	Connecticut Department			Ŭ			ection	
	Water Quality Mor	nitoring an	k					
PWS ID	PWS Name		Clas	ssification P		Ow		
СТ0910024	ICONS SPORTS BAR & GRILL	- ·		NC	25		P	GW
	(where applicable)	Service	Residential	Commercial	Industri	ial	Combined	Agricultura
80 ROUTE 39		Connections		1				
Towns Served:	NEW FAIRFIELD							
	Мо	nitoring Requ	uirements					
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
Total Colifor	m (3100)					1 ro	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring P	Period Col	lection Pe	riod	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			Co	mplete
			1/1/24 - 1/3	1/24			Со	mplete
			2/1/24 - 2/2					mplete
			3/1/24 - 3/3					mplete
			4/1/24 - 4/3					•
			5/1/24 - 5/3	-				
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3	-				
			9/1/24 - 9/3					
			10/1/24 - 10/	-				
Total Colifor	m (3100)		10/1/21 10/	51/21		3 r	eneat (RP)	per period
	Point (Sampling Point ID)		Monitoring P	Period Col	lection Pe		• • •	ance Status
	m Inventory of Active Sampling Points		1/5/24 - 1/1					mplete
50000			2/16/24 - 2/2					mplete
			2/16/24 - 2/2					mplete
Physical Para	ameters (PPS)		2/10/24 2/2	- 1/ 27		1 ro		per month
-	Point (Sampling Point ID)		Monitoring P	Period Col	lection Pe			ance Status
	m Inventory of Active Sampling Points		11/1/23 - 11/			nou		mplete
Selectino	in inventory of Active Sampling Founts		12/1/23 - 12/					mplete
			1/1/24 - 1/3					mplete
			2/1/24 - 2/2					mplete
			3/1/24 - 2/2					mplete
			4/1/24 - 4/3				0	mpiele
			4/1/24 - 4/3 5/1/24 - 5/3					
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3					
			9/1/24 - 9/3	-				
Motor Custo		200)	10/1/24 - 10/	31/24				
	n Facility: ENTRY POINT (WSF ID: 007	00)						T)
	Nitrite (NOX)		Monitoria	onied of	lastics D		-	T) per year
Sampling	Point (Sampling Point ID)		Monitoring P 1/1/23 - 12/3		lection Pe	riod		ance Status
			1/1/23 - 12/3	51/23			Co	mplete
ENTRY PC								
			1/1/24 - 12/3 1/1/25 - 12/3	31/24				

Con	necticut Depa	rtmer	nt of Public	Health	Drir	nking	Water	Section	
	Water Qua	lity M	onitoring a	nd Con	nplia	nce S	chedul	e	
PWS ID PWS N	lame		<u> </u>		Classifi	cation P	opulation	Owner Type Pr	imary Source
CT0910024 ICONS	SPORTS BAR & GRILL				N	C	25	Р	GW
Local Address (where a	pplicable)		Service	Resider	ntial Co	mmercia	l Industria	Combined	Agricultural
80 ROUTE 39			Connection	ns		1			
Towns Served: NEW FA	IRFIELD								
		Μ	onitoring Red	quireme	ents				
Water System Facility	y: WELL #2		(WSF ID: 2157	/0)					
E. Coli (3014) Sampling Point (Se	amplina Point ID)			Monitor	ina Peri	od Co	1 t Ilection Peri	riggered (TG) iod Compli	per period ance Status
WELL (2)				1/4/24	-				mplete
				2/15/24					mplete
				2/15/24					mplete
		Oth	er Complian						
Compliance Schedule A	Activity				Due Da	te	Achiev	ved Date	
RESPOND TO SANITARY	-				2/2/201				
L1 ASSESSMENT (MULT					3/18/20				
		Public	Notification						
			Compliance	Notice		Public Not	tification	PN Cert	ification
Violation/Situation			Period	Tier		quired	Performed		Received
REVISED TOTAL COLIFO	RM RULE (RTCR) TT Vid	lation	12/2/16 - 7/19/1	L7 2		2/2017		8/1/2017	
Total Coliform M&R Vio	plation		1/1/23 - 1/31/2	3 3	6/2	9/2024		7/9/2024	
Physical Parameters M8	&R Violation		1/1/23 - 1/31/2	3 3	6/2	9/2024		7/9/2024	
Total Coliform M&R Vio	olation		12/1/22 - 12/31/	22 3	6/2	9/2024		7/9/2024	
Physical Parameters M8	&R Violation		12/1/22 - 12/31/	22 3	6/2	9/2024		7/9/2024	
Total Coliform M&R Vio	olation		11/1/22 - 11/30/	22 3	6/2	9/2024		7/9/2024	
Physical Parameters M8	&R Violation		11/1/22 - 11/30/	22 3	6/2	9/2024		7/9/2024	
Total Coliform M&R Vio	olation		10/1/22 - 10/31/	22 3	6/2	9/2024		7/9/2024	
Physical Parameters M&	&R Violation		10/1/22 - 10/31/	22 3	6/2	9/2024		7/9/2024	
Total Coliform M&R Vio	olation		9/1/22 - 9/30/2	2 3	6/2	9/2024		7/9/2024	
Physical Parameters M8			9/1/22 - 9/30/2	2 3	6/2	9/2024		7/9/2024	
Total Coliform M&R Vio			8/1/22 - 8/31/2			9/2024		7/9/2024	
Physical Parameters M8	&R Violation		8/1/22 - 8/31/2	2 3	6/2	9/2024		7/9/2024	
	Water Sy	/stem l	Facility and S	ampling	Point	t Inven	tory		
Water						Tot			
System Water System	m Facility		Point Sampling F			Colife			Stage
		ID	DISTRIBUT		Sta			Tier Asbestos	WQP Z DBPR
00600 DISTRIBUTIO		4		ON SYSTEM					
00700 ENTRY POIN	l	3	ENTRY POI		A				
21570 WELL #2		2	WELL		4	4			
			Contact Info	rmation					
Name			Organization					Job Title	
Mr. David Bernardini			80 Route 39 L	LC			Manager		
Mailing Address Line Or	ne	Mailing A	Address Line Two				City	State	Zip Code
303 East 3Rd Street		<u> </u>				Mount V		NY	10553
	xtension Fax		Mobile Phone	Emergency					
914-879-4739	917-665-7	/608		914-664	-7600	dndbern	i@yahoo.co	om	

