	Connecticut Department of Pu	ublic H	lealth	Drinki	ngV	Water	Sec	tion	
	Water Quality Monitor				<u> </u>				
PWS ID	PWS Name			1				er Type P	rimary Source
	EMMANUEL EPISCOPAL CHURCH			NC		34		P	GW
		rvice	Residen		ercial	Industria		ombined	Agricultural
285 LYONS PLAI		nnections	1	2					
Towns Served: V									
	Monitorir	ng Requ	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 0	· ·							
Total Coliform	(3100)					1	routi	ine (RT)	per quarter
Sampling P	oint (Sampling Point ID)		Monitori	ng Period	Coll	ection Peri	od	Compli	ance Status
Select from	Inventory of Active Sampling Points		7/1/19 -	9/30/19	_			Co	mplete
		:	10/1/19 -	12/31/19				Со	mplete
				3/31/20				Со	mplete
				6/30/20					
			7/1/20 -	9/30/20					
Physical Paran	• •							• •	per quarter
	oint (Sampling Point ID)			ng Period	Coll	ection Peri	od		ance Status
Select from	Inventory of Active Sampling Points			9/30/19					mplete
				12/31/19					mplete
				3/31/20				Co	mplete
				6/30/20					
			7/1/20 -	9/30/20					
-	Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And N								-	T) per year
	oint (Sampling Point ID)			ing Period	Coll	ection Peri	od		ance Status
ENTRY POIN	NT (3)			12/31/19					mplete
				12/31/20				Co	mplete
			· ·	12/31/21	-	•			
	Monthly Water System Facility	(WSF) I	.evel IN	/lonitorii	ng R	equiren	nen	ts	
	Facility: ENTRY POINT (WSFID: 00700)								
Analyte	Monitoring Requirement (Summary 1	Гуре)	-	rating Limit			Sa	amples R	eq/Month
рН	Entry Point pH Monitoring (PHRD)			imum: 7.0 P	Н			2	ļ
Start Date:	12/1/2005	-	nce Histo	-	-	ating Limit		Monito	-
		Monitor			Com	oliance Sta	tus:	Complia	ince Status:
		10/1/20							
		11/1/20							
		12/1/20							
		1/1/202 2/1/202							
	Other Corr		· ·						
Come l'an a l'	Other Com	phance						- 4 -	
Compliance Sche				Due Date		Achiev	ea D	ute	
				3/1/2015					
				3/1/2016					
	FION SURVEY REPORT			3/1/2017					
				3/1/2018 3/1/2019					
				3/1/2019 3/1/2020					
CNU33 CUININECT				5/1/2020					

				0	1				
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT1570032	EMMANUEL EPISCO	PAL CH	URCH			NC	34	Р	GW
Local Address	(where applicable)			Service	Residential	Commerci	al Industri	al Combine	ed Agricultural
285 LYONS PLA	AINS ROAD			Connections	1	2			
Towns Served	WESTON								

	N	/ater System Facili	ity and Sampling Po	oint Ir	nvento	ſY		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPF
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	А	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		EEC001	KIT HAND SNK FRNT F1	А	Y		Y	
		EEC002	KIT SNK SING SNK F1	А	Y		Y	
		EEC003	KIT SNK TRPL SNK F1	А	Y		Y	
		EEC004	KIT HAND SNK BACK F1	А	Y		Y	
		EEC005	KIT SNK SLOP F1	А	Y		Y	
		EEC006	RR LADY RM 2F	А	Y		Y	
		EEC007	RR MENS RM 2F	А	Y		Y	
		EEC008	CHURCH BASEMENT SINK	А	Y	3		
		EEC009	2ND CHURCH BASEMENT	А		Ν		
		EEC010	SACRISTY SINK	А		Ν		
		EEC011	RECTORY BATHROOM SIN	А		3		
		EEC012	PARISH HOUSE SINK	А		Ν		
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT	А				
22975	WELL #1	2	WELL #1	А				
51138	TREATMENT PLANT							

Certified Operator Information

Facility Classificatio	n: CLASS I IR	EATIVIENT							Certificatio Expiration
Operator Name			Operator	Туре	Certification(s)				
FOLEY, JAMES			CHIEF OPEF	RATOR	WATER TREATMEN	IT PLANT (OPERATOR	- CLASS II	3/31/2023
			C	Contact Inf	ormation				
Name				Organizatior	ization Job Titl				
Mr. Jon Rogers									
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
285 Lyons Plain Rd						Weston		СТ	06883
Business Phone	Extension	Fax	Ν	/lobile Phone	Emergency Phone	Email Ad	dress		
203-227-8565		203-221-1	.757		203-943-3544	office@e	mmanuelw	eston.org	

