	Connecticut Dep	artment of	f Public H	lealth	D	rinki	ng W	ater	Sec	ction		
	Water Ou	ality Monit	oring an	d Con	າກ <sup>]</sup>	lianc	e Sch	edule	<u>.</u>			
PWS ID	PWS Name	<i>y</i>			_	ssification				er Type P	rimary	/ Sourc
CT135501	.3 ST PETER AND ST ANDREW	COPTIC ORTHOD	ОХ			NC		50		P	G\	
Local Add	ress (where applicable)		Service	Residen	tial	Comme	ercial I	ndustrial	C	Combined	Agri	cultura
	(DALE ROAD		Connections	1								
Towns Sei	rved: STAMFORD					1						
		Monito	oring Requ	iireme	nts	•						
Water Sy	stem Facility: <b>DISTRIBUTION</b>											
Total Co	liform (3100)							1	rout	ine (RT)	per q	uarter
Sam	pling Point (Sampling Point ID)			Monitori	ing I	Period	Collec	tion Peri	od	Compli	iance S	Status
Seled	ct from Inventory of Active Samplin	g Points		4/1/25 -	6/3	30/25				Сс	mplet	e
				7/1/25 -	9/3	30/25				Сс	mplet	e
				10/1/25 -	12/	/31/25				Co	mplet	.e
				1/1/26 -								
				4/1/26 -		-						
Physical	Parameters (PPS)							1	rout	ine (RT)	per a	uarter
-	pling Point (Sampling Point ID)			Monitori	ing F	Period	Collec	tion Peri		Compli		
	ct from Inventory of Active Samplin	g Points		4/1/25 -							mplet	
				7/1/25 -							mplet	
				10/1/25 -							mplet	
				1/1/26 -								
				4/1/26 -								
Water Sv	stem Facility: ENTRY POINT (	WSF ID: 00700)		., _, _	0, 0	,0,20						
	And Nitrite (NOX)	1131 12.007007							1 -	outine (F	T) no	r voor
	pling Point (Sampling Point ID)			Monitori	ina l	Period	Collec	tion Peri		Compli		-
	RY POINT (3)			1/1/24 -		_	Conec	tion rem	_	_	mplet	
LINII	(1 FOII(1 (3)			1/1/25 -		-					mplet	
				1/1/26 -						CC	ilibiet	
		011 0			_							
		Otner C	ompliance	Sched	lule	es						
Complian	ce Schedule Activity			-	Due	Date		Achiev	ed D	ate		
CROSS CO	NNECTION EXEMPTION				3/1/	/2025						
	Water 9	System Facil	ity and Sar	npling	Po	oint In	vento	ry				
Water							Total	Lead a	nd			
System	Water System Facility	Sampling Point	Sampling Poi	nt			Coliform	1 Сорр	er			Stage
Facility II		ID	Description			Status	Rule	Rule T	ier .	Asbestos	WQP	2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
10607	WELL	2	WELL			Α						
1510	TRINITY EPISCOPAL TREATMENT PLANT											
55185	PRESSURE TANKS (TWO)											
		Certified	Operator	Inform	nati	ion						
Water Sy	stem Facility: TRINITY EPISCO		<u> </u>									
	assification: CLASS 1 TREATMENT										Certif	fication
Operator	•	Operator Typ	e Ce	ertificatio	n(s)	)					_	iration
-	information has been provided to help own								***			