		- <u> </u>				P				1
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0910024	ICONS SPORTS BA	R & GRILL					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	ial Combin	ed Agricultural
80 ROUTE 39				Connectio	ons		1			
Towns Served: N	EW FAIRFIELD									'
Contact Role(s):	Administrative Co	ontact, Leg	gal Contact							
Name				Organization	1				Job Tit	е
80 Route 39 LLC										
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
80 Route 39							New F	airfield	СТ	06812
Business Phone	e Extension	Fax	Mc	bile Phone	Emergenc	y Pho	ne Email	Address		
Contact Role(s):	Owner									
Please note the f	ollowing:									
1 The residual di	sinfectant concentra	ation must h	he measured at	the same locat	tion and time	as eac	h total coli	form 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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ CT0910034 CANDLEWOOD ISLE CLUB HOUSE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 55 LAKE DRIVE NORTH 1 Towns Served: NEW FAIRFIELD **Monitoring Requirements DISTRIBUTION SYSTEM (WSF ID: 00600)** Water System Facility: Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina 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 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 routine (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 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 routine (RT) per year Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24 Complete 1/1/25 - 12/31/25 **Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date** RESPOND TO SANITARY SURVEY 3/8/2014 CORRECTIVE ACTION/CORRECTIVE ACTION PLAN 6/6/2014

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

2/22/2019

RESPOND TO SANITARY SURVEY

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source CANDLEWOOD ISLE CLUB HOUSE Ρ CT0910034 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 55 LAKE DRIVE NORTH 1 Towns Served: NEW FAIRFIELD Water System Facility and Sampling Point Inventory Lead and **Total** Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM γ Δ DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α 2 WELL 21571 WELL A **Contact Information** Name Organization Job Title Mr. Jeffrey Berman The Candlewood Isle Assn, Inc. President Mailing Address Line One Mailing Address Line Two Citv State Zip Code P.O. Box 380. Candlewood Isle New Fairfield 06812 CT **Business Phone** Emergency Phone Email Address Extension Fax **Mobile Phone** 203-746-0220 203-746-0220 Contact Role(s): Legal Contact Name Organization Job Title Ms. Michelle O'connor Tax Dist of Candlewood Isle Office Administrator Mailing Address Line One State Zip Code Mailing Address Line Two Citv P.O. Box 380 New Fairfield 06812 CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 203-746-0220 203-746-0220 office@candlewoodisle.com Contact Role(s): Legal Contact Name Organization Job Title Ms. Joan Archer Candlewood Isle Association Admin Mailing Address Line One Mailing Address Line Two City State Zip Code PO Box 380 New Fairfield СТ 06812 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 203-746-3880 Contact Role(s): Administrative Contact Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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 De Water O	partment of uality Monit				0			
PWS ID PWS Name		or mg and						Primary Source
CT0910054 4 COTTON TAIL ROAD				NC		25	P	GW
Local Address (where applicable)		Service	Residenti		rcial	Industria	-	
		Connections		1				
Towns Served: NEW FAIRFIELD		1						
	Monit	oring Requ	iremen	ts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1	routine (R	Γ) per quarter
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ection Per	riod Com	pliance Status
Select from Inventory of Active Samp	oling Points	1	.0/1/23 - 1					Complete
			1/1/24 - 3					Complete
			4/1/24 - 6					
			7/1/24 - 9	9/30/24				-•
Physical Parameters (PPS)			Analtant	e Devie d	C-!!		-	() per quarter
Sampling Point (Sampling Point ID) Select from Inventory of Active Samp	ling Points		Monitorin		COIL	ection Per		pliance Status
			.0/1/23 - 1 1/1/24 - 3					Complete Complete
			4/1/24 - 6					complete
			7/1/24 - 9					
Water System Facility: ENTRY POINT	(WSF ID: 00700)		<u>, ,</u>	<u> </u>				
Nitrate And Nitrite (NOX)					_		1 routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitorin	g Period	Colle	ection Per		pliance Status
ENTRY POINT (3)			1/1/23 - 1	2/31/23				Complete
			1/1/24 - 1	2/31/24	_			
			1/1/25 - 1	2/31/25				
Water System Facility: WELL (WSF I	D: 21573)							
E. Coli (3014)						1	•	Г) per quarter
Sampling Point (Sampling Point ID)			Monitorin		Colle	ection Per		pliance Status
WELL (2)		1	.0/1/23 - 1					Complete
			1/1/24 - 3					Complete
			4/1/24 - 6 7/1/24 - 9					
	Other C	- multiple -						
	Other C	ompliance					1.5.1	
				ue Date		Achie	ved Date	
RESPOND TO SANITARY SURVEY				/1/2019				
		ification R	•					
Violation (Situation	C	ompliance Period	Notice			<u>fication</u>		<u>ertification</u>
Violation/Situation Total Coliform MCL Violation	7/1	/12 - 9/30/12	Tier 2	<i>Require</i> 10/18/20		Performe	d Due to DF 10/28/20	
							10/20/20	12
	r System Facil	ity and Sah	iping i			-		
Water System Water System Facility	Sampling Point	Samplina Poir	nt .		Tota Colifo			Stage
Facility ID	ID	Description	-	Status	Rule			os WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Ŷ			-
	BIS001	KIT SNK TRPL		А	Y		Y	
	BIS002	KIT HAND SNK		А	Y		Y	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0910054 **4 COTTON TAIL ROAD** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: NEW FAIRFIELD Water System Facility and Sampling Point Inventory Lead and Water **Total** Sampling Point Sampling Point Water System Facility Coliform System Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status **BIS003 RR MENS RR** γ γ Δ **BIS004 RR LADY ROOM** Y Υ A **BIS005 BAR SINK** Y Α γ **BIS006** RR BAR Α γ γ DOWNSTREAM WITHIN 5 SERVICE CON A **UPSTREAM** WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT Α 2 WELL 21573 WELL Α **Contact Information** Organization Job Title Name Mr. Yoon Sup Song Mailing Address Line One Mailing Address Line Two Zip Code City State Flushing 134-22 58Th Road NY 11355 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 718-463-3252 718-309-3248 Contact Role(s): Legal Contact, Owner Name Organization Job Title Mr. Scott A. Biscotti Biscottis Ristorante Owner of Bus Mailing Address Line One Mailing Address Line Two Citv State Zip Code 4 Cotton Tail Road New Fairfield 06812 CT **Business Phone** Extension Emergency Phone Email Address Fax **Mobile Phone** 203-746-9900 203-746-5403 203-994-3755 scottybiscotti1@yahoo.com Contact Role(s): Administrative Contact

