

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
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		
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		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		
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		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		
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	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
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
819 FEDERAL ROAD	1				

Towns Served: BROOKFIELD

Water System Facility and Sampling Point Inventory

Water System Facility Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule			
		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	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 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
CT0189323	THE WHITE HOUSE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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		
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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage WQP 2 DBP
				Status	Rule	Rule Tier	Asbestos	
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				

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 Connections	Residential	Commercial	Industrial	Combined
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
203-482-5877				Email Address 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

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)	182 WHISCONIER ROAD (ROUTE 25)	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

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		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		
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		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		
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 EXEMPTION	3/1/2017	
CROSS CONNECTION EXEMPTION	3/1/2025	
RESPOND TO SANITARY SURVEY	1/10/2026	

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
CT0180144	BROOKFIELD LIBRARY	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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	Lead and Coliform	Copper	Stage
					WQP	Asbestos	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
203-775-7318		203-775-1804		203-948-1468
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
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

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
CT0180164	TOWN OF BROOKFIELD - CADIGAN PARK	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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	Total Coliform Status	Lead and Copper Rule Status	Stage
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

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
CT0180164	TOWN OF BROOKFIELD - CADIGAN PARK				NC	25	L	GW
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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): Legal Contact								
Name			Organization			Job Title		
Ms. Laura Murphy			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): 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	
CT0180204	CANDLEWOOD INN	NC		75	P	GW	
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
506 CANDLEWOOD LAKE ROAD				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			

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
					Y	Y	Y	Y
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
		DOWNTSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0180204	CANDLEWOOD INN	NC	75	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
506 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	Lead and Copper Rule	Asbestos Rule Tier	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
Mr. Simon T. Curtis		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
Lake View Properties LLC		
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 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
CT0180264	1106 FEDERAL ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1106 FEDERAL ROAD			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	Total Status	Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNTSTREAM	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
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

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 Connections	Residential	Commercial	Industrial	Combined
1024 FEDERAL ROAD			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		
	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		
	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	4/5/2020	
RESPOND TO SANITARY SURVEY	2/4/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification	PN Certification		
			Required	Performed	Due to DPH	Received
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

Water System Facility ID	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR Stage
			Coliform Status	Lead Rule Tier	Copper Asbestos WQP 2 DBPR Stage
00600	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

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 Connections	Residential	Commercial	Industrial	Combined
1024 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	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	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	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 Connections	Residential	Commercial	Industrial	Combined
616 FEDERAL ROAD			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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	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
10 Mill Farm Lane		State
		Zip Code
Business Phone	Extension	Fax
845-279-3040		845-279-3037
Mobile Phone		Emergency Phone
		914-672-7278
Email Address		FG@eagleind.net
Contact Role(s):	Administrative 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
CT0180414	616 FEDERAL ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
616 FEDERAL ROAD			1		

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

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
25 OLD GRAYS BRIDGE			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	Total Status	Lead and Coliform Rule	Copper Rule Tier	Asbestos WQP 2 DBP	Stage
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
CT0180454	ALL-STAR TRANSPORTATION	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
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	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					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	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	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

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
CT0180464	LAUREL HILL COMPLEX	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
940 FEDERAL ROAD			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		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		
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		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		
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: WELL (WSF ID: 20345)

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

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

Towns Served: BROOKFIELD

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20345)

E. Coli (3014)			
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	Lead and Copper Rule	Asbestos	WQP 2	DBPR	Stage
					Rule	Rule Tier				
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									

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
CT0180464	LAUREL HILL COMPLEX	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
940 FEDERAL ROAD			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 Connections	Residential	Commercial	Industrial	Combined
578 FEDERAL ROAD			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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2	DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	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 li Subsidiar				Manager				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
Storage Portfolio li 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
CT0180624	EXTRA SPACE STORAGE				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
578 FEDERAL ROAD				1				
Towns Served: BROOKFIELD								
Name			Organization			Job Title		
Mr. Mark Demattia			Extra Space Storage			Store Manager		
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
578 Federal Road					Brookfield		CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-775-4823					fac0568@extraspace.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

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 Connections	Residential	Commercial	Industrial	Combined
174 WHISCONIER ROAD			1		

Towns Served: BROOKFIELD

Monitoring Requirements

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

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		

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)

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	
		Minimum:	0.85 MG/L	Daily	
Chlorine	Entry Point RDC (EPRD)				
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 ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Asbestos	WQP 2 DBPR	Stage
				Status	Rule	Rule Tier	Asbestos			
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 Connections	Residential	Commercial	Industrial	Combined
174 WHISCONIER 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	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
	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
174 Whisconier Road		State
Business Phone	Extension	Zip Code
203-775-9587	203-775-4232	

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
174 Whisconier Rod		State
Business Phone	Extension	Zip Code
203-775-9587		

Contact Role(s): Administrative 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
CT0180644	ST. PAULS CHURCH				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
174 WHISCONIER ROAD				1				
Towns Served: BROOKFIELD								
Name		Organization			Job Title			
Mr. George B Stowell		St. Paul's Parish			Warden			
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
174 Whisconier Road					Brookfield	CT	06804	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-775-9587				203-209-9971	mail@saintpaulsbrookfield.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

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
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		
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		

Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/25/25 - 7/30/25		Complete

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 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: 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
21 WEST WHISCONIER ROAD	Connections		1		

