total Coliform	Lead and Copper		Stage
Facility ID	_	occini i denicy	•	ID	Description			Status `	Rule		Asbestos	WQP 2 DBPR
00600		JTION SYSTEM	<u> </u>	4		ION SYSTEM		A A	Y		7.000000	
00000	DISTRIBO	THOIN STOTEIN		DOWNSTREAM				A	•			
				MR001	KIT HAND S		`	A	Υ		Υ	
				MR002	KIT HAND S	_		A	Y		Y	
				MR003	KIT SNK SIN			A	Y		Y	
				MR004	BAR SINK	NGLL		A	Υ		Y	
				MR005	RR MENS R	D D		A	Y		Y	
				MR006	RR LADY RO			A	Υ		Y	
				UPSTREAM		SERVICE COI	NI.	_	ī		Ī	
00700	ENTRY D	OINT					N	Α				
00700	ENTRY P	JINI		3	ENTRY POI	N I		A				
22245	WELL			2	WELL			Α				
56955		ENT PLANT										
61822	CALCITE	FILTER										
					tact Info	rmation						
Name					rganization						Job Title	
Ms. Gabri				· · · · · · · · · · · · · · · · · · ·	ony-Vinny Re	ealty Inc.						_
Mailing Ac				Mailing Addres	s Line Two					ty	State	Zip Code
1297 Long									mford		СТ	06903-4431
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho	ne Ema	ail Addre	SS		
203-322			203-322-7	7213								
Contact Ro	ole(s): O	wner										
Name				0	rganization						Job Title	
Mr. Enzo I	Bruno								Pre	sident		
Mailing Ac	ddress Lin	e One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
1297 Long	Ridge Ro	ad						Star	mford		CT	06903
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho	ne Ema	ail Addre	SS		
203-322	2-8870			267-2	257-7170			mad	doniarest	aurant@gr	nail.com	
Contact Ro	ole(s): Ac	dministrative	Contact, Leg	al Contact, Owr	ner							
Name				0	rganization						Job Title	
Ms. Gabre	ele Govan	ni	To	Tony-Vinny Realty Inc.				Pre	sident			
Mailing Address Line One				Mailing Addres	ailing Address Line Two				Ci	ty	State	Zip Code
56 Burwoo	od Ave							Star	mford		СТ	06902-7738
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho	ne Ema	ail Addre	SS		

Contact Role(s): Owner

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

		_				_ <u> </u>		,	
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1350034	MADONIA RESTAURAN	IT				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commer	cial Industri	ial Combine	ed Agricultural		
1297 LONG RIDG	GE ROAD			Connections		1			

