					_			_		
	Connecticut Departmen	nt of Public H	<b>Health</b>	D	rinking	g W	Vater S	Sec	ction	
	Water Quality M	onitoring an	d Com	ıpl	liance :	Scł	nedule			
PWS ID	PWS Name			Cla	ssification	Pop	oulation C	)wn	er Type P	rimary Source
СТ0960042	NORTHVILLE MARKET, INC.				NC		30		Р	GW
Local Address (v	where applicable)	Service	Resident	tial	Commerc	ial	Industrial	(	Combined	Agricultural
301 LITCHFIELD	ROAD	Connections	1							
Towns Served:	NEW MILFORD					'				
	M	onitoring Requ	uireme	nts	5					
Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)								
<b>Total Coliforn</b>	n (3100)						1 r	out	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitorii	ng F	Period (	Colle	ction Perio	od	Compli	iance Status
Select from	Select from Inventory of Active Sampling Points			12/	/31/23				Co	omplete
			1/1/24 -	3/3	31/24				Сс	omplete
		4/1/24 -	6/3	30/24						
			7/1/24 -	9/3	30/24					
<b>Physical Para</b>							1 r	out		per quarter
	Point (Sampling Point ID)		Monitorii	_		Colle	ction Perio	od		iance Status
Select fron	n Inventory of Active Sampling Points		10/1/23 -							omplete
			1/1/24 -						Сс	omplete
			4/1/24 -							
			7/1/24 -	9/3	30/24					
-	Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And N	•		1 routine (RT) per year							
	Point (Sampling Point ID)		Monitorii			Collection Period				iance Status
ENTRY POI	NT (3)		1/1/23 - :				Complete			
			1/1/24 - :					_		omplete
M/-1	Early MEH (MCEID 20042)		1/1/25 - :	12/3	31/25					
-	Facility: WELL (WSF ID: 20043)								. (2=)	
E. Coli (3014)			Manitari		Daviad (	Calla				per quarter
	Point (Sampling Point ID)		Monitoria			Joile	ction Perio	oa -		iance Status
WELL (2)			10/1/23 -							omplete
			1/1/24 - 4/1/24 -						CC	omplete
			7/1/24 -							
	Oth	ner Compliance			•					
Compliance Sch		ioi compilario			Date		Achieve	од Г	Date	
_	ANITARY SURVEY				/2010		, torne v			
	ANITARY SURVEY				/2020					<del></del>
				-, -/						

KESPOND	TO SANTIARY SURVEY		4	2/2/2020					
		<b>Water System Facili</b>	ity and Sampling	Point Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A					
		UPSTREAM	WITHIN 5 SERVICE CON	I A					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20043	WELL	2	WELL	Α					
54614	TREATMENT PLANT								

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

	Commonder 2 opar union of 1 ability from 21 mining 1 ability											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	VS ID PWS Name					Population	Owner Type	Primary Source				
CT0960042	PWS Name NORTHVILLE MARKET, INC.				NC	30	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	I Industrial Combined Agricultu					
301 LITCHFIELD ROAD Connections 1												

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW MILFORD

		water 5	ystelliri	aciii	ty and s	amping i oi		IIVCIICO	·y		
Facility ID	stem Facility		Sampling P ID		Sampling I	n	Statu	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
61719 ATMOSP	HERIC STORAC	jE									
				Cont	tact Info	ormation					
Name				Org	ganization					Job Title	
Mr. Joel Brenner											
Mailing Address Line	e One		Mailing Ad	dress	Line Two			C	ity	State	Zip Code
301 Litchfield Road							Ν	ew Milford	t	СТ	06776
Business Phone	Extension	Fax	ſ	Mobile	e Phone	Emergency Phor	ne Ei	Email Address			
860-355-2667											
Contact Role(s): Le	gal Contact, C	)wner	, , , , , , , , , , , , , , , , , , ,								
Name				Org	ganization					Job Title	
Mr. David Brenner				No	rthville Ma	arket Inc		Pre	esident		
Mailing Address Line	e One		Mailing Ad	dress	Line Two			C	ity	State	Zip Code
301 Litchfield Road							Ν	ew Milford	ł	СТ	06776
Business Phone	Extension	Fax	ſ	Mobile	e Phone	Emergency Phor	ne Ei	mail Addre	!SS		
860-355-2667		860-350-3	3232 2	203-42	17-8408	860-868-2842	d	avid@nort	hvillemarke	t.net	
Contact Role(s): Ac	lministrative (	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 Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0960014	THAI CHARM RESTAURANT				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
218 KENT ROAD		Connections			1			

