

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0181222	SHELL FACILITY			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
819 FEDERAL ROAD				1				

Towns Served: BROOKFIELD

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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			

*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	
CT0181222	SHELL FACILITY			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
819 FEDERAL ROAD				1				
Towns Served: BROOKFIELD								

### 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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SF001	TRIPLE SINK	A	Y		Y	
		SF002	RR GENERIC RR	A	Y		Y	
		SF003	FRONT HAND SINK	A	Y		Y	
		SF004	RR OUTSIDE	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20069	WELL	2	WELL	A				
47481	TREATMENT PLANT							

### Contact Information

Name				Organization		Job Title			
Mr. Joseph McCormick				Chestnut Petroleum Distributor		Ehs Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
536 Main Street						New Paltz		NY	12561
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
845-256-0162						845-256-5020	jmccormick@cpdgroup.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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

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

**End of schedule**

**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	
CT0189323	THE WHITE HOUSE			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
499 FEDERAL ROAD			Connections	1				
Towns Served: BROOKFIELD								

### 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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>
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	

### 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				
22839	WELL	2	WELL	A				

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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
CT0189323	THE WHITE HOUSE			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
499 FEDERAL ROAD			1				

Towns Served: BROOKFIELD

### Contact Information

Name				Organization			Job Title		
Mr. Gary M. Venancio				L.O.R. Management, LLC			Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
116A East Pembroke Road						Danbury		CT	06811
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-482-5877							venanciogary@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

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

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

***End of schedule***

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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	
CT0180144	BROOKFIELD LIBRARY			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
182 WHISCONIER ROAD (ROUTE 25)			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2017	
CROSS CONNECTION EXEMPTION	3/1/2025	
RESPOND TO SANITARY SURVEY	1/10/2026	

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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	
CT0180144	BROOKFIELD LIBRARY			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
182 WHISCONIER ROAD (ROUTE 25)			Connections		1			
Towns Served: BROOKFIELD								

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20319	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Mr. Ralph Tedesco				Town of Brookfield			Director of Public		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
100 Pocono Road			P O Box 5106			Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	
203-775-7318			203-775-1804				203-948-1468	rtedesco@brookfieldct.gov	

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

Name				Organization			Job Title		
Mr. William Tinsley				Brookfield			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
100 Pocono Road			P.O. Box 5106			Brookfield		CT	06804-5106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-775-7300		203-775-5316			btinsley@brookfieldct.gov				

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

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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

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

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

***End of schedule***

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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	
CT0180164	TOWN OF BROOKFIELD - CADIGAN PARK			NC	25	L	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
465 CANDLEWOOD LAKE RD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/4/2017	
RESPOND TO SANITARY SURVEY	3/18/2023	

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20321	WELL	2	WELL	A				

### Contact Information

Name	Organization	Job Title		
Dr. Raymond Sullivan	Brookfield Health Department	Director of Health		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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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>CT0180164</b>	<b>TOWN OF BROOKFIELD - CADIGAN PARK</b>	<b>NC</b>	<b>25</b>	<b>L</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
465 CANDLEWOOD LAKE RD			1		
Towns Served: BROOKFIELD					
100 Pocono Road		P.O. Box 5106		Brookfield	CT 06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-7315		203-740-7677			rsullivan@brookfieldct.gov
Contact Role(s): <b>Legal Contact</b>					
Name			Organization		Job Title
<b>Ms. Laura Murphy</b>			Town of Brookfield		Dir. of Parks & Rec.
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
162 Whisconier Rd				Brookfield	CT 06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-7310	7835	203-775-5244	203-313-0123	203-313-0123	LMurphy@brookfieldct.gov
Contact Role(s): <b>Administrative 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

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

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

***End of schedule***

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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
CT0180204	CANDLEWOOD INN			NC	75	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
506 CANDLEWOOD LAKE ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/9/2023	

### 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	Y			
		CI001	KIT SNK DISH WASH	A	Y		Y	
		CI002	KIT HAND SNK	A	Y		Y	
		CI003	KIT SNK TRPL SNK	A	Y		Y	
		CI004	KIT SNK SINGLE	A	Y		Y	
		CI005	SERVERS STATION	A	Y		Y	
		CI006	BAR SINK	A	Y		Y	
		CI007	RR LADY ROOM R	A	Y		Y	
		CI008	RR LADY ROOM L	A	Y		Y	
		CI009	RR LADY ROOM M	A	Y		Y	
		CI010	RR MENS RR L	A	Y		Y	
		CI011	RR MENS RR R	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				

