

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170122	REDDING MEDITATION SOCIETY	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
9 PICKETTS RIDGE ROAD	Connections		1		

Towns Served: REDDING

**Monitoring Requirements**

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

<b>1 routine (RT) per quarter</b>			
<b>Sampling Point (Sampling Point ID)</b>	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		

  

<b>1 routine (RT) per quarter</b>			
<b>Sampling Point (Sampling Point ID)</b>	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)

<b>1 routine (RT) per year</b>			
<b>Sampling Point (Sampling Point ID)</b>	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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**

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

<b>Water System Facility ID</b>	<b>Water System Facility</b>	<b>Sampling Point ID</b>	<b>Sampling Point Description</b>	<b>Status</b>	<b>Total Coliform</b>	<b>Lead and Copper Rule Tier</b>	<b>Asbestos</b>	<b>Stage WQP 2 DBPR</b>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RMS001	MEDITATION CTR KIT	A	Y			Y
		RMS002	MEDITATION CTR RR L	A	Y			Y
		RMS003	MEDITATION CTR RR R	A	Y			Y
		RMS004	RETREAT CTR KIT FL 1	A	Y			Y
		RMS005	RETREAT CTR RR FL1	A	Y			Y
		RMS006	RETREAT CTR KIT FL 2	A	Y			Y
		RMS007	RETREAT CTR RR FL 2	A	Y			Y
		RMS008	R RM NEAR OFFICE	A	Y	1		
		RMS009	KITCHEN	A	Y	1		
		RMS010	R RM NEAR NURSERY	A	Y	1		
		RMS011	NURSERY	A	Y	1		
		RMS012	2ND FLR KITCHEN	A	Y	1		

*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
CT1170122	REDDING MEDITATION SOCIETY	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
9 PICKETTS RIDGE ROAD			1		

Towns Served: REDDING

## 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
					Sampling Point ID	Sampling Point Description	Status	Total Coliform
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10878	WELL #1	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)

LEMKE, BRIAN CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II 3/31/2027

## Contact Information

Name		Organization	Job Title		
Mr. Michael Bresnan		Redding Center For Meditation	Owner		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
9 Picketts Ridge Road			West Redding	CT	06896
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-894-8183		203-438-0478		203-231-2925	info@reddingmeditation.org

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

### Please note the following:

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170152	CHRIST CHURCH PARISH	NC	29	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
180 CROSS HIGHWAY	Connections	1			

Towns Served: REDDING

### 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: WELL (WSF ID: 10533)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/25/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

### 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		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		CCP001	KIT SNK	A	Y		Y	
		CCP002	RR MENS RR	A	Y		Y	
		CCP003	RR LADY ROOM	A	Y		Y	
		CCP004	KIT SNK SINGLE	A	Y		Y	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170152	CHRIST CHURCH PARISH	NC	29	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
180 CROSS HIGHWAY	1				

Towns Served: REDDING

## 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	1	1	1
	CCP005	KIT SNK TRPL SNK	A	Y				Y
	CCP006	KITCHEN SINK	A	Y		1		
	CCP007	KITCHEN TRPL SINK L	A	Y		1		
	CCP008	KITCHEN TRPL SINK M	A	Y		1		
	CCP009	KITCHEN TRPL SINK R	A	Y		1		
	CCP010	MENS RM SINK	A	Y		1		
	CCP011	LADIES RM SINK	A	Y		1		
	DOWNSTREAM	WITHIN 5 SERVICE CON	A					
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A				
10533	WELL	2	WELL	A				
45150	2 UV DISINFECTION DEVICES							

## Certified Operator Information

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

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

## Contact Information

Name	Organization	Job Title
Mrs. Laura R. Russell	Christ Church	Warden
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 54		State
		Zip Code
Business Phone	Extension	Fax
203-938-2872		203-938-2175
Mobile Phone		Emergency Phone
		203-731-0545
Email Address		
		christchurchparish@sbcglobal.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

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**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170104	NEW POND FARM EDUCATION CENTER	NC	49	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
101 MARCHANT ROAD	Connections		1		

Towns Served: REDDING

### 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 SURVEY REPORT	3/1/2026	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170104	NEW POND FARM EDUCATION CENTER	NC	49	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
101 MARCHANT ROAD			1		

