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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0181222	SHELL FACILITY				NC	30	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
819 FEDERAL RO)AD	Connections	1					

Towns Served: BROOKFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24	_	
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

L1 ASSESSMENT (MULTIPLE TC+) 7/28/2023

Pub	IIC N	otifica	tion R	equiren	nents
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Compliance Notice PN Certification Public Notification Violation/Situation Period Tier Reauired Performed Due to DPH Received NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 4/3/2024 Page 1

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name					ssification	Population	Owner Type	Primar	y Source
CT0181222 SHELL FACILITY						NC	30	Р	G	SW .
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agr	ricultural	
819 FEDERAL RC)AD		Connections	1						
Towns Served: E	BROOKFIELD									
Total Coliform N	1CL Violation	7/1/13 - 9/30/13		2		8/21/2013	. c. jornic	8/31/201	3	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	7/29/23 -		2		11/4/2023		11/14/202	23	

	Wat	ter System Facili	ity and Sampling P	oint Ir	nventoi	ſy	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbesto	Stage os WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		SF001	TRIPLE SINK	Α	Υ	Υ	
		SF002	RR GENERIC RR	Α	Υ	Υ	
		SF003	FRONT HAND SINK	Α	Υ	Υ	
		SF004	RR OUTSIDE	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	А			
20069	WELL	2	WELL	Α			
47481	TREATMENT PLANT						

Contact Information										
Name				Organization	1	Job Title				
Mr. Joseph McCormick			Cpd Parent F	Cpd Parent Properties LLC			Env Compliance Mgr			
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code	
819 Federal Road						Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
845-883-6141	207	518-514-2	1301		845-256-5020	jmccormick@cpdenergy.com				

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

Please note the following:

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

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

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

End of schedule

	Connecticut Departn Water Quality	nent of Public H Monitoring and			C			
PWS ID	PWS Name				assification Population C			Primary Source
CT0189323	THE WHITE HOUSE				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
499 FEDERAL ROAD		Connections	1					

Towns Served: BROOKFIELD					
Monitoring I	Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)				
Total Coliform (3100)		1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
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	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)			Compliance Status		
51/57/ POINT (0)	4 /4 /00 40 /04 /00				

Sumpling Point (Sumpling Point 10)		ivioiiitoriiig	renou c	onection Perio	u Compila	nce status		
ENTRY POINT (3)	1/1/23 - 12/31/23 Complete							
	1/1/24 - 12/31/24 Complete							
1/1/25 - 12/31/25								
Pt	ublic Notification R	equiren	nents					
	Compliance	Notice	Public Notification PN Certifica			<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024			
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024			

Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	6/20/2024		6/30/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/21/2024		8/31/2024	

	Wa	iter System Facili	ity and Sampling P	oint Ir	iventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
22839	WELL	2	WELL	Α				

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			Clas	ssification	Population	Owner Type	Primary Source
CT0189323	THE WHITE HOUSE				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
499 FEDERAL R	OAD	Connections	1					

Towns Served: BROOKFIELD

			С	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Gary M. Venan	cio			L.O.R. Mana	gement, LLC		Manager			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City State			Zip Code	
116A East Pembrok	e Road					Danbury	1	СТ	06811	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress			
203-482-5877						venancio	ogary@gmail.	com		

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

Please note the following:

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Typ	e Pr	imary Source	
CT0180144	BROOKFIELD LIBRARY				NC	25	L		GW	
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combi	ned	Agricultural	
182 WHISCONIER ROAD (ROUTE 25) Connection					1					
Towns Sorved	owns Sanad: PPOOKEIEID									

Towns Served: BROOKFIELD							
	Monitoring Requ	uirement	ts				
Water System Facility: DISTRIBUTION SYSTEM	1 (WSF ID: 00600)						
Total Coliform (3100)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status	
Select from Inventory of Active Sampling Points	ì	10/1/23 - 1	2/31/23		Cor	nplete	
		1/1/24 - 3,	/31/24		Cor	nplete	
		4/1/24 - 6,	/30/24				
		7/1/24 - 9,	/30/24				
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter	
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status	
Select from Inventory of Active Sampling Points	i	10/1/23 - 12/31/23				nplete	
		1/1/24 - 3,	/31/24		Cor	nplete	
		4/1/24 - 6/30/24					
		7/1/24 - 9,	/30/24				
Water System Facility: ENTRY POINT (WSF ID	: 00700)						
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year	
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Complia	nce Status	
ENTRY POINT (3)		1/1/23 - 12	2/31/23		Cor	nplete	
		1/1/24 - 12	2/31/24		Cor	nplete	
		1/1/25 - 12	2/31/25				
O	ther Compliance	Schedu	les				
Compliance Schedule Activity		Du	ie Date	Achieve	d Date		
CROSS CONNECTION EXEMPTION		3/	1/2017				
RESPOND TO SANITARY SURVEY		3/2	25/2020				
Pub	lic Notification R	Requiren	nents				
	Compliance	Notice	Public	<u>Notification</u>	<u>PN Certi</u>	<u>fication</u>	
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received	

Public Notification Requirements									
	Compliance	Notice	Public Notification		PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024				
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	6/20/2024		6/30/2024				
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024				
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	6/20/2024		6/30/2024				
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/20/2024		6/30/2024				

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α		·	·			
20319	WELL	2	WELL	Α			·			

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	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0180144	BROOKFIELD LIBRARY				NC	25	L	GW		
Local Address	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural		
182 WHISCON	Connections			1						

				Contact Inf	ormation					
Name				Organization	l			Job Title	9	
Mr. Ralph Tedesco				Town of Broo	okfield	Director of	Public			
Mailing Address Lin	e One		Mailing	Address Line Two	dress Line Two		City State Zip			
100 Pocono Road			Р О Вох	5106		Brookfie	kfield CT 0		06804	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress	dress		
203-775-7318		203-775-	1804		203-948-1468	rtedesco@brookfield.org				
Contact Role(s): Ac	lministrative (Cantast								
00111010111010(0)1	anning trative v	Contact								
Name	anning a cive	Contact		Organization	<u> </u>			Job Title	2	
, ,		Contact		Organization Brookfield			First Selecti		2	
Name Mr. William Tinsley		Contact	Mailing		1		First Selecti		Zip Code	
Name		Contact	Mailing P.O. Box	Brookfield Address Line Two		Brookfie	City	man	Zip Code	
Name Mr. William Tinsley Mailing Address Lin		Fax		Brookfield Address Line Two	Emergency Phone		City	man State	-	

Please note the following:

Towns Served: BROOKFIELD

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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			Clas	ssification	Population	Owner Type	Prir	mary Source
CT0180164	TOWN OF BROOKFIELD - CADIGAN PARK				NC	25	L		GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
465 CANDLEW	OOD LAKE RD	Connections			1				

Towns Served: BROOKFIELD

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)		1 rou	tine (RT) per month						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24								
	5/1/24 - 5/31/24								
	6/1/24 - 6/30/24								
	7/1/24 - 7/31/24								
	8/1/24 - 8/31/24								
	9/1/24 - 9/30/24								
Physical Parameters (PPS)		1 routine (RT) per mont							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24								
	5/1/24 - 5/31/24								
	6/1/24 - 6/30/24								
	7/1/24 - 7/31/24								
	8/1/24 - 8/31/24								
	9/1/24 - 9/30/24								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/23 - 12/31/23								
	1/1/24 - 12/31/24								

	1/1/25 - 12/31/25							
Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
RESPOND TO SANITARY SURVEY	6/4/2017							
RESPOND TO SANITARY SURVEY	3/18/2023							
SEASONAL START UP COMPLETION	4/1/2023							
SEASONAL START UP COMPLETION	4/1/2024							

Public Notification Requirements										
	Compliance	nce Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/16/2005		6/26/2005					
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/17/2006		5/27/2006					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/23 -	2	11/5/2023		11/15/2023					

	W	Vater System Facili	ity and Sampling F	Point Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility I	D	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				

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	dominocolo de opuir cimone c	7 1 010110 1				,	50001		
	Water Quality Moni	toring an	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Prir	mary Source	
CT0180164	TOWN OF BROOKFIELD - CADIGAN PARK				NC	25	L		GW
Local Address	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
465 CANDLEW	OOD LAKE RD	Connections			1				

	,	Water Sy	stem Facil	ity and S	ampling Po	int lı	nvento	ry		
Water System Water: Facility ID	System Facility	5	Sampling Point ID	Sampling I	_	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY	POINT		3	ENTRY POI	NT	Α				
20321 WELL			2	WELL		Α				
			Con	ntact Info	rmation					
Name			О	rganization					Job Title	
Dr. Raymond Sulli	van		Ві	rookfield He	alth Department		Dir	ector of He	alth	
Mailing Address Li	ne One		Mailing Addres	s Line Two			C	ity	State	Zip Code
100 Pocono Road			P.O. Box 5106			Br	ookfield		СТ	06804
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Pho	ne En	nail Addre	ess.		
203-775-7315		203-740-7	677			rsı	ullivan@b	rookfieldct.	gov	
Contact Role(s):	egal Contact									
Name			О	rganization					Job Title	
Mr. Dennis Dipint	0		To	own of Broo	kfield Parks & Re	eC.	Dir	ector		
Mailing Address Li	ne One		Mailing Addres	s Line Two			C	ity	State	Zip Code
P.O. Box 5106			162 Whisconie	r Rd		Br	ookfield		CT	06804
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Pho	ne En	nail Addre	ess		
203-775-7310		203-775-5	5244		203-460-4273	3 dd	lipinto@b	rookfieldct.	gov	
Contact Role(s):	Administrative (Contact								

