	Connecticut Departme Water Quality M					-				
PWS ID	PWS Name	ionitoi nig an	u con						ner Type P	rimary Sourc
CT1610263	644 DANBURY ROAD			0100	NC		33	0	P	GW
	(where applicable)	Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultura
	· · · · · · · · · · · · · · · · · · ·	Connections			1			-		0
owns Served:	WILTON									
	N	Ionitoring Requ	uireme	nts						
Nater Systen	n Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)								
Total Colifor	m (3100)							1 ro	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -							mplete
			11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -							mplete
			2/1/20 -							mplete
			3/1/20 -						Со	mplete
			4/1/20 -							
			5/1/20 - 6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Total Colifor	rm (3100)		5/1/20	5750	<i>,</i> ,20			3 r	eneat (RP)	per perio
	Point (Sampling Point ID)		Monitori	ng P	eriod	Coll	ection Pe		• • •	ance Status
	m Inventory of Active Sampling Points		10/10/19	_					-	mplete
			11/5/19 -	11/1	LO/19				Co	mplete
			11/5/19 -	11/1	LO/19				Со	mplete
			11/5/19 -	11/1	LO/19				Co	mplete
Physical Para	ameters (PPS)							1 ro	outine (RT)	per montl
Sampling	Point (Sampling Point ID)		Monitori	_		Coll	ection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -						Co	mplete
			11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -							mplete
			2/1/20 -							mplete
			3/1/20 -						Co	mplete
			4/1/20 -							
			5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 - 9/1/20 -							
Water System	n Facility: ENTRY POINT (WSF ID: (	0700)	<i>9</i> / 1/ 20 -	5/50	<i>J</i> 20					
	Nitrite (NOX)							1	routine /5	T) per yea
	Point (Sampling Point ID)		Monitori	na P	eriod	Coll	ection Pe		-	ance Status
WELL (2)			1/1/19 -	-						mplete
(-)			1/1/20 -							mplete
			1/1/21 -							r

	Connecticut De	•				<u> </u>			ection	
PWS ID	PWS Name	uality Monit	oring a	na com						rimory Cours
					N		33	on Uw	P	rimary Sourc GW
CT1610263			Comilao	Desident				hui a l	-	-
Local Addre	ess (where applicable)		Service Connection	Resident		mmercia	Indus	triai	Combined	Agricultura
Towns Son	ved: WILTON		connection	15		1				
TOWIS Serv			oring Do		- 4 -					
Water Svs	tem Facility: WELL (WSF		oring Red	quiremei	nts	_	_	_	_	
E. Coli (3		10. 100057						1 tria	gorod (TC)	per period
-	ling Point (Sampling Point ID)			Monitorii	na Dori	od Co	llection I	-		ance Status
WELL				10/9/19 -	-			enou		mplete
VVLLL	(2)			11/4/19 -						mplete
				11/4/19 -						mplete
<u> </u>				11/4/19 -						mplete
		Other C	omplian	· ·		13				
Compliance	e Schedule Activity		Surbuan		Due Dat	te	Ach	ieved	Date	
	MENT (MULTIPLE TC+, 2ND IN	12M)		1	1/8/20	19				
	• •	er System Facil	ity and S				torv			
Water				ab9		Tot	-	ıd and	1	
	Water System Facility	Sampling Point	Samplina F	Point		Colife		pper		Stage
Facility ID		ID	Description		Sta	0			Asbestos	WQP 2 DBP
-	DISTRIBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM						
		DOWNSTREAM				4				
		UPSTREAM		SERVICE CON		4				
		WS001	WS FIT RR I	MENS RR L	A	ų γ	,		Y	
		WS002	WS FIT RR I	MENS RR R	A	A Y	,		Y	
		WS003	WS FIT RR I	LADY RR L	A	ų γ	,		Y	
		WS004	WS FIT RR I	LADY RR R	A	ų γ	,		Y	
		WS005	WATER FO		A	ų γ	,		Y	
		WS006	KITCHEN		A				Y	
		WS007	1ST FL KITC	HEN SINK	A	A Y	,		Y	
		WS008	2ND FL KIT			ч ч			Ŷ	
		WS009	INFANT II R		A				Ŷ	
		WS010	INFANT II R		Ļ				Ŷ	
		WS011	GREEN ROO		A				Ŷ	
00700	ENTRY POINT	3	ENTRY POI							
	WELL	2	WELL			4				
			tact Info	rmation						
Name			rganization						Job Title	
	nn Major, Esq.		14 Danbury I	Road. LLC			Manage	er		
	dress Line One	Mailing Addres	-	,,			City		State	Zip Code
65 Jesup Ro						Westpo			CT	06880
Business		Fax Mobi	ile Phone	Emergency	Phone	-				
203-227		227-7777						oodga	arlick.com	
Contact Ro	le(s): Administrative Contac	t, Legal Contact	I							

	$\sim$	0 -		1			-	
PWS ID	PWS Name			Classificat	on	Population	Owner Type	Primary Source
СТ1610263	644 DANBURY ROAD			NC		33	Р	GW
Local Address (	Address (where applicable)		Residential		tial Commercia		al Combine	ed Agricultura
		Connections		1				
Towns Served:	WILTON			·				
Please note th	e following:							
1. The residual	disinfectant concentration must be measured	ured at the same location	and time a	as each total	colifc	orm sample.		
2. If a Collectio	n Period is specified, all water quality sam	ples must be collected du	ring the sp	ecified perio	d.			
3. Depending of	on results, additional monitoring may be re	equired (i.e. repeat or conf	firmation s	amples). Th	s sch	edule is subj	ect 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

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source FOUR SEASONS RACQUET CLUB Р CT1610034 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 589 DANBURY ROAD 1 Towns Served: WILTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Collection Period Compliance Status** Sampling Point (Sampling Point ID) **Monitoring 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 Complete 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) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 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	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		FSRQ001	FRONT LOBBY BR	А	Y		Y	Y	
		FSRQ002	VOLLYBALL BR	А	Y		Y	Y	
		FSRQ003	UPPER LOBBY CUST KIT	А	Y		Y	Y	
		FSRQ004	MENS LOCKER LEFT	А	Y		Y	Y	
		FSRQ005	MENS LOCKER CENTER	А	Y		Y	Y	
		FSRQ006	MENS LOCKER RIGHT	А	Y		Y	Y	
		FSRQ007	LADIES LOCKER LEFT	А	Y			Y	
		FSRQ008	LADIES LOCKER RIGHT	А	Y			Y	
		FSRQ009	LADIES LOCKER CENTER	А	Y				
		FSRQ010	LADIES LOCKER UTILIT	А	Y				
		FSRQ011	LAUNDRY UTILITY SINK	А	Y				
		FSRQ012	PAV LADIES VANITY 1	А	Y				
		FSRQ013	PAV LADIES VANITY 2	А	Y				
		FSRQ014	PAV MENS LR TO LEFT	А	Y				