)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
1/1/24 - 3/31/24		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		
	1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Monitoring Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24	1/1/24 - 3/31/24 4/1/24 - 6/30/24 7/1/24 - 9/30/24 1 roution Monitoring Period Collection Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24

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

Nitrate And Nitrite (NOX)	outine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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 2/14/2021

Public Notification Requirements											
	Compliance	Notice	Public Notification		PN Certij	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024						
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024						
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024						
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024						
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024						
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024						
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024						
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024						

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

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

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

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0960014	THAI CHARM RESTAURANT			NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
218 KENT ROAI	)	Connections		1			

	,	Water System Facili	ity and Samplii	ng Point Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
21625	WELL	2	WELL	Α				
57361	TREATMENT PLANT							

			Co	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Kititakone Pan	asy								
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
20 Nunnawauk Roa	d					Newtowi	n	СТ	06470
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-428-6477						kpanasy(	@gmail.com		

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

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

Page 4

	Connections Don	autmont of	Dublic	lool+h	Duinle	in ~ 117	otom Co	ation	
	Connecticut Dep							ection	
		ality Monit	oring and	a Com					
PWS ID	PWS Name								mary Source
СТ0960024	SALINAS RESTAURANT + P	IZZERIA			NC		25	Р	GW
	vhere applicable)		Service	Residen			ndustrial	Combined	Agricultural
651 KENT ROAD			Connections			1			
Towns Served: N	NEW MILFORD		_						
			oring Requ	ireme	nts				
-	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)				_		
Total Coliform								utine (RT) p	•
	Point (Sampling Point ID)				ng Period	Collect	ion Period	-	ince Status
Select from	Inventory of Active Sampli	ng Points			12/31/23				nplete
					3/31/24			Cor	nplete
					6/30/24				
				7/1/24 -	9/30/24				
Physical Para	•							utine (RT) p	-
	Point (Sampling Point ID)				ng Period	Collect	ion Period		ince Status
Select from	Inventory of Active Sampli	ng Points			12/31/23				nplete
					3/31/24			Cor	nplete
					6/30/24				
\\/_t_=_Ct_=	Facility : FALTRY BOILET	(14/65 15, 00700)		7/1/24 -	9/30/24				
-	Facility: ENTRY POINT	(WSF ID: 00700)					4	1' - (DT)	
Nitrate (1040				Monitori	na Pariod	Collect	ion Period	utine (RT) p	er quarter Ince Status
ENTRY POI	Point (Sampling Point ID)				12/31/23	Conect	ion Periou	-	
ENTREPOR					12/31/23				nnlata
	(3)				2/21/24				nplete
	(3)			1/1/24 -	3/31/24				nplete nplete
	(S)			1/1/24 - 4/1/24 -	6/30/24				
Nitrito (1041)			_	1/1/24 -	6/30/24		1	Cor	nplete
Nitrite (1041)	)			1/1/24 - 4/1/24 - 7/1/24 -	6/30/24 9/30/24	Collect		Cor	nplete  Γ) per year
Sampling F	) Point (Sampling Point ID)			1/1/24 - 4/1/24 - 7/1/24 - Monitoria	6/30/24 9/30/24 ng Period	Collect	1 ion Period	routine (R	T) per year
	) Point (Sampling Point ID)			1/1/24 - 4/1/24 - 7/1/24 - <b>Monitori</b> 1/1/23 -	6/30/24 9/30/24 ng Period 12/31/23	Collect		routine (R Complic	T) per year unce Status