		~	5	0		1						
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source		
CT1570032	EMMANUEL EPISC	OPAL CHU	JRCH				NC	34	Р	GW		
Local Address (w	nere applicable)			Service	Reside	ntial (Commerc	ial Industri	ial Combin	ed Agricultural		
285 LYONS PLAIN	S ROAD			Connecti	ons 1	IS 1						
Towns Served: W	ESTON					·			· · · ·			
Name				Organization	I				Job Titl	e		
Emanuel Episcap	ol Church											
Mailing Address I	ine One		Mailing Addr	ress Line Two				City	State	Zip Code		
285 Lyons Plain R	oad						Westo	n	СТ	06883		
Business Phone	e Extension	Fax	Mo	obile Phone	Emergend	cy Phor	e Email	Address				
203-227-8565												
Contact Role(s):	Owner		·									
Please note the f	ollowing:											
1. The residual di	sinfectant concentra	tion must b	e measured at	the same locat	tion and time	as each	total coli	form sample.				

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

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

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Connecticut Departmer Water Quality M			U			
PWS ID PWS Name	omtoring and				wner Type Pri	mary Source
CT1570024 GIRL SCOUTS OF CT - CAMP ASPETUC		Cla	NC	25	P	GW
	Service	Residential		-	Combined	_
Local Address (where applicable) 88 OLD EASTON TURNPIKE	Connections	Residential		industrial	Combined	Agricultural
	connections		1			
Towns Served: WESTON		•				
Water System Facility: DISTRIBUTION SYSTEM (lonitoring Requ WSF ID: 00600)	irement	S			
Total Coliform (3100)	· · · · ·			1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	nce Status
Select from Inventory of Active Sampling Points		4/1/20 - 4/3	30/20			
		5/1/20 - 5/3	31/20			_
		6/1/20 - 6/3	30/20			
		7/1/20 - 7/3	31/20			
		8/1/20 - 8/3	31/20			
		9/1/20 - 9/3				
Physical Parameters (PPS)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio		nce Status
Select from Inventory of Active Sampling Points		4/1/20 - 4/3	30/20			
		5/1/20 - 5/3	31/20			
		6/1/20 - 6/3	30/20			
		7/1/20 - 7/3				
		8/1/20 - 8/3				
		9/1/20 - 9/3				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	Г) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	nce Status
ENTRY POINT (3)		1/1/19 - 12/	31/19		Cor	nplete
		1/1/20 - 12/	31/20			
		1/1/21 - 12/	31/21			
Oth	ner Compliance	Schedul	es			
Compliance Schedule Activity		Due	2 Date	Achieve	d Date	
SEASONAL START UP COMPLETION		5/1,	/2020			
Public	c Notification R	equirem	ents			
	Compliance	Notice	Public No	<u>stification</u>	<u>PN Certi</u>	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/17 - 4/27/18	2	10/29/2016		11/8/2016	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/14/16 - 10/3/16	2	10/29/2016		11/8/2016	
Water System	Facility and Sar	npling Po	oint Inve	ntory		
Water		1 0		tal Lead ar	nd	
	Point Sampling Poi	nt		form Coppe		Stage
Facility ID ID			-		er Asbestos I	
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM		Y		
BJ109	06 CONWAYCAB	KIT SINK	А	Y		
BJ875	37 CONWAY OU	TSIDE TAP 1	А	Y		
BJ875			А	Y		
BJ875			А	Y		
NOTE: This information has been provided to belo owners and one						