Page 1

C	onnectic	ut Depa	rtment of Publi	с Не	ealth	Dr	inking	Water	Sec	tion	
	Wa	ter Qual	lity Monitoring	and	Con	npl	iance S	Schedul	le		
PWS ID PV	VS Name		<u>,                                     </u>			_			_	r Type	Primary Source
CT1355013 ST	PETER AND S	Γ ANDREW C	OPTIC ORTHODOX				NC	50	F		GW
Local Address (whe	re applicable)		Service		Residen	tial	Commerci	al Industri	ial Co	ombine	d Agricultural
20 BROOKDALE RO	AD		Connecti	ons	1						
Towns Served: STA	MFORD		,	,		•			·		
			<b>Certified Operat</b>	or Ir	nform	natio	on				
Water System Fac	cility: TRINI	TY EPISCOP	AL TREATMENT PLANT	(WSI	F ID: 15	510)					
Facility Classification	on: CLASS 1 TF	REATMENT PI	LANT								Certification
Operator Name			Operator Type	Cer	tificatio	on(s)					Expiration
THEISS, P.E., RICHA	RD J.		CHIEF OPERATOR	WA <sup>-</sup>	TER TRE	ATM	ENT PLAN	COPERATOR	R - CLAS	SS III	9/30/2026
			Contact Inf	form	ation	1					
Name			Organization	า					Jo	ob Title	2
Mr. Andrew Awaa	t		St Peter St A	ndrev	v Orth C	Churc	h				
Mailing Address Lin	e One		Mailing Address Line Two					City		State	Zip Code
20 Brookdale Drive							Stamfo	rd		CT	06903
Business Phone	Extension	Fax	Mobile Phone	Em	ergency	/ Pho	ne Email A	ddress			
203-455-7447				2	03-968-	8631	. abouna	@copts.org	3		
Contact Role(s): Le	egal Contact										
Name			Organization	า					J	ob Title	2
Ms. Ann Marie Tos	S		St Peter St A	ndrev	v Orth C	Churc	h	Board of I	Directo	rs	
Mailing Address Lin	e One		Mailing Address Line Two					City		State	Zip Code
20 Brookdale Drive							Stamfo	rd		CT	06903
Business Phone	Extension	Fax	Mobile Phone	Em	ergency	/ Pho	ne Email A	ddress			
			646-250-9604				annma	rietoss@gm	ail.com	1	
Contact Role(s): A	dministrative	Contact									
Diagra note the fol	lowing										

### Please note the following:

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

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

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

End of schedule

Page 2

<u>*</u>	t of Public Health Drinkin	O .	on
Water Quality Mo	nitoring and Compliance	Schedule	
PWS ID PWS Name	Classification	Population Owner Ty	ype Primary Source
CT1350014 CHIMNEY CORNERS SHOPPING CENTER	NC	25 P	GW
Local Address (where applicable)	Service Residential Commer	cial Industrial Com	bined Agricultural
1051 LONG RIDGE ROAD	Connections 1		
Towns Served: STAMFORD			·
Mo	onitoring Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (W</b>			
Total Coliform (3100)		1 routine	(RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period C	ompliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	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 C	ompliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	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: 00	700)		
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period C	ompliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
Water System Facility: WELL (WSF ID: 22243)			
E. Coli (3014)		1 routine	(RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period C	ompliance Status
WELL (2)	4/1/25 - 6/30/25		Complete
	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		
Monthly Water System F	acility (WSF) Level Monitorin	g Requirements	
Water System Facility: ENTRY POINT (WSFID: 007	00)		
Analyte Monitoring Requirement (St	ummary Type) Operating Limit	Samp	oles Req/Month
Chlorine Entry Point Chlorine Residua	Monitoring (CHLR) Minimum: 0.2 M	G/L	Daily
<b>Start Date: 1/1/2015</b>		P	onitoring
	Monitoring Period (		mpliance Status:
	7/1/2025 - 7/31/2025		
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		