Towns Served: REDDING

## 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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NPF001	RR 1ST FLOOR	A	Y			Y
		NPF002	RR 2ND FLOOR	A	Y			Y
		NPF003	KIT SNK	A	Y			Y
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SERVICE CON	A				
		3	ENTRY POINT	A				
				A				
22021	WELL #1	2	WELL #1	A				
61872	WELL #2	2	WELL #2	A				

## Contact Information

Name	Organization	Job Title		
Ms. Bruce Given	New Pond Farm Education Ctr	Interim Co-President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
101 Marchant Road		West Redding	CT	06896
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-938-2117		203-938-9593		info@newpondfarm.org
Contact Role(s):	Legal Contact, Owner			
Name	Organization	Job Title		
Ms. Ann Bostelmann	New Pond Farm Edu. Center	Executive Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
101 Marchant Road		West Redding	CT	06896
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-938-2117		203-938-9593		ann@newpondfarm.org

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170194	119 BLACK ROCK TURNPIKE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
119 BLACK ROCK TURNPIKE			1		

Towns Served: REDDING

### Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per year</span>			
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		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
				Status	Rule				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		RRM001	KIT SNK TRPL SNK	A	Y				
		RRM002	KIT SNK SINGLE	A	Y				
		RRM003	KIT SNK BACK SINGLE	A	Y				
		RRM004	KIT HAND SNK 1	A	Y				
		RRM005	KIT HAND SNK 2	A	Y				
		RRM006	KT SNK LRG SING FRNT	A	Y				
		RRM007	RR MENS RR	A	Y				
		RRM008	RR LADY ROOM	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22029	WELL	2	WELL	A					

### Contact Information

Name	Organization	Job Title
Mr. Harvir Bhangu	119 Black Rock Turnpike	Owner
Mailing Address Line One	Mailing Address Line Two	City
1015 Route 9C		State Zip Code
		CT 06412 NV 12500

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

PWS ID	PWS Name	Classification		Population	Owner Type	Primary Source
CT1170194	119 BLACK ROCK TURNPIKE	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
119 BLACK ROCK TURNPIKE			1			
Towns Served: REDDING						
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
845-797-5931					hbhangu93@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

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<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
CT1170204	REDDING ROAD HOUSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
406 REDDING ROAD					4

Towns Served: REDDING

**Monitoring Requirements**

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

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

  

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points		7/1/25 - 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)

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

**Other Compliance Schedules**

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT		3/1/2027

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BSSMALBARTR	BAR SNK SMAL BAR TRP	A	Y	2	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HSLARGEBARL	HAND SNK LG BAR R	A	Y	2	Y	
		HSLARGEBARR	HAND SINK LG BAR L	A	Y	2	Y	
		KSHS	KIT HAND SNK	A	Y	2	Y	
		KSS	KIT SNK SINGLE	A	Y	2	Y	
		KSTSBACK	KIT SNK TRPL BACK	A	Y	2	Y	
		KSTSFRONT	KIT SNK TRPL FRONT	A	Y	2	Y	
		RRH001	KIT HAND SNK BACK	A	Y	2	Y	
		RRH002	KIT HAND SNK FRONT	A	Y	2	Y	
		RRH003	KIT SINGLE SNK BACK	A	Y	2	Y	
		RRH004	KIT SINGLE SNK FRONT	A	Y	2	Y	
		RRH005	BAR SINK TRIPLE	A	Y	2	Y	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170204	REDDING ROAD HOUSE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
406 REDDING ROAD					4

Towns Served: REDDING

## 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			
		RRH006	BAR HAND SINK	A	Y	2	Y	
		RRH007	RR LADY ROOM	A	Y	2	Y	
		RRH008	RR MENS RR	A	Y	2	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59570	WELL	2	WELL	A				
62077	UV TREATMENT							

## Contact Information

Name	Organization	Job Title		
Mr. Geoffrey E. Walworth	Roadhouse 406 LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
348 Staples Road		Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-395-0643				917-495-7534
			Email Address	gewalworth@hotmail.com

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

**Please note the following:**

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

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<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
CT1170214	296 ETHAN ALLEN HIGHWAY - REDDING	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
DAYS INN			1		

Towns Served: REDDING

## Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per quarter</span>			
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) <span style="float: right;">1 routine (RT) per year</span>			
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		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22031	WELL	2	WELL	A			