	VV d	ter Qua		itoring a		прпа	ance 5	cheau	le		
PWS ID PV	NS Name					Classi	fication	Population	Owner Type Primary		rimary Sourc
CT1570024 G	IRL SCOUTS OF	CT - CAMP	ASPETUCK MA	AIN		l	NC	25		Р	GW
Local Address (whe	ere applicable)			Service	Resider	ntial C	ommercia	l Industr	ial	Combined	Agricultura
88 OLD EASTON TU	JRNPIKE			Connection	าร		1				
Towns Served: WE	STON				·	·					
		Water Sy	ystem Faci	ility and S	ampling	g Poir	nt Inver	ntory			
Water				-			Tot	al Lead	and		
System Water S	System Facility		Sampling Poir	nt Sampling P	Point		Colif	orm Cop	per		Stage
Facility ID			ID	Description	1	St	atus Ru	le Rule	e Tier	Asbestos	WQP 2 DBI
			BK02357	CABIN KIT S	SINK		A ۱	/			
			BN38376	FREY LODG	E KITCHEN	S	A ۱	/			
			DOWNSTREAM	M WITHIN 5 S	ERVICE CO	N	А				
			UPSTREAM	WITHIN 5 S	ERVICE CO	N	A				
00700 ENTRY F	POINT		3	ENTRY POII	νт		А				
22530 WELL			2	WELL			А				
			Со	ntact Info	rmatior	ו					
Name				Organization						Job Title	
Ms. Michele Velez				Girl Scouts of	Connecticu	t		Dir. Prop	erty S	vcs.	
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City		State	Zip Code
20 Washington Ave	enue						North H	aven		СТ	06473
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	e Email A	ddress			
203-239-2922	3329	203-239-7	7220		800-922	-2770	mvelez@	gsofct.or	g		
Contact Role(s):	dministrative	Contact									
Name				Organization						Job Title	
Girl Scouts of Ame	rica, Inc.										
Mailing Address Lir	ne One		Mailing Addre	ess Line Two				City		State	Zip Code
340 Washington St	reet						Hartford	4		СТ	06106
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	e Email A	ddress			
860-522-0163											
Contact Role(s):	egal Contact, (Owner		I			1				
Please note the fo	llowing:										
1. The residual disi	nfectant concen	tration must b	e measured at t	the same location	on and time a	as each	total colifo	rm sample.			
2. If a Collection Pe	riod is specified	, all water qua	lity samples mu	st be collected of	during the sp	pecified	period.				
3. Depending on re	sults, additional	monitoring m	ay be required	(i.e. repeat or co	onfirmation	samples). This sch	edule is sub	ject to	change, ar	d any related

correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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	Connecticut De Water Q	partment o uality Monit					0			ection		
PWS ID	PWS Name				-					ner Type P	rimary Sou	urce
CT1570064	WESTON RACQUET CLUI	3				NC		25		Р	GW	
Local Address	where applicable)		Service	Residen	ntial C	Comme	rcial	Industri	al	Combined	Agricult	ural
405 NEWTOW	N TURNPIKE		Connections			1						
Towns Served:	WESTON											
		Monit	oring Requ	ireme	nts							
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)									
Total Colifor	m (3100)	-						1	. roı	utine (RT)	per quart	ter
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod	Colle	ction Pe	riod	Compl	iance Stat	us
Select fro	m Inventory of Active Samp	oling Points		7/1/19 -	- 9/30,	/19				Co	mplete	
				10/1/19 -	- 12/3	1/19				 Co	mplete	
				1/1/20 -	- 3/31,	/20				Co	mplete	
				4/1/20 -	- 6/30,	/20						
				7/1/20 -	- 9/30,	/20						
-	ameters (PPS)							1	rou	utine (RT)		
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod	Colle	ction Pe	riod	Compl	iance Stat	us
Select fro	m Inventory of Active Samp	oling Points		7/1/19 -	- 9/30,	/19				Co	mplete	
				10/1/19 -	- 12/3	1/19				Co	mplete	
				1/1/20 -						Co	mplete	
				4/1/20 -								
				7/1/20 -	- 9/30,	/20						
Water Systen	n Facility: ENTRY POIN	(WSF ID: 00700)										
	Nitrite (NOX)									routine (F		
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Stat	us
ENTRY PC	DINT (3)			1/1/19 -		-					mplete	
				1/1/20 -						Co	mplete	
				1/1/21 -	12/31	/21						
	n Facility: WELL (WSF I	D: 22533)										
E. Coli (3014										utine (RT)		
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Stat	us
WELL (2)				7/1/19 -							mplete	
				10/1/19 -							mplete	
				1/1/20 -							mplete	
				4/1/20 -								
			I •	7/1/20 -								
		Other C	ompliance							_		
	hedule Activity				Due D			Achie				
	ANITARY SURVEY				1/9/20			1/8	3/20	20		
	CTION/CORRECTIVE ACTIO	N PLAN			4/8/20							
CROSS CONNE	CTION SURVEY REPORT	n Cuatana Fasil	in and Car		3/1/2		10 ml	- 41 -				
	wate	r System Facil	ity and Sar	npling	POI	nt inv		=				
Water	tor System Encility	Complian Daint	Complian D-	nt			Total	Lead				N C -
System Wa Facility ID	ter System Facility	Sampling Point ID	Description	ii.	-		Coliforn Rule			Asbestos		age BPI
	TRIBUTION SYSTEM	4	DISTRIBUTION			tatus A	Y	nare		A30C3103		511
00000 013		DOWNSTREAM				A	'					