Please note the following:

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

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

	Connectic						0			ction		
	Wa	ter Qua	lity Monit	oring a	and Com	plia	nce S	che	edule			
PWS ID	PWS Name		-		(Classifi	ication	Popu	lation Own	ner Type P	rimary	Source
СТ0910104	FIELDSTONE PLA	ĄZĄ				N	IC	2	25	Р	G۷	N
Local Address (\	where applicable)			Service	Residenti	al Co	mmercia	al Ir	ndustrial	Combined	Agrio	cultural
88 ROUTE 37 #1	L			Connectio	ons		1					
Towns Served:	NEW FAIRFIELD											
			Monite	oring Re	quiremen	ts						
Water System	Facility: DISTR	RIBUTION SY	YSTEM (WSFI	D: 00600)								
Total Coliforn	n (3100)								1 rou	tine (RT)	per qı	uarter
Sampling I	Point (Sampling P	Point ID)			Monitoring	g Peri	od Co	ollect	ion Period	Compl	iance S	Status
Select fron	n Inventory of Act	tive Sampling	Points		10/1/23 - 1	2/31/	/23			Co	mplete	e
					1/1/24 - 3	8/31/2	24			Co	omplete	e
					4/1/24 - 6	5/30/2	24					
					7/1/24 - 9	/30/2	24					
Physical Para	meters (PPS)								1 rou	tine (RT)	per qu	uarter
Sampling I	Point (Sampling P	Point ID)			Monitoring	g Peri	od Co	ollect	ion Period	Compl	iance S	Status
Select from	n Inventory of Act	tive Sampling	Points		10/1/23 - 1	2/31/	/23			Co	mplete	e
					1/1/24 - 3	8/31/2	24			Co	mplete	e
					4/1/24 - 6	5/30/2	24					
					7/1/24 - 9)/30/2	24					
Water System	Facility: ENTR	Y POINT (V	VSF ID: 00700)									
Nitrate (1040))								1 rou	tine (RT)	per qı	uarter
Sampling I	Point (Sampling P	Point ID)			Monitoring	g Peri	od Co	ollect	ion Period	Compl	iance S	Status
ENTRY POI	NT (3)				10/1/23 - 1	2/31/	/23			Co	omplete	e
					1/1/24 - 3	8/31/2	24			Co	omplete	e
					4/1/24 - 6	5/30/2	4					
					7/1/24 - 9)/30/2	24					
Nitrite (1041)								1	routine (RT) pe	r year
Sampling I	Point (Sampling P	Point ID)			Monitoring	g Peri	od Co	ollect	ion Period	Compl	iance S	Status
ENTRY POI	NT (3)				1/1/23 - 12	2/31/2	23			Co	omplete	e
					1/1/24 - 12	2/31/2	24			Co	mplete	e
					1/1/25 - 12	2/31/2	25					
		Water Sv	ystem Facili	itv and S	Sampling F	Point	t Invei	nto	rv			
Water			2	•				tal	Lead and			
System Wat	er System Facility	,	Sampling Point	Sampling	Point		Colij	form	Copper			Stage
Facility ID			ID	Descriptio	n	Sta	itus Ri	ule	Rule Tier	Asbestos	WQP	2 DBP
00600 DIST	RIBUTION SYSTEN	Λ	4	DISTRIBUT	ION SYSTEM	ļ	Δ	Y				
			DOWNSTREAM	WITHIN 5	SERVICE CON	A	4					
			UPSTREAM	WITHIN 5	SERVICE CON	A	4					
00700 ENT	RY POINT		3	ENTRY PO	INT	A	4					
21576 WEL	L		2	WELL		ŀ	4					-
			Con	tact Info	ormation							
Name			1	rganization						Job Title		
Dr. Ralph Manf	redi			•	aza Condo Ass	oc.						
Mailing Address			Mailing Addres					Ci	ity	State	Zip C	Code
88 Route 37			0				New Fa			СТ	068	
		1	1		1				-			· ·
Business Pho	ne Extension	Fax	Mohi	le Phone	Emergency P	hone	Email A	ddre	SS			

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

						P V					
PWS ID PV	NS Name					Classi	fication	Population	Owner	Туре	Primary Source
CT0910104 FI	ELDSTONE PLA	ZA				1	NC	25	Р		GW
Local Address (whe	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	ial Coi	mbine	d Agricultural
88 ROUTE 37 #1				Connectio	ns		1				
Towns Served: NEV	V FAIRFIELD										
Contact Role(s): A	dministrative	Contact, Leg	gal Contact								
Name				Organization					Jo	b Title	
Fieldstone Plaza Co	ondo Assoc. In	C									
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	5	state	Zip Code
C/O R Manfredi		88 Rte 37				New Fa	airfield		СТ	06812	
Business Phone	Extension	Fax	Mc	obile Phone	Emergenc	y Phone	e Email /	Address			
Contact Role(s): C)wner										
Name				Organization					Jo	b Title	
Ms. Claire Luks				88 Route 37 #	‡1			Trustee			
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	S	state	Zip Code
18 Bay Drive							New Fa	airfield		СТ	06812
Business Phone	Extension	Fax	Mc	obile Phone	Emergenc	y Phone	e Email /	Address			
Contact Role(s): C	Owner										
Please note the fo	llowing:										