Towns Served: STAMFORD

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

	Conne	ecticut Departmer							ction	
PWS ID	PWS Nam	Water Quality M	omtoring an		1				or Type Pr	imary Source
CT1350054		DINER & MALL			NC)II FC	25	OWII	P P	GW
Local Address (Service	Residenti		ercial	Industria	al (Combined	Agricultural
1050 LONG RID			Connections	ricorderici	1	or orar	maastiit		Combined	7 Igi i caircai ai
Towns Served:										
		M	onitoring Requ	iiremen	ıts					
Water System	r Facility:	DISTRIBUTION SYSTEM (
Total Coliforn	m (3100)						1	rou	tine (RT) բ	er quarter
Sampling	Point (Sam	oling Point ID)		Monitorin	g Period	Coll	ection Per	riod	Compli	ance Status
Select fror	m Inventory	of Active Sampling Points		7/1/19 - 9	9/30/19				Co	mplete
				10/1/19 - 1	12/31/19				Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6						
				7/1/20 - 9	9/30/20					
Physical Para	-	= = = = = = = = = = = = = = = = = = = =					1	rou		er quarter
		oling Point ID)		Monitorin		Coll	ection Per	riod		ance Status
Select fror	m 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	9/30/20					
-		TREATMENT PLANT (WSI	F ID: 00700)							
Nitrate And I	-								=	T) per year
		oling Point ID)		Monitorin		Coll	ection Per	riod		ance Status
ENTRY PO	INT (3)			1/1/19 - 1					Co	mplete
				1/1/20 - 1	• •					
M/-1 C1	e e e e e e	MELL (MCE ID 22246)		1/1/21 - 1	2/31/21					
		WELL (WSF ID: 22246)							(5=1	
E. Coli (3014	-	// D / (10)			5	. "				per quarter
	Point (Sam _i	oling Point ID)		Monitorin	_	Coll	ection Per	riod		ance Status
WELL (2)				7/1/19 - 9						mplete
				10/1/19 - 1						mplete
				1/1/20 - 3 4/1/20 - 6					Col	mplete
				7/1/20 - 9	· · ·	_		-		_
	Moi	nthly Water System	Facility (WSF) I			ng R	eauirer	mer	nts	
Water System		TREATMENT PLANT (WSF	• • • • •				- 40 01			
Analyte		Monitoring Requirement (-	Opera	ating Limit				Samples Re	ea/Month
Chlorine		Entry Point Chlorine Residu		-	num: 0.2 N			•	Dai	-
Start Date:	5/1/2009	Litty Form Chlorine Residu	• ,	nce Histor		-	adia a Linci		Monitor	-
- July Butter	5, -, 2003			ing Period	-		ating Limi			nce Status:
				19 - 10/31,		55111				
				19 - 11/30,						
				19 - 12/31,						
				0 - 1/31/20						
				0 - 2/29/20						
·										

	С	onnectic	ut Depa	rtment of	Public	Health	Drin	nking	Water	· Se	ection	
		Wat	er Qua	lity Monit	oring a	nd Com	plia	nce So	chedu	le		
PWS ID	P۱	NS Name					Classifi			1	ner Type Pr	rimary Source
CT135005	4 LA	KESIDE DINER	& MALL				N		25		P	GW
Local Addı		ere applicable)			Service	Resident	tial Co	mmercial		ial	Combined	Agricultural
1050 LON					Connection			1				
Towns Ser	ved: STA	MFORD										
				Other C	ompliand	ce Sched	ules					
Compliand	ce Schedi	ule Activity			•		Due Dat	te	Achie	eved	Date	
_		N SURVEY REP	ORT			3	3/1/202	.0				
		,	Water Sv	stem Facili	ity and S	amnling	Point	t Inven	torv			
Water			vvate: 5	Jeen racin	ity ana s	шыы	. О	Tot		and		
System	Water S	System Facility		Sampling Point	Samplina P	Point		Colife				Stage
Facility ID		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ID	Description		Sta	0		-	Asbestos	WQP 2 DBPR
00600		UTION SYSTEM		4		ON SYSTEM		tus				
	- · · · · ·			DOWNSTREAM								
				LDM001	DINER MEN		Δ					
				LDM002	DINER LADI		Δ					
				LDM003	DINER COU	INTER TRPL	A					
				LDM004	DINER KITC	HEN SINK	A	λ Υ				
				LDM005	DINER HAN	ID SINK	Α	Α Υ				
				LDM006	CLEANERS I	RR	Д	A Y				
				LDM007	SALON RR		A	λ Υ				
				LDM008	SALON HAI	R WASH L	Α	λ Υ				
				LDM009	SALON HAI	R WASH R	Д	A Y				
				LDM010	MISH MOSI	H FRONT HS	Α	A Y				
				LDM011	MISH MOSI	H BACK HS	Д	A Y				
				LDM012	MISH MOSI	H TRPL SNK	Д	A Y				
				LDM013	MISH MOSI	H RR	A	A Y				
				LDM014	THE DOJO H	KARATE RR	A	A Y				
				LDM015	CARVEL RR		A	A Y				
				UPSTREAM	WITHIN 5 S	ERVICE CON	I A	A				
00700	TREATM	1ENT PLANT		3	ENTRY POI	NT	Δ	1				
22246	WELL			2	WELL		Α	4				
55225	CONTAC	CT TANKS										
55227	PRESSU	RE TANKS										
				Con	tact Info	rmation						
Name				0	rganization						Job Title	
Babylon F	amily LLO	 C										
Mailing Ac				Mailing Address	s Line Two				City		State	Zip Code
75 Valley \				_				Stamford			СТ	06903
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress			
Contact Ro	ole(s): C)wner										