Please note the following:

Towns Served: BROOKFIELD

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department	of Public H	lealth	Dı	rinking	Water	Section		
	Water Quality Mo	nitoring and	d Con	npl	iance S	chedul	e		
PWS ID	NS ID PWS Name Classification Population Owner Type Primary Source								
CT0180204	CANDLEWOOD INN				NC	75	Р	GW	
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
506 CANDLEW	OOD LAKE ROAD	Connections			1				

500 CANDLEWOOD LAKE ROAD	-	L	
Towns Served: BROOKFIELD			
Monit	oring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other C	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

RESPOND	TO SANITARY SURVEY		3	3/9/2023				
	W	Vater System Facili	ity and Sampling	Point Ir	nvento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		CI001	KIT SNK DISH WASH	Α	Υ		Υ	
		CI002	KIT HAND SNK	Α	Υ		Υ	

CI003 KIT SNK TRPL SNK Α Υ Υ CI004 KIT SNK SINGLE Υ CI005 **SERVERS STATION** Α Υ Υ CI006 **BAR SINK** Α Υ Υ CI007 RR LADY ROOM R CI008 RR LADY ROOM L CI009 RR LADY ROOM M Α Υ Υ CI010 RR MENS RR L Υ Υ Α CI011 RR MENS RR R Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α

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.

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0180204	CANDLEWOOD INN			NC	75	Р	GW	
Local Address (w	here applicable)	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural	
506 CANDLEWO	OD LAKE ROAD	Connections			1			

	Wa	ater System Facili	ity and Samplin	g Point Ir	nventoi	ſy			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	А					
20324	WELL	2	WELL	Α					
54128	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Simon T. Curtis	3						Cfo		
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
506 Candlewood La	ike Rd					Brookfie	ld	СТ	06804
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ac	ldress		
203-775-4442		203-775-	4623		203-770-3762	sc@westnav.com			
Contact Role(s): A	dministrative	Contact			•	+			
Name				Organization	1			Job Title	
Lake View Properti	es LLC								
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
506 Candlewood La	ike Rd					Brookfie	ld	СТ	06804
Business Phone	Extension	Fax	N	/lobile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: BROOKFIELD

- 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 10

Schedule Generation Date: 4/3/2024

	donnecticat Departi	inelite of a dolle in	Carcii	DIIIII	****	, water	Decelon	
	Water Quality	Monitoring and	d Con	nplian	ce S	Schedul	le	
PWS ID	PWS Name			Classificat	ion	Population	Owner Type	Primary Source
CT0180264	1106 FEDERAL ROAD			NC		25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Comr	nercia	al Industri	al Combin	ed Agricultural
1106 FEDERAL I	ROAD	Connections			1			
Towns Sarvad	BBOOKEIEI D	·		*				

1100 TEDERIVE NOVE						
Towns Served: BROOKFIELD						
N	Ionitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		Con	nplete
		1/1/24 - 3/	/31/24		Con	nplete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		Con	nplete
		1/1/24 - 3/	/31/24		Con	nplete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Water System Facility: ENTRY POINT (WSF ID: 0	00700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (Collection Perio	od Complia	nce Status
ENTRY POINT (3)		1/1/23 - 12	/31/23			
		1/1/24 - 12	/31/24			
		1/1/25 - 12	/31/25			
Oti	ner Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	ed Date	
CROSS CONNECTION SURVEY REPORT		3/:	1/2022			
CROSS CONNECTION SURVEY REPORT		3/:	1/2023			
CROSS CONNECTION SURVEY REPORT		3/:	1/2024			
Publi	c Notification R	Requiren	nents			
	Compliance	Notice	1	<u>lotification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required		Due to DPH	Received
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024	ļ	8/24/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024	ļ	8/24/2024	
Water System	Facility and Sai	mpling P	oint Inve	entory		

Total Com	Total comorni war violation			0/00/20	9	0/ 1-1/ 2	02-1		0/24/2024		
	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling ID		mpling Poin	nt	Status	Total Coliform Rule		Asbestos	WQP .	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DI	STRIBUTION	I SYSTEM	Α	Υ				
		DOWNSTF	REAM W	ITHIN 5 SER	VICE CON	Α					
		UPSTRE	AM W	ITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	EN	ITRY POINT		Α					
20329	WELL	2	W	ELL		Α					

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.

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0180264 1106 FEDERAL ROAD					NC	25	Р	P GW		
Local Address (v	Service	Residen	dential Commer		al Industri	al Combine	ed Agricultural			
1106 FEDERAL R	Connections			1						

Towns Served: BROOKFIELD

			Co	ontact Inf	ormation				
Name				Organization Job Title					
Mr. Fabio Figueiredo Owner									
Mailing Address Lin	iling Address Line One Mailing Address Line Two City					State	Zip Code		
139 Ethan Allen Hig	hway					Ridgefield	СТ	06877	
Business Phone	Extension	Fax	Мс	obile Phone	Emergency Phone	Email Address			
203-544-0333			20:	3-994-4039		fabio@lapietramarble.com			

Contact Role(s): Administrative Contact, Owner

Please note the following:

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

Connecticut Department of Public Health Drinking Water Section									
	Water Quality Mon	itoring an	d Con	npliance	Schedul	le			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0180374	74 GOLDEN LEAF CHINESE RESTAURANT				25	Р	GW		
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural		
1024 FEDERAL	Connections		1						
Towns Served: BROOKFIELD									
Manifestine Description and									

Towns Served: BROOKFIELD				
Monito	ring Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarte	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Physical Parameters (PPS)		1 rout	ine (RT) per quarte	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete	
	1/1/24 - 3/31/24		Complete	
	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			
Other Co	mpliance Schedules			

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 4/5/2020

	Wat	ter System Facili	ity and Sampling P	oint Ir	ventor	ту
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		GLR001	KIT HAND SNK	Α	Υ	Υ
		GLR002	KIT SNK SINGLE	Α	Υ	Υ
		GLR003	KIT SNK DOUBLE	Α	Υ	Υ
		GLR004	RR MENS RR	Α	Υ	Υ
		GLR005	RR LADY ROOM	Α	Υ	Υ
		GLR006	BAR SINK	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
20338	WELL	2	WELL	Α		

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.

	Water Qualit	y Monitoring and			U					
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Prin	nary Source
CT0180374	GOLDEN LEAF CHINESE RESTAU	RANT			NC	25		Р		GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industr	ial	al Combine		Agricultural
1024 FFDERAL ROAD Connections 1										

Towns Served: BRO	OKFIELD									
				Contact In	formation					
Name				Organizatio	Organization			Job Title		
Mr. Kwok Lun Lee							Owner			
Mailing Address Lin	e One		Mailing A	ddress Line Two)	City State			Zip Code	
1024 Federal Road					Brookfiel	d	СТ	06804		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-775-4597		203-775-4	1598			the goldenleaf@vahoo.com				

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

Please note the following:

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

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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			Cla	ssification	Population	Owner Type	Primary Source
CT0180414	HI-WAY MARKET				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
616 FEDERAL R	DAD	Connections			1			

Towns Served: BROOKFIELD

Monitoring	Requi	irements
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Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS) 1 routine (RT) pe						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete			
	1/1/24 - 3/31/24		Complete			
	4/1/24 - 6/30/24					
	7/1/24 - 9/30/24					

Nitrate And Nitrite (NOX)	1 routin					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/23 - 12/31/23					
	1/1/24 - 12/31/24					
	1/1/25 - 12/31/25		_			

Other Compliance Schedules

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

Public Notification Requirements											
	Compliance	Notice	Public No	Public Notification		<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
E. Coli	10/10/16 - 3/20/17	3	3/2/2018		3/12/2018						
Physical Parameters M&R Violation	1/1/20 - 3/31/20	3	9/2/2021		9/12/2021						
Total Coliform M&R Violation	1/1/20 - 3/31/20	3	9/2/2021		9/12/2021						
Physical Parameters M&R Violation	7/1/20 - 9/30/20	3	1/5/2022		1/15/2022						
Total Coliform M&R Violation	7/1/20 - 9/30/20	3	1/5/2022		1/15/2022						
Nitrate And Nitrite M&R Violation	1/1/20 - 12/31/20	3	3/19/2022		3/29/2022						
Total Coliform M&R Violation	10/1/20 - 12/31/20	3	3/19/2022		3/29/2022						
Physical Parameters M&R Violation	10/1/20 - 12/31/20	3	3/19/2022		3/29/2022						
Total Coliform M&R Violation	4/1/21 - 6/30/21	3	8/27/2022		9/6/2022						
Physical Parameters M&R Violation	4/1/21 - 6/30/21	3	8/27/2022		9/6/2022						
Total Coliform M&R Violation	7/1/21 - 9/30/21	3	11/23/2022		12/2/2022						
Physical Parameters M&R Violation	7/1/21 - 9/30/21	3	11/23/2022		12/2/2022						

Water System Facility and Sampling Point Inventory

vvater			Totai	Leaa ana	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	ctatua Rule	Rule Tier Asbe	estos WOP 2 DBPR
MOTE This is for each the character of the day had a second		and the first of the contract	Annual Program of the Astron.	the state of the same	After the control of the control of the

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.