## Contact Information

Name	Organization			Job Title		
Mr. Amarat Patel	Ridgefield Motor Inn, Inc.			President		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code
296 Ethan Allen Highway			Ridgefield		CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-438-3781		203-431-6402			amrat3349@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
CT1170214	296 ETHAN ALLEN HIGHWAY - REDDING				NC	25	P	GW
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
DAYS INN					1			
Towns Served: REDDING								
Name			Organization			Job Title		
296 Ethan Allen Highway								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
296 Ethan Allen Highway					Redding		CT	06877-6217
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***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170244	109 BLACK ROCK TNPK	NC	48	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
109 BLACK ROCK TURNPIKE					4

Towns Served: REDDING

### 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 EXEMPTION		3/1/2022

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
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					
22034	WELL 1	2	WELL 1	A					
59552	ATMOSPHERIC STORAGE TANKS								

### Contact Information

Name	Organization	Job Title
Mr. Steven Rountos	The Spinning Wheel	
Mailing Address Line One	Mailing Address Line Two	City
109 Black Rock Turnpike		State
Business Phone	Extension	Zip Code
203-257-4491	203-612-3593	203-257-4491
Emergency Phone	Email Address	thespinningwheelct@gmail.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
CT1170244	109 BLACK ROCK TNPK	NC	48	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
109 BLACK ROCK TURNPIKE					4

Towns Served: REDDING

**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
CT1170254	ST PATRICKS CHURCH	NC	25	P	GW
Local Address (where applicable)	179 BLACK ROCK TURNPIKE	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: REDDING

### 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
RESPOND TO SANITARY SURVEY		12/13/2020

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170254	ST PATRICKS CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
179 BLACK ROCK TURNPIKE			1		

Towns Served: REDDING

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
E. Coli	5/10/19 - 9/22/19	3	6/4/2020		6/14/2020	
Physical Parameters M&R Violation	1/1/22 - 1/31/22	3	12/21/2023		12/31/2023	

## Water System Facility and Sampling Point Inventory

Water System Facility	Facility ID	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Stage
					Coliform	Copper	
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		SPC001	PARISH CTR KIT SINK	A	Y		Y
		SPC002	P CTR RR LADY RM	A	Y		Y
		SPC003	P CTR RR LADY RM	A	Y		Y
		SPC004	CHURCH MENS RM L	A	Y		
		SPC005	CHURCH MENS RM R	A	Y		
		SPC006	CHURCH LADIES RM L	A	Y		
		SPC007	CHURCH LADIES RM R	A	Y		
		SPC008	CHURCH VESTING RM	A	Y		
		SPC009	CHURCH FLOWER ROOM	A	Y		
		SPC010	VESTING ROOM	A	Y		
		SPC011	FLOWER ROOM	A	Y		
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
22035 WELL 1	2	WELL 1	A				
52915 WELL 2	2	WELL 2	A				
57104 TREATMENT PLANT							

## Contact Information

Name	Organization	Job Title
Father Joseph Cervero	St. Patrick's Church	Pastor
Mailing Address Line One	Mailing Address Line Two	City
169 Black Rock Turnpike	P.O. Box 119	State
Business Phone	Extension	Zip Code
203-938-2253	203-938-3396	Redding Ridge
		CT
		06876-0119
Email Address		
		fj203@optimum.net

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

### Please note the following:

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170274	TOPSTONE TOWN PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
72 TOPSTONE ROAD			1		

Towns Served: REDDING

**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
	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
	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: 22037)

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
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

**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		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		TPP001	RR GENERIC RR	A	Y			
		TPP002	WATER FOUNTAIN	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22037	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170274	TOPSTONE TOWN PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
72 TOPSTONE ROAD			1		

Towns Served: REDDING

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility Description	Sampling Point ID	Sampling Point Description	Total	Lead and Coliform	Copper	Stage	
				Status	Rule	Rule Tier		
60957	TREATMENT PLANT							

## Contact Information

Name	Organization	Job Title
Mr. Robert S. Blick	Parks & Recreation Dept.	
Mailing Address Line One	Mailing Address Line Two	City
P O Box 1071		State
Business Phone	Extension	Zip Code
203-938-2551	6	203-938-1071
Mobile Phone		Email Address
Emergency Phone		RBLICK@TOWNOFREDDINGCT.ORG

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

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170314	2 LONG RIDGE ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

### 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		

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	8/20/25 - 8/25/25		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		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: 22041)

**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
CT1170314	2 LONG RIDGE ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 22041)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL (2)	8/19/25 - 8/25/25		Complete