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

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

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Sc CT0910304 NEW FAIRFIELD MOBIL SNACK SHOP NC 25 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricul 4 ROUTE 37 Connections 1 I I Agricul Towns Served: NEW FAIRFIELD Monitoring Requirements I routine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Sta Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Compliance Sta Select from Inventory of Active Sampling Points 10/1/23 - 12/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Entrine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Sta Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 6/30/24 Collection Period Compliance Sta Select from Inventory	
PWS ID PWS Name Classification Population Owner Type Primary Sc CT0910304 NEW FAIRFIELD MOBIL SNACK SHOP NC 2.5 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricul 94 ROUTE 37 Connections 1 Combined Agricul Towns Served: NEW FAIRFIELD Monitoring Requirements 1 Compliance State Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) 1 routine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/24 - 3/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 Complete 4/1/24 - 9/30/24 Physical Parameters (PPS) 1 routine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 4/1/24 - 6/30/24	
CT0910304 NEW FAIRFIELD MOBIL SNACK SHOP NC 25 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricul 94 ROUTE 37 Connections 1 Industrial Combined Agricul Towns Served: NEW FAIRFIELD Monitoring Requirements 1 Industrial Combined Agricul Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) 1 routine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/24 - 3/31/24 Complete 1/1/24 - 3/31/24 Complete Complete 4/1/24 - 6/30/24 Toutine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete 4/1/24 - 6/30/24 Complete 4/1/24 - 6/30/24 Complete 4/1/24 - 6/30/24 Complete 4/1/24 - 6/30/24 Complete Complete <t< th=""><th></th></t<>	
94 ROUTE 37 Connections 1 1 I I I I I I I I I I I I I I I I I	tural
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4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) 1 routine (RT) per qua Sampling Point (Sampling Point ID) Monitoring Period Collection Period 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 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per y Sampling Point (Sampling Point ID) Monitoring Period Collection Period Sampling Point (Sampling Point ID) Monitoring Period Complete 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/23 Complete 1/1/24 - 12/31/23 Complete 1/1/24 - 12/31/24 1/1/24 - 12/31/25 Water System Facility: WEL	-
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1/1/24 - 12/31/24 1/1/25 - 12/31/25 Water System Facility: WELL (WSF ID: 21591) E. Coli (3014) 1 routine (RT) per quation	tus
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Water System Facility:WELL (WSF ID: 21591)E. Coli (3014)1 routine (RT) per qua	
E. Coli (3014) 1 routine (RT) per qua	
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Sta	ter
	tus
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	
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System FacilitySampling PointColiformCopperSampling PointFacility IDIDDescriptionStatusRuleRule TierAsbestosWQP 2	age DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
NFM001 TRIPLE SINK LEFT A Y Y	
NFM002 TRIPLE SINK RIGHT A Y Y	
NFM003 RR GENERIC RR A Y Y	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
21591 WELL 2 WELL A	
50460 TREATMENT PLANT	

		C C		0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Sour
СТ0910304	NEW FAIRFIELD MOBI	L SNAC	к ѕнор			NC	25	Р	GW
Local Address (w	/here applicable)			Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultur
94 ROUTE 37				Connections		1			
Towns Served: N	IEW FAIRFIELD					·			

				Contact Inf	ormation				
Name				Organizatior	ו			Job Title	
Ms. Sherry Hallabe	ck			New Fairfield	d Mobil		Manager		
Mailing Address Line One Mailing Add				ddress Line Two			City	State	Zip Code
94 State Route 37						New Fai	rfield	СТ	06812
Business Phone Extension Fax			Mobile Phone	Emergency Phone	Email Ac	ldress			
203-746-4100 203-746-18		1843		203-470-8712 mobil0					

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

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

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

	Сс		^	rtment o					0			
			ter Qua	lity Moni	itoring a							
PWS ID	PW	/S Name									wner Type	Primary Source
СТ091031		W FAIRFIELD	TOWN PARK					IC		25	L	GW
		re applicable)			Service	Resident	ial Co	omme	rcial Ir	ndustrial	Combined	Agricultural
ROUTE 39					Connectior	ıs		1				
Towns Sei	rved: NEW	/ FAIRFIELD										
				Moni	toring Red	quiremer	nts					
Water Sy	vstem Fac	ility: DISTR	RIBUTION SY	(STEM (WSF	ID: 00600)							
Total Co	liform (3	3100)								1 r	outine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitorin	ng Peri	iod	Collect	ion Perio	od Comp	liance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Physical	Paramet	ers (PPS)								1 r	outine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitorin	ng Peri	iod	Collect	ion Perio	od Comp	liance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sy	vstem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)							
		te (NOX)									•	RT) per year
	_	t (Sampling P	oint ID)			Monitorin	-		Collect	ion Perio	od Comp	liance Status
ENTF	RY POINT (3)				1/1/23 - 1					C	omplete
						1/1/24 - 1						
						1/1/25 - 1	.2/31/	25				
				Other	Complian	ce Sched	ules					
Complian	ce Schedu	le Activity				D	ue Da	te		Achieve	ed Date	
SEASONA	L START U	P COMPLETIO	N			5	/1/202	24				
			Water Sy	ystem Faci	ility and S	ampling	Poin	t Inv	vento	ry		
Water									Total	Lead ar	nd	
System	-	stem Facility		Sampling Poin				C		Сорре		Stage
Facility ID)			ID	Description	1	Sta	ntus	Rule	Rule Ti	er Asbestos	WQP 2 DBPF
00600	DISTRIBL	JTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1	A	Y			
				DOWNSTREAM	M WITHIN 5 S	ERVICE CON	1	A				
				NTP001	FIRST AID R	ROOM	1	A	Y		Y	
				NTP002	RR 1ST FLO	OR	1	A	Y		Y	
				NTP003	RR 2ND FLC	DOR	1	A	Y		Y	
				UPSTREAM	WITHIN 5 S	ERVICE CON	1	A				
00700	ENTRY P	DINT		3	ENTRY POI	NT	1	A				
21592	WELL			2	WELL			A				
				Со	ntact Info	rmation						
Name					Organization						Job Title	
New Fairf	field											
Mailing A	ddress Lin	e One		Mailing Addre	ess Line Two				C	ity	State	Zip Code
4 Brush H	ill Rd							New	/ Fairfiel	d	СТ	06812
Busines	s Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	Ema	il Addre	SS		
Contact R	ole(s): O	wner										

	Water Qui	ancy M	onit	Joi mg ui		прп		Juncuuic				
PWS ID PV	VS Name					Clas	sification	Population Ov	wner Type	Primary Sourc		
CT0910314 NE	W FAIRFIELD TOWN PAP	RK					NC	25	L	GW		
Local Address (whe	re applicable)			Service	Residen	ntial	Commerci	al Industrial	Combine	d Agricultura		
ROUTE 39				Connection	IS		1					
Towns Served: NEV	V FAIRFIELD							1		'		
Name			0	rganization					Job Title			
Ms. Susan L. Chapr	nan		Тс	own of New F	airfield			First Selectm	nan			
Mailing Address Lin	e One	Mailing	Addres	s Line Two				City	State	Zip Code		
Town Hall		Rt. 39, 4	Brush	Brush Hill Road			New Fa	airfield	СТ	06812		
Business Phone	Extension Fa	x	Mobi	ile Phone	Emergency	/ Phoi	ne Email A	ddress				
203-312-5600 203-312-5610							schapn	nan@newfairfi	eld.org			
Contact Role(s): Le	egal Contact	i		<u>i</u>								
Name			0	rganization					Job Title			
Mr. Bucky Riehl			Тс	own of New F	airfield			Buildings Ma	nager			
Mailing Address Lin	e One	Mailing	Addres	s Line Two				City	State	Zip Code		
180 Rt 39							New Fa	airfield	СТ	06812		
Business Phone	Extension Fa	x	Mobi	ile Phone	Emergency	/ Phoi	ne Email A	ddress	I I			
203-312-5634	203-312	2-5678	203-6	617-5960				briehl@newfairfield.org				
Contact Role(s): A	dministrative Contact											
Please note the fol	lowing:											
1. The residual disir	fectant concentration must	be measure	ed at the	e same locatio	n and time a	as eacl	n total colif	orm sample.				
		100		1								

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.