PWS ID	PWS Name					Classi	ficatior	Рори	Population Owr		wner Type Primary S	
CT1610034	FOUR SEASONS F		UB			I	NC		25		P	GW
Local Address (w	here applicable)			Service	Residen	tial C	ommer	cial I	ial Industrial		Combined	Agricultura
589 DANBURY RO	DAD			Connection	s		1					
Towns Served: W	/ILTON											
		Water Sy	ystem Facili	ty and Sa	mpling	Poir	nt Inv	ento	ry			
Water				•				Total	Lead a	nd		
System Water	System Facility		Sampling Point	Sampling Po	oint		Сс	oliform	Сорре	er		Stage
Facility ID			ID	Description		St	atus	Rule	Rule T	ïer /	Asbestos	WQP 2 DBP
			FSRQ015	PAV UTILIT I	N CLOSET		A	Y				
			FSRQ016	PAV CUST KI	T POOL		A	Y				
			UPSTREAM	WITHIN 5 SE	RVICE CO	N	A					
00700 ENTRY	POINT		3	ENTRY POIN	Т		A					
22553 WELL			2	WELL			A					
			Con	tact Infor	mation							
Name			Or	ganization							Job Title	
Mr. Steven St. G	ermain		Fo	ur Seasons R	acquet Clu	ıb, LLC						
Mailing Address I	Line One		Mailing Address	s Line Two				C	ity		State	Zip Code
589 Danbury Rd							Wilto	n			СТ	06897
Business Phone	e Extension	Fax	Mobi	le Phone I	Emergency	Phone	e Emai	Addre	ess			
203-762-2423	125	203-761-9	9825		203-241-	4603	stger	main@	4season	sten	nis.com	
Contact Role(s):	Administrative C	Contact, Leg	al Contact, Own	ner								
Please note the f	ollowing:											
1. The residual di	sinfectant concenti	ration must b	e measured at the	e same location	n and time a	s each	total co	iform s	ample.			
2. If a Collection	Period is specified,	all water qua	lity samples must	be collected d	uring the sp	ecified	period.					
3. Depending on	results, additional r	nonitoring m	ay be required (i.e	e. repeat or co	nfirmation s	amples	). This s	chedul	e is subjed	ct to	change, an	d any related

ding 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

Conne	ecticut Departm					0			ction	
	Water Quality I	Monit	oring and	<b>^</b>				1		
PWS ID PWS Nan				Cla				Owr		rimary Source
	BURY ROAD				NC		45		Р	GW
Local Address (where app	licable)		Service	Residential		ercial	ndustri	al	Combined	Agricultura
			Connections		2					
Towns Served: WILTON										
		Monito	oring Requ	irement	S					
Water System Facility:	DISTRIBUTION SYSTEM	I (WSF I	D: 00600)							
Total Coliform (3100)							1	l rou	itine (RT)	per quarter
Sampling Point (Sam	pling Point ID)			Monitoring	Period	Collec	tion Pe	riod	Compli	ance Status
Select from Inventor	y of Active Sampling Points	i		7/1/19 - 9/3	30/19				Co	mplete
			:	LO/1/19 - 12,	/31/19				Co	mplete
				1/1/20 - 3/3	31/20					
				4/1/20 - 6/3	30/20					
				7/1/20 - 9/3	30/20					
Physical Parameters (	PPS)						1	l rou	itine (RT)	per quarter
Sampling Point (Sam	pling Point ID)			Monitoring	Period	Collec	tion Pe	riod	Compli	ance Status
Select from Inventor	y of Active Sampling Points			7/1/19 - 9/3	30/19				Со	mplete
			-	10/1/19 - 12	/31/19				Со	mplete
				1/1/20 - 3/3	31/20					
				4/1/20 - 6/3						
				7/1/20 - 9/3						
Water System Facility:	ENTRY POINT (WSF ID	: 00700)								
Nitrate And Nitrite (N	-							1	routine (R	T) per year
Sampling Point (Sam	•			Monitoring	Period	Collec	tion Pe		-	ance Status
ENTRY POINT (3)				1/1/19 - 12/		conce		nou		mplete
ENTRY CINT (3)				1/1/20 - 12/						Inpiete
				1/1/20 - 12/ 1/1/21 - 12/						
	Motor Sustan					vonto				
Martan	Water Systen	n Facili	ity and Sar	npling Po	Sint in		-			
Water System Water System	Facility Sampli	ina Point	Sampling Poil	nt		Total Coliforn	Lead Cop			Stage
Facility ID		ID	Description			Rule			Asbestos	WQP 2 DBP
00600 DISTRIBUTION	SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Ŷ				-
		DR001	HAIR SALON K		A	Ŷ				
		DR001	HAIR SALON E	-	A	Ŷ				
		DR002	HAIR SHAMP		A	Ŷ				
		DR003	HAIR SHAMP		A	Ŷ				
		DR004	HAIR SHAMP		A	Y				
		DR005	HAIR SHAMP		A	Ŷ				
		DR007	ICE CREAM BA		A	Y				
		DR008	ICE CREAM TH		A	Ŷ				
			WITHIN 5 SER		A	I				
		TREAM	WITHIN 5 SER		A					
00700 ENTRY POINT			ENTRY POINT							
		3			A					
22555 WELL		2	WELL		A					

### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1610054 951 DANBURY ROAD NC 45 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 2 Towns Served: WILTON **Contact Information** Organization Name Job Title Ms. Barbara Heibeck Heibecks Stand Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 951 Danbury Rd Wilton СТ 06897 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 203-917-9313 203-417-5992 heibecks.stand@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

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

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

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

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

Connecticut De	partment of	f Public Health I	Drink	ing Wa	ater Se	ction
Water Qu	uality Monit	oring and Com	oliand	e Sche	edule	
PWS ID PWS Name		I	<b>`</b>			er Type Primary Sour
CT1610064 673 DANBURY ROAD			NC	2		P GW
Local Address (where applicable)		Service Residentia	al Comm	nercial In	dustrial	Combined Agricultu
		Connections	1	L		
Towns Served: WILTON						
	Monite	oring Requiremen	ts			
Water System Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compliance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9,				Complete
		10/1/19 - 1	2/31/19			Complete
		1/1/20 - 3,	/31/20			Complete
		4/1/20 - 6,	/30/20			
		7/1/20 - 9,	/30/20			
Physical Parameters (PPS)					1 rou	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compliance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9,	/30/19			Complete
		10/1/19 - 1	2/31/19			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)					
Nitrate And Nitrite (NOX)					11	routine (RT) per yea
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compliance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19			Complete
		1/1/20 - 12	2/31/20			Complete
		1/1/21 - 12				-
	Other C	ompliance Schedu	les			
Compliance Schedule Activity		Du	ie Date		Achieved L	Date
RESPOND TO SANITARY SURVEY		1/	4/2018			
Water	System Facili	ity and Sampling P	oint Ir	nventor	·у	
Water				Total	Lead and	
System Water System Facility		Sampling Point		Coliform	Copper	Stag
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DB
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y		
	673DR001	TRIPLE SINK	А	Y		
	673DR002	HAND WASH SINK	А	Y		
	673DR003	BATHROOM EMPLOYEE	А	Y		
	673DR004	SLOP SINK	А	Y		
	DOWNSTREAM	WITHIN 5 SERVICE CON	А			
	UPSTREAM	WITHIN 5 SERVICE CON	А			
00700 ENTRY POINT	3	ENTRY POINT	А			

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT1610064 673 DANBURY ROAD NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: WILTON **Contact Information** Organization Name Job Title Mr. Aaron D. Nachbar J. Findorak & Sons, Inc. Operator Mailing Address Line One Mailing Address Line Two State Zip Code City 36 Coley Road Wilton СТ 06897 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 203-762-5097 203-762-5121 203-943-1535 aaron@findorak.com Contact Role(s): Administrative Contact Job Title Name Organization 673 Danbury Rd LLC Mailing Address Line One Mailing Address Line Two State Zip Code City 36 Coley Rd Wilton 06897 CT **Business Phone** Extension Emergency Phone Email Address Fax **Mobile Phone** 203-943-1535 aaron@findorak.com 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.