	Connecticu	ıt Depa	rtment of	Public	Health	Drin	king	Water S	Section	
	Wat	er Qual	lity Monit	oring a	nd Com	plia	nce So	chedule)	
PWS ID	PWS Name			<u> </u>		Classifi				Primary Source
CT0180414	HI-WAY MARKET	•				N		25	P	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercial	Industria	Combined	d Agricultural
616 FEDERAL RC)AD			Connection	ıs		1			
Towns Served: B	ROOKFIELD				1	'			1	
00600 DISTE	RIBUTION SYSTEM		4	DISTRIBUTION OF THE PROPERTY O	ON SYSTEM	Sta A				
00000 0.511			DOWNSTREAM			-				
			HM001	RR GENERIC		· ,	-		Υ	
			HM002	KIT SNK TRP	L SNK	Δ	Λ Y		Υ	
			HM003	KIT HAND S	NK	Δ	Υ		Υ	
			UPSTREAM	WITHIN 5 SI	ERVICE CON	I A	١			
00700 ENTR	Y POINT		3	ENTRY POIN	JT	Δ	\			
20341 WELL	-		2	WELL		Д	\			
			Con	tact Info	rmation					
Name			Or	rganization					Job Title	
Ms. Lynn Pisano			Hi	i-Way Marke	t					
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
457 North Main	Street, Suite 3A						Danbury		СТ	06811
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress		
203-790-8083	3	203-830-4	1372							
Contact Role(s):	Administrative (Contact								
Name			Oı	rganization					Job Title	
Mr. Frank Galizi	a		Gr	r6, LLC				Member		
Mailing Address	Line One		Mailing Address	s Line Two				City	State	Zip Code
10 Mill Farm Lar	ne						Brewste		NY	10509
Business Phon	e Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress		
845-279-3040)	845-279-3	3037		914-672-	7278	FG@eag	leind.net		
Contact Role(s):	Owner									

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

End of schedule

	Connecticut Departmen	t of Public H	lealth D	rinking	Water S	ection	
	Water Quality Mo	onitoring an	d Comp	liance S	chedule		
PWS ID	PWS Name		Cla	assification P	opulation O	wner Type Pi	imary Source
CT0180454	ALL-STAR TRANSPORTATION			NC	25	Р	GW
Local Address ((where applicable)	Service	Residential	Commercia	Industrial	Combined	Agricultural
25 OLD GRAYS	BRIDGE	Connections		1			
Towns Served:	BROOKFIELD	1	1				
	Mo	onitoring Requ	irement	S			
Water Systen	n Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)					
Total Colifor	m (3100)				1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11	/30/23		Co	mplete
			12/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 1/3	31/24		Co	mplete
			2/1/24 - 2/2	29/24		Co	mplete
			3/1/24 - 3/3	31/24		Co	mplete
			4/1/24 - 4/3	30/24			
			5/1/24 - 5/3	31/24			
			6/1/24 - 6/3	30/24			
			7/1/24 - 7/3	31/24			
			8/1/24 - 8/3	31/24			
			9/1/24 - 9/3	30/24			
			10/1/24 - 10	/31/24			
Physical Para	ameters (PPS)				1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11	/30/23		Со	mplete
			12/1/23 - 12	/31/23		Со	mplete
			1/1/24 - 1/3	31/24		Со	mplete
			2/1/24 - 2/2	29/24		Co	mplete
			3/1/24 - 3/3	31/24		Со	mplete
			4/1/24 - 4/3	30/24			
			5/1/24 - 5/3	31/24			
			6/1/24 - 6/3	30/24			
			7/1/24 - 7/3	31/24			
			8/1/24 - 8/3	31/24			
			9/1/24 - 9/3	30/24			
			10/1/24 - 10	/31/24			
Water Systen	n Facility: ENTRY POINT (WSF ID: 00	700)					
Nitrate And	Nitrite (NOX)				1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Compli	ance Status
ENTRY PO	DINT (3)		10/1/23 - 12	/31/23		Со	mplete
			1/1/24 - 3/3	31/24		Со	mplete
			4/1/24 - 6/3	30/24			

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Other Compliance Schedules

Compliance Schedule Activity

RESPOND TO SANITARY SURVEY

7/1/24 - 9/30/24

Due Date

3/16/2023

Achieved Date

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT0180454 ALL-STAR TRANSPORTATION				NC 25		Р	GW					
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
25 OLD GRAYS	BRIDGE	Connections			1							

Towns Served: BROOKFIELD

Public Notification Requirements											
	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Distribution Color MCL Violation	7/1/06 - 9/30/06	2	12/1/2006		12/11/2006						
Physical Parameters M&R Violation	3/1/23 - 3/31/23	3	5/22/2024		6/1/2024						
Nitrate And Nitrite M&R Violation	1/1/23 - 3/31/23	3	5/25/2024		6/4/2024						
Total Coliform M&R Violation	2/1/23 - 2/28/23	3	5/25/2024		6/4/2024						
Total Coliform M&R Violation	3/1/23 - 3/31/23	3	5/25/2024		6/4/2024						
Physical Parameters M&R Violation	2/1/23 - 2/28/23	3	5/25/2024		6/4/2024						

Water System Facility and Sampling Point Inventory										
Water System Facility	Sampling Point ID	Sampling Point Description	Status	Dula		Asbestos	WQP	Stage 2 DBPR		
DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
	UPSTREAM	WITHIN 5 SERVICE CON	Α							
ENTRY POINT	3	ENTRY POINT	Α							
WELL	2	WELL	Α							
	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Water System Facility DISTRIBUTION SYSTEM 4 DOWNSTREAM UPSTREAM ENTRY POINT 3	Water System Facility DISTRIBUTION SYSTEM A DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON ENTRY POINT 3 ENTRY POINT	Water System Facility Description DISTRIBUTION SYSTEM A DOWNSTREAM DOWNSTREAM UPSTREAM ENTRY POINT Sampling Point Description Status A DOWNSTREM A DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A	Water System Facility Sampling Point ID Description Status Rule DISTRIBUTION SYSTEM A Y DOWNSTREAM UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT 3 ENTRY POINT A Total Coliform Rule A Y A Y DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A	Water System Facility Sampling Point ID Description A Total Coliform Copper Rule Tier DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A Lead and Coliform Rule Tier A From Rule Tier A A Y DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A	Water System Facility Sampling Point ID Description A Total Coliform Rule Tier Asbestos DISTRIBUTION SYSTEM A DOWNSTREAM DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A Total Copper Rule Tier Asbestos A Y DOWNSTREAM A Y DOWNSTREAM WITHIN 5 SERVICE CON A ENTRY POINT A	Water System Facility Sampling Point ID Description A Total Coliform Copper Status Rule Tier Asbestos WQP DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON ENTRY POINT A Total Copper Rule Tier Asbestos WQP A SERVICE CON A A ENTRY POINT A		

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Debra Jones			All-Star Tran	sportation	Contract Manager				
Mailing Address Line One Mailing Add				ess Line Two		City		State	Zip Code
25 Old Grays Bridge	2					Brookfie	ld	CT	06804
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-775-1545						DEBRA.J	ONES@ALL-	-STARTRANSP	ORTATION.CO
Contact Role(s): A	dministrative C	ontact	,						

Contact Role(s): A	dministrative	Contact								
Name					Organization				Job Titl	е
Ms. Leslie Sheldon					All-Star Trans	portation		Corp Ops N	Ingr	
Mailing Address Lin	e One		Mailing	Addr	ess Line Two			City	State	Zip Code
146 Huntingdonave	<u>.</u>						Waterbu	ıry	СТ	06708
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Ac	ldress	,	
203-573-0555							info@AL	L-STARTRAN	ISPORTATIO	N.COM

Contact Role(s): Legal Contact

Please note the following:

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- 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

Connecticut Department of Dublic Health	Duinlrine	- Moton	Coation	
Connecticut Department of Public Health	DIIIKIII	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prima

PWS ID	PWS Name			Classificati	on F	opulation	Owner Type	Primary Source
CT0180464	LAUREL HILL COMPLEX			NC		25	Р	GW
Local Address (v	where applicable)	Service	Residen	itial Comm	ercia	l Industri	al Combin	ed Agricultural
940 FEDERAL RO	DAD	Connections		1				

Towns Served: BROOKFIELD

Towns Served: BROOKFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Vater System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Comp	oliance :	Scneaui	es
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Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 3/25/2020

Water System Facility and Sampling Point Inventory

Water			Total	Lead and
System	Water System Facility	Sampling Point Sampling Point	Coliform	Copper

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.