	Connectio	ut Dena	rtment of	f Public	Health	Dri	nkin	σW	ater Se	ection	
		•	ity Monit					$\overline{}$		CCIOII	
PWS ID	PWS Name	itei Quai	ity Moint	.or mg a	nu Con	_		_		ner Tyne P	rimary Source
CT1350014	CHIMNEY CORN	IFRS SHOPPIN	IG CENTER				NC	-	25	P	GW
	ss (where applicable)		IC CLITTEIN	Service	Residen		ommer		ndustrial	Combined	_
	RIDGE ROAD			Connection		iciai Ci	1	0.01	raastriai	Combined	7.61104104141
	ed: STAMFORD										
			Other C	omplian	ce Sched	dules					
Compliance	Schedule Activity					Due Do			Achieved	Date	
_	NECTION SURVEY REI	PORT				3/1/20	24				
CROSS CONI	NECTION SURVEY REI	PORT				3/1/20					
	NECTION SURVEY RE					3/1/20					
		Water Sv	stem Facil	ity and S	ampling	Poir	t Inv	ento	rv		
Water		110.10.0,		ity uniti o	P			Total	Lead and	1	
	Vater System Facility	,	Sampling Point	Sampling F	Point			oliform			Stage
Facility ID			ID	Description	1	St		Rule		Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1	Α	Υ			
			CC001	DUNKIN HA	AND SNK		Α	Υ		Υ	
			CC002	RR DR DEN	T OFFICE		Α	Υ		Υ	
			CC003	DR OR DEN	ITIS LAB SNI	K	Α	Υ		Υ	
			CC004	RR LIQUOR	STORE		Α	Υ		Υ	
			CC005	RR HAIR SA	LON		Α	Υ		Υ	
			CC006	RR SHOE R	EPAIR SHOP	)	Α	Υ		Υ	
			CC007	RR PERS TR	RAINOR		Α	Υ		Υ	
			DOWNSTREAM	WITHIN 5 S	SERVICE COI	N	Α				
			UPSTREAM	WITHIN 5 S	SERVICE COI	N	Α				
00700 E	NTRY POINT		3	ENTRY POI	NT		Α				
22243 V	VELL		2	WELL			Α				
59187 T	REATMENT PLANT										
			Con	tact Info	rmation	1					
Name			0	rganization						Job Title	
Mr. Paul Jor	danopoulos		37	79 Ponus Rid	lge LLC			Pre	esident		
	ress Line One		Mailing Addres	s Line Two				С	ity	State	Zip Code
379 Ponus R					I			Canaar		СТ	06840
Business F		Fax	Mobi	ile Phone	Emergency	y Phone					
203-219-							wago	nwhee	lfinewines	@yahoo.co	m
	e(s): Administrative	Contact, Leg						1			
Name				rganization						Job Title	
Ms. Helen Jo	ordanopoulos		37	79 Ponus Ric	lge LLC						

Mailing Address Line Two

Mobile Phone

Schedule Generation Date: 12/12/2025

Mailing Address Line One

Extension

Contact Role(s): Legal Contact, Owner

Fax

379 Ponus Ridge Rd

**Business Phone** 

203-966-5321

State

СТ

Zip Code

06840

City

New Canaan

Emergency Phone Email Address

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	<b>Primary Source</b>
CT1350014	CHIMNEY CORNERS	SHOPPIN	NG CENTER			NC	25	Р	GW
Local Address (	where applicable)			Service	Resider	ntial Commerc	ial Industri	al Combin	ed Agricultural
1051 LONG RID	GE ROAD			Connections		1			
T 6 1	STALAFORD.								