(Jonnecuc	ut Depa	n unent or	Public	пеани	ע	HIIKIIIE	g water	260	Cuon	
	Wat	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID	PWS Name					Classification F		Population	Own	er Type	Primary Source
CT1350054	1350054 LAKESIDE DINER & MALL						NC	25		Р	GW
Local Address (where applicable)				Service	Residen	tial	Commerci	al Industri	ial Combine		d Agricultural
1050 LONG RIDGE	Connection	ns		1							
Towns Served: ST	AMFORD								,		
Name			Or	ganization						Job Title	
Mr. Andrew Alex	ander		La	keside Diner	& Mall			Owner			
Mailing Address L	ine One		Mailing Address	s Line Two				City		State	Zip Code
214 Dogwood Ln							Stamfo	ord		СТ	06903
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address		·	
914-447-0212					914-400-	555	5 andrev	vcarvel5@gi	mail.c	om	

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

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

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

End of schedule

	I UIIICIIL (of Public H	[aalth [rin	zinσ	- V/V - 3 I (A) I - S	Section	
*								
Water Qual	iity Moii	itoring and						D : 6
PWS ID PWS Name CT1350084 HIGH RIDGE UNITED METHO	DIST CULIDOU		CI	NC		25	P P	Primary Source GW
Local Address (where applicable)	DIST CHURCH	Service	Residentia		ımercia		Combine	_
2975 HIGH RIDGE ROAD		Connections	Residentia	COII	1	ii iiiuustiiai	COMBINE	Agricultural
Towns Served: STAMFORD								
	Moni	toring Requ	irement	ts				
Water System Facility: DISTRIBUTION SY								
Total Coliform (3100)	•					1 r	outine (R1) per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	d Co	ollection Perio	=	pliance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/	/30/19			(Complete
		:	10/1/19 - 12	2/31/1	9		-	Complete
			1/1/20 - 3/	/31/20				
			4/1/20 - 6/	/30/20				
			7/1/20 - 9/	/30/20				
Physical Parameters (PPS)							-) per quarter
Sampling Point (Sampling Point ID)			Monitoring		d Co	ollection Perio		pliance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/					Complete
		-	10/1/19 - 12		9			Complete
			1/1/20 - 3/					
			4/1/20 - 6/ 7/1/20 - 9/					
Water System Facility: ENTRY POINT (W	/SE ID: 0070/	1 1	7/1/20 - 9/	30/20				
	73F ID. 00700	<i>)</i>					1	(DT) man waan
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Monitoring	Derio	d (c	ollection Perio		(RT) per year pliance Status
ENTRY POINT (3)			1/1/19 - 12/			meetion i erio		Complete
ENTITY (5)			1/1/20 - 12/					compiete
			-, -, -0,	, 5 -, -				
			1/1/21 - 12	/31/21	L			
	Public No		1/1/21 - 12/					
	Public No	otification R	equirem	nents	5	atification	DAL C	ortification
Violation/Situation	Public No	otification R	equirem Notice	nents <u>Pu</u>	blic No	otification Performed	<u> </u>	ertification
Violation/Situation E. Coli		otification R Compliance Period	equirem	nents <u>Pu</u> Req	blic No	otification Performed	Due to DF	PH Received
E. Coli	1/	Otification R Compliance Period 1/19 - 6/17/19	Notice Tier	Pu Req 6/3/	blic No uired 2020	Performed	<u> </u>	PH Received
E. Coli Water Sy	1/	otification R Compliance Period	Notice Tier	Pu Req 6/3/	siblic No uired 2020 Invei	Performed ntory	Due to DF 6/13/202	PH Received
E. Coli Water Sy	1/ ystem Fac	Otification R Compliance Period 1/19 - 6/17/19	Notice Tier 3	Pu Req 6/3/	sublic No uired 2020 Invei	Performed ntory tal Lead ar	Due to DF 6/13/202	PH Received