		()	 0	A				
PWS ID	PWS Name			Cla	assification	Population	Owner Type	Primary Source
CT1570064	WESTON RACQUET CLUB				NC	25	Р	GW
Local Address (v	where applicable)		 Service	Residential	Commerc	ial Industri	ial Combine	ed Agricultural
405 NEWTOWN	I TURNPIKE		Connections		1			
Towns Served [.]	WESTON		L.				'	

Motor System Facility and Compling Daint Invento

VVd	ter system racin	ity and Sampling Po	Sint II	ivento	ſÿ	
Water System Water System Facility		Sampling Point		Total Coliform		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP	2 ДВРК
	UPSTREAM	WITHIN 5 SERVICE CON	A			
	WRC001	CHANG RM WOMEN F1 R	А	Y	Y	
	WRC002	CHANG RM WOMEN F1 L	А	Y	Y	
	WRC003	CHANG RM MEN F1 L	А	Y	Y	
	WRC004	CHANG RM MEN F1 R	А	Y	Y	
	WRC005	RR MENS RM 2F	А	Y	Y	
	WRC006	RR LADY RM 2F	А	Y	Y	
	WRC007	LAUNDRY RM SLOP SINK	А	Y	Y	
00700 ENTRY POINT	3	ENTRY POINT	А			
22533 WELL	2	WELL	А			
61675 TREATMENT PLANT						

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Anthony Zangr	illo			Weston Raco	quet Club	General Manager			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City		Zip Code
405 Newtown Turn	pike					Weston		СТ	06883
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ac	ldress		
203-226-3349					203-940-3079				
Contact Role(s): A	dministrative	Contact, Leg	gal Contact		·	÷			
Name				Organization	I			Job Title	
Mr. Ivan Lendl				Weston Raco	juet Club		General Ma	inager	
Mailing Address Lin	e One		Mailing Add	Iress Line Two		City		State	Zip Code
405 Newtown Tnpk						Weston		СТ	06883
Business Phone	Extension	Fax	Μ	obile Phone	Emergency Phone	Email Ac	ldress	i	
203-226-3349					203-940-3079				
Contact Role(s): O	wner								
Please note the fell	lowing:								

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.

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

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End of schedule

*	lic Health Drinking Water Section
Water Quality Monitoring	g and Compliance Schedule
PWS ID PWS Name	Classification Population Owner Type Primary Sou
CT1579174 ASPETUCK VALLEY CTRY CLUB - POOL/SNACKBR	NC 25 P GW
Local Address (where applicable) Service	e Residential Commercial Industrial Combined Agricult
67 OLD REDDING ROAD Conne	ections 1
Towns Served: WESTON	
Monitoring	Requirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)
Total Coliform (3100)	1 routine (RT) per quar
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Stat
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per quar
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Stat
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per ye
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Stat
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete
	1/1/20 - 12/31/20
	1/1/21 - 12/31/21
Other Compl	iance Schedules
Compliance Schedule Activity	Due Date Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2018
CROSS CONNECTION SURVEY REPORT	3/1/2019
CROSS CONNECTION SURVEY REPORT	3/1/2020
SEASONAL START UP COMPLETION	5/1/2020
Water System Facility an	d Sampling Point Inventory
Water	Total Lead and
System Water System Facility Sampling Point Sampl	ing Point Coliform Copper Sto
Facility ID ID Descri	
00600 DISTRIBUTION SYSTEM 4 DISTRI	BUTION SYSTEM A Y
DOWINSTREAM WITHIN	N 5 SERVICE CON A
UPSTREAM WITHI	N 5 SERVICE CON A
UPSTREAM WITHI	N 5 SERVICE CON A N 5 SERVICE CON A POINT A
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY	N 5 SERVICE CON A N 5 SERVICE CON A POINT A
UPSTREAMWITHIN00700ENTRY POINT3ENTRY56463POOL WELL2POOL60289TREATMENT PLANT	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL 4 60289 TREATMENT PLANT Contact I	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL 4 60289 TREATMENT PLANT Cortact I Name Organizat	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL 4 60289 TREATMENT PLANT Cortact I Name Organizat Mr. Tom Costello Aspetuck	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation tion Job Title Valley County Club Facilities Manager
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL V 60289 TREATMENT PLANT Contact I Name Organizat Mr. Tom Costello Aspetuck Mailing Address Line One Mailing Address Line Trees	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation ion Job Title Valley County Club Facilities Manager wo City State Zip Code
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL 60289 TREATMENT PLANT Contact I Name Organizat Mr. Tom Costello Aspetuck Mailing Address Line One Mailing Address Line Tr 67 Old Redding Rd	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation tion Job Title Valley County Club Facilities Manager wo City State Zip Code Weston CT 06883
UPSTREAM WITHIN 00700 ENTRY POINT 3 ENTRY 56463 POOL WELL 2 POOL V 60289 TREATMENT PLANT Cortact I Name Organizat Mr. Tom Costello Aspetuck Mailing Address Line One Mailing Address Line Trees	N 5 SERVICE CON A N 5 SERVICE CON A POINT A WELL A nformation tion Job Title Valley County Club Facilities Manager wo City State Zip Code Weston CT 06883