Towns Served: STAMFORD

## Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 5

	Connecticut De	partment of	F Public H	lealth	Dr	inkin	g W	ater	Se	ction		
	Water Ou	iality Monit	oring an	d Com	ilar	ance	Sch	edul	e			
PWS ID	PWS Name	<i></i>	8 -							ner Type P	rimarv	Source
CT135002		TION COMPLEX				NC		25		L	G۷	
	ress (where applicable)		Service	Resident	tial (	Commer	cial I	ndustri	al	Combined	Agric	cultural
	STABLE TRAIL		Connections			1						
	ved: STAMFORD											
		Monite	oring Requ	iiromoi	ntc							
Water Sy:	stem Facility: <b>DISTRIBUTION</b>			ili eillei	1115							
Total Col	liform (3100)								1 ro	utine (RT)	per n	nonth
Samp	oling Point (Sampling Point ID)			Monitorii	ng Pe	riod	Collect	tion Pe		Compli	-	
Selec	t from Inventory of Active Sampl	ing Points		7/1/25 -	7/31,	/25				Co	mplet	e
				8/1/25 -	8/31,	/25				Со	mplet	e
				9/1/25 -							mplet	
				6/1/26 -							•	
Physical	Parameters (PPS)								1 ro	utine (RT)	per n	nonth
	oling Point (Sampling Point ID)			Monitorii	ng Pe	riod	Collect	tion Pe		Compli	•	
	t from Inventory of Active Sampl	ing Points	_	7/1/25 -							mplet	_
				8/1/25 -							mplet	
				9/1/25 -							mplet	
				6/1/26 -		•					•	
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)										
•	And Nitrite (NOX)	(							1	routine (F	RT) ne	r vear
	oling Point (Sampling Point ID)			Monitorii	na Pe	riod	Collect	tion Pe		Compli		-
_	RY POINT (3)			1/1/24 - :			001100				mplet	_
LIVIII	(3)			1/1/25 - 1	-	-					mplet	
				1/1/26 - :							ripico	
		Other C	ompliance									
Complian	ce Schedule Activity				Due D			Achie	ved I	Date		
	NNECTION SURVEY REPORT				3/1/2			Acme	JCU I	Juic		
	NNECTION SURVEY REPORT				3/1/2							
	NNECTION SURVEY REPORT				3/1/2							
CNOSS CO		System Facili	ity and Sar				ento	ry				
Water							Total	Lead	and			
System	Water System Facility	Sampling Point		nt		Co	oliform	Сор	per			Stage
Facility ID	)	ID	Description		S	tatus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	15	BATHROOM			Α	Υ			Υ		
		4	DISTRIBUTION	I SYSTEM		Α	Υ					
		DHRC01	BOYS LOCKER	SLOP		Α	Υ					
		DHRC02	BOYS LOCKER	SINK		Α	Υ					
		DHRC03	GIRLS LOCKER	SINK		Α	Υ					
		DHRC04	STAFF BATHR	OOM SINI	K	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
62218	WELL 2	2	WELL 2			Α						
PF01	BOOSTER PUMP											

Schedule Generation Date: 12/12/2025

ATMOSPHERIC STORAGE TANKS

ST01

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source												
CT1350024	DOROTHY HERO	Y RECREATION	ON COMPLEX				NC	25	l	L	GW		
ocal Address (where applicable)  Service Residential Commercial Industrial Combined Agricultural													
84 RIDING STABL	84 RIDING STABLE TRAIL Connections 1												
Towns Served: S	TAMFORD					·			,		, ,		
			Con	tact Info	rmation	1							
Name			Or	ganization					J	ob Title	<u> </u>		
Ms. Caroline Sim	mons		Cit	y of Stamfo	rd			Mayor					
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code		
Stamford Govern	ment Center		888 Washingtor	n Boulevard			Stamfo	rd		CT	06901		
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address												
203-977-4150	203-977-4150 MayorsOffice@stamfordct.gov												
Contact Role(s):	Contact Role(s): Legal Contact												