E. Coli Water Sy	1/ ystem Fac	Compliance Period 1/19 - 6/17/19	Notice Tier 3	Pu Req 6/3/ oint	iblic No uired 2020 Invei To Colij	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received 0
E. Coli Water Sy Water System Water System Facility	1/ /stem Fac	Compliance Period 1/19 - 6/17/19 ility and Sar	Notice Tier 3 mpling Pont	Pu Req 6/3/	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	stem Fac	Compliance Period 1/19 - 6/17/19 ility and Sar of Sampling Poin Description	Notice Tier 3 mpling Pont	Pu Req 6/3/ oint	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	stem Fac	Compliance Period 1/19 - 6/17/19 ility and Sar at Sampling Point Description DISTRIBUTION	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ Oint	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	J/stem Fac	Compliance Period 1/19 - 6/17/19 ility and Sar at Sampling Poin Description DISTRIBUTION M WITHIN 5 SER	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ oint State A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	1/ /stem Fac Sampling Poin ID 4 DOWNSTREAM UPSTREAM	Compliance Period 1/19 - 6/17/19 1lity and Sar 1st Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ Oint State A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	J/ /stem Fac Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3	Compliance Period 1/19 - 6/17/19 illity and Sar Sampling Poin Description DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ oint State A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 22249 WELL	J/ /stem Fac Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	Compliance Period 1/19 - 6/17/19 illity and Sar Sampling Poin Description DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ oint State A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	PH Received O Stage
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 22249 WELL	J/ystem Fac	Compliance Period 1/19 - 6/17/19 ility and Sar at Sampling Poin Description DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	Notice Tier 3 mpling Pont N SYSTEM VICE CON	Pu Req 6/3/ oint State A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202	Stage os WQP 2 DBPR
Water Sy Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 22249 WELL ST01 PRESSURE TANK	J/ /stem Fac Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	Compliance Period 1/19 - 6/17/19 ility and Sar ot Sampling Poin Description DISTRIBUTION M WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL	Notice Tier 3 mpling Pont N SYSTEM VICE CON VICE CON	Pu Req 6/3/ oint State A A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppe	Due to DF 6/13/202 ad r er Asbesto	Stage os WQP 2 DBPR
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 22249 WELL ST01 PRESSURE TANK	J/ /stem Fac Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	Compliance Period 1/19 - 6/17/19 Ility and Sar It Sampling Poin Description DISTRIBUTION WITHIN 5 SER WITHIN 5 SER ENTRY POINT WELL Intact Inforr Organization High Ridge U. Me	Notice Tier 3 mpling Pont N SYSTEM VICE CON VICE CON	Pu Req 6/3/ oint State A A A A	sublic No uired 2020 Invei To Colif	Performed ntory tal Lead and form Coppedule Rule Tile	Due to DF 6/13/202 ad r er Asbesto	Stage os WQP 2 DBPR