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	Connecticut Departr Water Quality					0		
PWS ID	PWS Name	monn	or mg and					Primary Source
СТ0910324	25 OLD ROUTE 37				NC	25	P	GW
Local Address (where applicable)		Service	Residen	tial Commerc	cial Industri	al Combine	d Agricultural
25 OLD ROUTE	37		Connections		1			
Towns Served:	NEW FAIRFIELD			·				·
		Monit	oring Requ	ireme	nts			
Water System	Facility: DISTRIBUTION SYSTE	M (WSFI	D: 00600)					
Total Colifor	m (3100)					1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Period	Collection Pe	riod Comp	liance Status
Select fror	m Inventory of Active Sampling Poir	nts		10/1/23 -	12/31/23		C	omplete
				1/1/24 -			C	omplete
				4/1/24 -				
				7/1/24 -	9/30/24			
-	ameters (PPS)							per quarter
	Point (Sampling Point ID)				5	Collection Pe		liance Status
Select Iron	m Inventory of Active Sampling Poir	115			12/31/23 3/31/24			omplete omplete
				4/1/24 -			C	ompiete
				7/1/24 -				
Water System	Facility: ENTRY POINT (WSF	ID: 00700)		, ,				
-	Nitrite (NOX)						1 routine (RT) per year
	Point (Sampling Point ID)			Monitori	ng Period	Collection Pe		liance Status
ENTRY PO	INT (3)			1/1/23 -	12/31/23		C	omplete
				1/1/24 -	12/31/24			
				1/1/25 -				
		Other C	ompliance	Sched	ules			
Compliance Scl	hedule Activity				Due Date	Achie	ved Date	
RESPOND TO SA	ANITARY SURVEY			4	4/3/2020			
	Pu	iblic Not	tification R	equire	ments			
		С	òmpliance	Notice	Public I	<u>Votification</u>	PN Ce	rtification
Violation/Situa			Period	Tier	Required			Received
-	eters M&R Violation		/22 - 12/31/22		6/29/2024		7/9/2024	
Total Coliform Total Coliform			/22 - 12/31/22		6/29/2024		7/9/2024	
	eters M&R Violation		/22 - 9/30/22 /22 - 9/30/22	3	6/29/2024 6/29/2024		7/9/2024	
FITYSICAL FALAITI				_			7/9/2024	
	Water Syste	em Facili	ity and Sar	npling		-		
Water System Wat Facility ID	ter System Facility Sam	pling Point ID	Sampling Poin Description	nt	Со	Total Lead Iliform Cop _l Rule Rule	per	Stage 5 WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Y		
	DOV	VNSTREAM	WITHIN 5 SER	VICE CON	I A			
	UF	PSTREAM	WITHIN 5 SER	VICE CON	I A			
00700 ENT	RY POINT	3	ENTRY POINT		А			
21593 WEL		2	WELL		А			
59318 TRE/	ATMENT PLANT							

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID **PWS Name** Ρ CT0910324 **25 OLD ROUTE 37** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 25 OLD ROUTE 37 1 Towns Served: NEW FAIRFIELD **Contact Information** Organization Name Job Title Mr. Marc Lederman Property Owner Mailing Address Line One Mailing Address Line Two State Zip Code City 36 Cedar Hill Rd 06755 Gaylordsville CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 860-350-2827 Contact Role(s): Legal Contact, Owner Name Organization Job Title Olde 37 Patio & Grill Mr. Carl W. Huben Manager Mailing Address Line One Mailing Address Line Two Zip Code City State 25 Route 37 New Fairfield CT 06812 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-746-3700 cwh@olde37pandg.com Contact Role(s): Administrative Contact Please note the following:

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

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

		ut Departm ter Quality I					-				tion	
PWS ID	PWS Name					Classif	ication F	Popu	lation (Owne	r Type Pr	rimary Source
СТ0910394		S.P./MAIN WELL				Ν	IC	20	00		S	GW
	where applicable)			Service	Residen	tial Co	ommercia	l In	dustria	I Co	ombined	Agricultural
ROUTE 39				Connection	s 5							
Towns Served: N	NEW FAIRFIELD			_	_							
			Monit	oring Req	uireme	nts						
Water System	Facility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)								
Total Coliform	n (3100)								1	routi	ne (RT) j	per quarter
Sampling P	Point (Sampling P	oint ID)			Monitori	ng Peri	od Co	llecti	ion Peri	iod	Compli	ance Status
Select from	Inventory of Act	ive Sampling Points			4/1/24 -							
					7/1/24 -	9/30/2	24					
Physical Parar									1	routi	• • •	per quarter
	Point (Sampling P				Monitori	-		llecti	ion Peri	iod	Compli	ance Status
Select from	Inventory of Act	ive Sampling Points			4/1/24 -							
					7/1/24 -	9/30/2	24					
		Y POINT (WSF ID:	: 00700)									
Nitrate And N	• •										-	T) per year
	Point (Sampling P	oint IDJ			Monitori				ion Peri	100		ance Status
ENTRY POI	ENTRY POINT (3)				1/1/23 - 1/1/24 -				L-9/30 L-9/30		0	mplete
					1/1/24 -				L-9/30			
		0	+ la a 11 C				23	4/1	-9/30			
		0	ther C	omplianc								
Compliance Sch						Due Da			Achiev	ed Do	ate	
						5/1/202						
CROSS CONNEC	TION SURVEY REP	-				3/1/202						
		Water Systen	n Facil	ity and Sa	mpling	Poin	t Inver	ntor	Г у			
Water		C	De la t	Consultant D					Lead a			
System Wate	er System Facility		ng Point ID	Sampling Po Description	DINT		D.		Coppe Rule T		Ashestas	Stage WQP 2 DBPR
	RIBUTION SYSTEM		.01	SHOP SINK			atus Ru A N		Nuic I		13003103	
00000 01311			.02	BATHROOM	SINK		A Y					
			.03	EXTERIOR F			A Y					
			4	DISTRIBUTIO			A Y					
				WITHIN 5 SE			A					
		UPST	REAM	WITHIN 5 SE	ERVICE CON	N .	A					
00700 ENTR	Y POINT		3	ENTRY POIN	IT		A					
21598 WELL	-		2	WELL			A					
56676 HYDR	OPNEUMATIC TA	ANK .										
			Con	tact Info	rmation							
Name				rganization						1	ob Title	
Mr. David Coole	۲			eep-Engineer	ing (Init			Sun	ov Civil E			
Mailing Address	-	Mailin		s Line Two				Ci			State	Zip Code
163 Great Hill Ro			0.1.00100				Portland		-1		CT	06480
Business Phon		Fax	Mob	ile Phone	Emergency	Phone			SS		<u> </u>	
860-342-2215		860-344-2560	860-2	205-7552	860-424-		david.co	oley	@ct.gov	v		