Organization

**Mobile Phone** 

City of Stamford

Contact Role(s): Administrative Contact

Extension

### Please note the following:

Mailing Address Line One

888 Washington Boulevard

Name

Mr. Kevin Murray

**Business Phone** 

203-977-4606

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

Mailing Address Line Two

6Th Floor - Recreation

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

Fax

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

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

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

End of schedule

Zip Code

06902

Job Title

State

CT

Director of Parks

City

kmurray@stamfordct.gov

Stamford

Emergency Phone Email Address

(		cticut Departm						_			ction	
211/2/2		Water Quality	Monitoring	ano	Com	_				_		
	PWS Name					Clas		ו פי	-	Owr		rimary Source
		DINER & MALL	Comileo		Dasidasa	bi a l	NC		25	ial	P	GW
Local Address (wh 1050 LONG RIDGE		cable)	Service Connect		Resident	tiai	Commer	ciai	Industr	iai	Combined	Agricultural
Towns Served: STA			Connect	.10113			1					
Towns Served. 317	AIVIFORD											
Water System Fa	acility: I	DISTRIBUTION SYSTEM	Monitoring R (WSF ID: 00600		remei	nts						
Total Coliform	(3100)			-						1 rou	itine (RT)	per quarter
	•	ling Point ID)		٨	1onitorii	ng P	eriod	Colle	ection Pe			iance Status
Select from I	nventory	of Active Sampling Point	5		4/1/25 -	6/30	0/25				Co	mplete
					7/1/25 -	9/30	0/25				Co	mplete
				1	0/1/25 -	12/3	31/25				Co	mplete
					1/1/26 -	3/3:	1/26					
					4/1/26 -	6/30	0/26					
Physical Parame	eters (P	PS)							:	1 rou	itine (RT)	per quarter
Sampling Pol	int (Samp	ling Point ID)		٨	1onitorii	ng P	eriod	Colle	ection Pe	eriod	Compl	iance Status
Select from I	nventory	of Active Sampling Point	5		4/1/25 -	6/30	0/25				Cc	mplete
					7/1/25 -	9/30	0/25				Cc	mplete
				1	0/1/25 -	12/3	31/25				Co	mplete
					1/1/26 -	3/3:	1/26					
					4/1/26 -	6/30	0/26					
Water System Fa	acility:	TREATMENT PLANT (\	WSF ID: 00700)									
<b>Nitrate And Nit</b>	trite (NO	X)								1	routine (I	RT) per year
Sampling Po	int (Samp	ling Point ID)			1onitorii			Colle	ection Pe	eriod	Compl	iance Status
ENTRY POINT	T (3)				/1/24 - 1		•				Co	mplete
				1	/1/25 - 1	12/3	1/25				Co	mplete
				1	/1/26 - 1	12/3	1/26					
Water System Fa	acility:	WELL (WSF ID: 22246)										
E. Coli (3014)									:	1 rou	itine (RT)	per quarter
Sampling Po	int (Samp	ling Point ID)		٨	1onitorii	ng P	eriod	Colle	ection Pe	eriod	Compl	iance Status
WELL (2)					4/1/25 -							mplete
				•	7/1/25 -	9/30	0/25				Cc	mplete
					0/1/25 -						Cc	mplete
					1/1/26 -							
				•	4/1/26 -	6/30	0/26					
	Mon	thly Water Syste	m Facility (WS	SF) L	evel N	1or	nitorin	g Ro	equire	me	nts	
Water System Fa	acility: <b>T</b>	REATMENT PLANT (V	VSFID: 00700)									
Analyte		<b>Monitoring Requiremen</b>	nt (Summary Type)		Oper	ratin	g Limit				Samples R	eq/Month
Chlorine		Entry Point Chlorine Res	sidual Monitoring (	CHLR)	Mini	mun	n: 0.2 M	G/L			Da	ily
Start Date: 5,	/1/2009		Cor	mplian	ce Histo	ry:	C	Opera	ating Lim	it	Monito	ring
			Mo	nitorir	ng Period	d	C	Comp	liance St	tatus:	Complia	ince Status:
				-	- 7/31/2							
				-	- 8/31/2							
				-	- 9/30/2							
					5 - 10/31							
			11/	1/202	5 - 11/30	)/20:	25					

#### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS Name Classification | Population | Owner Type | Primary Source PWS ID CT1350054 LAKESIDE DINER & MALL NC GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1050 LONG RIDGE ROAD 1 Towns Served: STAMFORD **Other Compliance Schedules** Due Date Compliance Schedule Activity **Achieved Date** 3/1/2020 CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT 3/1/2021 CROSS CONNECTION SURVEY REPORT 3/1/2022 CROSS CONNECTION SURVEY REPORT 3/1/2023 3/1/2024 CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT 3/1/2026 **Water System Facility and Sampling Point Inventory** Water **Total** Lead and System Water System Facility Sampling Point Sampling Point **Coliform** Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α LDM001 **DINER MENS RR** Υ LDM002 DINER LADIES RR Α Υ **DINER COUNTER TRPL** LDM003 Α Υ LDM004 **DINER KITCHEN SINK** LDM005 **DINER HAND SINK** Δ ٧ **CLEANERS RR** LDM006 LDM007 SALON RR LDM008 SALON HAIR WASH L Δ ٧ LDM009 SALON HAIR WASH R LDM010 MISH MOSH FRONT HS LDM011 MISH MOSH BACK HS Α MISH MOSH TRPL SNK LDM012 Υ LDM013 MISH MOSH RR LDM014 THE DOJO KARATE RR Υ LDM015 CARVEL RR Α ٧ **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 TREATMENT PLANT **ENTRY POINT** Α 2 WELL Α 22246 WELL

**Contact Information** Organization Job Title Name **Babylon Family LLC** Mailing Address Line One Mailing Address Line Two City State Zip Code 75 Valley View Drive Stamford 06903 CT **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.

**HYDROPNEUMATIC TANKS** 

55226

•	Johnicche	ut Dcpa	ii tiiiciit oi	1 ubiic	IICaltii	וש	ع۱۱۱۱۲۱۱۱۱	3 vvalci	Section	
	Wat	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name		_			Cla	ssification	Population	Owner Type	Primary Source
CT1350054	AKESIDE DINER	& MALL					NC	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultur
1050 LONG RIDGE	ROAD			Connection	ıs		1			
Towns Served: ST	AMFORD									
Name			Or	ganization					Job Titl	e
Mr. Andrew Alex	ander		Lal	keside Diner	& Mall			Owner		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
214 Dogwood Ln							Stamfo	ord	СТ	06903
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address	,	
914-447-0212					914-400-	-555!	5 andrev	vcarvel5@gr	mail.com	
C	A -l!	C44 1	-1644-0				1			

Connecticut Department of Public Health Drinking Water Section

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

### Please note the following:

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

End of schedule

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	Connecticut Dep					_		ction	
		ality Monit	oring and						
PWS ID	PWS Name			Cl					mary Source
CT1350134	BARTLETT ARBORETUM AS	SSOC.			NC		5	Р	GW
	where applicable)		Service	Residentia	I Comm	ercial In	dustrial	Combined	Agricultural
151 BROOKDAL			Connections		1				
Towns Served:	STAMFORD								
			oring Requ	irement	:S				
-	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	• •							itine (RT) p	-
	Point (Sampling Point ID)			Monitoring		Collecti	ion Period		nce Status
Select fron	m Inventory of Active Samplin	ng Points		4/1/25 - 6/					plete
				7/1/25 - 9/					plete
				0/1/25 - 12				Com	plete
				1/1/26 - 3/					
				4/1/26 - 6/	30/26				
-	meters (PPS)							itine (RT) p	•
	Point (Sampling Point ID)			Monitoring		Collecti	ion Period		nce Status
Select from	m Inventory of Active Samplin	ng Points		4/1/25 - 6/					plete
				7/1/25 - 9/					plete
				0/1/25 - 12				Con	plete
				1/1/26 - 3/					
				4/1/26 - 6/	30/26				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1040	0)						1 rou	itine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Period	Complia	nce Status
ENTRY PO	INT (3)			4/1/25 - 6/				Com	plete
				7/1/25 - 9/	30/25			Com	plete
			1	0/1/25 - 12	2/31/25			Com	plete
				1/1/26 - 3/	31/26				
				4/1/26 - 6/	30/26				
Nitrite (1041	L)						1	routine (RT	) per year
Sampling	Point (Sampling Point ID)		ı	Monitoring	Period	Collecti	ion Period	Complia	nce Status
ENTRY PO	INT (3)		<u> </u>	1/1/24 - 12,	/31/24			Com	plete
			:	1/1/25 - 12,	/31/25			Com	plete
				1/1/26 - 12,	/31/26				
	Water	System Facili	ity and San	npling P	oint In	vento	Ύ		
Water			c " - :			Total	Lead and		-
*	ter System Facility	Sampling Point	Sampling Poin Description	t		Coliform	Copper	Achostas	Stage
Facility ID	TRUBUTION CVCTTA	ID	•	CVCTE	Status	Rule	Kule Tier	ASDESTOS V	VQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SERV	/ICE CON	A				
00700 ENTI	RY POINT	3	ENTRY POINT		Α				