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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	
CT0180204	CANDLEWOOD INN			NC	75	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
506 CANDLEWOOD LAKE ROAD			Connections		1			
Towns Served: BROOKFIELD								

### 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
00700	ENTRY POINT	3	ENTRY POINT	A				
20324	WELL	2	WELL	A				
54128	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title		
<b>Mr. Simon T. Curtis</b>						Cfo		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
506 Candlewood Lake Rd						Brookfield	CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-775-4442		203-775-4623		203-770-3762	sc@westnav.com			

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

Name			Organization			Job Title		
<b>Lake View Properties LLC</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
506 Candlewood Lake Rd						Brookfield	CT	06804
Business Phone	Extension	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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

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

***End of schedule***

**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
CT0180264	1106 FEDERAL ROAD			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1106 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	
RESPOND TO SANITARY SURVEY	1/8/2026	
RESPOND TO SANITARY SURVEY	1/8/2026	

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20329	WELL	2	WELL	A				

### Contact Information

Name		Organization			Job Title		
Mr. Fabio Figueiredo					Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
139 Ethan Allen Highway					Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-544-0333			203-994-4039		fabio@lapietramarble.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
CT0180264	1106 FEDERAL ROAD			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1106 FEDERAL ROAD				1			

Towns Served: BROOKFIELD

Contact Role(s): **Administrative 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

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

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

***End of schedule***

***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	
CT0180374	GOLDEN LEAF CHINESE RESTAURANT			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1024 FEDERAL ROAD			Connections		1			
Towns Served: BROOKFIELD								

### 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	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	4/5/2020	
RESPOND TO SANITARY SURVEY	2/4/2026	

### 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>
Total Coliform M&R Violation	4/1/25 - 6/30/25	3	11/12/2026		11/22/2026	
Physical Parameters M&R Violation	4/1/25 - 6/30/25	3	11/12/2026		11/22/2026	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	

### 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				
		GLR001	KIT HAND SNK	A	Y		Y	
		GLR002	KIT SNK SINGLE	A	Y		Y	
		GLR003	KIT SNK DOUBLE	A	Y		Y	
		GLR004	RR MENS RR	A	Y		Y	

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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
CT0180374	GOLDEN LEAF CHINESE RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1024 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

### 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
		GLR005	RR LADY ROOM	A	Y		Y	
		GLR006	BAR SINK	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20338	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title			
Mr. Kwok Lun Lee							Owner			
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
1024 Federal Road							Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone		Email Address	
203-775-4597			203-775-4598						the_goldenleaf@yahoo.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

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

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

**End of schedule**

**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
CT0180414	616 FEDERAL ROAD			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
616 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HM001	RR GENERIC RR	A	Y		Y	
		HM002	KIT SNK TRPL SNK	A	Y		Y	
		HM003	KIT HAND SNK	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20341	WELL	2	WELL	A				

### Contact Information

Name				Organization		Job Title			
Mr. Frank Galizia				Gr6, LLC		Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
10 Mill Farm Lane						Brewster		NY	10509
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
845-279-3040			845-279-3037			914-672-7278	FG@eagleind.net		
Contact Role(s): Administrative Contact, Owner									

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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
CT0180414	616 FEDERAL ROAD			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
616 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

Towns Served: BROOKFIELD

**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

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

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

***End of schedule***

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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
CT0180454	ALL-STAR TRANSPORTATION			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
25 OLD GRAYS BRIDGE		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25			
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

Physical Parameters (PPS)		1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25			
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

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

Nitrate And Nitrite (NOX)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete	
	10/1/25 - 12/31/25		Complete	
	1/1/26 - 3/31/26			
	4/1/26 - 6/30/26			

### 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	Y			

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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
CT0180454	ALL-STAR TRANSPORTATION			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
25 OLD GRAYS BRIDGE				1			

Towns Served: BROOKFIELD

### 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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20344	WELL	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Ms. Debra Jones				All-Star Transportation			Contract Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
25 Old Grays Bridge						Brookfield		CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-775-1545					DEBRA.JONES@ALL-STARTRANSPORTATION.CO				

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

Name				Organization			Job Title		
Ms. Leslie Sheldon				All-Star Transportation			Corp Ops Mngr		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
146 Huntingdonave						Waterbury		CT	06708
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-573-0555							info@ALL-STARTRANSPORTATION.COM		