Stage

	Connecticut Dep	iai unient oi	Fublic II	leaitii	ν.	1 111K111	g vi	valei	36	CHOII		
	Water Qu	ality Monit	oring and	d Com	npl	liance	Scł	nedul	e			
PWS ID	PWS Name				Cla	ssification	Pop	oulation	Owr	er Type	Primary Sc	ource
CT018046	4 LAUREL HILL COMPLEX					NC		25		Р	GW	
Local Add	ress (where applicable)		Service	Residen	tial	Commerc	ial	Industri	al	Combine	d Agricul	tural
940 FEDE	RAL ROAD		Connections			1						
Towns Se	rved: BROOKFIELD						'				1	
Facility IE)	ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQP 2 I	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
20345	WELL	2	WELL			Α						
61820	TREATMENT PLANT											

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Alan Weiner				Brook North	Investments, LLC		Member		
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City		Zip Code
458 Danbury Road,	Ste A-7					New Mil	ford	CT	06776
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
			20:	3-512-5957	203-512-5958	alan000	75@yahoo.com		

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

Please note the following:

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

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

End of schedule

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Schedule Generation Date: 4/3/2024

	Carry a ati aut D		Dalak a I	I a a l 4 la	D		TA	7 - 4	Ca	-4-1		
	Connecticut Do Water Q	epartment of Juality Monit					_			ction		
PWS ID	PWS Name		<u> </u>						_	ner Type	Primary	/ Source
CT0180624	EXTRA SPACE STORAGE					NC		25		Р	G	W
Local Address	(where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combine	d Agri	icultural
578 FEDERAL F	ROAD		Connections			1						
Towns Served:	BROOKFIELD											
		Monite	oring Requ	uireme	nts	3						
Water Systen	m Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)							1	rou	tine (RT) per q	uarter
	Point (Sampling Point ID))		Monitori	ng P	Period	Collec	tion Pe		•	liance :	
Select fro	m Inventory of Active Sam	pling Points		10/1/23 -	12/	31/23				(Complet	te
				1/1/24 -	3/3	1/24				(Complet	te
				4/1/24 -	6/3	0/24						
				7/1/24 -	9/3	0/24						
Physical Para	ameters (PPS)							1	rou	tine (RT) per q	uarter
Sampling	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe	riod	Comp	liance :	Status
Select fro	m Inventory of Active Sam	pling Points		10/1/23 -	12/	31/23				(Complet	te
				1/1/24 -	3/3	1/24				(Complet	te
				4/1/24 -	6/3	0/24						
				7/1/24 -	9/3	0/24						
Water Systen	n Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1	routine	(RT) pe	er year
Sampling	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Pe	riod	Comp	liance :	Status
ENTRY PC	DINT (3)			1/1/23 -	12/3	31/23				(Complet	te
				1/1/24 -	12/3	31/24						_
				1/1/25 -	12/3	31/25						
		Other C	ompliance	e Sched	lule	es						
Compliance Sc	hedule Activity				Due	Date		Achie	ved	Date		
RESPOND TO S	SANITARY SURVEY			6	5/21,	/2019						
	Wate	er System Facili	ity and Sa	mpling	Po	int In	vento	ory				
Water							Total	Lead	and			
•	ter System Facility	Sampling Point		int			Coliforn					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQP	2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SEI	RVICE CON	N	Α						
		ESS001	KIT SNK APAF	RTMENT		Α	Υ			Υ		

	W	ater System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper Rule Tier Asbess	tos IMOR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	Rule Her Asbest	OS WQP	2 DDPK
00000	DISTRIBUTION STSTEM		WITHIN 5 SERVICE CON	A	'			
		ESS001	KIT SNK APARTMENT	Α	Υ	Υ		
		ESS002	RR APARTMENT	Α	Υ	Υ		
		ESS003	RR GENERIC RR	Α	Υ	Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20360	WELL	2	WELL	Α				

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. David Rasmussen			Storage Port	Storage Portfolio Ii Subsidiar					
Mailing Address Line One Mailing Add			Address Line Two			City	State	Zip Code	
Storage Portfolio Ii	Subsidiary LLC		2795 E C	Cottonwood Pkwy	Ste 400	Salt Lake	City	UT	84121
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
NOTE: This information									

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	Connecticu	t Depa	irtment o	f Public	Health	Drir	nking	Water	Section	l	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Prima	ry Source
CT0180624 E	XTRA SPACE STO	RAGE				N	С	25	Р		GW
Local Address (wh	Local Address (where applicable)				Resider	ntial Co	mmercia	al Industri	al Combin	ed Ag	gricultural
578 FEDERAL ROAD				Connection	ns		1				
Towns Served: BR	OOKFIELD				,	,				·	
801-562-5556	_										
Contact Role(s):	Legal Contact										
Name			C	Organization			Job Title				
Ms. Laura Rose			E	xtra Space St	orage			Store Mai	nager		
Mailing Address L	ine One		Mailing Addre	ss Line Two			City		State	Zip	Code
578 Federal Road							Brookfi	eld	СТ	0	6804
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	y Phone	Email A	ddress			
203-775-4823		<u> </u>			203-556	-9963	fac0568	3@extraspa	ce.com		
Contact Role(s):	Administrative Co	ontact	·	·						-	

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

End of schedule

Conne	cticut Department o	f Public Health Drinki	ng Water Sec	ction
	Water Quality Monit	toring and Complianc	e Schedule	
PWS ID PWS Nam				er Type Primary Source
CT0180644 ST. PAULS	CHURCH	NC	25	P GW
Local Address (where appli	cable)	Service Residential Comm	ercial Industrial (Combined Agricultural
174 WHISCONIER ROAD	•	Connections 1		
Towns Served: BROOKFIELI)			
	Monit	oring Requirements		
Water System Facility:	DISTRIBUTION SYSTEM (WSF	D: 00600)		
Total Coliform (3100)			1 rout	ine (RT) per quarter
Sampling Point (Samp	oling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Physical Parameters (P	PS)		1 rout	ine (RT) per quarter
Sampling Point (Samp	oling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points	10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Water System Facility:	ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NC	DX)		1 r	outine (RT) per year
Sampling Point (Samp	oling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12/31/23		Complete
		1/1/24 - 12/31/24		Complete
		1/1/25 - 12/31/25		
Water System Facility:	WELL (WSF ID: 20362)			
E. Coli (3014)			1 rout	ine (RT) per quarter
Sampling Point (Samp	oling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)		10/1/23 - 12/31/23		Complete
		1/1/24 - 3/31/24		Complete
		4/1/24 - 6/30/24		
		7/1/24 - 9/30/24		
Mor	nthly Water System Facil	lity (WSF) Level Monitori	ng Requiremen	ts
	ENTRY POINT (WSFID: 00700)	, ,	-	
Analyte	Monitoring Requirement (Summ	nary Type) Operating Limit	•	amples Req/Month
Chlorine	Entry Point Chlorine Residual Mo			Daily
Start Date: 4/1/2008	Littly I offic emorate Residual Wo	Compliance History:		•
Start Bate: 4/1/2000		Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
		11/1/2023 - 11/30/2023	Compliance Status.	compilative status:
		12/1/2023 - 12/31/2023		
		1/1/2024 - 1/31/2024		
		2/1/2024 - 2/29/2024		
		3/1/2024 - 3/31/2024		
	Other C	Compliance Schedules		
Compliance Schedule Activ		Due Date	Achieved D	ate
CROSS CONNECTION SURV		3/1/2022	Achieved D	
5555 551414E611614 501(V		3/ 1/ 2022		

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			Cla	ssification	Population	Owner Type	Primary Source
CT0180644	ST. PAULS CHURCH				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
174 WHISCONI	ER ROAD	Connections			1			

Towns Served: BROOKFIELD

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								

	W	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SPC001	KIT SINK ISLAND 1	Α	Υ		Υ	Υ	
		SPC002	KIT SINK ISLAND 2	Α	Υ		Υ	Υ	
		SPC003	MAIN KIT SINK	Α	Υ		Υ	Υ	
		SPC004	MAIN FL MENS L	Α	Υ		Υ	Υ	
		SPC005	MAIN FL MENS R	Α	Υ		Υ	Υ	
		SPC006	MAIN FL LADIES L	Α	Υ		Υ	Υ	
		SPC007	MAIN FL LADIES R	Α	Υ		Υ	Υ	
		SPC008	MAIN FL UNISEX BR	Α	Υ		Υ	Υ	
		SPC009	2ND FL UNISEX BR	Α	Υ		Υ	Υ	
		SPC010	TUCK ROOM SINK	Α	Υ		Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20362	WELL	2	WELL	Α					
53432	CONTACT TANK								
53434	TREATMENT PLANT								