## 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	4/1/22 - 4/30/22	3	11/9/2023		11/19/2023	
Physical Parameters M&R Violation	4/1/22 - 4/30/22	3	11/9/2023		11/19/2023	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Asbestos	WQP 2	DBPR Stage
					Rule	Rule Tier			
00600	DISTRIBUTION SYSTEM	2LR001	KIT SNK TRPL DELI	A	Y				Y
		2LR002	KIT SNK HAND DELI	A	Y				Y
		2LR003	RR DELI	A	Y				Y
		2LR004	RR PIZZA	A	Y				Y
		2LR005	HAND SNK PIZZA	A	Y				Y
		2LR006	KIT SNK TRPL PIZZA	A	Y				Y
		2LR007	SERVER STAT H SNK PZ	A	Y				Y
		2LR008	HAIR SALON RR	A	Y				
		2LR009	BARBER SHOP RR	A	Y				
		2LR010	DENTIST OFFICE RR	A	Y				
		2LR011	LIQUOR STORE RR	A	Y				
		4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22041	WELL	2	WELL	A					

## Contact Information

Name	Organization	Job Title
Mr. John D. Wanat		
Mailing Address Line One	Mailing Address Line Two	City
2 Long Ridge Road P.O.Box 75		State
		Zip Code
Business Phone	Extension	Fax
203-938-3771		203-938-2969
Mobile Phone	Emergency Phone	Email Address
		203-938-3771
		kingpoleac@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
CT1170314	2 LONG RIDGE ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

**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
CT1170344	PUTNAM MEMORIAL S.P./YOUTH GROUP WELL	NC	25	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
792 BLACK ROCK TURNPIKE	Connections	1			

Towns Served: REDDING

## 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
	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	10/1-11/15	Complete
	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	11/22/2007	

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	101	HAND PUMP	A	Y		
		4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22732	WELL	2	WELL	A			

## Contact Information

Name	Organization	Job Title
Mr. David Cooley	Deep-Engineering Unit	Supv Civil Engineer
Mailing Address Line One	Mailing Address Line Two	City
163 Great Hill Road		State
Business Phone	Extension	Zip Code
860-342-2215	860-344-2560	Portland
860-205-7552	860-424-3333	CT
		06480
Email Address		
david.cooley@ct.gov		

Contact Role(s): 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
CT1170344	PUTNAM MEMORIAL S.P./YOUTH GROUP WELL				NC	25	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
792 BLACK ROCK TURNPIKE			1					
Towns Served: REDDING								
Name			Organization			Job Title		
Ms. Andrea M. Lane			State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
163 Great Hill Road					Portland		CT	06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-977-9739				860-424-3333	andrea.lane@ct.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***

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170374	REDDING COMMUNITY CENTER	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
37 LONETOWN ROAD			1		

Towns Served: REDDING

**Monitoring Requirements**

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

<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/23/25 - 7/28/25		Complete
	10/9/25 - 10/14/25		Complete
<b>Physical Parameters (PPS)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>			
<b>Nitrate And Nitrite (NOX)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
<b>Water System Facility: WELL #1 (WSF ID: 23071)</b>			

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1170374	REDDING COMMUNITY CENTER	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
37 LONETOWN ROAD			1		

Towns Served: REDDING

### Monitoring Requirements

Water System Facility: WELL #1 (WSF ID: 23071)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL #1 (2)	7/22/25 - 7/28/25		Complete	
	10/8/25 - 10/14/25		Complete	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total		Lead and Coliform		Stage
				Status	Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RCC001	KIT SNK FOOD PREP	A	Y		Y	
		RCC002	KIT HAND SNK	A	Y		Y	
		RCC003	RR MENS RR	A	Y		Y	
		RCC004	RR LADY ROOM	A	Y		Y	
		RCC005	RR LADY ROOM L	A	Y		Y	
		RCC006	RR LADY ROOM M	A	Y		Y	
		RCC007	RR LADY ROOM R	A	Y		Y	
		RCC008	RR MENS RR L	A	Y		Y	
		RCC009	RR MENS RR M	A	Y		Y	
		RCC010	RR MENS RR R	A	Y		Y	
		RCC011	SENIORS CRAFT ROOM	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23071	WELL #1	2	WELL #1	A				
54456	ATMOSPHERIC TANK							