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

	Connecticut De	•				0			tion	
PWS ID			onitoring a	iu con				-	Tune Du	imary Source
	PWS Name									
CT1610094	MERWIN MEADOWS TO		Service	Residen	N(	-	25 al Industri		L	GW
45 LOVERS L	ss (where applicable)		Connection			1	ai maustri		ompined	Agricultura
Towns Serve						T				
		5.4	onitoning Dec							
Water Syst	em Facility: <b>DISTRIBUTIO</b>		onitoring Rec WSF ID: 00600)	Juireme	nts	-	_	-		_
Total Colif	orm (3100)						1	1 routi	ine (RT) p	per quarter
Sampli	ng Point (Sampling Point ID)			Monitori	ing Perio	d Co	ollection Pe	riod	Complie	ance Status
Select f	rom Inventory of Active Sam	oling Points		7/1/19 -	9/30/19	Ð				
				7/1/20 -	9/30/20	)				
•	arameters (PPS)						1	1 rout		per quarter
	ng Point (Sampling Point ID)			Monitori			ollection Pe	eriod	Complie	ance Status
Select f	rom Inventory of Active Sam	oling Points		7/1/19 -						
				10/1/19 -						
				1/1/20 -						
				4/1/20 -						
				7/1/20 -	9/30/20	)				
	em Facility: ENTRY POIN	r (WSF ID: 0	0700)							
	d Nitrite (NOX)								-	T) per year
	ng Point (Sampling Point ID)			Monitori	-		ollection Pe	eriod		ance Status
ENTRY	POINT (3)			1/1/19 -					Co	mplete
				1/1/20 -						
				1/1/21 -		1				
		Oth	er Compliand	e Sched	lules					
Compliance	Schedule Activity				Due Dat	-	Achie	eved D	ate	
RESPOND TO	D SANITARY SURVEY			2	2/20/201	.9				
		Public	Notification	Require	ement	S				
			Compliance	Notice	<u>P</u>	ublic No	otification		PN Cert	i <u>fication</u>
Violation/Si	tuation		Period	Tier	Red	quired	Performe	d Du	e to DPH	Received
Total Colifor	m M&R Violation		7/1/19 - 9/30/19	3	12/1	0/2020		12,	/20/2020	
Physical Par	ameters M&R Violation		7/1/19 - 9/30/19	3	12/1	0/2020		12,	/20/2020	
	Wate	r System I	acility and Sa	ampling	Point	Inve	ntory			
Water						То	tal Lead	and		
	Vater System Facility		Point Sampling P	oint		-	form Cop			Stage
Facility ID		ID	Description		Stat	.us		Tier	Asbestos	WQP 2 DBP
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTIO				Y			
			REAM WITHIN 5 S							
		UPSTRE								
	NTRY POINT	3	ENTRY POIN	П	A					
22559 V	VELL	2	WELL		Α					
			Contact Info	rmation	1					
Name			Organization						Job Title	
Mr. Barring			Wilton Health	Departmer	nt		Director of	of Heal	th	
Mailing Add	ress Line One	Mailing A	ddress Line Two				City		State	Zip Code
238 Danbur		0					,			

	-	· · · · ·	- )	-	- 0 -			1-			-			
PWS ID	PWS Name							Cla	ssification	Population	Owne	er Type	Primary Sou	rce
CT1610094	MERWIN MEAD	OWS TOWN	PARK						NC	25		L	GW	
Local Address (w	here applicable)				Service	F	Residen	tial	Commerci	al Industri	ial C	Combine	d Agricultu	ral
45 LOVERS LANE					Connectio	ons			1					
Towns Served: W	/ILTON												1	
Business Phone	e Extension	Fax	N	lobil	e Phone	Eme	ergency	Phc	ne Email /	Address				
203-563-0174		203-563-	0148 20	03-2	16-8384				barring	gton.bogle@	wiltor	nct.org		
Contact Role(s):	Administrative	Contact	·											
Name				Or	ganization							Job Title	5	
Mr. Steve Pierce				Wi	lton Parks	And F	Rec			Director				
Mailing Address	Line One		Mailing Add	lress	Line Two					City		State	Zip Code	
180 School Road									Wilton	l		СТ	06897	
Business Phone	e Extension	Fax	N	lobil	e Phone	Eme	ergency	Phc	ne Email	Address				
203-834-6234									steve.	oierce@wilte	onct.o	rg		
Contact Role(s):	Legal Contact		·											
Please note the	following:													
1. The residual d	sinfectant concen	tration must b	e measured a	t the	same locati	ion an	d time a	is ead	ch total colif	orm 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

	Connecticut Department o Water Quality Moni	of Public Health Drinkin itoring and Compliance	0	ction
PWS ID CT1610134	PWS Name 713 DANBURY ROAD	<u> </u>		ner Type Primary Source P GW
Local Address (v	vhere applicable)	Service Residential Comme	rcial Industrial	Combined Agricultural
713 DANBURY R		Connections 1		
Towns Served: \	WILTON			
	Moni	toring Requirements		
Water System	Facility: DISTRIBUTION SYSTEM (WSF	<u> </u>		
Total Coliform		-	1 rou	tine (RT) per quarter
	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
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		
<b>Physical Para</b>	meters (PPS)		1 rou	tine (RT) per quarter
•	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
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 N	litrite (NOX)		1	routine (RT) per year
	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POI	NT (3)	1/1/19 - 12/31/19		Complete
		1/1/20 - 12/31/20		
		1/1/21 - 12/31/21		
Water System	Facility: WELL #1 (WSF ID: 22564)			
E. Coli (3014)	1		1 rou	tine (RT) per quarter
Sampling F	Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
WELL #1 (2	)	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	Monthly Water System Fac Facility: ENTRY POINT (WSFID: 00700)		ng Requireme	nts
Analyte	Monitoring Requirement (Sum			Samples Req/Month
pH	Entry Point pH Monitoring (PHF			4
Start Date:		, Compliance History	Operating Limit	Monitoring
			Operating Limit Compliance Status	-
		10/1/2019 - 10/31/2019		
		11/1/2019 - 11/30/2019		
		12/1/2019 - 12/31/2019		
		1/1/2020 - 1/31/2020		