	Wa	ter Quality N	Monit	oring an	d Con	npl	iance S	Schedul	le			
PWS ID PWS Name						Classification		Population	Own	er Type Pr	imary Source	
CT1350084	1350084 HIGH RIDGE UNITED METHODIST CHURCH							25		Р	GW	
Local Address (where applicable)				Service	Residen	itial	Commerci	al Industri	al (Combined	Agricultural	
2975 HIGH RIDG	SE ROAD			Connections	1		1					
Towns Served: S	STAMFORD											
business Phot	ie extension	FdX	IVIODII	e Phone E	mergency	/ PIIU	me Eman A	ruuress				
718-996-500	8	96-5008	stamfordkumc@gmail.com				om					
Contact Role(s):	ontact Role(s): Administrative Contact, Legal 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 Departme				_			
	Water Quality M	lonitoring an	d Con	npl	iance S	schedule)	
PWS ID	PWS Name			Clas	ssification	Population C	wner Type Pr	imary Source
CT1350134	BARTLETT ARBORETUM ASSOC.				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	itial	Commerci	al Industrial	Combined	Agricultural
151 BROOKDAL	LE ROAD	Connections			1			
Towns Served:	STAMFORD							
	N	Monitoring Requ	iireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)						
Total Colifor	m (3100)					1 r	outine (RT) _I	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period Co	ollection Perio	od Compli	ance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -	9/30	0/19		Co	mplete
			10/1/19 -	12/3	31/19		Co	mplete
			1/1/20 -	3/3	1/20		Co	mplete
			4/1/20 -	6/30	0/20			
			7/1/20 -	9/30	0/20			
Physical Para	meters (PPS)					1 r	outine (RT) _I	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Perio	od Compli	ance Status
Select from	m Inventory of Active Sampling Points		7/1/19 -	9/30	0/19		Co	mplete
			10/1/19 -	12/3	31/19		Co	mplete
			1/1/20 -	3/3	1/20		Co	mplete
			4/1/20 -	6/30	0/20			
			7/1/20 -	9/30	0/20			
Water System	Facility: ENTRY POINT (WSF ID:	00700)						
Nitrate (104	0)					1 r	outine (RT)	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Perio	od Compli	ance Status
ENTRY PO	INT (3)		7/1/19 -	9/30	0/19		Со	mplete
			10/1/19 -	12/3	31/19		Co	mplete
			1/1/20 -	3/3	1/20		Co	mplete
			4/1/20 -	6/30	0/20			
			7/1/20 -	9/30	0/20			
Nitrite (1041	L)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period Co	ollection Perio	od Compli	ance Status
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19		Co	mplete
			1/1/20 -	12/3	31/20		Co	mplete
			1/1/21 -	12/3	31/21			
	Ot	her Compliance	Sched	lule	es			
Compliance Sci	hedule Activity			Due	Date	Achieve	ed Date	
CORRECTIVE AC	CTION/CORRECTIVE ACTION PLAN		4	4/1/	2013			
CORRECTIVE AC	CTION/CORRECTIVE ACTION PLAN				2013			
	CTION/CORRECTIVE ACTION PLAN				2013			
		ic Notification R						
		Compliance	Notice			otification	PN Cert	ification
Violation/Situa	ation	Period	Tier		Required	Performed	Due to DPH	Received
Nitrate M&R Vi		4/1/19 - 6/30/19	3		8/11/2020	,	8/21/2020	
	Water System	Facility and Sai	npling	Po	int Inve	ntorv		
Water	11330.04030		0			otal Lead a	nd	
1								

Sampling Point Sampling Point

System Water System Facility

Stage

Coliform Copper

		0 .:	. D		CD 11:	TT 1.1	D	. 1 .	TAT	C .:	
		Connectic	ut Depa	artment	of Public	Health	ı D	rinking	g Water	Section	
		Wa	ter Qua	lity Mon	itoring a	nd Con	np)	liance S	Schedul	e	
PWS ID		PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT135013	84	BARTLETT ARBO	RETUM ASS	OC.				NC	25	Р	GW
Local Add	ress (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
151 BROC			Connection	ons 1							
Towns Se	rved: S	TAMFORD									
					•			Status			
00600	DISTR	BUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1	Α	Υ		
				DOWNSTREA	M WITHIN 5 S	ERVICE CO	N	Α			
				UPSTREAM	I WITHIN 5 S	ERVICE CO	N	Α			
00700	ENTR	POINT		3	ENTRY POI	NT		Α			
22254	WELL			2	WELL			Α			
				Co	ontact Info	rmation	1				
Name					Organization					Job Titl	е
Ms. S. Jar	ne Von	Ггарр			Bartlett Arbor	etum & Ga	rden	ıs	Ceo		
Mailing A	ddress	ine One		Mailing Add	ress Line Two				City	State	Zip Code
Bartlett A	rboretu	m & Gardens		151 Brookda	le Road			Stamfo	ord	СТ	06903
Busines	s Phone	Extension	Fax	Mo	obile Phone	Emergency	y Pho	one Email A	Address	,	
203-88	3-4052							jvontra	pp@bartlet	tarboretum.c	org
Contact R	ole(s):	Administrative	Contact, Le	gal Contact							
Please no	te the	ollowing:									
1. The re	sidual di	sinfectant concent	tration must l	oe measured at	the same location	n and time	as ea	ch total colif	orm sample.		

