

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

|                                  |                                  |                     |             |            |                |          |              |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                         | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1570032</b>                 | <b>EMMANUEL EPISCOPAL CHURCH</b> | NC                  | 34          | P          | GW             |          |              |
| Local Address (where applicable) |                                  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 285 LYONS PLAINS ROAD            |                                  |                     | 1           | 2          |                |          |              |

Towns Served: WESTON

## Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| <b>Total Coliform (3100)</b>                    | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|   | 10/1/19 - 12/31/19                |                          | Complete                 |
|   | 1/1/20 - 3/31/20                  |                          | Complete                 |
|   | 4/1/20 - 6/30/20                  |                          |                          |
|   | 7/1/20 - 9/30/20                  |                          |                          |

| <b>Physical Parameters (PPS)</b>                | <b>1 routine (RT) per quarter</b> |                          |                          |
|---|-----------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>          | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19                  |                          | Complete                 |
|   | 10/1/19 - 12/31/19                |                          | Complete                 |
|   | 1/1/20 - 3/31/20                  |                          | Complete                 |
|   | 4/1/20 - 6/30/20                  |                          |                          |
|   | 7/1/20 - 9/30/20                  |                          |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          | <b>1 routine (RT) per year</b> |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i>       | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19              |                          | Complete                 |
|   | 1/1/20 - 12/31/20              |                          | Complete                 |
|   | 1/1/21 - 12/31/21              |                          |                          |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

| <b>Analyte</b>               | <b>Monitoring Requirement (Summary Type)</b> | <b>Operating Limit</b>    | <b>Samples Req/Month</b>  |
|------------------------------|--|---------------------------|---------------------------|
| pH                           | Entry Point pH Monitoring (PHRD)             | Minimum: 7.0 PH           | 4                         |
| <b>Start Date:</b> 12/1/2005 | <b>Compliance History:</b>                   | <b>Operating Limit</b>    | <b>Monitoring</b>         |
|                              | <b>Monitoring Period</b>                     | <b>Compliance Status:</b> | <b>Compliance Status:</b> |
|                              | 10/1/2019 - 10/31/2019                       |                           |                           |
|                              | 11/1/2019 - 11/30/2019                       |                           |                           |
|                              | 12/1/2019 - 12/31/2019                       |                           |                           |
|                              | 1/1/2020 - 1/31/2020                         |                           |                           |
|                              | 2/1/2020 - 2/29/2020                         |                           |                           |

## Other Compliance Schedules

| <b>Compliance Schedule Activity</b> | <b>Due Date</b> | <b>Achieved Date</b> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2015        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2016        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2017        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2018        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2019        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2020        |                      |

*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.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                  |                     |             |            |                |          |              |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                         | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1570032</b>                 | <b>EMMANUEL EPISCOPAL CHURCH</b> | NC                  | 34          | P          | GW             |          |              |
| Local Address (where applicable) |                                  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 285 LYONS PLAINS ROAD            |                                  |                     | 1           | 2          |                |          |              |
| Towns Served: WESTON             |                                  |                     |             |            |                |          |              |

### Water System Facility and Sampling Point Inventory

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

### Certified Operator Information

|   |                      |   |                                 |
|---|----------------------|---|---------------------------------|
| Water System Facility: <b>TREATMENT PLANT (WSF ID: 51138)</b> |                      |   |                                 |
| Facility Classification: CLASS 1 TREATMENT PLANT              |                      |   |                                 |
| <b>Operator Name</b>  | <b>Operator Type</b> | <b>Certification(s)</b>                   | <b>Certification Expiration</b> |
| FOLEY, JAMES  | CHIEF OPERATOR       | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2023                       |

### Contact Information

|   |           |                          |              |                 |                           |          |
|---|-----------|--------------------------|--------------|-----------------|---------------------------|----------|
| Name  |           | Organization             |              |                 | Job Title                 |          |
| <b>Mr. Jon Rogers</b>   |           |                          |              |                 |                           |          |
| Mailing Address Line One                                      |           | Mailing Address Line Two |              | City            | State                     | Zip Code |
| 285 Lyons Plain Rd  |           |                          |              | Weston          | CT                        | 06883    |
| Business Phone  | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address             |          |
| 203-227-8565  |           | 203-221-1757             |              | 203-943-3544    | office@emmanuelweston.org |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |           |                          |              |                 |                           |          |