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

 Facility Classification:
 Certification

 Operator Name
 Operator Type
 Certification(s)
 Expiration

 LEMKE, BRIAN
 CHIEF OPERATOR
 WATER TREATMENT PLANT OPERATOR - CLASS I
 3/31/2024

LEMKE, BRIAN			CHIEF C	PERATOR	WATER TREATMEN	REATMENT PLANT OPERATOR - CLASS I					
				Contact Inf	ormation						
Name		ı	Job Title								
Reverend Joseph S	hepley			St. Paul's Pa	rish						
Mailing Address Lin	ne One Mailing Address Line Two					City	State	Zip Code			
174 Whisconier Roa	ad					Brookfiel	d Center	СТ	06804		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	Email Address				
203-775-9587		203-775-4	4232			Stpaulsbrookfield@gmail.com					
Contact Bolo/s).	and Contact										

Contact Role(s): Legal Contact

(Connectici	ıt Depa	rtment o	of Public	c Health	Dri	nking '	Water	Section	n	
	Wat	er Qual	lity Mon	itoring a	and Con	nplia	ince So	chedul	e		
PWS ID	PWS Name					-				pe P	rimary Source
CT0180644	ST. PAULS CHUR	CH				ı	1C	25	Р		GW
Local Address (wh	nere applicable)			Service	Reside	ntial Co	ommercial	Industria	l Com	oined	Agricultural
174 WHISCONIER	ROAD			Connections		1					
Towns Served: BF	ROOKFIELD				,						
Name				Organization	1		Job Title				
Mr. Jim Miller	rch	Interim Sexton									
Mailing Address L	ess Line Two	ess Line Two			City		ite	Zip Code			
174 Whisconier R	od				Brookfield CT			Т	06804		
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	e Email Address				
203-775-9587							jimmiller715@aol.com				
Contact Role(s):	Administrative (Contact									
Name				Organization	١				Job Title		
Mr. George B Sto	owell			St. Paul's Par	rish			Warden			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	Sta	ite	Zip Code
174 Whisconier R	oad						Brookfie	d	С	Т	06804
Business Phone	Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email Ad	dress			
203-775-9587					203-209	-9971	mail@sa	intpaulsbro	okfield.c	om	
Contact Role(s):	Legal Contact										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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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			Cla	ssification	Population	Owner Type	Primary Source			
CT0180724	VALLEY PRESBYTERIAN CHURCH				NC	41	Р	GW			
Local Address (Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
21 WEST WHIS	CONIER ROAD	Connections			1						

Towns Served: BROOKFIELD											
Monitor	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete								
	1/1/24 - 3/31/24		Complete								
	4/1/24 - 6/30/24										
	7/1/24 - 9/30/24										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete								
	1/1/24 - 3/31/24		Complete								
	4/1/24 - 6/30/24										
	7/1/24 - 9/30/24										
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete								
	1/1/24 - 12/31/24										
	1/1/25 - 12/31/25										
Other Cor	npliance Schedules										

		Other Compliance Schedules
_		

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION EXEMPTION
 3/1/2015

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
		VP001	K DBL SINK	Р	Υ	1		
		VP002	K S SINK	Р	Υ	1		
		VP003	M RM SINK	Р	Υ	1		
		VP004	L RM SINK	Р	Υ	1		
		VP005	1ST FLR WF	Р	Υ	1		
		VP006	LWR LVL WF	Р	Υ	1		
		VP007	CLASS R RM	Р	Υ	1		
		VP008	R RM BY STORAGE RM	Р	Υ	1		
		VP009	PRAC LIFE R RM	Р	Υ	1		
00700	ENTRY POINT	3	ENTRY POINT	Α				
10978	WELL	2	WELL	Α				

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	vva	ter Qua	nty Mor	iitoring a	ina Con	приа	nce s	cneau	ie		
PWS ID P	WS Name					Classif	ication	Population	Ow	ner Type	Primary Sourc
CT0180724 V	ALLEY PRESBY	TERIAN CHUI	RCH			N	IC	41		Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	ial	Combine	d Agricultura
21 WEST WHISCOI	NIER ROAD			Connectio	ns		1				
Towns Served: BR	OOKFIELD				'						
			С	ontact Info	ormation	1					
Name				Organization						Job Title	
Valley Presbyteria	n Church										
Mailing Address Li	ne One		Mailing Add	ress Line Two				City		State	Zip Code
21 West Whisconi	er Road						Brookfi	eld		СТ	06804
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s): ()wner										
Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Organization						Job Title	 !
Ms. Jill Heidel				Valley Presby	terian Churc	:h		Clerk of S	essi	on	
Mailing Address Li	ne One		Mailing Add	ress Line Two				City		State	Zip Code
21 West Whisconi							Brookfi	eld		СТ	06804
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			-
203-775-2624					203-826-			el64@gmail	l.con	n	
Contact Role(s):	egal Contact										
Name				Organization						Job Title	
Mr. Michael Dowr	ıs			Valley Presby	terian Churc	:h		Clerk of S	essio	on	
Mailing Address Li	ne One		Mailing Add	ress Line Two				City		State	Zip Code
21 West Whisconi	er Rd.						Brookfi	eld		СТ	06804
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	ddress			
203-775-2624			20	03-994-1125	203-994	-1125	tpr050	2@yahoo.co	om		

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

Please note the following:

Contact Role(s): Administrative Contact

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

End of schedule

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	Connecticut Dep				_		ction	
	Water Qua	ality Monit	oring and Co	mplianc	e Sche	edule		
PWS ID	PWS Name			Classificat	ion Popu	lation Owr	er Type Primary	Source
CT0180794	CANDLEWOOD EAST BEACH	H CLUB/MARINA		NC	2	!5	P G\	N
Local Address (w	here applicable)		Service Reside	ential Comm	nercial In	dustrial	Combined Agric	cultural
204 CANDLEWOO	OD LAKE ROAD		Connections	1	L			
Towns Served: BI	ROOKFIELD				,	,		
		Monito	oring Requirem	ents				
Water System F	acility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)					
Total Coliform	(3100)					1 rou	tine (RT) per qu	uarter
Sampling Po	oint (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance S	status
Select from	Inventory of Active Samplin	ng Points	10/1/23	3 - 12/31/23			Complet	e
			1/1/24	- 3/31/24			Complet	e
			4/1/24	- 6/30/24				
			7/1/24	- 9/30/24				
Physical Param	neters (PPS)					1 rou	tine (RT) per qu	uarter
Sampling Po	oint (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance S	status
Select from	Inventory of Active Samplin	ng Points	10/1/23	3 - 12/31/23			Complet	e
			1/1/24	- 3/31/24			Complet	.e
			4/1/24	- 6/30/24			·	
			7/1/24	- 9/30/24				
Water System F	acility: ENTRY POINT (WSF ID: 00700)						
Nitrate (1040)						1 rou	tine (RT) per qu	uarter
	oint (Sampling Point ID)		Monito	ring Period	Collect	ion Period	Compliance S	
ENTRY POIN	IT (3)		10/1/23	3 - 12/31/23				
			1/1/24	- 3/31/24			Complet	.e
			4/1/24	- 6/30/24			·	
				- 9/30/24				
Nitrite (1041)			<u> </u>	<u> </u>		1	outine (RT) pe	r vear
= =	oint (Sampling Point ID)		Monito	ring Period	Collect		Compliance S	-
ENTRY POIN				- 12/31/23			Complet	
				- 12/31/24			Complet	
				- 12/31/25			· · · · · · · · · · · · · · · · · · ·	
		Other C	ompliance Sche					
Compliance Sche	edule Activity			Due Date		Achieved I	Date	
RESPOND TO SAN				9/22/2008				
RESPOND TO SAN				11/14/2018				
	Water 9	System Facili	ity and Samplin	g Point Ir	nventoi	v		
Water		•	,	J	Total	Lead and		
	r System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule		Asbestos WQP	2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTION SYSTE		Υ			
		CEM001	RR KITCHEN	Α	Υ		Υ	
		CEM002	KIT HAND SNK BACK	Α	Υ		Υ	
		CEM003	KIT HAND SNK FRON	Г А	Υ		Υ	
		0514004	WIT CALL CLAUCUE		.,			

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KIT SNK SINGLE

KIT SNK TRPL SNK

LL LADY ROOM NO 1

Α

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Υ

Υ

Υ

Υ

Υ

Υ

CEM004

CEM005

CEM006

	Connecticut Department of	Public I	realtn	וע	rinking	vvater	Section	
	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0180794	CANDLEWOOD EAST BEACH CLUB/MARINA				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural

Connections

CD 1-11-11-1-1-D-2-1-1--- MI-1--- C

1

Towns Served: BROOKFIELD

204 CANDLEWOOD LAKE ROAD

	Water System Facili	ity and Sampling F	Point Ir	vento	γ
Water System Water System Fac Facility ID	cility Sampling Point	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
	CEM007	LL LADY ROOM NO 2	Α	Υ	Υ
	CEM008	LL LADY ROOM NO 3	Α	Υ	Υ
	CEM009	LL LADY ROOM NO 4	Α	Υ	Υ
	CEM010	RR MENS NO 1	Α	Υ	Υ
	CEM011	RR MENS NO 2	Α	Υ	Υ
	CEM012	RR MENS NO 3	Α	Υ	Υ
	CEM013	RR MENS NO 4	Α	Υ	Υ
	CEM014	RR 2ND FLOOR NO 1	Α	Υ	Υ
	CEM015	RR 2ND FLOOR NO 2	Α	Υ	Υ
	CEM016	RR 2ND FLOOR NO 3	Α	Υ	Υ
	CEM017	RR EXTERIOR NO 1	Α	Υ	Υ
	CEM018	RR EXTERIOR NO 2	Α	Υ	Υ
	CEM019	SHOP SINK	Α	Υ	Υ
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		
58507 WELL 1	2	WELL 1	Α		

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Mitchel J. O'ha	ra, Jr.			O'hara Holdi	ngs, LLC		Member		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code	
204 Candlewood La	ke Road					Brookfie	eld	СТ	06804
Business Phone Extension Fax		Fax	Mo	Mobile Phone Emergency Phone		Email Address			
203-775-2253						mitchjr@	candlewood	east.com	

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

	Connecticut Departmen	nt of Public H	lealth	Dı	rinking	Water	·Se	ection	
	Water Quality M	onitoring and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name			_			_	vner Type Pr	imary Source
CT0181124	GOLF QUEST - BROOKFIELD				NC	28		Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combined	Agricultural
1 SAND CUT LAN	NE	Connections			1				
Towns Served: E	BROOKFIELD								
	M	onitoring Requ	ireme	nts	3				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform	ı (3100)					:	1 ro	utine (RT) լ	per quarter
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	rioa	l Compli	ance Status
Select from	n Inventory of Active Sampling Points	:	10/1/23 -	- 12/	31/23			Co	mplete
			1/1/24 -	- 3/3	1/24			Со	mplete
			4/1/24 -	- 6/3	0/24				
			7/1/24 -	- 9/3	0/24				
Physical Parai	• •								per quarter
	Point (Sampling Point ID)		Monitori			ollection Pe	rioa		ance Status
Select from	Inventory of Active Sampling Points		10/1/23 -						mplete
			1/1/24 -					Co	mplete
			4/1/24 - 7/1/24 -						
Mater System	Facility: ENTRY POINT (WSF ID: 0	0700\	//1/24 -	- 9/3	0/24				
•	,	0700)							T \
Nitrate And N	Point (Sampling Point ID)		Monitori	ina B	Pariod C	ollection Pe		-	T) per year ance Status
ENTRY POI			1/1/23 -			onection re	1100	-	mplete
LIVINITON	(3)		1/1/24 -						mplete
			1/1/25 -						Inpicto
	Public	c Notification R							
	1 4511	Compliance	Notice			otification		DN Cort	ification
Violation/Situat	tion	Period	Tier	•	Required	Performe	od .	Due to DPH	Received
Total Coliform N		7/1/16 - 9/30/16	3		3/2/2018	. c.joiiiic		3/12/2018	710007700
Physical Parame	eters M&R Violation	7/1/16 - 9/30/16	3		3/2/2018			3/12/2018	
E. Coli		7/10/17 - 10/5/17	3		9/14/2018			9/24/2018	
	Water System	Facility and Sar	npling	Po	int Inve	ntory			
Water	· · · · · · · · · · · · · · · · · · ·				To	otal Lead	and	1	
	er System Facility Sampling	Point Sampling Point	nt			iform Cop	per		Stage
Facility ID	ID	Description			Status F	Rule Rule	Tie	r Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM 4	DISTRIBUTION			Α	Υ			
		REAM WITHIN 5 SER			Α				
	UPSTRE		VICE COI	N	Α				
	RY POINT 3	ENTRY POINT			Α				
22741 WELI	_12	WELL			A				
		Contact Inform	nation	1					

Organization Job Title Name Mr. Michael Canfield Bjg Sand Cut LLC Mailing Address Line One Mailing Address Line Two Zip Code City State 1 Sand Cut Road 06804 Broofkeidl CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 000 440 7210 NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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	dominoction bopa							
	Water Qua	lity Monitoring and	d Con	npl	liance S	chedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0181124	GOLF QUEST - BROOKFIELD				NC	28	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 SAND CUT LA	NE	Connections			1			
Towns Served:						·	·	
203-773-33.	00		200-440	-/31	2			

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

Please note the following:

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End of schedule

	Connecticut D	epartment of	Public H	lealth	Dı	rinkii	ng W	ater	Se	ction	
		Quality Monit									
PWS ID	PWS Name	Quality 1101110	011118 0111	0. 0011						er Type F	Primary Source
CT0181214	70 CANDLEWOOD LAK	E ROAD				NC		25		P	GW
Local Addre	ess (where applicable)		Service	Residen	tial	Comme	ercial I	ndustria	al	Combined	d Agricultura
70 CANDLE	EWOOD LAKE RD		Connections			1					
Towns Serv	ved: BROOKFIELD			1							
		Monito	oring Requ	iireme	nts						
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)								
Total Coli	iform (3100)							1	rou	tine (RT)	per quarter
Samp	ling Point (Sampling Point ID)		Monitori	ng P	eriod	Collect	ion Per	riod	Comp	liance Status
Select	from Inventory of Active San	npling Points		10/1/23 -	12/	31/23				C	omplete
				1/1/24 -	3/3	1/24				C	omplete
				4/1/24 -							
				7/1/24 -	9/3	0/24					
•	Parameters (PPS)										per quarter
	ling Point (Sampling Point ID			Monitori			Collect	tion Per	riod		liance Status
Select	t from Inventory of Active San	npling Points		10/1/23 -							omplete
				1/1/24 -						C	omplete
				4/1/24 - 7/1/24 -							
Mater Sys	stem Facility: ENTRY POIN	IT (MSE ID: 00700)		7/1/24 -	9/3	0/24					
•	and Nitrite (NOX)	VI (W3F ID. 00700)							1	routino (RT) per year
	ling Point (Sampling Point ID)		Monitori	na P	Period	Collect	ion Per		=	liance Status
	Y POINT (3)	/		1/1/23 -			Conco		10 u		omplete
211111				1/1/24 -							ompiece
				1/1/25 -			_				
	Wat	er System Facili					vento	rv			
Water		•	•				Total	Lead (and		
	Water System Facility	Sampling Point	Sampling Poi	nt		(Coliform				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	٧	Α					
		UPSTREAM	WITHIN 5 SER		٧	Α					
		WTD001	KIT HAND SNI			Α	Υ			Υ	
		WTD002	KIT SNK TRPL			Α	Υ			Y	
00755	ENTRY ROLL T	WTD003	RR GENERIC F	KK		Α .	Υ			Y	
	ENTRY POINT	3	ENTRY POINT			Α					
23072	WELL #1	2	WELL #1			Α					
		Con	tact Inform	nation							
Name		Oı	rganization							Job Title	
Mr. Harold	l Nadeau						Tru	ıstee			
Mailing Ad	dress Line One	Mailing Address	s Line Two				C	ity		State	Zip Code

Mailing Address Line Two Mailing Address Line One State Zip Code L&H LLC. 77 Stagecoach Circle Milford CT06460 **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 203-263-2532 nadeahe@gmail.com Contact Role(s): Administrative Contact, Legal Contact

	Lonnecticu	t Depa	irtment	of Public	c Heal	th Dr	ınkıng	g Water	Section		
	Wate	er Qua	lity Mon	itoring	and Co	ompl	iance :	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Prima	ary Source
CT0181214	70 CANDLEWOOD	LAKE ROA	\D				NC	25	Р		GW
ocal Address (wi	nere applicable)			Service	Resi	dential	Commerc	ial Industri	al Combine	ed A	gricultural
70 CANDLEWOOI	D LAKE RD			Connecti	ons		1				
Towns Served: Bf	ROOKFIELD				·			·			
Name				Organization	1				Job Title	е	
L & H Nadeau LLO	2										
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zi	p Code
77 Stagecoach Ci	rcle						Milfor	d	СТ	(06460
Business Phone	Extension	Fax	Мо	bile Phone	Emerge	ncy Pho	ne Email	Address	,		
Contact Role(s):	Owner		1				1				