	Connectic	ut Depa	rtment o	of Public I	lealth l	Drin	nking	Water S	Section	
	Wa	ter Oual	itv Mon	itoring an	d Com	olia	nce S	chedule	<u>)</u>	
PWS ID	PWS Name					L			) Wner Type P	rimary Source
CT1610134	713 DANBURY R	ROAD				N		25	P	GW
Local Address (wi	here applicable)			Service	Residentia	al Co	mmercia	I Industrial	Combined	Agricultura
713 DANBURY RO				Connections			1			
Towns Served: W	ILTON									
			Public No	otification I	Requiren	nent	ts			
				Compliance	Notice	P	Public No	tification	PN Cert	tification
Violation/Situati				Period	Tier		quired	Performed		Received
Total Coliform M				1/15 - 11/30/15			0/2016		1/20/2016	
Total Coliform M	&R Violation			1/15 - 12/31/15			8/2017		2/28/2017	
		Water Sy	stem Fac	ility and Sa	mpling F	Point		-		
Water	Custom English		ana lina Dair	t. Commission De	t		То			<i>c</i> .
System Water Facility ID	System Facility	5	ampling Poli ID	nt Sampling Po Description	INT		Colif tuc Ru		er ier Asbestos	Stage
		٨	4	DISTRIBUTIO		Sta	lus	lie Ruie I. (	iel Aspestos	WQF 2 DDFI
00600 DISTRI	BUTION SYSTEM	1	4 713DR001	TRIPLE SINK	IN STSTEIVI	A	-	-		
			713DR001 713DR002	HAND SINK		A		r Y		
		,		_		A	-	r		
		I		M WITHIN 5 SE		A				
			UPSTREAM	WITHIN 5 SE		A				
	POINT		3	ENTRY POIN		A				
			Z	WELL #1		A	•			
58073 TREAT	MENT PLANT		•							
				ntact Infor	mation					
Name				Organization					Job Title	
Mr. Aaron D. Na				J. Findorak & So	ons, Inc.			Operator		
Mailing Address I	-ine One		Mailing Addro	ess Line Two				City	State	Zip Code
36 Coley Road							Wilton		СТ	06897
Business Phone	e Extension	Fax		bile Phone E	mergency P	hone				
203-762-5097		203-762-5	121		203-943-15	535	aaron@	findorak.con	n	
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	
Mr. Gary Sachett				713 Danbury Ro	ad				<b>C</b> 1 <b>1</b>	7: 0
Mailing Address I	line One		Mailing Addro	ess Line Two				City	State	Zip Code
8057 Route 209	Eutonoion		N4-	hile Dhana - F			Ellenvill		NY	12428
Business Phone	e Extension	Fax			mergency P	none	Email A	aaress		
845-647-6941			845	-283-0784						
Contact Role(s):	<b>-</b>	Jwner								
Please note the f	-	tration much be		ho como la satistica	and time a -		atal calif-			
	sinfectant concent							rm sample.		
	Period is specified							odulo is subi	tto chance as	d any roleted
	results, additional e sent by the DW:									
				contact the Dr						

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

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End of schedule

	Connecticut D	•				0			ction	
	Water (	Juality Monit	oring an	d Con	nplian	ce Scł	nedul	e		
PWS ID	PWS Name				Classifica	tion Pop	oulation	Owi	ner Type P	rimary Sourc
CT1610144	THE LAKE CLUB, INC				NC		100		Р	GW
Local Address (	(where applicable)		Service	Residen	tial Com	mercial	Industria	al	Combined	Agricultura
165 THAYER PO	OND ROAD		Connections			1				
Towns Served:	WILTON			1						
		Monito	oring Requ	uireme	nts					
Water Systen	n Facility: DISTRIBUTI							_		
<b>Total Colifor</b>	m (3100)						1	rou	itine (RT)	per quarter
	Point (Sampling Point ID	)		Monitori	ng Period	Colle	ction Pe			iance Status
	m Inventory of Active San				9/30/19					omplete
	,				12/31/19	,				omplete
					3/31/20					
					6/30/20					
					9/30/20					
Physical Dar	ameters (PPS)			,, 1,20	5, 50, 20		1	rou	itine (PT)	per quarter
-	Point (Sampling Point ID	)		Monitori	ng Period	Colle	⊥ ction Per			iance Status
	m Inventory of Active San	•			9/30/19	cone		100		omplete
Sciectino	in inventory of Active Sun				12/31/19					omplete
					3/31/20					mpiete
					6/30/20					
					9/30/20					
Mator Systop	n Facility: ENTRY POIN	IT (M/SE ID: 00700)		//1/20-	9/30/20					
								_		
	Nitrite (NOX)				. Dented	<b>C</b> -11-			-	RT) per year
	Point (Sampling Point ID	)			ng Period	Colle	ction Pe	riod		iance Status
ENTRY PC	DINT (3)				12/31/19				Сс	omplete
					12/31/20					
					12/31/21					
		Other Co	ompliance	Sched	lules					
Compliance Sc	hedule Activity				Due Date		Achie	ved	Date	
RESPOND TO S	SANITARY SURVEY			12	2/19/2008	3				
RESPOND TO S	SANITARY SURVEY			7	/25/2014					
	Wate	er System Facili	ity and Sar	npling	Point I	nvent	ory			
Water						Total	Lead	and		
	ter System Facility	Sampling Point		nt		Colifori				Stage
Facility ID		ID	Description		Statu	s Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SEF	RVICE COM	N A					
		TLC001	RR LADY ROO	ML	А	Y			Y	
		TLC002	RR LADY ROO	MM	А	Y			Y	
		TLC003	RR LADY ROO	MR	А	Y			Y	
		TLC004	RR MENS RR	L	А	Y			Y	
		TLC005	RR MENS RR	R	А	Y			Y	
		TLC006	FIRST AID RO	ОМ	А	Y			Y	
		TLC007	SNACK BAR S		А	Y			Y	
		TLC008	GARAGE SLO		A	Ŷ			Ŷ	
		UPSTREAM	WITHIN 5 SER			•				
					. ^					