*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.*

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

|                                  |                                  |                     |                          |                 |                |           |              |          |
|----------------------------------|----------------------------------|---------------------|--------------------------|-----------------|----------------|-----------|--------------|----------|
| PWS ID                           | PWS Name                         | Classification      | Population               | Owner Type      | Primary Source |           |              |          |
| <b>CT1570032</b>                 | <b>EMMANUEL EPISCOPAL CHURCH</b> | NC                  | 34                       | P               | GW             |           |              |          |
| Local Address (where applicable) |                                  | Service Connections | Residential              | Commercial      | Industrial     | Combined  | Agricultural |          |
| 285 LYONS PLAINS ROAD            |                                  |                     | 1                        | 2               |                |           |              |          |
| Towns Served: WESTON             |                                  |                     |                          |                 |                |           |              |          |
| Name                             |                                  |                     | Organization             |                 |                | Job Title |              |          |
| <b>Emanuel Episcopap Church</b>  |                                  |                     |                          |                 |                |           |              |          |
| Mailing Address Line One         |                                  |                     | Mailing Address Line Two |                 |                | City      | State        | Zip Code |
| 285 Lyons Plain Road             |                                  |                     |                          |                 |                | Weston    | CT           | 06883    |
| Business Phone                   | Extension                        | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |           |              |          |
| 203-227-8565                     |                                  |                     |                          |                 |                |           |              |          |
| Contact Role(s): <b>Owner</b>    |                                  |                     |                          |                 |                |           |              |          |

**Please note the following:**

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

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

|                                  |  |                     |             |            |                |          |              |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                               | Classification      | Population  | Owner Type | Primary Source |          |              |
| CT1570024                        | GIRL SCOUTS OF CT - CAMP ASPETUCK MAIN | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 88 OLD EASTON TURNPIKE           |  |                     |             | 1          |                |          |              |
| Towns Served: WESTON             |  |                     |             |            |                |          |              |

## Monitoring Requirements

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

|   |                          |                                 |                          |  |  |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per month</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>        | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 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         |                                 |                          |  |  |

|   |                          |                                 |                          |  |  |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per month</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>        | <i>Compliance Status</i> |  |  |
| Select from Inventory of Active Sampling Points | 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         |                                 |                          |  |  |

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

|   |                          |                                |                          |  |  |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |  |  |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |  |  |
|   | 1/1/20 - 12/31/20        |                                |                          |  |  |
|   | 1/1/21 - 12/31/21        |                                |                          |  |  |

## Other Compliance Schedules

|                                     |                 |                      |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| SEASONAL START UP COMPLETION        | 5/1/2020        |                      |

## Public Notification Requirements

| <i>Violation/Situation</i>                      | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|---|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| 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 Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | BJ10906                  | CONWAYCAB KIT SINK                | A             | Y                          |                                  |                 |                         |
|                                 |                              | BJ87537                  | CONWAY OUTSIDE TAP 1              | A             | Y                          |                                  |                 |                         |
|                                 |                              | BJ87538                  | CONWAY OUTSIDE TAP 2              | A             | Y                          |                                  |                 |                         |
|                                 |                              | BJ87539                  | POOL TAP                          | A             | Y                          |                                  |                 |                         |

*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.*

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

|                                  |   |                     |             |            |                |          |              |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                      | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1570024</b>                 | <b>GIRL SCOUTS OF CT - CAMP ASPETUCK MAIN</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 88 OLD EASTON TURNPIKE           |   |                     |             | 1          |                |          |              |
| Towns Served: WESTON             |   |                     |             |            |                |          |              |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | BK02357           | CABIN KIT SINK             | A      | Y                   |                           |          |                  |
|                          |                       | BN38376           | FREY LODGE KITCHEN S       | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22530                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