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End of schedule

	Connecticut Departmen	nt of Public H	lealth	D	rinking	g Water	S	ection		
	Water Quality M	onitoring and	d Con	npl	liance S	Schedu	le			
PWS ID	PWS Name			Cla	ssification	Population	0	wner Type Pr	imary Source	
CT0181224	849 FEDERAL ROAD				NC	34		Р	GW	
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industr	ial	Combined	Agricultural	
849 FEDERAL R	D	Connections						1		
Towns Served:	BROOKFIELD					,				
	М	onitoring Requ	ireme	nts	;					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliforn	m (3100)					;	1 rc	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	erio	d Complic	ince Status	
Select fror	n Inventory of Active Sampling Points	<u> </u>	10/1/23 -					Cor	nplete	
			1/1/24 -	3/3	31/24					
			4/1/24 -	6/3	0/24					
			7/1/24 -	9/3	0/24					
Physical Para	meters (PPS)					:	1 ro	outine (RT) p	•	
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	erio	d Complia	ince Status	
Select fror	m Inventory of Active Sampling Points	:	10/1/23 -	12/	/31/23			Cor	nplete	
			1/1/24 -	3/3	31/24					
			4/1/24 -							
			7/1/24 -	9/3	0/24					
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate (104	0)					;	1 r	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	erio	d Complic	ince Status	
ENTRY PO	INT (3)	:	10/1/23 -	12/	/31/23			Cor	nplete	
			1/1/24 -	3/3	1/24				_	
			4/1/24 -	6/3	0/24					
			7/1/24 -	9/3	0/24					
Nitrite (1041	1)							1 routine (R	T) per year	
	Point (Sampling Point ID)		Monitori			ollection Pe	erio		ince Status	
ENTRY PO	INT (3)		1/1/23 -					Cor	nplete	
			1/1/24 -							
			1/1/25 -	12/	31/25					
	Oth	er Compliance	Sched	lule	es					
Compliance Sch	hedule Activity		1	Due	Date	Achie	eve	d Date		
RESPOND TO SA	ANITARY SURVEY			6/2/	²⁰¹⁷					
RESPOND TO SA	ANITARY SURVEY		3	3/19	/2023	2023				
	Public	Notification R	equire	eme	ents					
		Compliance	Notice		Public N	otification		PN Certification		
Violation/Situa		Period	Tier		Required	Performe	ed	Due to DPH	Received	
Physical Param	eters M&R Violation	1/1/19 - 3/31/19	3		6/2/2020			6/12/2020		

Public Notification Requirements												
	Compliance	Notice	Public No	<u>tification</u>	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Physical Parameters M&R Violation	1/1/19 - 3/31/19	3	6/2/2020		6/12/2020							
Total Coliform M&R Violation	1/1/19 - 3/31/19	3	6/2/2020		6/12/2020	_						
Physical Parameters M&R Violation	4/1/19 - 6/30/19	3	9/22/2020		10/2/2020							
Total Coliform M&R Violation	4/1/19 - 6/30/19	3	9/22/2020		10/2/2020							
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	12/9/2020		12/19/2020							
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	12/9/2020		12/19/2020	_						
Nitrate M&R Violation	4/1/21 - 6/30/21	3	11/23/2022		12/2/2022							

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	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Pol	pulation	Owner ⁻	Гуре	Pri	mary Source	
CT0181224	849 FEDERAL ROAD				NC		34	Р			GW	
Local Address	(where applicable)	Service	Residen	tial	Commerci	ial	Industria	al Cor	nbine	ed	Agricultural	
849 FEDERAL	49 FEDERAL RD Connections								1			

Towns Served: BROOKFIELD

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	γ		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		849FR001	TRIPLE SINK	Α	Υ			
		849FR002	HAND SINK	Α	Υ			
		849FR003	SINGLE VEG WASH	Α	Υ			
		849FR004	BATHROOM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KSHS	KIT HAND SNK	Α	Υ		Υ	
		KSS	KIT SNK SINGLE	Α	Υ		Υ	
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α	· ·	<u>'</u>	· ·	·
23123	WELL #1	2	WELL	Α				

			C	ontact Inf	ormation					
Name				Organization		Job Title				
Mr. Salvatore Sprov	viero						Property Manager			
Mailing Address Lin	e One	ress Line Two			City	State	Zip Code			
PO Box 855						Brookfield CT			06804	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress			
203-948-7933		203-775-7	844		203-947-2072	salbonn@sbcglobal.net				
Contact Role(s): Ac	dministrative (Contact, Owr	ner							
Name				Organization				Job Title		

Name				Organization	1	Job Title					
Mr. Michael Sprovi	iero						Owner				
Mailing Address Lin	e One	ess Line Two	ess Line Two			State	ate Zip Code				
P.O. Box 855			Brookfield CT				06804				
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress				
203-775-0452											

Contact Role(s): Legal Contact, Owner

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End of schedule

	Connecticut Department	of Public H	lealth D	rinking	Water	Se	ction	
	Water Quality Mor			_			001011	
PWS ID	PWS Name	intorning and					ner Type Pr	imary Source
CT0189793	ST MARGUERITE BOURGEOYS CHURCH		0.0	NC	25		P	GW
	(where applicable)	Service	Residential	Commerci		al	Combined	Agricultural
	OOD LAKE ROAD	Connections		1				
Towns Served:								
	Mor	nitoring Requ	irements					
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS							
Total Colifor	rm (3100)					1 ro	utine (RT)	per month
	Point (Sampling Point ID)		Monitoring F	Period C	ollection Per		= =	nce Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11/	30/23			Cor	mplete
			12/1/23 - 12/	31/23			Cor	mplete
			1/1/24 - 1/3	1/24			Cor	mplete
			2/1/24 - 2/2	9/24			Cor	mplete
			3/1/24 - 3/3	1/24			Cor	mplete
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	/1/24 - 6/30/24				
			7/1/24 - 7/3	1/24				
			8/1/24 - 8/3	1/24				
			9/1/24 - 9/3	0/24				
			10/1/24 - 10/	31/24				
Physical Para	ameters (PPS)					1 ro	utine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring F	Period C	ollection Per	riod	Complia	nce Status
Select fro	m Inventory of Active Sampling Points		11/1/23 - 11/	30/23			Cor	mplete
			12/1/23 - 12/	31/23			Cor	mplete
			1/1/24 - 1/3	1/24			Cor	mplete
			2/1/24 - 2/2	9/24			Cor	mplete
			3/1/24 - 3/3	1/24			Cor	mplete
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	0/24				
			7/1/24 - 7/3	1/24				
			8/1/24 - 8/3	1/24				
			9/1/24 - 9/3	0/24				
			10/1/24 - 10/	31/24				
Water Syster	m Facility: ENTRY POINT (WSF ID: 0070	00)						
Nitrate And	Nitrite (NOX)					1	routine (R	T) per year
	Point (Sampling Point ID)		Monitoring F	Period C	ollection Pe		=	nce Status
ENTRY PC			1/1/23 - 12/3				Cor	mplete

	1/1/25 - 12/31/25									
Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	7/12/2020									
CROSS CONNECTION EXEMPTION	3/1/2022									

1/1/24 - 12/31/24

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	Water Quality N	Monitoring and	d Con	npl	iance S	chedul	e	
PWS ID	Owner Type	Primary Source						
CT0189793	ST MARGUERITE BOURGEOYS CHUR	RCH			NC	25	Р	GW
Local Address	(where applicable)	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural	
138 CANDLEW	OOD LAKE ROAD			1				

	Wat	er System Facili	ity and Sampling P	oint Ir	nventor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α				
		D001	MENS RESTROOM	Α	Υ	N	Υ	
		D002	WOMENS RESTROOM	Α	Υ	N	Υ	
		D003	KITCHEN SINK 1	Α	Υ	N	Υ	
		D004	KITCHEN SINK 2	Α	Υ	N	Υ	
		D005	KITCHEN SINK 3	Α	Υ	N	Υ	
		D006	SACRIST SINK	Α	Υ	1	Υ	
		D007	SACRIST BATHROOM	Α	Υ	N	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
53678	WELL	2	WELL	Α				

Certified Operator Information

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

Facility Classification: SMALL W.	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
RINALDI, EVELYN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2025
		WATER TREATMENT PLANT OPERATOR IN TRAINING	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2024

					WAILN INLAHVILIV	1 1 6/3/14/1	OI LIVATOR	CLASS II	0,30,202	
				Contact Inf	ormation					
Name				Organization	า			Job Title		
Reverend Shawn Jordan St Marguerite Bourgeoys Church Pastor										
Mailing Address Lin	ailing Address Line One Mailing Address Line Two						City	State	Zip Code	
138 Candlewood La	ake Rd					Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress	·		
203-775-5117	210	203-775-	9254			ldiorio@stmarguerite.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: BROOKFIELD