	Connectic	-						-				n	
	Wa	ter Qua	lity M	onit	coring a	nd Cor			1	1			
PWS ID	PWS Name						Class	ification	Ро	pulation		e Pi	rimary Source
CT1610144	THE LAKE CLUB,	INC						NC		100	Р		GW
	vhere applicable)				Service	Resider	ntial (	Commerci	ial	Industria	al Comb	ned	Agricultural
165 THAYER PO	ND ROAD				Connection	IS		1					
Towns Served: V	WILTON												
		Water Sy	ystem	Facili	ity and Sa	ampling	g Poi	nt Inve	ent	ory			
Facility ID	er System Facility		ID		Sampling P Description	1	S	Col tatus <sup>F</sup>	ota ifor Rule	т Сорр	per	stos	Stage WQP 2 DBPR
	RY POINT		3		ENTRY POIN	NT		A					
22564 WEL			2		WELL			A					
	SURE TANKS MAI DING	N											
				Con	tact Info	rmatior	า						
Name				0	rganization						Job T	itle	
Mr. Jack Shpun	t								ſ	Maintena	nce Directo	r	
Mailing Address	Line One		Mailing A	Addres	s Line Two					City	Stat	e	Zip Code
165 Thayer Pon	d Road							Wilton	1		СТ		06897
Business Phor	ne Extension	Fax		Mobi	ile Phone	Emergenc	y Phor	e Email /	Add	ress			
203-762-164	7	203-761-0	0054					jshpun	nt@	thelakecl	ub.org		
Contact Role(s):	Administrative	Contact											
Name				0	rganization						Job T	itle	
Lake Club Inc													
Mailing Address	Line One		Mailing A	Addres	s Line Two					City	Stat	е	Zip Code
The Lake Clubc/	O James Lewis, Pr	esident	120 Long	g Ridge	e Rd			Stamfo	ord		СТ		06902
Business Phor	e Extension	Fax		Mobi	ile Phone	Emergenc	y Phor	e Email /	Add	ress			
Contact Role(s):	Legal Contact, C	Dwner											
Please note the	following:												
1. The residual of	disinfectant concent	tration must b	e measure	ed at the	e same locatio	on and time	as each	total colif	orm	sample.			
2. If a Collection	Period is specified,	all water qua	lity sample	es must	be collected c	during the sp	pecified	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 De	partment of	<b>Public</b> H	lealth	D	rinki	ng V	Vater	Se	ection	
	Water Q	uality Monit	oring an	d Con	npl	liance	e Sc	hedul	le		
PWS ID	PWS Name	-			Cla	ssificatio	n Po	pulation	Ow	ner Type Pri	imary Source
CT1610174	THE WILTON RIDING CLU	IB, INC				NC		125		Р	GW
Local Addres	s (where applicable)		Service	Residen	itial	Comme	ercial	Industri	al	Combined	Agricultural
60 RIDING CL			Connections			4					
Towns Serve	d: WILTON										
		Monito	oring Requ	iireme	nts	5					
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)								
Total Colifo	orm (3100)								1 ro	utine (RT)	per month
Samplin	ng Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ection Pe	riod	Complia	ince Status
Select fr	rom Inventory of Active Samp	ling Points	:	10/1/19 -	- 10/	'31/19				Cor	nplete
				4/1/20 -	- 4/3	0/20	_				-
				5/1/20 -	- 5/3	1/20					
				6/1/20 -	- 6/3	0/20					
				7/1/20 -	- 7/3	1/20					
				8/1/20 -	- 8/3	1/20					
				9/1/20 -	9/3	0/20					
Physical Pa	rameters (PPS)								1 ro	utine (RT)	per month
Samplin	ng Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ection Pe	riod	Complic	ince Status
Select fr	rom Inventory of Active Samp	ling Points	:	10/1/19 -	- 10/	'31/19				Cor	nplete
				4/1/20 -	- 4/3	0/20					
				5/1/20 -	- 5/3	1/20					
				6/1/20 -	- 6/3	0/20					
				7/1/20 -	- 7/3	1/20					
				8/1/20 -	- 8/3	1/20					
				9/1/20 -	9/3	0/20					
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	d Nitrite (NOX)								1	routine (R <sup>-</sup>	T) per year
Samplin	ng Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ection Pe	riod	Complia	ince Status
ENTRY P	POINT (3)			1/1/19 -	12/3	31/19				Cor	nplete
				1/1/20 -	12/3	31/20					
				1/1/21 -	12/3	31/21					
		Other Co	ompliance	Sched	dule	es					
Compliance S	Schedule Activity		•			Date		Achie	ved	Date	
	FART UP COMPLETION			4	1/15	/2020					
		Public Not	ification R	equire	em	ents					
			ompliance	Notice			Noti	fication		PN Certi	fication
Violation/Sit	uation		Period	Tier		Require		Performe	d	Due to DPH	Received
E. Coli		9/1/	/19 - 9/30/19	3		12/30/20		0.9010		1/9/2021	neverieu
	Wate	r System Facili					_	orv			
Water				д.			Tota	-	and		
	ater System Facility	Sampling Point	Sampling Poi	nt		(	Colifor				Stage
Facility ID	,	ID	Description			Status	Rule			Asbestos	WQP 2 DBP
	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEN	1	A	Y				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER			А					
		WRC001	RR GARAGE			A	Y			Y	
							-				

		<u> </u>	0					
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1610174	THE WILTON RIDING	CLUB, INC			NC	125	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
60 RIDING CLUE	B ROAD		Connections		4			
Towns Served:	WILTON							

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 St Rule Tier Asbestos WQP 2	tage DBPR				
		WRC002	KIT SINK MAIN HOUSE	А	Y	Y					
		WRC003	RR MAIN HOUSE	А	Y	Y					
		WRC005	CLUB HOUSE KIT HS 1	А	Y						
		WRC006	CLUB HOUSE KIT HS 2	А	Y						
		WRC007	CLUB HSE KIT TRPL	А	Y						
		WRC008	CLUB HSE KIT SINGLE	А	Y						
		WRC009	CLUB HSE LADIES RR	А	Y						
		WRC010	CLUB HOUSE MENS RR	А	Y						
		WRC011	SNACK BAR SINK	А	Y						
00700 I	ENTRY POINT	3	ENTRY POINT	А							
22818	WELL 1	2	WELL1	А							
		Con	tact Information								

Name				Organizatior	า	Job Title			
Mr. Donald Hazzar	d			Wilton Ridin	ng Club, Inc.				
Mailing Address Lin	e One		Mailing A	ddress Line Two	1		City	State	Zip Code
60 Riding Club Road	d					Wilton		СТ	06897
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone				
203-762-9548		203-563-	9325			wiltonclu	ıb@gmail.com		