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

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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

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

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

***End of schedule***

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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	
CT0180464	LAUREL HILL COMPLEX			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
940 FEDERAL ROAD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL (WSF ID: 20345)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete

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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	
CT0180464	LAUREL HILL COMPLEX			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
940 FEDERAL ROAD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 20345)

#### E. Coli (3014)

1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CONSULT WITH THE DEPARTMENT	8/25/2025	
ADDRESS CONTAMINATION	11/23/2025	

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NF1CAF	NORTH FLOOR 1 CAFÉ	A	Y			
		NF1LOB	NORTH FLOOR 1 BATH	A	Y			
		NF1STAF	N FLOOR 1 STAFF BATH	A	Y			
		NF2CAF	N FLOOR 2 CAFÉ	A	Y			
		NF2LOB	N FLOOR 2 LOBBY BATH	A	Y			
		NF2STAF	N FLOOR STAFF BATH	A	Y			
		SCAF	S CAFÉ	A	Y			
		SMB	S MACHINE BATH	A	Y			
		SMRA	S MENS BATH A	A	Y			
		SMRB	S MENS BATH B	A	Y			
		SWBL	S WAREHS BATH L	A	Y			
		SWBR	DISTRIBUTION SYSTEM	A	Y			
		SWR	S WOMENS BATH	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20345	WELL	2	WELL	A				
61820	TREATMENT PLANT							

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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
CT0180464	LAUREL HILL COMPLEX			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
940 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Contact Information

Name				Organization			Job Title		
Mr. Alan Weiner				Brook North Investments, LLC			Member		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
458 Danbury Road, Ste A-7						New Milford		CT	06776
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
				203-512-5957		203-512-5958	alan00075@yahoo.com		

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

Name				Organization			Job Title		
Mr. Keith Weiner				Brooknorth/Phoenix					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
458 Danbury Road, Ste A-7						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-512-5958					Keithfweiner@gmail.com				

Contact Role(s): **Administrative 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

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

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

***End of schedule***

**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
CT0180624	EXTRA SPACE STORAGE			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
578 FEDERAL ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		ESS001	KIT SNK APARTMENT	A	Y		Y	
		ESS002	RR APARTMENT	A	Y		Y	
		ESS003	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20360	WELL	2	WELL	A				

### Contact Information

Name		Organization		Job Title	
Mr. David Rasmussen		Storage Portfolio Ii Subsidiar		Manager	
Mailing Address Line One		Mailing Address Line Two		City	State Zip Code
Storage Portfolio Ii Subsidiary LLC		2795 E Cottonwood Pkwy Ste 400		Salt Lake City	UT 84121
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
801-562-5556					

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

*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>CT0180624</b>	<b>EXTRA SPACE STORAGE</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
578 FEDERAL ROAD			1		
Towns Served: BROOKFIELD					
Name		Organization		Job Title	
<b>Mr. Mark Demattia</b>		Extra Space Storage		Store Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
578 Federal Road				Brookfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-4823					fac0568@extraspace.com
Contact Role(s): <b>Administrative 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

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

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

***End of schedule***

**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	
CT0180644	ST. PAULS CHURCH				NC	25	P	GW	
Local Address (where applicable)				Service	Residential	Commercial	Industrial	Combined	Agricultural
174 WHISCONIER ROAD				Connections		1			
Towns Served: BROOKFIELD									

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.85 MG/L	Daily	
Start Date: 12/1/2024	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025	Y		
	9/1/2025 - 9/30/2025	Y		
	10/1/2025 - 10/31/2025	Y		
	11/1/2025 - 11/30/2025	Y		
	12/1/2025 - 12/31/2025	Y		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

Water System	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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SPC001	KIT SINK ISLAND 1	A	Y		Y	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
CT0180644	ST. PAULS CHURCH			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
174 WHISCONIER ROAD		Connections		1			
Towns Served: BROOKFIELD							

### 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
		SPC002	KIT SINK ISLAND 2	A	Y		Y	Y
		SPC003	MAIN KIT SINK	A	Y		Y	Y
		SPC004	MAIN FL MENS L	A	Y		Y	Y
		SPC005	MAIN FL MENS R	A	Y		Y	Y
		SPC006	MAIN FL LADIES L	A	Y		Y	Y
		SPC007	MAIN FL LADIES R	A	Y		Y	Y
		SPC008	MAIN FL UNISEX BR	A	Y		Y	Y
		SPC009	2ND FL UNISEX BR	A	Y		Y	Y
		SPC010	TUCK ROOM SINK	A	Y		Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20362	WELL	2	WELL	A				
53432	CONTACT TANK							
53434	TREATMENT PLANT							