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0910394	SQUANTZ POND S.P./MAIN WELL			NC	200	S	GW
Local Address (w	vhere applicable)	Service	Residen	itial Commerci	al Industri	al Combine	ed Agricultural
ROUTE 39		Connections	5				
Towns Served: N	IEW FAIRFIELD						

Please note the following:

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

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

	Connecticut Departme	nt of Public H	ealth I	Drinki	ng Water S	ection		
	Water Quality M				0			
PWS ID	PWS Name	<u>0</u>	^		on Population O	wner Type Pr	imary Source	
СТ0910414	ST. EDWARD RC CHURCH			NC	25	Р	GW	
Local Address (where applicable)	Service	Residentia	al Comme	ercial Industrial	Combined	Agricultural	
21 BRUSH HILL		Connections		1				
Towns Served:	NEW FAIRFIELD							
		Ionitoring Requ	irement	ts				
	n Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)						
Total Colifor	• •		Monitoring	Devied		routine (RT) per quarter		
	Point (Sampling Point ID) m Inventory of Active Sampling Points		Monitoring .0/1/23 - 1		Collection Perio	a complic	ince status	
Select II OI	in inventory of Active Sampling Points	-	1/1/24 - 3			Cor	nplete	
			4/1/24 - 6			0	iipiete	
			7/1/24 - 9,					
Physical Para	ameters (PPS)		,,_,_,		1 r	outine (RT) p	er quarter	
-	Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio	• • •	ince Status	
Select from	m Inventory of Active Sampling Points	1	0/1/23 - 12	2/31/23				
			1/1/24 - 3	/31/24		Cor	nplete	
			4/1/24 - 6,	/30/24				
			7/1/24 - 9,	/30/24				
Water System	n Facility: ENTRY POINT (WSF ID: C	0700)						
Nitrate And I	Nitrite (NOX)					1 routine (R	T) per year	
Sampling	Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio	d Complia	ince Status	
ENTRY PO	INT (3)		1/1/23 - 12					
			1/1/24 - 12		-	Cor	nplete	
			1/1/25 - 12	2/31/25				
	Facility: WELL (WSF ID: 21599)							
E. Coli (3014	-			Deuterd		outine (RT) p	•	
	Point (Sampling Point ID)		Monitoring		Collection Perio	a Complic	ince Status	
WELL (2)		L	.0/1/23 - 1 1/1/24 - 3				nplete	
			4/1/24 - 6			COI	iipiete	
			7/1/24 - 9	-				
	Oth	ner Compliance		· •				
Compliance Sci	hedule Activity	ier compliance		ie Date	Achieve	d Date		
-	ANITARY SURVEY			26/2020	Achieve	u Dutt		
		c Notification R						
		Compliance	Notice	-	c Notification	PN Certi	fication	
Violation/Situa	ation	Period	Tier	Require		Due to DPH	Received	
Total Coliform	M&R Violation	1/1/23 - 3/31/23	3	7/2/202	-	7/12/2024		
Physical Param	eters M&R Violation	1/1/23 - 3/31/23	3	7/2/202	24	7/12/2024		
Total Coliform	M&R Violation	10/1/22 - 12/31/22	3	7/2/202	24	7/12/2024		
	eters M&R Violation	10/1/22 - 12/31/22	3	7/2/202		7/12/2024		
Total Coliform		7/1/22 - 9/30/22	3	7/2/202		7/12/2024		
	eters M&R Violation	7/1/22 - 9/30/22	3	7/2/202		7/12/2024		
	eters M&R Violation	4/1/23 - 6/30/23	3	8/14/20		8/24/2024		
Total Coliform	M&R Violation	4/1/23 - 6/30/23	3	8/14/20	24	8/24/2024		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source Ρ СТ0910414 ST. EDWARD RC CHURCH NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 21 BRUSH HILL ROAD 1 Towns Served: NEW FAIRFIELD **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Reauired Performed Due to DPH Received F. Coli M&R Violation 7/1/23 - 9/30/23 3 1/7/2025 1/17/2025 Total Coliform M&R Violation 7/1/23 - 9/30/23 3 1/7/2025 1/17/2025 Water System Facility and Sampling Point Inventory **Total** Lead and Water Water System Facility Samplina Point Samplina Point System Coliform Copper Staae ID Description Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status 00600 DISTRIBUTION SYSTEM 4 γ DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT A 21599 WFII 2 WFII Α 54001 TREATMENT PLANT **Contact Information** Name Organization Job Title Mr. Frank Caggiano Roman Cath Diocese Bridgeport Bishop Zip Code Mailing Address Line One Mailing Address Line Two City State 06606 238 lewett Avenue Bridgepor CT **Business Phone** Fax **Mobile Phone** Emergency Phone Email Address Extension 203-372-4301 Contact Role(s): Legal Contact Name Organization Job Title Mr. Robert Wolfe St Edward Church Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 21 Brush Hill Road CT 06812 New Fairfield **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-746-2200 wolferobert723@gmail.com 16 Contact Role(s): Administrative Contact Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut Department Water Quality Mor					<u> </u>			ection		
	e b	intoring an	u con							During ou	
	PWS Name			Cla	ssification NC	PO	25	Ow	P		y Sourc W
CT0910554	FIELDSTONE COMMONS	Service	Resider	tial	Commerc	ial	25 Industri		Combine		
3 ROUTE 39	(where applicable)	Connections	Resider	itiai		ai	industri	ai	Compine	a Agi	ricultura
	: NEW FAIRFIELD	connections			1						
TOWIIS SELVEU.			•								
Mator Syster		nitoring Requ	lireme	ents	; 	_		_			
Total Colifor	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00000)						1	utino (P	T) nor	month
	Point (Sampling Point ID)		Monitor	ina E	Deriod (Colla	ection Pe		outine (R		Status
	om Inventory of Active Sampling Points		11/1/23	_		LONE	cuon re	nou		Comple	
Select II o	in inventory of Active sampling Points		12/1/23		-					Comple	
			1/1/24							Comple	
			2/1/24		-					Comple	
			3/1/24 · 4/1/24 ·						(Comple	ie
					-						
			5/1/24 · 6/1/24 ·								
			7/1/24								
			8/1/24								
			9/1/24								
			10/1/24								
Dhycical Dar	ameters (PPS)		10/1/24	10/	51/24			1	outine (R	T) por	month
-	Point (Sampling Point ID)		Monitor	ina E	Deriod (Colle	ection Pe		-		Status
	om Inventory of Active Sampling Points		11/1/23	_		come		nou		Comple	
Selecting			12/1/23							Comple	
			1/1/24							Comple	
			2/1/24							Comple	
			3/1/24							Comple	
			4/1/24						```	compie	
			5/1/24		-						
			6/1/24								
			7/1/24								
			8/1/24								
			9/1/24								
			10/1/24								
Water Syster	m Facility: ENTRY POINT (WSF ID: 007		-~, -, 27	10/	~ = , = =						
	Nitrite (NOX)	•						1	routine	(RT) p	er yeai
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (Colle	ection Pe	riod	Com	oliance	Status
ENTRY PC	DINT (3)		1/1/23 -	12/3	31/23				(Comple	te
			1/1/24 -	12/3	31/24						
			1/1/25 -	12/3	31/25						
	Othe	r Compliance	Sched	dule	es						
Compliance So	chedule Activity				Date		Achie	ved	Date		
	SANITARY SURVEY		2	4/26	/2020		-				
	Water System Fa	cility and Sa				ent	ory				
Water			. 0			ota	-	and			
System Wa		oint Sampling Poi			Со	lifor	m Cop	per			Stage
NOTE: This inforn Any inaccuracies	Iter System Facility Sampling PC nation has been provided to help owners and operator contained herein will not relieve the owner or operator ion Dato: 4/2/2024	rs of public water syste	ems mainta		mpliance wit	h dri	nking wate	r qua		ring requ	