### Contact Information

Name		Organization			Job Title		
Mr. Chris Wegryzn		Redding Health Department			Health Officer		
Mailing Address Line One		Mailing Address Line Two			City		State
P. O. Box 1028					Redding		Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-938-2559				203-948-4370	cwegryzn@reddingct.gov		
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
CT1170374	REDDING COMMUNITY CENTER	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
37 LONETOWN ROAD	Connections		1		

Towns Served: REDDING

**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
CT1170384	PUTNAM MEMORIAL S.P.-PAVILION SYSTEM	NC	25	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTE 58	Connections				1

Towns Served: REDDING

## 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
	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
	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	11/22/2007	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	1/1/06 - 3/31/06	2	4/5/2006		4/15/2006	
Distribution Turbidity MCL Violation	10/1/05 - 12/31/05	2	4/5/2006		4/15/2006	
Physical Parameters M&R Violation	4/1/14 - 6/30/14	3	8/21/2015		8/31/2015	

## 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
					Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	101	UTILITY SINK	A	Y			Stage
		102	WOMENS BATHROOM	A	Y			
		103	MENS BATHROOM	A	Y			
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23112	WELL 4	2	WELL 4	A				
53840	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
CT1170384	PUTNAM MEMORIAL S.P.-PAVILION SYSTEM	NC	25	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 58				1	

Towns Served: REDDING

## Contact Information

Name		Organization			Job Title		
<b>Mr. David Cooley</b>		Deep-Engineering Unit			Supv Civil Engineer		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road					Portland		06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-342-2215		860-344-2560	860-205-7552	860-424-3333	david.cooley@ct.gov		

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

Name		Organization			Job Title		
<b>Ms. Andrea M. Lane</b>		State of CT Deep					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
163 Great Hill Road					Portland		06480
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-977-9739				860-424-3333	andrea.lane@ct.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**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1179124	2 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

## 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		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR Stage
				Status	Rule			
00600	DISTRIBUTION SYSTEM	2MS001	KIT SNK LOWER LEVEL	A	Y			
		2MS002	RR GENERIC RR	A	Y			
		2MS003	KIT SNK MAIN FLOOR	A	Y			
		2MS004	BAR SINK SECOND FLR	A	Y			
		2MS005	SERVERS STATION	A	Y			
		2MS006	RR MENS RR	A	Y			
		2MS007	RR LADY ROOM	A	Y			
		4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SS	SERVERS STATION	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
53795	WELL 1	2	WELL 1	A				

## Contact Information

Name	Organization	Job Title
Ms. Marilyn L. Sloper		
Mailing Address Line One	Mailing Address Line Two	City
0 Sagus Trail		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
CT1179124	2 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-544-9224				203-770-6240	info@marilynsloper.com

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

**Please note the following:**

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

*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
CT1179134	TEMPLE B'NAI CHAIM - CLASSROOM BLDG OLD	NC	31	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
82 PORTLAND AVENUE	Connections		1		

Towns Served: REDDING

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<b>Total Coliform (3100)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	9/18/25 - 9/23/25		
	10/9/25 - 10/14/25		Complete
<b>Physical Parameters (PPS)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<b>Water System Facility: ENTRY POINT 1 (WSF ID: 00700)</b>			
<b>Nitrate And Nitrite (NOX)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT WELL 1 (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
<b>Water System Facility: WELL 1 (WSF ID: 56140)</b>			

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1179134	TEMPLE B'NAI CHAIM - CLASSROOM BLDG OLD	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
82 PORTLAND AVENUE			1		

Towns Served: REDDING

## Monitoring Requirements

Water System Facility: WELL 1 (WSF ID: 56140)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	9/17/25 - 9/23/25	10/8/25 - 10/14/25	Complete	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION	11/15/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2031	

## 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	WQP 2	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		4-1	DISTRIBUTION SYSTEM	I	Y				
		4-2	DISTRIBUTION SYSTEM	I	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		DOWNSTREAM2	WELL2RRMRR	I	Y				
		OLD001	OLD KIT SINK	A	Y				Y
		OLD002	OLD MEN RR L	A	Y				Y
		OLD003	OLD MEN RR R	A	Y				Y
		OLD004	OLD LADYS RR L	A	Y				Y
		OLD005	OLD LADYS RR R	A	Y				Y
		TBC002	WELL 2 KIT SNK	I	Y				Y
		TBC007	WELL 2 RR MEN L	I	Y				Y
		TBC008	WELL 2 RR MEN R	I	Y				Y
		TBC009	WELL 2 RR LADYS L	I	Y				Y
		TBC010	WELL 2 RR LADYS R	I	Y				Y
		UPSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM 2	LADIES RM	I	Y				
00700	ENTRY POINT 1	3	ENTRY POINT WELL 1	A					
56140	WELL 1	2	WELL	A					