### Certified Operator Information

**Water System Facility:** TREATMENT PLANT (WSF ID: 53434)

**Facility Classification:**

Operator Name	Operator Type	Certification(s)	Certification Expiration
LEMKE, BRIAN	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2027

### Contact Information

Name				Organization			Job Title		
Reverend Joseph Shepley				St. Paul's Parish					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
174 Whisconier Road						Brookfield Center		CT	06804
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-775-9587			203-775-4232				Stpaulsbrookfield@gmail.com		

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

Name				Organization			Job Title		
Mr. Jim Miller				St Pauls Church			Interim Sexton		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
174 Whisconier Rod						Brookfield		CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-775-9587					jimmiller715@aol.com				

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

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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>CT0180644</b>	<b>ST. PAULS CHURCH</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
174 WHISCONIER ROAD			1		
Towns Served: BROOKFIELD					
Name		Organization		Job Title	
<b>Mr. George B Stowell</b>		St. Paul's Parish		Warden	
Mailing Address Line One		Mailing Address Line Two		City	State
174 Whisconier Road				Brookfield	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-9587				203-209-9971	mail@saintpaulsbrookfield.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

***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
CT0180724	VALLEY PRESBYTERIAN CHURCH			NC	41	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
21 WEST WHISCONIER ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Total Coliform (3100)		3 repeat (RP) per period	
<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	7/25/25 - 7/30/25		Complete

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL (WSF ID: 10978)**

*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
CT0180724	VALLEY PRESBYTERIAN CHURCH			NC	41	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
21 WEST WHISCONIER ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 10978)

#### E. Coli (3014)

1 triggered (TG) per period

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/24/25 - 7/30/25		Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2015	
CROSS CONNECTION EXEMPTION	3/1/2025	

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		VP001	K DBL SINK	P	Y	1		
		VP002	K S SINK	P	Y	1		
		VP003	M RM SINK	P	Y	1		
		VP004	L RM SINK	P	Y	1		
		VP005	1ST FLR WF	P	Y	1		
		VP006	LWR LVL WF	P	Y	1		
		VP007	CLASS R RM	P	Y	1		
		VP008	R RM BY STORAGE RM	P	Y	1		
		VP009	PRAC LIFE R RM	P	Y	1		
00700	ENTRY POINT	3	ENTRY POINT	A				
10978	WELL	2	WELL	A				

### Contact Information

Name				Organization				Job Title		
Valley Presbyterian Church										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
21 West Whisconier Road							Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone		Email Address	
Contact Role(s):		Owner								

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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>CT0180724</b>	<b>VALLEY PRESBYTERIAN CHURCH</b>	<b>NC</b>	<b>41</b>	<b>P</b>	<b>GW</b>

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
21 WEST WHISCONIER ROAD			1			

Towns Served: BROOKFIELD

Name	Organization	Job Title
<b>Ms. Jill Heidel</b>	Valley Presbyterian Church	Clerk of Session

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
21 West Whisconier Road		Brookfield	CT	06804

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-2624				203-826-7081	jillheidel64@gmail.com

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

Name	Organization	Job Title
<b>Mr. Michael Downs</b>	Valley Presbyterian Church	Clerk of Session

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
21 West Whisconier Rd.		Brookfield	CT	06804

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-775-2624			203-994-1125	203-994-1125	jgsutor@charter.net

Contact Role(s): **Administrative 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

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

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

***End of schedule***

**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	
CT0180794	CANDLEWOOD EAST BEACH CLUB/MARINA			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
204 CANDLEWOOD LAKE ROAD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	Y			
		CEM001	RR KITCHEN	A	Y		Y	
		CEM002	KIT HAND SNK BACK	A	Y		Y	
		CEM003	KIT HAND SNK FRONT	A	Y		Y	
		CEM004	KIT SNK SINGLE	A	Y		Y	
		CEM005	KIT SNK TRPL SNK	A	Y		Y	
		CEM006	LL LADY ROOM NO 1	A	Y		Y	
		CEM007	LL LADY ROOM NO 2	A	Y		Y	
		CEM008	LL LADY ROOM NO 3	A	Y		Y	
		CEM009	LL LADY ROOM NO 4	A	Y		Y	
		CEM010	RR MENS NO 1	A	Y		Y	
		CEM011	RR MENS NO 2	A	Y		Y	