				0								
PWS ID	PWS Name						ification	Population	Owne	r Type	Primary Source	
СТ1579174	ASPETUCK VALL	EY CTRY CLU		NC		25	l	Р	GW			
Local Address (w	here applicable)		Service	Resider	tial Commercial		al Industrial		ombine	ed Agricultural		
67 OLD REDDING	Connections						1					
Towns Served: WESTON												
Contact Role(s): Administrative Contact												
Name	Organization					J	ob Title	5				
Ms. Carolyn Kep	Country	Club	ub General Mar			anager						
Mailing Address	ess Line Two	Line Two			City			Zip Code				
67 Old Redding F				Weston			СТ	06883				
Business Phone	e Extension Fax Mo			bile Phone E	imergency	ncy Phone Email Address						
203-226-4701	203-222-8908						ckepch	er@aspetu	ckvalle	kvalley.com		
Contact Role(s): Legal Contact												
Please note the	following:											
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.												
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.												
	results, additional ce sent by the DWS	-										

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT1579184 GIRL SCOUTS OF CT - CAMP ASPETUCK LODGE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **88 OLD EASTON TPKE** 1 Towns Served: WESTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION SYSTEM А BH83272 **KIT SINK** Α γ BJ10904 FREY LODGE KITCHEN S Α γ BJ62983 CABIN KITCHEN SINK A γ BJ63922 FREY LODGE UTILITY S Υ Α BJ63923 FREY LODGE RESTROOM А Υ DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON Α ENTRY POINT ENTRY POINT 00700 З Δ WFI1#2 WFI1#2 56989 2 Α **Contact Information** Job Title Name Organization

Ms. Michele Velez			Gi	irl Scouts of	Connecticut	I	Dir. Property Svcs.			
Mailing Address Lir	ne One		Mailing Addres	s Line Two		City		State	Zip Code	
20 Washington Ave	enue					North Ha	ven	СТ	06473	
Business Phone	Extension	Fax	Mohi	le Phone	Emergency Phone	Email Add	ress	·		

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

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PWS ID	PWS Name				Classi	Classification		opulation	Ow	wner Type Primary Sou				
CT1579184	GIRL SCOUTS OF	CT - CAMP	DG	DGE			NC			25		Р	GW	
Local Address (w		Service		Residen	tial C	ommerc	ial	l Industrial		Combined	Agricultural			
88 OLD EASTON TPKE					Connection	ns		1						
Towns Served: V	VESTON				L									
203-239-2922	39-2922 3329 203-239-7220				800-922			-2770 mvelez(z@	gsofct.org	S		
Contact Role(s):	Administrative	Contact, Leg	al Contact											
Name	Organization								Job Title					
Girl Scouts of Ar	nerica, Inc.													
Mailing Address Line One Mailing Addr					ress Line Two				City				State	Zip Code
340 Washington Street					F			Hartfo	Hartford			СТ	06106	
Business Phon	Business Phone Extension Fax I			obile Phone Emergency			Phone	e Email Address						
860-522-0163	}													
Contact Role(s):	Owner		L											
Please note the	following:													
1. The residual d	isinfectant concen	tration must b	e measured at t	the	same locatio	on an	nd time a	s each	total colif	forr	m sample.			
2. If a Collection	Period is specified	, all water qua	lity samples mu	ust k	be collected o	durin	ng the sp	ecified	period.					
	results, additional ce sent by the DW	0		•					·				0,	

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