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

### Please note the following:

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

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

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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165 THAYER PO Towns Served: \			Connections	•		1					
Water System	Facility: DISTRIBUTION S		onitoring Requ WSF ID: 00600)	ireme	nts	_	_	_	_	_	_
Total Coliforn		•			_		_	1	rout	ine (RT) I	per quarter
	Point (Sampling Point ID)			Monitori	ng P	eriod	Colled	tion Peri			ance Status
Select from	n Inventory of Active Samplin	g Points		7/1/19 -	9/30	0/19				Со	mplete
				10/1/19 -	12/3	31/19			-	Co	mplete
				1/1/20 -	3/31	1/20					
				4/1/20 -	6/30	0/20					
				7/1/20 -	9/30	0/20					
Physical Para								1	rout	ine (RT) J	per quarter
	Point (Sampling Point ID)			Monitori	_		Collec	tion Peri	iod		ance Status
Select from	n Inventory of Active Samplin	g Points		7/1/19 -							mplete
				10/1/19 -						Со	mplete
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30	)/20					
	Facility: ENTRY POINT - I	PADDLE H	UT WELL (WSF ID:								
Nitrate And N	litrite (NOX)	PADDLE H		00701)		e side ed	<b>C</b> - 11 - 1				T) per year
Nitrate And N Sampling F	litrite (NOX) Point (Sampling Point ID)	PADDLE H		00701) Monitori	-		Collec	tion Peri		Complie	ance Status
Nitrate And N Sampling F	litrite (NOX)	PADDLE H		<b>00701)</b> <i>Monitori</i> 1/1/19 -	12/3	1/19	Collec	tion Peri		Complie	
Nitrate And N Sampling F	litrite (NOX) Point (Sampling Point ID)	PADDLE H		<b>00701)</b> <i>Monitori</i> 1/1/19 - 1/1/20 -	12/3 12/3	1/19 1/20	Collec	tion Peri		Complie	ance Status
Nitrate And N Sampling F	litrite (NOX) Point (Sampling Point ID)			<b>00701)</b> <i>Monitori</i> 1/1/19 - 1/1/20 - 1/1/21 -	12/3 12/3 12/3	1/19 1/20 1/21	Collec	tion Peri		Complie	ance Status
Nitrate And N Sampling F EP - PADDL	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3)			00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched	12/3 12/3 12/3 12/3	1/19 1/20 1/21 <b>:S</b>	Collec		iod	Complia Co	ance Status
Nitrate And N Sampling F EP - PADDL	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Dedule Activity			00701) Monitori 1/1/19 - 1/1/20 - 1/1/21 - Sched	12/3 12/3 12/3 12/3 I <b>ule</b>	1/19 1/20 1/21 S Date	Collec	tion Peri	iod	Complia Co	ance Status
Nitrate And N Sampling F EP - PADDL	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3)	Oth	er Compliance	00701) <i>Monitorii</i> 1/1/19 - 1/1/20 - 1/1/21 - <b>Sched</b> 1 7	12/3 12/3 12/3 I <b>ule</b> Due I	1/19 1/20 1/21 S Date 2019	Collec		iod	Complia Co	ance Status
Nitrate And N Sampling F EP - PADDL	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Dedule Activity	Oth		00701) <i>Monitorii</i> 1/1/19 - 1/1/20 - 1/1/21 - <b>Sched</b> 1 7	12/3 12/3 12/3 I <b>ule</b> Due I	1/19 1/20 1/21 S Date 2019	Collec		iod	Complia Co	ance Status
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA	litrite (NOX) Point (Sampling Point ID) E HUT WELL (3) Redule Activity	Oth	er Compliance Notification R Compliance	00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched I 7 equire Notice	12/3 12/3 12/3 lule Due l /10/	1/19 1/20 1/21 S Date 2019 ents <u>Public I</u>	Notifi	Achiev cation	iod ved D	Complia Co Pate	ification
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Dedule Activity ANITARY SURVEY	Oth	er Compliance Notification R Compliance Period	00701) Monitori 1/1/19 - 1/1/20 - 1/1/21 - Sched I 7 equire Notice Tier	12/3 12/3 12/3 12/3 Iule Due I 7/10/	1/19 1/20 1/21 S Date 2019 ents <u>Public I</u> Required	Notifi	Achiev	iod ved D I Du	Complia Co Pate <u>PN Cert</u> re to DPH	ance Status mplete
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situar Total Coliform N	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) MITARY SURVEY	Oth	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05	00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched I Require Notice Tier 2	12/3 12/3 12/3 12/3 Iule Due I 7/10/ eme	1/19 1/20 1/21 S Date 2019 ents Public I Required 10/8/2009	Notifi Pe	Achiev cation	iod ved D l Du 10,	Complia Co Pate <u>PN Cert</u> re to DPH /18/2005	ification
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situa Total Coliform N Total Coliform N	litrite (NOX) Point (Sampling Point ID) E HUT WELL (3) edule Activity NITARY SURVEY tion MCL Violation M&R Violation	Oth	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05 9/1/05 - 9/30/05	00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched 7 equire Notice Tier 2 2	12/3 12/3 12/3 12/3 12/3 12/3 12/3 12/3	1/19 1/20 1/21 S Date 2019 ents <u>Public I</u> Required 10/8/2009	Notifi Pe	Achiev cation	iod ved D 10, 2/	Complia Co ate <u>PN Cert</u> te to DPH /18/2005 /26/2006	ification
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Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situar Total Coliform N Total Coliform N Total Coliform N Total Coliform N	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Pedule Activity NITARY SURVEY NITARY SURVEY tion MCL Violation MCL Violation MCL Violation MCL Violation	Oth	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05 9/1/05 - 9/30/05 9/1/05 - 9/30/05 4/1/14 - 6/30/14 10/1/14 - 12/31/14 9/1/15 - 9/30/15	00701) Monitori 1/1/19 - 1/1/20 - 1/1/21 - Sched 7 equire Notice Tier 2 2 2 2 2 2	12/3 12/3 12/3 12/3 12/3 12/3 12/3 12/3	1/19 1/20 1/21 S Date 2019 ents <u>Public I</u> Required 10/8/2009 2/16/2004 1/30/201 0/28/201	Notifi Pe 5 1 4 5	Achiev cation	iod ved D 10, 2/, 8, 12, 11	Complia Co Pate PN Cert ie to DPH /18/2005 (26/2006 /5/2014 /10/2014 1/7/2015	ification
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situar Total Coliform N Total Coliform N Total Coliform N Total Coliform N	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Medule Activity NITARY SURVEY tion MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation	Oth	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05 9/1/05 - 9/30/05 9/1/05 - 9/30/05 4/1/14 - 6/30/14 10/1/14 - 12/31/14 9/1/15 - 9/30/15 10/1/15 - 10/31/15	00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched I 7 equire Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2	12/3 12/3 12/3 12/3 12/3 12/3 12/3 12/3	1/19 1/20 1/21 S Date 2019 ents Public I Required 10/8/2009 2/16/2009 7/26/2014 1/30/201 0/28/201 1/25/201	Notifia Pe 5 5 4 5 5 5	Achiev cation erformed	iod ved D 10, 2/, 8, 12, 11	Complia Co Pate PN Cert te to DPH /18/2005 /26/2006 /5/2014 /10/2014	ification
Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situar Total Coliform N Total Coliform N Total Coliform N Total Coliform N Total Coliform N	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) Medule Activity NITARY SURVEY tion MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation MCL Violation	Oth	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05 9/1/05 - 9/30/05 9/1/05 - 9/30/05 4/1/14 - 6/30/14 10/1/14 - 12/31/14 9/1/15 - 9/30/15	00701) Monitorii 1/1/19 - 1/1/20 - 1/1/21 - Sched I 7 equire Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2	12/3 12/3 12/3 12/3 12/3 12/3 12/3 12/3	1/19 1/20 1/21 S Date 2019 ents Public I Required 10/8/2009 2/16/2009 2/16/2009 1/26/2014 1/30/201 0/28/201 1/25/201 int Inve	Notifi Pe 5 5 4 5 5 5 8 ente	Achiev cation erformed	ved D 1 Du 10, 2/ 8, 12, 11 12	Complia Co Pate PN Cert ie to DPH /18/2005 (26/2006 /5/2014 /10/2014 1/7/2015	ification
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Nitrate And N Sampling F EP - PADDL Compliance Sch RESPOND TO SA Violation/Situar Total Coliform N Total Coliform N	litrite (NOX) Point (Sampling Point ID) LE HUT WELL (3) redule Activity NITARY SURVEY tion MCL Violation MCL Violation	Oth Public	er Compliance Notification R Compliance Period 7/1/05 - 9/30/05 9/1/05 - 9/30/05 4/1/14 - 6/30/14 10/1/14 - 12/31/14 9/1/15 - 9/30/15 10/1/15 - 10/31/15 acility and Sar	00701) Monitori 1/1/19 - 1/1/20 - 1/1/21 - Sched 7 equire Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2 2	12/3 12/3 12/3 12/3 12/3 12/3 12/3 12/3	1/19 1/20 1/21 20 2019 2019 2019 2019 2019 2019 2019	Notifia Pe 5 5 4 5 5 5 7 6 7 7 7 7 7 7 7 7	Achiev cation erformed	red D red D 1 Du 10, 2/ 8, 12, 11 12 and er	Complia Co Co ate PN Cert te to DPH /18/2005 /26/2006 /5/2014 /10/2014 1/7/2015 2/5/2015	ance Status mplete ification Received