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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
CT0180794	CANDLEWOOD EAST BEACH CLUB/MARINA			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
204 CANDLEWOOD LAKE ROAD				1			

Towns Served: BROOKFIELD

### 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
		CEM012	RR MENS NO 3	A	Y		Y	
		CEM013	RR MENS NO 4	A	Y		Y	
		CEM014	RR 2ND FLOOR NO 1	A	Y		Y	
		CEM015	RR 2ND FLOOR NO 2	A	Y		Y	
		CEM016	RR 2ND FLOOR NO 3	A	Y		Y	
		CEM017	RR EXTERIOR NO 1	A	Y		Y	
		CEM018	RR EXTERIOR NO 2	A	Y		Y	
		CEM019	SHOP SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
58507	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. Mitchel J. O'hara, Jr.				O'hara Holdings, LLC			Member		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
204 Candlewood Lake Road						Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	
203-775-2253								mitchjr@candlewoodeast.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

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

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

***End of schedule***

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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	
CT0181124	1 SAND CUT LANE			NC	28	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SAND CUT LANE					1			

Towns Served: BROOKFIELD

### 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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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>
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018	
E. Coli	7/10/17 - 10/5/17	3	9/14/2018		9/24/2018	

### 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				
22741	WELL 1	2	WELL	A				

### Contact Information

Name		Organization		Job Title		
Mr. Michael Canfield		Bjg Sand Cut LLC				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
1 Sand Cut Road				Brookfield	CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	

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



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0181124	1 SAND CUT LANE			NC	28	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1 SAND CUT LANE			Connections		1			
Towns Served: BROOKFIELD								
203-775-3556				908-448-7319				
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

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

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

***End of schedule***

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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
CT0189763	THE AQUATIC CLUB OF BROOKFIELD			NC	52	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
94 OLD STATE ROAD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **TREATMENT PLANT (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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2029	

### 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	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		KIDCLUB001	KITCHEN SINK	A	Y	N		
		KIDCLUB002	WOMANS BATH UPSTRS	A	Y	N		
		KIDCLUB003	ROOM #2	A	Y	N		
		KIDCLUB004	MENS RM DOWNSTAIRS	A	Y	N		
		KIDCLUB005	DWNSTRS CLASS SINK	A	Y	N	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	ENTRY POINT	A				
10120	WELL #1	2	WELL #1	A				
10837	WELL #2	2	WELL #2	A				

### Contact Information

Name		Organization	Job Title		
Mrs. Camille Sage		Kids View, LLC	Administrator		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code

**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>CT0189763</b>	<b>THE AQUATIC CLUB OF BROOKFIELD</b>	<b>NC</b>	<b>52</b>	<b>P</b>	<b>GW</b>

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
94 OLD STATE ROAD			1			

Towns Served: BROOKFIELD

94 Old State Rd	Brookfield	CT	06804
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Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-740-1441		203-740-1441		203-994-6187	camilousage@gmail.com

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

Name	Organization	Job Title
<b>Ms. Rosanne Keller</b>	Kids View LLC	President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
8 Sulky Drive		Brookfield	CT	06804

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

Name	Organization	Job Title
<b>Miss Jami Nunnally</b>	Kids View LLC	Administrator

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
94 Old State Road		Brookfield	CT	06804

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-740-1441		203-740-1551		203-648-6584	nunnally3@gmail.com

Contact Role(s): **Administrative 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

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

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

***End of schedule***

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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
CT0181214	70 CANDLEWOOD LAKE ROAD			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
70 CANDLEWOOD LAKE RD		Connections		1			
Towns Served: BROOKFIELD							

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WTD001	KIT HAND SNK	A	Y		Y	
		WTD002	KIT SNK TRPL SNK	A	Y		Y	
		WTD003	RR GENERIC RR	A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
23072	WELL #1	2	WELL #1	A				
63238	WATER SOFTENER							

### Contact Information

Name			Organization			Job Title		
Mr. Harold Nadeau						Trustee		
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
L&H LLC.		77 Stagecoach Circle			Milford		CT	06460
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-263-2532					nadeahe@gmail.com			

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

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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>CT0181214</b>	<b>70 CANDLEWOOD LAKE ROAD</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
70 CANDLEWOOD LAKE RD			1		
Towns Served: BROOKFIELD					
Name		Organization		Job Title	
<b>L &amp; H Nadeau LLC</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
77 Stagecoach Circle				Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
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