## Contact Information

|                          |           |              |                            |                 |                   |                     |       |          |
|--------------------------|-----------|--------------|----------------------------|-----------------|-------------------|---------------------|-------|----------|
| Name                     |           |              | Organization               |                 |                   | Job Title           |       |          |
| <b>Ms. Michele Velez</b> |           |              | Girl Scouts of Connecticut |                 |                   | Dir. Property Svcs. |       |          |
| Mailing Address Line One |           |              | Mailing Address Line Two   |                 |                   | City                | State | Zip Code |
| 20 Washington Avenue     |           |              |                            |                 |                   | North Haven         | CT    | 06473    |
| Business Phone           | Extension | Fax          | Mobile Phone               | Emergency Phone | Email Address     |                     |       |          |
| 203-239-2922             | 3329      | 203-239-7220 |                            | 800-922-2770    | mvelez@gsofct.org |                     |       |          |

|  |           |     |                          |                 |               |           |       |          |
|--|-----------|-----|--------------------------|-----------------|---------------|-----------|-------|----------|
| Contact Role(s): <b>Administrative Contact</b> |           |     |                          |                 |               |           |       |          |
| Name   |           |     | Organization             |                 |               | Job Title |       |          |
| <b>Girl Scouts of America, Inc.</b>            |           |     |                          |                 |               |           |       |          |
| Mailing Address Line One                       |           |     | Mailing Address Line Two |                 |               | City      | State | Zip Code |
| 340 Washington Street                          |           |     |                          |                 |               | Hartford  | CT    | 06106    |
| Business Phone                                 | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |           |       |          |
| 860-522-0163                                   |           |     |                          |                 |               |           |       |          |

Contact Role(s): **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 Name                   | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1570064</b>                 | <b>WESTON RACQUET CLUB</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                            | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 405 NEWTOWN TURNPIKE             |                            |                     |             | 1          |                |          |              |

Towns Served: WESTON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| <b>Total Coliform (3100)</b>                    |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|   | 10/1/19 - 12/31/19       |                                   | Complete                 |
|   | 1/1/20 - 3/31/20         |                                   | Complete                 |
|   | 4/1/20 - 6/30/20         |                                   |                          |
|   | 7/1/20 - 9/30/20         |                                   |                          |

| <b>Physical Parameters (PPS)</b>                |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19         |                                   | Complete                 |
|   | 10/1/19 - 12/31/19       |                                   | Complete                 |
|   | 1/1/20 - 3/31/20         |                                   | Complete                 |
|   | 4/1/20 - 6/30/20         |                                   |                          |
|   | 7/1/20 - 9/30/20         |                                   |                          |

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

| <b>Nitrate And Nitrite (NOX)</b>          |                          | <b>1 routine (RT) per year</b> |                          |
|---|--------------------------|--------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>       | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                                | Complete                 |
|   | 1/1/20 - 12/31/20        |                                | Complete                 |
|   | 1/1/21 - 12/31/21        |                                |                          |

Water System Facility: **WELL (WSF ID: 22533)**

| <b>E. Coli (3014)</b>                     |                          | <b>1 routine (RT) per quarter</b> |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>          | <i>Compliance Status</i> |
| WELL (2)                                  | 7/1/19 - 9/30/19         |                                   | Complete                 |
|   | 10/1/19 - 12/31/19       |                                   | Complete                 |
|   | 1/1/20 - 3/31/20         |                                   | Complete                 |
|   | 4/1/20 - 6/30/20         |                                   |                          |
|   | 7/1/20 - 9/30/20         |                                   |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i>      | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY               | 1/9/2020        | 1/8/2020             |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN | 4/8/2020        |                      |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2021        |                      |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |

*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.*

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

|                                  |                            |                     |             |            |                |          |              |
|----------------------------------|----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                   | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1570064</b>                 | <b>WESTON RACQUET CLUB</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |                            | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 405 NEWTOWN TURNPIKE             |                            |                     |             | 1          |                |          |              |
| Towns Served: WESTON             |                            |                     |             |            |                |          |              |

## Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | WRC001            | CHANG RM WOMEN F1 R        | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC002            | CHANG RM WOMEN F1 L        | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC003            | CHANG RM MEN F1 L          | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC004            | CHANG RM MEN F1 R          | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC005            | RR MENS RM 2F              | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC006            | RR LADY RM 2F              | A      | Y                   |                           | Y        |                  |
|                          |                       | WRC007            | LAUNDRY RM SLOP SINK       | A      | Y                   |                           | Y        |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22533                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61675                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