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

End of schedule

Connecticut De	partment	of Public H	ealth I	Orinkin	g Water S	Section	
Water 0	uality Mor	nitoring and	d Comi	oliance	Schedule		
PWS ID PWS Name	<u> </u>	0 :			Population O		mary Source
CT0189924 292 CANDLEWOOD LAKE	RD			NC	35	P	GW
Local Address (where applicable)		Service	Residentia	al Commer	cial Industrial	Combined	Agricultura
292 CANDLEWOOD LAKE RD		Connections		1			
Towns Served: BROOKFIELD							
	Mor	nitoring Requ	iremen	ts			
Water System Facility: DISTRIBUTIO	N SYSTEM (W	SF ID: 00600)					
Total Coliform (3100)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		1	Monitoring	g Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Samp	oling Points	1	.0/1/23 - 1	2/31/23		Con	nplete
			4/1/24 - 6	/30/24			
			7/1/24 - 9	/30/24			
Physical Parameters (PPS)					1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		1	Monitoring	g Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Samp	oling Points	1	.0/1/23 - 1	2/31/23		Con	nplete
			4/1/24 - 6	/30/24			
			7/1/24 - 9	/30/24			
Water System Facility: ENTRY POINT	「 (WSF ID: 007	00)					
Nitrate And Nitrite (NOX)						1 routine (R7	i) per year
Sampling Point (Sampling Point ID)		ı	Monitoring	g Period	Collection Perio	d Complia	nce Status
ENTRY POINT (3)			1/1/23 - 12	2/31/23		Con	nplete
			1/1/24 - 12	2/31/24		Con	nplete
			1/1/25 - 12	2/31/25			
	Public N	Notification R	equiren	nents			
		Compliance	Notice	Public	<u>Notification</u>	PN Certi	<u>fication</u>
Violation/Situation		Period	Tier	Required	d Performed	Due to DPH	Received
Total Coliform M&R Violation		0/1/22 - 12/31/22	3	6/28/202	4	7/8/2024	
Physical Parameters M&R Violation		0/1/22 - 12/31/22	3	6/28/202		7/8/2024	
Total Coliform M&R Violation		7/1/22 - 9/30/22	3	6/28/202	4	7/8/2024	
Physical Parameters M&R Violation		7/1/22 - 9/30/22	3	6/28/202	4	7/8/2024	
Wate	r System Fa	cility and San	npling F	oint Inv	entory		
Water					Total Lead ar	nd	
System Water System Facility		oint Sampling Poir	nt	Co	oliform Coppe		Stage
Facility ID	ID	Description		Status	Rule Rule Ti	er Asbestos l	NQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α			
		AM WITHIN 5 SER		Α			
	UPSTREAM		VICE CON	Α			
00700 ENTRY POINT	3	ENTRY POINT		Α			
55268 WELL 1	2	WELL 1		Α			
60954 TREATMENT PLANT							
	C	ontact Inform	nation				
Name		Organization				Job Title	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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City

Brookfield

Emergency Phone | Email Address

State

CT

Zip Code 06804

Mailing Address Line Two

Mobile Phone

Mr. Scott Parente

Business Phone

Mailing Address Line One

292 Candlewood Lake Drive

Extension

Fax

- Participation of the second				
Water Quality Monitoring and Complia	ance S	Schedul	e	
PWS ID PWS Name Classi	sification	Population	Owner Type	Primary Source
CT0189924 292 CANDLEWOOD LAKE RD	NC	35	Р	GW
Local Address (where applicable) Service Residential C	Commercia	al Industri	al Combin	ed Agricultural
292 CANDLEWOOD LAKE RD Connections	1			
Towns Served: BROOKFIELD				
205-775-0055	ut11040	тшаоп.сопп		

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

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	•					ction	
	Water Q	Quality Monit	oring and Con	ipliand	e Sche	edule		
PWS ID	PWS Name			Classificat	ion Popu	lation Owr	ner Type Pr	imary Source
CT0189944	THE DIVE SHOP AQUATI	C CENTER		NC	2	9	Р	GW
Local Addres	s (where applicable)		Service Residen	tial Comm	nercial In	dustrial	Combined	Agricultural
439 FEDERAL	ROAD		Connections	1	L			
Towns Serve	d: BROOKFIELD							
		Monito	oring Requireme	nts				
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)					
Total Colifo	orm (3100)					1 rou		er quarter
_	ng Point (Sampling Point ID)			ng Period	Collecti	ion Period	Compli	ance Status
Select fi	rom Inventory of Active Sam	pling Points		12/31/23				
				3/31/24				
				6/30/24				
			7/1/24 -	9/30/24				
-	rameters (PPS)							er quarter
	ng Point (Sampling Point ID)			ng Period	Collecti	on Period	Compli	ance Status
Select fi	rom Inventory of Active Sam	pling Points		12/31/23				
				3/31/24				
				6/30/24				
			7/1/24 -	9/30/24				
	em Facility: ENTRY POIN	T (WSF ID: 00700)						
	d Nitrite (NOX)						-	T) per year
	ng Point (Sampling Point ID)			ng Period	Collecti	on Period	-	ance Status
ENTRY F	POINT (3)			12/31/23			Coi	mplete
				12/31/24				_
			1/1/25 -	12/31/25				
•	em Facility: WELL (WSF)	ID: 55647)						
E. Coli (30:	•							er quarter
_	ng Point (Sampling Point ID)			ng Period	Collecti	ion Period	Compli	ance Status
WELL (2	2)			12/31/23				
				3/31/24				
				6/30/24				
				9/30/24				
	Wate	er System Facili	ty and Sampling	Point Ir		У		
Water	fotos Conto E 19:	C	Committee D. L. C		Total	Lead and		
	ater System Facility	Sampling Point ID			Coliform	Copper	Anhantan	Stage
Facility ID	ICTURNITIONI CVCTENA		Description	<u>Status</u>	Rule	Kule Her	ASDESIOS	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM					
		TDS001	WITHIN 5 SERVICE CON		V		V	
		TDS001	PARTY ROOM RR OFFICE	Α	Y Y		Y Y	
		TDS002	RR LADY ROOM L	A A	Ϋ́Υ		Ϋ́	
		TDS003	RR LADY ROOM R		Ϋ́Υ		Ϋ́	
		TDS004	RR MENS RR L	A A	Ϋ́Υ		Ϋ́	
		TDS005	RR MENS RR R	A	Ϋ́		Ϋ́	
		TDS006	FAMILY CHANGING	A	Ϋ́		Υ	
		103007	ROOM	^			'	
				_				

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TDS008

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0189944	0189944 THE DIVE SHOP AQUATIC CENTER				NC	29	Р	GW	
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
439 FEDERAL RO	OAD	Connections			1				

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR				
	TDS009	RR LADY CHANGE RM R	Α	Υ	Υ				
	TDS010	RR MEN CHANGE RM L	Α	Υ	Υ				
	TDS011	RR MEN CHANGE RM R	Α	Υ	Υ				
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT	3	ENTRY POINT	Α						
55647 WELL	2	WELL	Α						

Name				Organization			Job Title	
Mr. Gary Gordon				The Dive Sho	р	Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code
439 Federal Rd						Brookfield	СТ	06804
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address		
203-775-2755		203-740-9	9877		203-740-9166	diveshop1@aol.com		
Contact Role(s): Ac	lministrative (Contact, Leg	al Contact					
Name				Organization			Job Title	
439 Federal Road Ir	nc							
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code
439 Federal Rd						Brookfield	СТ	06804
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address		

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End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C Nome	Classification	Donulation	Ourner Tune	Dei

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0189954	83 FEDERAL ROAD				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
83 FEDERAL RO	AD	Connections			1			

Towns Served: BROOKFIELD

Worldoning Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform (3100)		1 routine (RT) per quarto						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23							
	1/1/24 - 3/31/24							

Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23
	1/1/24 - 3/31/24
	4/1/24 - 6/30/24
	7/1/24 - 9/30/24

	., =, =,, = .		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25	_	_

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	4/26/2020	

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	1/1/14 - 1/31/14	2	6/26/2014		7/6/2014				
Total Coliform M&R Violation	1/1/17 - 3/31/17	3	6/7/2018		6/17/2018				
Physical Parameters M&R Violation	1/1/17 - 3/31/17	3	6/7/2018		6/17/2018				
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	7/5/2023		7/15/2023				
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	7/5/2023		7/15/2023				
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	1/3/2024		1/13/2024				
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	3/5/2024		3/15/2024				
Nitrate And Nitrite M&R Violation	1/1/22 - 12/31/22	3	4/13/2024		4/23/2024				
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	1/22/2025		2/1/2025				
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	1/22/2025		2/1/2025				
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	1/22/2025		2/1/2025				
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	1/22/2025		2/1/2025				
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	1/22/2025		2/1/2025				
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	1/22/2025		2/1/2025				

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Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0189954	T0189954 83 FEDERAL ROAD				NC	25	Р	GW		
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural		
83 FEDERAL RO	AD	Connections			1					

Towns Served: BROOKFIELD

Water System Facility and Sampling Point Inventory											
Water					Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage		
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		83FED001	STORAGE RM SINK	Α	Υ		Υ	Υ			
		83FED002	BATHROOM CUSTOMER	Α	Υ		Υ	Υ			
		83FED003	BATHROOM STORE	Α	Υ		Υ	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
56924	WELL 1	2	WELL 1	Α							

			C	ontact Inf	ormation					
Name				Organization			Job Title			
Mr. Fadi Qumbargi				Brookfield Auto Care			Owner			
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code	
83 Federal Road						Brookfield		СТ	06804	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
347-782-2681						stevesdiagnostic@gmail.com				
Contact Role(s): A	dministrative (Contact, Leg	gal Contact, C)wner		•				
Name				Organization			Job Title			
S & F Investment L	LC									
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code	
39 8Th Avenue					Brooklyn		NY	11217		
Business Phone	Extension	Fax	Mobile Phone Emergency Phone		Email Address					
347-782-2681						stevesdiagnostic@gmail.com				
C						1				

Contact Role(s): Owner

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End of schedule