WELL

2

22254 WELL

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Α

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT1350134	BARTLETT ARBORETUM ASSOC.		NC	25	Р	GW						
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural					
L51 BROOKDALE ROAD Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: STAMFORD

Contact Information											
Name Organization							Job Title				
			Bartlett Arbo	retum & Gardens		Ceo					
Mailing Address Line One				Mailing Address Line Two				Zip Code			
151 Brookdale Road								06903			
Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ail Address					
				610-247-1802	tkay@bartlettarboretum.org						
			e One Mailing Ad	Organization Bartlett Arbo e One Mailing Address Line Two	Organization Bartlett Arboretum & Gardens e One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone	Organization  Bartlett Arboretum & Gardens  e One Mailing Address Line Two  Stamford  Extension Fax Mobile Phone Emergency Phone Email Act	Organization Bartlett Arboretum & Gardens Ceo e One Mailing Address Line Two City Stamford Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title  Bartlett Arboretum & Gardens Ceo  e One Mailing Address Line Two City State  Stamford CT  Extension Fax Mobile Phone Emergency Phone Email Address			

Contact Role(s): Administrative Contact

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End of schedule

	Connecticut Departmen	nt of Public H	lealth	Dr	inking	g Wate	er S	ection	
	Water Quality M	onitoring an	d Con	npli	ance :	Schedi	ıle		
PWS ID	PWS Name	<u> </u>		_				wner Type Pr	imary Source
CT1355044	GR ART AND CARE BUILDING				NC	40		Р	GW
Local Address (	where applicable)	Service	Residen	ntial (	Commerc	ial Indust	trial	Combined	Agricultural
1086 LONG RID	OGE RD	Connections			1				
Towns Served:	STAMFORD								
	M	onitoring Requ	iireme	nts					
Water System	n Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)							
Total Coliforn	m (3100)						1 r	outine (RT)	per month
	Point (Sampling Point ID)		Monitor	ing Pe	riod C	Collection F	Perio	d Compli	ance Status
Select fror	m Inventory of Active Sampling Points		7/1/25 -						mplete
			8/1/25 -						mplete
			9/1/25 -						mplete
			10/1/25 -						mplete
			11/1/25 -					Со	mplete
			12/1/25 - 12/31/25						
			1/1/26 -						
			2/1/26 -						
			3/1/26 -						
		4/1/26 - 5/1/26 -							
Dhysical Dara	ameters (PPS)		6/1/26 -	- 6/30,	/26		1 -	outine (RT)	nor month
_	Point (Sampling Point ID)		Monitor	ina Pe	riod (	Collection F			ance Status
	m Inventory of Active Sampling Points		7/1/25 -				Crio		mplete
30.000.1101	The state of the s		8/1/25 -						mplete
			9/1/25 -						mplete
			10/1/25 -						mplete
			11/1/25 -						mplete
			12/1/25 -						<u>.</u>
			1/1/26 -						
			2/1/26 -						
			3/1/26 -	- 3/31,	/26				
			4/1/26 -	- 4/30,	/26				
			5/1/26 -	- 5/31,	/26				
			6/1/26 - 6/30/26						
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate (104	•						1 rc	outine (RT) <sub> </sub>	•
	Point (Sampling Point ID)		Monitor			Collection F	Perio		ance Status
ENTRY PO	INT (3)		4/1/25 -						mplete
			7/1/25 -						mplete
			10/1/25 -					Со	mplete
			1/1/26 -						
			4/1/26 -	- 6/30,	/26				