Schedule Generation Date: 4/3/2024

	water Qu	anty Monit	or mg an		1			-		
PWS ID	PWS Name				Classific	ation	Population	Ow	ner Type	Primary Source
сто91055	4 FIELDSTONE COMMONS				NC		25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Com	mercia	Industri	ial	Combine	d Agricultura
3 ROUTE 3	39		Connections			1				
Towns Ser	ved: NEW FAIRFIELD									
, Facility ID)	ID	Description		Stati	ıs Ri	Ile Rule	Tiel	r Asbesto	s WQP 2 DBP
00500	GAC FILTER	5	ENTRY POINT		А					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	,	Y			
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	А					
		FC001	ORTHO CONS	ULT RM	А	•	Y		Y	
		FC002	ORTHO KITCH	IEN SINK	А	•	Y		Y	
		FC003	ORTHO LAB S	INK	А	•	Y		Y	
		FC004	RR ORTHODC	NTIST	А	•	Y		Y	
		FC005	ORTHO TOOT	H BRUSH	L A	•	Y		Y	
		FC006	ORTHO TOOT	H BRUSH	R A	•	Y		Y	
		FC007	ORTHO SETRI	LIZATION	А	•	Y		Y	
		FC008	ORTHO HAND	SNK L	А	•	Y		Y	
		FC009	ORTHO HAND) SNK R	А	•	Y		Y	
		FC010	ORTHO BACK	HAND SIN	IK A	•	Y		Y	
		FC011	ORTHO DARK	RM SINK	А	,	Y		Y	
		FC012	RR NAIL SALC	N	А	•	Y		Y	
		FC013	HAND SINK N	AIL SALON	I A	,	Y		Y	
		FC014	RR YOGA		А	•	Y		Y	
		FC015	CHIRO RR		А	,	Y			
		UPSTREAM	WITHIN 5 SEP	VICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT		А					
22721	WELL	2	WELL		А					
50462	TREATMENT PLANT									

50462 TREATMENT PLANT

		Co	ontact Inf	ormation					
Name			Organization	I			Job Title		
Greg Kauffman			Fieldstone Co	ommons Condo Asso	С	President			
Mailing Address Line One		Mailing Addr	ess Line Two			City	State	Zip Code	
3 Route 39 Unit 2					New Faiı	rfeld	СТ	06812	
Business Phone Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			-
908-892-2813					kauffma	npropertiesc	t@gmail.con	n	
Contact Role(s): Administrative C	ontact, Leg	al Contact							

Please note the following:

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

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

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

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

End of schedule

Connecticut Departme	nt of Public H	lealth I	Drinking	Water S	ection			
Water Quality M	lonitoring and	d Comp	oliance S	Schedule				
PWS ID PWS Name		C	lassification	Population O	wner Type Pr	imary Source		
CT0915234 NEW FAIRFIELD SCHOOLS CONCESSIO	N STAND		NC	100	L	GW		
Local Address (where applicable)	Service	Residentia	l Commercia	al Industrial	Combined	Agricultural		
54 GILLOTTI ROAD	Connections		1					
Towns Served: NEW FAIRFIELD								
N	Ionitoring Requ	irement	ts					
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliform (3100)						utine (RT) per month		
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		ance Status		
Select from Inventory of Active Sampling Points		11/1/23 - 1				mplete		
		12/1/23 - 12			Out o	of Service		
		4/1/24 - 4,						
		5/1/24 - 5,						
		6/1/24 - 6,						
		7/1/24 - 7,						
		8/1/24 - 8,						
		9/1/24 - 9/						
		10/1/24 - 10/31/24						
Physical Parameters (PPS)					routine (RT)	-		
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		ance Status		
Select from Inventory of Active Sampling Points		11/1/23 - 1				mplete of Service		
		12/1/23 - 12			Out o	of Service		
		4/1/24 - 4/ 5/1/24 - 5/						
		6/1/24 - 6/						
		7/1/24 - 7/						
		8/1/24 - 8/						
		9/1/24 - 9/						
		10/1/24 - 10						
Water System Facility: ENTRY POINT (WSF ID: 0		10/1/24 1	5/51/24					
Nitrate And Nitrite (NOX)					1 routine (R	T) per vear		
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	-	nce Status		
ENTRY POINT (3)		1/1/23 - 12	/31/23		Cor	nplete		
		1/1/24 - 12	/31/24		Cor	nplete		
		1/1/25 - 12	/31/25					
Otl	her Compliance	Schedu	les					
Compliance Schedule Activity	•		e Date	Achieve	d Date			
L1 ASSESSMENT (MULTIPLE TC+)		6/2	4/2023					
Publi	c Notification R	equiren	nents					
	Compliance	Notice	1	otification	<u>PN Certi</u>	ification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violation		3	4/28/2021		5/8/2021			
	12/1/19 - 12/31/19	5	.,,					
Total Coliform M&R Violation	12/1/19 - 12/31/19 12/1/19 - 12/31/19		4/28/2021		5/8/2021			
Total Coliform M&R Violation Total Coliform M&R Violation	12/1/19 - 12/31/19 12/1/21 - 12/31/21		4/28/2021 4/5/2023		4/15/2023			
Total Coliform M&R Violation	12/1/19 - 12/31/19	3	4/28/2021					