## Contact Information

|                              |           |     |                          |                 |               |                 |       |          |
|------------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------------|-------|----------|
| Name                         |           |     | Organization             |                 |               | Job Title       |       |          |
| <b>Mr. Anthony Zangrillo</b> |           |     | Weston Racquet Club      |                 |               | General Manager |       |          |
| Mailing Address Line One     |           |     | Mailing Address Line Two |                 |               | City            | State | Zip Code |
| 405 Newtown Turnpike         |           |     |                          |                 |               | Weston          | CT    | 06883    |
| Business Phone               | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |                 |       |          |
| 203-226-3349                 |           |     |                          | 203-940-3079    |               |                 |       |          |

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

|                          |           |     |                          |                 |               |                 |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------------|-------|----------|
| Name                     |           |     | Organization             |                 |               | Job Title       |       |          |
| <b>Mr. Ivan Lendl</b>    |           |     | Weston Racquet Club      |                 |               | General Manager |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City            | State | Zip Code |
| 405 Newtown Tnpk         |           |     |                          |                 |               | Weston          | CT    | 06883    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |                 |       |          |
| 203-226-3349             |           |     |                          | 203-940-3079    |               |                 |       |          |

Contact Role(s): **Owner**

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |   |                     |             |            |                |          |              |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name  | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1579174</b>                 | <b>ASPETUCK VALLEY CTRY CLUB - POOL/SNACKBR</b> | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 67 OLD REDDING ROAD              |   |                     |             |            |                | 1        |              |
| Towns Served: WESTON             |   |                     |             |            |                |          |              |

### Monitoring Requirements

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

|   |                          |                          |                                   |
|---|--------------------------|--------------------------|-----------------------------------|
| <b>Total Coliform (3100)</b>                    |                          |                          | <b>1 routine (RT) per quarter</b> |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>          |
| 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         |                          |                                   |

|   |                          |                          |                                   |
|---|--------------------------|--------------------------|-----------------------------------|
| <b>Physical Parameters (PPS)</b>                |                          |                          | <b>1 routine (RT) per quarter</b> |
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>          |
| 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)**

|   |                          |                          |                                |
|---|--------------------------|--------------------------|--------------------------------|
| <b>Nitrate And Nitrite (NOX)</b>          |                          |                          | <b>1 routine (RT) per year</b> |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i>       |
| ENTRY POINT (3)                           | 1/1/19 - 12/31/19        |                          | Complete                       |
|   | 1/1/20 - 12/31/20        |                          |                                |
|   | 1/1/21 - 12/31/21        |                          |                                |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| 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 and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 56463                           | POOL WELL                    | 2                        | POOL WELL                         | A             |                            |                                  |                 |                         |
| 60289                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|                          |           |                             |                          |                 |                    |        |       |          |
|--------------------------|-----------|-----------------------------|--------------------------|-----------------|--------------------|--------|-------|----------|
| Name                     |           | Organization                |                          |                 | Job Title          |        |       |          |
| <b>Mr. Tom Costello</b>  |           | Aspetuck Valley County Club |                          |                 | Facilities Manager |        |       |          |
| Mailing Address Line One |           |                             | Mailing Address Line Two |                 |                    | City   | State | Zip Code |
| 67 Old Redding Rd        |           |                             |                          |                 |                    | Weston | CT    | 06883    |
| Business Phone           | Extension | Fax                         | Mobile Phone             | Emergency Phone | Email Address      |        |       |          |
| 203-226-4701             |           | 203-222-8908                |                          | 203-414-4038    | tpc22@aol.com      |        |       |          |

*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.*



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

|  |   |                     |                              |                 |                             |                 |              |          |
|--|---|---------------------|------------------------------|-----------------|-----------------------------|-----------------|--------------|----------|
| PWS ID   | PWS Name  | Classification      | Population                   | Owner Type      | Primary Source              |                 |              |          |
| <b>CT1579174</b>                               | <b>ASPETUCK VALLEY CTRY CLUB - POOL/SNACKBR</b> | NC                  | 25                           | P               | GW                          |                 |              |          |
| Local Address (where applicable)               |   | Service Connections | Residential                  | Commercial      | Industrial                  | Combined        | Agricultural |          |
| 67 OLD REDDING ROAD                            |   |                     |                              |                 |                             | 1               |              |          |
| Towns Served: WESTON                           |   |                     |                              |                 |                             |                 |              |          |
| Contact Role(s): <b>Administrative Contact</b> |   |                     |                              |                 |                             |                 |              |          |
| Name   |   |                     | Organization                 |                 |                             | Job Title       |              |          |
| <b>Ms. Carolyn Kepcher</b>                     |   |                     | Aspetuck Valley Country Club |                 |                             | General Manager |              |          |
| Mailing Address Line One                       |   |                     | Mailing Address Line Two     |                 |                             | City            | State        | Zip Code |
| 67 Old Redding Road                            |   |                     |                              |                 |                             | Weston          | CT           | 06883    |
| Business Phone                                 | Extension                                       | Fax                 | Mobile Phone                 | Emergency Phone | Email Address               |                 |              |          |
| 203-226-4701                                   |   | 203-222-8908        |                              |                 | ckepcher@aspetuckvalley.com |                 |              |          |
| Contact Role(s): <b>Legal Contact</b>          |   |                     |                              |                 |                             |                 |              |          |