**Monitoring Period** 

1/1/24 - 12/31/24

**Nitrate And Nitrite (NOX)** 

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

1 routine (RT) per year

**Compliance Status** 

Complete

**Collection Period** 

0		CD 11:	TT 1.1	D ' 1		7 ,	· ·	
Connecticut Depa								
Water Qua	lity Monit	coring a	nd Com	pliano	ce Sch	iedule	)	
PWS ID PWS Name			(	Classificat	ion Pop	ulation C	wner Type F	rimary Source
CT1355044 GR ART AND CARE BUILDING	i e			NC		40	Р	GW
Local Address (where applicable)		Service	Residenti	al Comn	nercial I	Industrial	Combined	l Agricultural
1086 LONG RIDGE RD		Connection	ıs		1			
Towns Served: STAMFORD								
	Monit	oring Red	quiremen	ts				
Water System Facility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (	RT) per year
Sampling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	· <del>-</del> ·	iance Status
			1/1/25 - 1	2/31/25			Co	omplete
			1/1/26 - 1	2/31/26				
Water System Facility: WELL 1 (WSF ID	: 61480)							
E. Coli (3014)						1	routine (RT	) per month
Sampling Point (Sampling Point ID)			Collec	Collection Period Compliance Status				
WELL 1 (2)			10/1/25 - 1	0/31/25				
			11/1/25 - 1	1/30/25				
			12/1/25 - 1	2/31/25				
			1/1/26 - 1	/31/26				
			2/1/26 - 2	2/28/26				
			3/1/26 - 3	3/31/26				
			4/1/26 - 4	1/30/26				
			5/1/26 - 5	5/31/26				
			6/1/26 - 6	5/30/26				
	Other C	ompliand	ce Schedu	ules				
Compliance Schedule Activity			D	ue Date		Achieve	ed Date	
RESPOND TO SANITARY SURVEY			11	/8/2025				
CROSS CONNECTION SURVEY REPORT			3,	/1/2027				
Water S	ystem Facil	ity and Sa	ampling I	Point li	nvento	ory		
Water					Total	Lead a	nd	
System Water System Facility	Sampling Point				Coliform			Stage
Facility ID	ID	Description	· · · · · · · · · · · · · · · · · · ·	Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM			Α				
	GACB01	GALLERY BA		Α	Υ			
	GACB02		IIT BATHROO	_	Y			
	GACB03		BATHROOM	A	Y			
20700 FAITDY DOINT	UPSTREAM		ERVICE CON	Α .				
00700 ENTRY POINT	3	ENTRY POIN	N I	Α .				
61480 WELL 1	2	WELL 1		Α				
61859 TREATMENT PLANT	_							
	Con	tact Info	rmation					
Name		rganization					Job Title	
Mr. George Pali		Capital LLC		П			T 1	
Mailing Address Line One	Mailing Addres	s Line Two				City	State	Zip Code
89 Mill Spring Ln					amford		СТ	06903
Business Phone Extension Fax	Mobi	le Phone	Emergency F	Phone En	nail Addre	ess		

domined at Department of Labite Health Dimining Water beetion											
		Wat	ter Quality M	lonit	oring an	d Con	np)	liance S	Schedul	le	
PWS ID	WS ID PWS Name					Classification		Population	Owner Type	Primary Source	
CT1355044	GR ART AND CARE BUILDING							NC	40	Р	GW
Local Address (where applicable)				Service	Residen	ntial	Commerci	al Industri	al Combine	d Agricultural	
1086 LONG RIDGE RD			Connections			1					
Towns Served:	STAM	IFORD									
914-434-19	06		703-355-1353		gpali@optonline.net						
Contact Role(s	): Ad	ministrative (	Contact, Legal Conta	ct, Own	er						

Connecticut Department of Public Health Drinking Water Section

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