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

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

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

End of schedule

C	Connectic	ut Departm	ent of	Public	Health	Dr	inkin	g W	ater	Se	ction	
	Wat	er Quality l	Monit	oring ai	nd Com	nnli	iance	Sch	edul	e		
PWS ID P	WS Name	tor Quarrey r							1		er Tyne P	rimary Source
	R ART AND CA	RE BUILDING				Cius	NC		10	0 111	P	GW
Local Address (wh		LE DOILDING		Service	Residen	tial	Commer		ndustria	al	Combined	_
1086 LONG RIDGE				Connection		ciai	1	Ciai II	Taastiit	u1	combined	Agriculturur
Towns Served: STA												
Towns served. 517	AWII OND		Monito	oring Rec	uireme	nts						
Water System Fa	acility: DISTR	IBUTION SYSTEM			10							
Total Coliform	(3100)								1	rou	tine (RT)	per quarter
Sampling Pol	int (Sampling Po	oint ID)			Monitori	ng Pe	eriod	Collect	ion Pei	riod	Compl	iance Status
Select from In	nventory of Acti	ve Sampling Points			7/1/19 -	9/30)/19					
					10/1/19 -	12/3	31/19			•		
					1/1/20 -	3/31	L/20					
					4/1/20 -	6/30)/20					
					7/1/20 -	9/30)/20					
Physical Parame	eters (PPS)								1	rou	tine (RT)	per quarter
Sampling Poi	int (Sampling Po	oint ID)			Monitori	ng Pe	eriod	Collect	ion Pei	riod	Compl	iance Status
Select from I	nventory of Acti	ve Sampling Points			7/1/19 -	9/30	0/19					
					10/1/19 -	12/3	31/19					
					1/1/20 -	3/31	L/20					
					4/1/20 -	6/30)/20					
					7/1/20 -	9/30)/20					
Water System Fa	acility: ENTRY	POINT (WSF ID	00700)									
Nitrate And Nit	rite (NOX)									1 1	routine (I	RT) per year
Sampling Poi	int (Sampling Po	oint ID)			Monitori	ng Pe	eriod	Collect	ion Pei	riod	Compl	iance Status
ENTRY POINT	(3)				1/1/19 -	12/3	1/19					
					1/1/20 -	12/3	1/20					
					1/1/21 -	12/3	1/21					
		Water Systen	n Facili	ty and Sa	ampling	Poi	int Inv	ento	ry			
Water								Total	Lead			
,	System Facility	•	_	Sampling P				oliform				Stage
Facility ID			ID	Description			otutus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUTION			Α	Υ				
				WITHIN 5 SI			Α					
		UPST		WITHIN 5 SI		١	Α					
00700 ENTRY			3	ENTRY POIN	NT .		Α					
61480 WELL 1			2	WELL 1			Α					
			Con	tact Info	rmation							
Name			Or	ganization							Job Title	
Mr. George Pali												
Mailing Address Li	ne One	Mailin	g Address	Line Two				С	ity		State	Zip Code
89 Mill Spring Ln							Stam	ford			СТ	06903
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	Pho	ne Email	Addre	SS			
914-434-1906		703-355-1353					gpali	@opto	nline.ne	et		
Contact Role(s):	Administrative (Contact, Legal Cont	tact, Own	ier	-							

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

		9 8 •		-P-		0 2 2 0 0 0 0 1 0 1 2		
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1355044	GR ART AND CARE BUILDING				NC	40	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
1086 LONG RIDO	GE RD	Connections			1			

Towns Served: STAMFORD

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 17