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#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT1610214 THE LAKE CLUB - PADDLE HUT (WELL 2) NC 27 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 165 THAYER POND ROAD 1 Towns Served: WILTON Water System Facility and Sampling Point Inventory Total Water Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status LCPH002 **RR 1ST FLOOR** Υ Y Α LCPH003 **RR 2ND FLOOR** Δ Υ γ UPSTREAM WITHIN 5 SERVICE CON A 00701 **ENTRY POINT - PADDLE HUT** 3 **EP - PADDLE HUT WELL** A WFII 56184 PADDLE TENNIS HUT WELL 2 PADDLE HUT WELL Δ **Contact Information** Job Title Name Organization Maintenance Director Mr. Jack Shpunt Mailing Address Line One Mailing Address Line Two State Zip Code City 165 Thayer Pond Road Wilton CT 06897 **Business Phone** Extension Email Address Fax Mobile Phone **Emergency Phone** 203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two State City Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902 Extension **Business Phone** Fax **Mobile Phone** Emergency Phone Email Address 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

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PW/S ID PW/S Name

PWS ID	PWS Name				Classificat	ion Po		Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CEN	TER INC			NC		25	Р	GW
Local Address (	where applicable)		Service	Residen	tial Comn	nercial	Industrial	Combine	d Agricultura
54 DEER RUN R	OAD		Connections			2			
Towns Served:	WILTON								
		Monite	oring Requ	uireme	nts				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSFI	D: 00600)						
Total Colifor	m (3100)						1 r	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Perio	od Comp	liance Status
Select from	m Inventory of Active Sampli	ng Points		7/1/19 -	9/30/19			C	omplete
				10/1/19 -	12/31/19			C	omplete
				1/1/20 -	3/31/20			C	omplete
<u> </u>				4/1/20 -	6/30/20				
				7/1/20 -	9/30/20				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)				ng Period	Colle	ction Perio		liance Status
Select from	m Inventory of Active Samplin	ng Points			9/30/19				omplete
					12/31/19				omplete
					3/31/20			C	omplete
					6/30/20				
				7/1/20 -	9/30/20				
	Facility: ENTRY POINT	WSF ID: 00700)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)				ng Period	Colle	ction Perio	-	liance Status
ENTRY PO	INT (3)				12/31/19				omplete
				1/1/20 -	12/31/20			C	omplete
				4 14 104	10/04/04				•
				1/1/21 -	12/31/21				
	Facility: WELL (WSF ID:	54919)		1/1/21 -	12/31/21				
E. Coli (3014	)	54919)						• •	per quarter
E. Coli (3014 Sampling	· · · · ·	54919)		Monitori	ng Period	Colle	1 r action Perio	od Comp	liance Status
E. Coli (3014	)	54919)		<i>Monitori</i> 7/1/19 -	<b>ng Period</b> 9/30/19	Colle		od Comp C	<i>liance Status</i> omplete
E. Coli (3014 Sampling	)	54919)		<i>Monitori</i> 7/1/19 - 10/1/19 -	ng Period 9/30/19 12/31/19	Colle		od Comp C	liance Status omplete omplete
E. Coli (3014 Sampling	)	54919)		<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 -	ng Period 9/30/19 12/31/19 3/31/20	Colle		od Comp C	<i>liance Status</i> omplete
E. Coli (3014 Sampling	)	54919)		<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20	Colle		od Comp C	liance Status omplete omplete
E. Coli (3014 Sampling	) Point (Sampling Point ID)			<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		ection Perio	od Comp C	liance Status omplete omplete
E. Coli (3014 Sampling WELL (2)	) Point (Sampling Point ID)	54919) System Facili		<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 -	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nvent	ory	od Comp CC CC	liance Status omplete omplete
E. Coli (3014 Sampling WELL (2)	) Point (Sampling Point ID)	System Facili	ity and Sai	<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - <b>mpling</b>	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nvent Total	ory Lead a	od Comp CC CC	liance Status omplete omplete
E. Coli (3014 Sampling WELL (2)	) Point (Sampling Point ID)		ity and Sai	<i>Monitori</i> 7/1/19 - 10/1/19 - 1/1/20 - 4/1/20 - 7/1/20 - <b>mpling</b>	ng Period 9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	nvent Total Colifor	ory Lead a Coppe	od Comp CC CC	liance Status omplete omplete

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

**RR OFFICE 1** 

**RR OFFICE 2** 

DOWNSTREAM WITHIN 5 SERVICE CON

WITHIN 5 SERVICE CON

NATURE CTR HAND SINK

**RR NATURE CTR 1** 

**RR NATURE CTR 2** 

UPSTREAM

WNC001

WNC002

WNC003

WNC004

WNC005

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PWS ID	PWS Name					Classif	ication	Population	owne	er Type	Primary Source
CT1615144	WOODCOCK NA	TURE CENTE	R INC			N	IC	25	I	Р	GW
Local Address (	where applicable)			Service	Resider	ntial Co	mmercia	I Industr	ial C	Combine	ed Agricultural
54 DEER RUN R	ROAD			Connection	S		2				
Towns Served:	WILTON							·			
		Water S	ystem Facili	ity and Sa	ampling	g Poin	t Invei	ntory			
Water							То	tal Lead	and		
System Wat	ter System Facility		Sampling Point		oint		Colif	<sup>f</sup> orm Cop	oper		Stage
Facility ID			ID	Description		Sta	itus Ri	ile Rule	: Tier /	Asbesto	os WQP 2 DBPR
			WNC006	KIT SNK OFF	ICE		۹ Y	Y		Y	
00700 ENT	RY POINT		3	ENTRY POIN	IT		4				
54919 WEI	L		2	WELL		1	4				
	ICATIONAL CENTER ATMENT PLANT	2									
61336 OFF	ICE TREATMENT P	LANT									
			Con	tact Info	rmatior	า					
Name			01	rganization					J	Job Title	5
Mr. Michael Ru	ubbo		W	oodcock Nat	ure Centei	r		Executive	e Direct	tor	
Mailing Addres	s Line One		Mailing Address	s Line Two				City		State	Zip Code
56 Deer Run Ro	bad						Wilton			СТ	06897
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	ddress			
203-762-728	30						mrubbo	@woodco	ocknatu	irecente	er.org
Contact Role(s)	: Legal Contact										
Name			Oı	rganization					J	Job Title	<u>5</u>
Ms. Lenore Egg	gleston Herbst		W	oodcock Nat	ure Centei	r		Executive	e Direct	tor	
Mailing Addres	s Line One		Mailing Address	s Line Two				City		State	Zip Code
56 Deer Run Ro	k						Wilton			СТ	06897
Business Pho	ne Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	ddress			
203-762-728	30						lenore@	@woodcoc	knature	ecenter.	.org
Contact Role(s)	: Administrative	Contact									
Please note the	e following:										
	disinfectant concent							rm sample.			
	n Period is specified,							a duda ta aut			and an exclusion
	IC CONTRACTORS STUDIES	monitoring m	av no rominon li d	- reneat or co	nurmation	JUDIOCI	I DIC CON			mange 1	and any related

ditional monitoring may be required (i.e. repeat or confirmation samp 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