		0						
PWS ID	PWS Name			Classificatio	n Po	opulation	Owner Type	Primary Source
СТ0915234	NEW FAIRFIELD SCHOOLS CONCESSION STAN	ID		NC		100	L	GW
Local Address (w	vhere applicable)	Service	Residen	tial Comme	rcial	Industria	al Combine	ed Agricultural
54 GILLOTTI ROA	AD	Connections		1				
Towns Served: N	IEW FAIRFIELD	·		·				

Public Notification Requirements Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Reauired Performed Due to DPH Received Physical Parameters M&R Violation 12/1/22 - 12/31/22 3 4/2/2024 4/12/2024 Total Coliform M&R Violation 12/1/22 - 12/31/22 3 4/2/2024 4/12/2024 Physical Parameters M&R Violation 11/1/22 - 11/30/22 3 4/2/2024 4/12/2024 Total Coliform M&R Violation 3 4/2/2024 11/1/22 - 11/30/22 4/12/2024 3 Physical Parameters M&R Violation 10/1/22 - 10/31/22 4/2/2024 4/12/2024 Total Coliform M&R Violation 10/1/22 - 10/31/22 3 4/2/2024 4/12/2024

Water System Facility and Sampling Point Inventory

Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А					
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		UPSTREAM	WITHIN 5 SERVICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT	А					
56993	WFLL 1	2	WFLL 1	Α					

Contact Information Name Organization Job Title Ms. Patricia Del Monaco Town of New Fairfield First Selectman Mailing Address Line One Mailing Address Line Two Zip Code Citv State 4 Brush Hill Rd New Fairfield 06812 CT **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax 203-312-5600 203-312-5612 203-240-0143 pdelmonaco@newfairfield.org

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

Please note the following:

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

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

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

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

	Connecticut Dep					0		
	Water Qua	ality Mo	onitoring and	d Comp	oliance	Schedule	<u>)</u>	
PWS ID	PWS Name			C	lassificatio	n Population C	Owner Type Pi	rimary Source
СТ0915244	249 ROUTE 39				NC	25	Р	GW
Local Address (where applicable)		Service	Residentia	l Commei	rcial Industrial	Combined	Agricultural
249 SHERMAN	ROAD (RT-39)		Connections		1			
Towns Served:	NEW FAIRFIELD							
		M	onitoring Requ	irement	ts			
Water System	Facility: DISTRIBUTION	SYSTEM (\	WSF ID: 00600)					
Total Colifor	n (3100)					1	routine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring		Collection Peri	od Compli	ance Status
Select from	n Inventory of Active Samplir	ng Points	-	LO/1/23 - 12				
				1/1/24 - 3/	-			
				4/1/24 - 6/				
				7/1/24 - 9/	/30/24			
-	meters (PPS)						routine (RT)	-
	Point (Sampling Point ID)	a Dainta		Monitoring		Collection Peri	od Compli	ance Status
Select from	n Inventory of Active Samplir	ig Points		1/1/23 - 12				
				1/1/24 - 3/ 4/1/24 - 6/				
				7/1/24 - 9/				
Water System	Facility: ENTRY POINT (1700)	7/1/24-9/	30/24			
-	Nitrite (NOX)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 routine (R	
	Point (Sampling Point ID)			Monitoring	Period	Collection Peri		ance Status
ENTRY PO				1/1/23 - 12				mplete
				 1/1/24 - 12				
				1/1/25 - 12				
		Public	Notification R					
			Compliance	Notice		Notification	PN Cert	ification
Violation/Situa	ntion		Period	Tier		d Performed		-
Total Coliform	M&R Violation		10/1/22 - 12/31/22	3	7/5/202		7/15/2024	
Physical Param	eters M&R Violation		10/1/22 - 12/31/22	3	7/5/202	4	7/15/2024	
Total Coliform	M&R Violation		7/1/22 - 9/30/22	3	7/5/202	4	7/15/2024	
Physical Param	eters M&R Violation		7/1/22 - 9/30/22	3	7/5/202	4	7/15/2024	
	Water	System F	acility and San	npling P	oint Inv	ventory		
Water						Total Lead a	nd	
	er System Facility		Point Sampling Poir	nt	C	oliform Coppe		Stage
Facility ID		ID	Description		Status	Rule Rule T	ier Asbestos	WQP 2 DBPR
00501 WEL	L 1	2	WELL 1		A			
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		А	Y		
			REAM WITHIN 5 SER		A			
		UPSTRE		VICE CON	A			
00700 ENT	RY POINT	3	ENTRY POINT		A			
			Contact Inform	nation				
Name			Organization				Job Title	
	erten-Slodowski							
Mailing Addres		Mailing A	ddress Line Two			City	State	Zip Code
11 Southview R						fairfield	СТ	06812
NOTE: This inform	no Extension Ex			ms maintain c			nuality monitorin	a requirements

			v	0					(
PWS ID P	WS Name					Class	ification	Population	Owr	ner Type	Primary Source
СТ0915244 2	49 ROUTE 39						NC	25		Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial C	Commerci	al Industri	al	Combine	ed Agricultural
249 SHERMAN RO)AD (RT-39)			Connectio	ons		1				
Towns Served: NE	W FAIRFIELD										
Business Filone	Extension	гах		ernone	Linergency	FIION		Audress			
203-746-8888											
Contact Role(s):	Administrative	Contact, Owne	r						-		

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