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

***End of schedule***

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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	
CT0181224	849 FEDERAL ROAD			NC	34	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
849 FEDERAL RD			Connections				1	
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/2/2017	
RESPOND TO SANITARY SURVEY	3/19/2023	

### 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	Y			
		849FR001	TRIPLE SINK	A	Y			
		849FR002	HAND SINK	A	Y			
		849FR003	SINGLE VEG WASH	A	Y			
		849FR004	BATHROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSHS	KIT HAND SNK	A	Y		Y	

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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
CT0181224	849 FEDERAL ROAD			NC	34	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
849 FEDERAL RD						1	

Towns Served: BROOKFIELD

### 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
		KSS	KIT SNK SINGLE	A	Y		Y	
		KSTS	KIT SNK TRPL SNK	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23123	WELL #1	2	WELL	A				

### Contact Information

Name				Organization			Job Title		
Mr. Salvatore Sproviero							Property Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 855						Brookfield		CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
		203-775-7844		203-948-7933	salbonn5204@yahoo.com				

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

Name				Organization			Job Title		
Mr. Michael Sproviero							Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 855						Brookfield		CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-775-0452									

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

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

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

***End of schedule***

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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	
CT0189793	ST MARGUERITE BOURGEOYS CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
138 CANDLEWOOD LAKE ROAD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)		1 routine (RT) per month	
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2030	

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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
CT0189793	ST MARGUERITE BOURGEOYS CHURCH			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
138 CANDLEWOOD LAKE ROAD		Connections		1			
Towns Served: BROOKFIELD							

### 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				
		D001	MENS RESTROOM	A	Y	N	Y	
		D002	WOMENS RESTROOM	A	Y	N	Y	
		D003	KITCHEN SINK 1	A	Y	N	Y	
		D004	KITCHEN SINK 2	A	Y	N	Y	
		D005	KITCHEN SINK 3	A	Y	N	Y	
		D006	SACRIST SINK	A	Y	1	Y	
		D007	SACRIST BATHROOM	A	Y	N	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53678	WELL	2	WELL	A				

### Certified Operator Information

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

**Facility Classification:** SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
RINALDI, EVELYN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2028
		WATER TREATMENT PLANT OPERATOR IN TRAINING	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027

### Contact Information

Name				Organization		Job Title			
Reverend Shawn Jordan				St Marguerite Bourgeoys Church		Pastor			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
138 Candlewood Lake Rd						Brookfield		CT	06804
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-775-5117		210	203-775-9254				frjordan@diobpt.org		

**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

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

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

**End of schedule**

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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	
CT0189924	292 CANDLEWOOD LAKE RD			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
292 CANDLEWOOD LAKE RD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### 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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55268	WELL 1	2	WELL 1	A				
60954	TREATMENT PLANT							

### Contact Information

Name				Organization				Job Title		
Mr. Scott Parente										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
292 Candlewood Lake Drive							Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-775-6635								dth6481@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

**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	
CT0189924	292 CANDLEWOOD LAKE RD			NC	35	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
292 CANDLEWOOD LAKE RD			Connections		1			
Towns Served: BROOKFIELD								

Towns Served: BROOKFIELD

**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

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

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

***End of schedule***

***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	
CT0189954	83 FEDERAL ROAD			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
83 FEDERAL ROAD			Connections		1			
Towns Served: BROOKFIELD								

### Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/4/2026	

### 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	Y			
		83FED001	STORAGE RM SINK	A	Y		Y	Y
		83FED002	BATHROOM CUSTOMER	A	Y		Y	Y
		83FED003	BATHROOM STORE	A	Y		Y	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56924	WELL 1	2	WELL 1	A				

### Contact Information

Name				Organization			Job Title		
Mr. Fadi Qumbargi				Lucky's One Stop Shop			Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
83 Federal Road						Brookfield		CT	06804
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	

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

# 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>CT0189954</b>	<b>83 FEDERAL ROAD</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
83 FEDERAL ROAD			1		
Towns Served: BROOKFIELD					
203-885-0797		347-782-2681		stevesdiagnostic@gmail.com	
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>					
Name		Organization		Job Title	
<b>S &amp; F Investment LLC</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
112 Van Vlack Rd				Hopewell Junction	NY
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
347-782-2681					stevesdiagnostic@gmail.com
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

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

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

***End of schedule***