Towns Served: BROOKFIELD

Monitoring Requirements

Water System Facility: WELL (WSF ID: 10978)

E. Coli (3014)	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	Lead and Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
					Coliform	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			
00700	ENTRY POINT	3	ENTRY POINT	A						
		10978	WELL	A						

Contact Information

Name	Organization	Job Title
Valley Presbyterian Church		
Mailing Address Line One	Mailing Address Line Two	City
21 West Whisconier Road		Brookfield
Business Phone	Extension	Fax
		Mobile Phone
		Emergency Phone
		Email Address

Contact Role(s): 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
CT0180724	VALLEY PRESBYTERIAN CHURCH	NC	41	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
21 WEST WHISCONIER ROAD			1		

Towns Served: BROOKFIELD

Name	Organization	Job Title		
Ms. Jill Heidel	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
203-775-2624				203-826-7081 jillheidel64@gmail.com

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

Name	Organization	Job Title		
Mr. Michael Downs	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
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

**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
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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
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

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
204 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	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		CEM012	RR MENS NO 3	A	Y			
		CEM013	RR MENS NO 4	A	Y			
		CEM014	RR 2ND FLOOR NO 1	A	Y			
		CEM015	RR 2ND FLOOR NO 2	A	Y			
		CEM016	RR 2ND FLOOR NO 3	A	Y			
		CEM017	RR EXTERIOR NO 1	A	Y			
		CEM018	RR EXTERIOR NO 2	A	Y			
		CEM019	SHOP SINK	A	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
204 Candlewood Lake Road		Brookfield
Business Phone	Extension	Fax
203-775-2253		
Mobile Phone		Email Address
		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

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 Connections	Residential	Commercial	Industrial	Combined
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		
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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
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

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Received	Stage
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 Connections	Residential	Commercial	Industrial	Combined
1 SAND CUT LANE			1		
Towns Served: BROOKFIELD					
203-775-3556		908-448-7319			
Contact Role(s): Administrative Contact, Legal Contact, Owner					
Please note the following: <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 					
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT0189763	THE AQUATIC CLUB OF BROOKFIELD	NC	52	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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	Total Status	Lead and Coliform Rule	Stage Copper Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		DOWNSTREAM	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
		UPSTREAM	WITHIN 5 SERVICE CON	A		Y
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
CT0189763	THE AQUATIC CLUB OF BROOKFIELD	NC	52	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
94 OLD STATE ROAD			1		

Towns Served: BROOKFIELD

94 Old State Rd					Brookfield	CT	06804
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
Ms. Rosanne Keller	Kids View LLC	President
Mailing Address Line One	Mailing Address Line Two	City
8 Sulky Drive		Brookfield
Business Phone	Extension	Fax
		Mobile Phone
		Emergency Phone
		Email Address

Contact Role(s): Owner

Name	Organization	Job Title
Miss Jami Nunnally	Kids View LLC	Administrator
Mailing Address Line One	Mailing Address Line Two	City
94 Old State Road		Brookfield
Business Phone	Extension	Fax
203-740-1441		203-740-1551
		Mobile Phone
		Emergency Phone
		Email Address
		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

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
CT0181214	70 CANDLEWOOD LAKE ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
70 CANDLEWOOD LAKE RD			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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	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

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
CT0181214	70 CANDLEWOOD LAKE ROAD				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
70 CANDLEWOOD LAKE RD				1				
Towns Served: BROOKFIELD								
Name			Organization			Job Title		
L & H Nadeau LLC								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
77 Stagecoach Circle					Milford		CT	06460
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Please note the following:

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

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

Towns Served: BROOKFIELD

Monitoring Requirements

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

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		

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)

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		

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 ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	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

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
CT0181224	849 FEDERAL ROAD	NC	34	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
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	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR Stage
					Y	Y	Y
		KSS	KIT SNK SINGLE	A	Y		
		KSTS	KIT SNK TRPL SNK	A	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

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
CT0189793	ST MARGUERITE BOURGEOYS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
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		
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		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		
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		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		
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 EXEMPTION	3/1/2030	

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
CT0189793	ST MARGUERITE BOURGEOYS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
138 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	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule			
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	
00700	ENTRY POINT	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
53678	WELL	3	ENTRY POINT	A				
		2	WELL	A				

Certified Operator Information

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

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

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 Connections	Residential	Commercial	Industrial	Combined
292 CANDLEWOOD LAKE RD			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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	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
292 Candlewood Lake Drive		State
Business Phone	Extension	Zip Code
203-775-6635		06804
		Email Address
		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 Connections	Residential	Commercial	Industrial	Combined
292 CANDLEWOOD LAKE RD			1		

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

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 Connections	Residential	Commercial	Industrial	Combined
83 FEDERAL ROAD			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 ID	Water System Facility	Sampling Point		Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		ID	Description		Rule	Y	Y	Y
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
83 Federal Road		State
Business Phone	Extension	Zip Code
Fax	Mobile Phone	06804
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
CT0189954	83 FEDERAL ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
83 FEDERAL ROAD			1		

Towns Served: BROOKFIELD

203-885-0797 347-782-2681 stevesdiagnostic@gmail.com

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

Name	Organization	Job Title		
S & F Investment LLC				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
112 Van Vlack Rd		Hopewell Junction	NY	12533

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
347-782-2681					stevesdiagnostic@gmail.com

Contact Role(s): **Owner**

Please note the following:

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

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.