**Please note the following:**

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

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

|                                  |   |                     |             |            |                |          |              |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                                | Classification      | Population  | Owner Type | Primary Source |          |              |
| CT1579184                        | GIRL SCOUTS OF CT - CAMP ASPETUCK LODGE | NC                  | 25          | P          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 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 |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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 |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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  |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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 System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      |                     |                           |          |                  |
|                          |                       | BH83272           | KIT SINK                   | A      | Y                   |                           |          |                  |
|                          |                       | BJ10904           | FREY LODGE KITCHEN S       | A      | Y                   |                           |          |                  |
|                          |                       | BJ62983           | CABIN KITCHEN SINK         | A      | Y                   |                           |          |                  |
|                          |                       | BJ63922           | FREY LODGE UTILITY S       | A      | Y                   |                           |          |                  |
|                          |                       | BJ63923           | FREY LODGE RESTROOM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 56989                    | WELL# 2               | 2                 | WELL# 2                    | A      |                     |                           |          |                  |

## Contact Information

|                          |           |                            |                          |                 |                     |             |       |          |
|--------------------------|-----------|----------------------------|--------------------------|-----------------|---------------------|-------------|-------|----------|
| Name                     |           | Organization               |                          |                 | Job Title           |             |       |          |
| Ms. Michele Velez        |           | Girl Scouts of Connecticut |                          |                 | Dir. Property Svcs. |             |       |          |
| Mailing Address Line One |           |                            | Mailing Address Line Two |                 |                     | City        | State | Zip Code |
| 20 Washington Avenue     |           |                            |                          |                 |                     | North Haven | CT    | 06473    |
| Business Phone           | Extension | Fax                        | Mobile Phone             | Emergency Phone | Email Address       |             |       |          |

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

|   |  |                     |                          |                 |                   |           |              |          |
|---|--|---------------------|--------------------------|-----------------|-------------------|-----------|--------------|----------|
| PWS ID  | PWS Name                                       | Classification      | Population               | Owner Type      | Primary Source    |           |              |          |
| <b>CT1579184</b>  | <b>GIRL SCOUTS OF CT - CAMP ASPETUCK LODGE</b> | NC                  | 25                       | P               | GW                |           |              |          |
| Local Address (where applicable)                              |  | Service Connections | Residential              | Commercial      | Industrial        | Combined  | Agricultural |          |
| 88 OLD EASTON TPKE  |  |                     |                          | 1               |                   |           |              |          |
| Towns Served: WESTON  |  |                     |                          |                 |                   |           |              |          |
| 203-239-2922  | 3329   | 203-239-7220        |                          | 800-922-2770    | mvelez@gsofct.org |           |              |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |  |                     |                          |                 |                   |           |              |          |
| Name  |  |                     | Organization             |                 |                   | Job Title |              |          |
| <b>Girl Scouts of America, Inc.</b>                           |  |                     |                          |                 |                   |           |              |          |
| Mailing Address Line One                                      |  |                     | Mailing Address Line Two |                 |                   | City      | State        | Zip Code |
| 340 Washington Street   |  |                     |                          |                 |                   | Hartford  | CT           | 06106    |
| Business Phone  | Extension                                      | Fax                 | Mobile Phone             | Emergency Phone | Email Address     |           |              |          |
| 860-522-0163  |  |                     |                          |                 |                   |           |              |          |
| Contact Role(s): <b>Owner</b>                                 |  |                     |                          |                 |                   |           |              |          |

**Please note the following:**

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

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

**End of schedule**