	Сс		-	artment o				0			ection	
	1		ter Qua	ality Moni	toring an	d Con					1	
PWS ID		S Name								on Ow		rimary Source
CT1615154		NNONDALE R		TATION			N		25		S	GW
		e applicable)			Service	Residen	tial Co	mmercial	Indus	strial	Combined	Agricultura
22 CANNO					Connections			1				
Towns Serv	ved: WILT	ON										
					toring Requ	uireme	nts					
				SYSTEM (WSF	ID: 00600)							
Total Col	-	-										per quarter
-	-	(Sampling P				Monitori	-		llection	Period	Compl	ance Status
Select	t from Inv	entory of Act	ive Samplin	g Points		7/1/19 - 9/30/19						
						10/1/19 -						
						1/1/20 -					Co	mplete
						4/1/20 -						
						7/1/20 -	9/30/2	0				
-		ers (PPS)										per quarter
-	_	(Sampling P				Monitori	-		llection	Period		ance Status
Select	t from Inv	entory of Act	ive Samplin	g Points		7/1/19 -						mplete
						10/1/19 -						mplete
						1/1/20 -					Co	mplete
						4/1/20 -						
						7/1/20 -	9/30/2	0				
Water Sys	stem Faci	lity: ENTR	Y POINT (	WSF ID: 00700	)							
Nitrate A										1	-	RT) per year
		(Sampling P	Point ID)			Monitori	-		llection	Period	-	ance Status
ENTR	Y POINT (3	3)				1/1/19 -						mplete
						1/1/20 -					Co	mplete
						1/1/21 -		21				
				Other (	Compliance	Sched	ules					
Complianc	ce Schedul	e Activity					Due Dat	te	Ac	hieved	Date	
CROSS CO	NNECTION	I SURVEY REF	PORT				3/1/202	22				
			Water 9	System Faci	lity and Sai	npling	Point	t Inver	torv			
Water						. 3		Tot	-	ad and		
System	Water Sy	stem Facility	,	Sampling Poin	t Sampling Poi	nt		Colife		opper		Stage
Facility ID				ID	Description		Sta	itus Ru	le Ri	ule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBU	TION SYSTEM	1	4	DISTRIBUTIO	N	A					
				DOWNSTREAM	1 WITHIN 5 SEF		N A	4				
				UPSTREAM	WITHIN 5 SEF		N A	4				
00700	ENTRY PC	DINT		3	ENTRY POINT		A	4				
55571	PRESSUR	E TANK										
55573	WELL #1			2	WELL #1		A	4				
				Co	ntact Infori	nation						
Name					Drganization						Job Title	
Mr. Eugen	e J. Colon	ese			T DOT - Office of	of Rail			Rail Ad	ministr		
Mailing Ad				Mailing Addre					City		State	Zip Code
		enue, 4Th Flo	or West.				New Ha			СТ	06519	
Business		Extension	Fax	K Mot	bile Phone Ei	mergency	Phone		-			-
						/						

		vor 2 m	in cy i					-P-		00110010				1
PWS ID	PWS Name							Cla	ssification	Population	ו Ow	vner Type	Primary	Source
CT1615154	CANNONDALE F	AILROAD ST	ATION						NC	25		S	G۱	N
Local Address (w	here applicable)				Service		Residen	tial	Commerc	ial Indust	rial	Combine	d Agri	cultural
22 CANNON ROA	٩D				Connectio	ons			1					
Towns Served: V	-								· · · ·					
203-497-3344				8	360-594-	290	0 eugen	e.colonese	@ct.ŧ	gov				
Contact Role(s):	Administrative													
Name				C	rganization							Job Title	5	
Mr. Joseph F. M	arie			D	epartment o	of Tr	ansport	atior	า	Commiss	sione	er		
Mailing Address	Line One		Mailin	g Addres	ss Line Two					City		State	Zip C	ode
P. O. Box 317546	5		2800 B	Berlin Tu	in Turnpike				Newin	gton		СТ	061	.31
Business Phon	e Extension	Fax		Mob	obile Phone Emergency Phone Er			one Email	Email Address					
860-594-3000	)								JOSEP	H.MARIE@I	20.S	TATE.CT.U	SA	
Contact Role(s):	Legal Contact								·					
Please note the	following:													
1. The residual d	isinfectant concen	tration must l	pe measu	ured at th	e same locati	ion a	nd time a	as ead	ch total colif	orm sample				
2. If a Collection	Period is specified	, all water qua	ality sam	ples must	t be collected	duri	ng the sp	ecifie	ed period.					
	results, additional ce sent by the DW	-									-	- · ·		elated

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 CT1615184 WEIR FARM NATIONAL HISTORIC SITE NC 43 F GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 735 NOD HILL ROAD 2 Towns Served: WILTON **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) Monitorina 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 Complete 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 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 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Water System Facility: WELL 2 (WSF ID: 60831) 1 routine (RT) per quarter E. Coli (3014) Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** 7/1/19 - 9/30/19 WELL 2 (2) 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 and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility System Coliform Stage Copper ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM 00600 Δ Α DOWNSTREAM WITHIN 5 SERVICE CON A

WITHIN 5 SERVICE CON **UPSTREAM** Α WF001 KIT SNK Y Α γ WF002 **RR GENERIC RR** Α Υ Y WF003 **BASEMENT SLOP SINK** A γ γ 3 ENTRY POINT 00700 ENTRY POINT А 2 WELL 2 60831 WELL 2 Α

(	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	iance S	Sch	edul	e			
PWS ID	WS Name					Clas	sification	Рори	ulation	Owr	ner Type	Primary	y Source
CT1615184	VEIR FARM NA	FIONAL HIST	ORIC SITE				NC		43		F	G	W
Local Address (wh	ere applicable)			Service	Resider	ntial	Commerci	al I	Industria	ial Combine		d Agr	icultural
735 NOD HILL RO	AD			Connection	ıs		2						
Towns Served: W	ILTON												
		Water S	ystem Facili	ity and Sa	ampling	; Po	int Inve	nto	ory				
Facility ID         ID         Description         Status         Rule         Rule Tier         Asbestos         WQP 2 Description											Stage 2 DBPR		
60833 WEIR I	ARM TREATME	NT PLANT											
			Con	tact Info	rmatior	1							
Name			O	rganization							Job Title		
Dr. Kevin Monthi	e		Na	ational Park	Service								
Mailing Address L	ine One		Mailing Addres	s Line Two				C	City		State	Zip (	Code
735 Nod Hill Rd							Wilton				СТ	06	897
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	ne Email A	Addre	ess				
203-834-1896					203-648	-2796	6 kevin_	mont	thie@n	os.go	ov.		
Contact Role(s):	Administrative	Contact, Leg	al Contact										
2. If a Collection F	infectant concent reriod is specified,	, all water qua	e measured at the lity samples must	be collected o	during the sp	ecifie	d period.						
	· · · · · · · · · · · · · · · · · · ·	0	ay be required (i.e				,				<b>U</b> ,		related

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