## Contact Information

Name	Organization	Job Title		
Ms. Denise Seccurra	Temple B'nai Chaim	Office Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
82 Portland Avenue	P.O. Box 305	Georgetown	CT	06829
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-544-8695				Email Address president@templebnaichaim.org

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
CT1179134	TEMPLE B'NAI CHAIM - CLASSROOM BLDG OLD	NC	31	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
82 PORTLAND AVENUE	Connections		1		

Towns Served: REDDING

**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
CT1179144	CALvary INDEPENDENT BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: REDDING

## Monitoring Requirements

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

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

  

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

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	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			
		CBC001	RR MENS RM 1F L	A	Y		Y
		CBC002	RR MENS RM 1F R	A	Y		Y
		CBC003	RR LADY ROOM 1F L	A	Y		Y
		CBC004	RR LADY ROOM 1F R	A	Y		Y
		CBC005	RR LADY RM MN FLR R	A	Y		Y
		CBC006	RR LADY RM MN FLR L	A	Y		Y
		CBC007	KIT SNK	A	Y		Y
	DOWNSTREAM	WITHIN 5 SERVICE CON		A			
	UPSTREAM	WITHIN 5 SERVICE CON		A			
00700	ENTRY POINT	3	ENTRY POINT	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
CT1179144	CALVARY INDEPENDENT BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
			1		

Towns Served: REDDING

## 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
58363	WELL #1	2	WELL #1	A					

## Contact Information

Name	Organization	Job Title
Mr. Roger Chapman	Cibc Holding Corp	Treasurer
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 47		State
Business Phone 203-938-1317	Extension	Zip Code West Redding CT 06896-0047 Email Address rogerchap@sbcglobal.net

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

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1179164	TEMPLE B'NAI CHAIM - NEW BLDG	NC	31	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
82 PORTLAND AVENUE	Connections		1		

Towns Served: REDDING

### 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		
	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		
	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 2 (WSF ID: 00701)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT 2 (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	3/1/2031	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1179164	TEMPLE B'NAI CHAIM - NEW BLDG	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
82 PORTLAND AVENUE			1		

Towns Served: REDDING

<b>Water System Facility and Sampling Point Inventory</b>							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Stage WQP 2 DBPR
					Y	Asbestos	Y
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y		
		NEW001	NEW KIT SINK	A	Y		
		NEW002	NEW MEN RR L	A	Y		
		NEW003	NEW MEN RR R	A	Y		
		NEW004	NEW LADYS RR L	A	Y		
		NEW005	NEW LADYS RR R	A	Y		
00701	ENTRY POINT 2	UPSTREAM	WITHIN 5 SERVICE CON	A	Y		
		3	ENTRY POINT 2	A			
63101	WELL 2	2	WELL 2	A			

## Contact Information

Name	Organization	Job Title		
Ms. Denise Seccurra	Temple B'nai Chaim	Office Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
82 Portland Avenue	P.O. Box 305	Georgetown	CT	06829
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-544-8695				Email Address president@templebnaichaim.org

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

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1179174	JOEL BARLOW ATHLETIC FIELDS	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
70 TURNERY ROAD					2

Towns Served: REDDING

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

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN		8/31/2025

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
63294	WELL	2	WELL	A					

### Contact Information

Name	Organization	Job Title
Ms. Sara Scrofani	Regional School District #9	Dir. of Fin & Op
Mailing Address Line One	Mailing Address Line Two	City
Board of Education Central Office	654 Morehouse Road	State
Business Phone	Extension	Zip Code
203-261-2513		
Emergency Phone	Email Address	
	sscrofani@er9.org	

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
CT1179174	JOEL BARLOW ATHLETIC FIELDS			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
70 TURNER ROAD						2	
Towns Served: REDDING							
Name		Organization			Job Title		
Mr. Mike D'agostino		Regional School District #9			Dir Facilities & Ops		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Board of Education Central Office		654 Morehouse Road			Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-261-2513			203-240-6588		mdagostino@er9.org		

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

**Please note the following:**

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

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

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

***End of schedule***

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