Sampling F	) Point (Sampling Point ID)			1/1/24 - 4/1/24 - 7/1/24 - <b>Monitori</b> 1/1/23 - 1/1/24 -	6/30/24 9/30/24 ng Period	Collect		routine (R Complic	T) per year
Sampling F	) Point (Sampling Point ID)	Other C		1/1/24 - 4/1/24 - 7/1/24 - <b>Monitorii</b> 1/1/23 - 1/1/24 - 1/1/25 -	6/30/24 9/30/24 ng Period 12/31/23 12/31/24 12/31/25	Collect		routine (R Complic	T) per year unce Status
Sampling F	) Point (Sampling Point ID) NT (3)	Other C		1/1/24 - 4/1/24 - 7/1/24 - Monitorii 1/1/23 - 1/1/24 - 1/1/25 - Sched	6/30/24 9/30/24 ng Period 12/31/23 12/31/24 12/31/25	Collect		routine (R' Complice Cor	T) per year unce Status
Sampling F ENTRY POII	) Point (Sampling Point ID) NT (3)  edule Activity	Other C		1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/24 - 1/1/25 - Sched	6/30/24 9/30/24 ng Period 12/31/23 12/31/24 12/31/25 ules	Collect	ion Period	routine (R' Complice Cor	T) per year unce Status
Sampling F ENTRY POII  Compliance Sch RESPOND TO SA	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY	Other C		1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/24 - 1/1/25 - Sched	6/30/24 9/30/24 ng Period 12/31/23 12/31/24 12/31/25 ules Due Date	Collect	ion Period	routine (R' Complice Cor	T) per year unce Status
Sampling F ENTRY POII	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY		ompliance	1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/24 - 1/1/25 - Sched	6/30/24 9/30/24 ng Period 12/31/23 12/31/25 12/31/25 ules Due Date /15/2014 /15/2019		ion Period	routine (R' Complice Cor	T) per year unce Status
Sampling F ENTRY POII  Compliance Sch RESPOND TO SA	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY	Other Co	ompliance	1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/24 - 1/1/25 - Sched	6/30/24 9/30/24 ng Period 12/31/23 12/31/25 12/31/25 ules Due Date /15/2014 /15/2019		ion Period	routine (R Complic Cor	T) per year unce Status
Compliance Sch RESPOND TO SA RESPOND TO SA Water	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY		ompliance ty and Sar	1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/25 - Sched 4 9 mpling	6/30/24 9/30/24 ng Period 12/31/23 12/31/25 12/31/25 ules Due Date /15/2014 /15/2019	nvento	ion Period  Achieved	routine (R Complic Cor	T) per year unce Status
Sampling F ENTRY POII  Compliance Sch RESPOND TO SA RESPOND TO SA Water	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY  Water	System Facili	ompliance ty and Sar	1/1/24 - 4/1/24 - 7/1/24 - Monitoria 1/1/23 - 1/1/25 - Sched 4 9 mpling	6/30/24 9/30/24 ng Period 12/31/23 12/31/25 12/31/25 ules Due Date /15/2014 /15/2019	nvento Total Coliform	Achieved  Ty  Lead and Copper	Corner (R Complia Cor	T) per year unce Status Implete Implet
Compliance Sch RESPOND TO SA RESPOND TO SA Water System Water Facility ID	Point (Sampling Point ID)  NT (3)  edule Activity  INITARY SURVEY  Water	System Facili	ompliance ty and Sar	1/1/24 - 4/1/24 - 7/1/24 - 7/1/23 - 1/1/24 - 1/1/25 - Sched 6 9 mpling	6/30/24 9/30/24 ng Period 12/31/23 12/31/24 12/31/25 ules Due Date /15/2014 /15/2019 Point It	nvento Total Coliform	Achieved  Ty  Lead and Copper	Corner (R Complia Cor	T) per year unce Status mplete mplete
Compliance Sch RESPOND TO SA RESPOND TO SA Water System Water Facility ID	Point (Sampling Point ID)  NT (3)  Pedule Activity  INITARY SURVEY  Water  Extra System Facility	System Facili Sampling Point ID	ty and Sar  Sampling Poin Description  DISTRIBUTION	1/1/24 - 4/1/24 - 7/1/24 - 7/1/24 -  Monitoria 1/1/23 - 1/1/25 -  Sched  6 9  npling  nt	6/30/24 9/30/24 ng Period 12/31/23 12/31/25 ules Due Date 1/15/2014 1/15/2019 Point Ir	Total Coliform Rule	Achieved  Ty  Lead and Copper	Corner (R Complia Cor	r) per year ance Status mplete mplete

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.

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

TREAMENT PLANT

21626

61509

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

PWS ID	PWS Name			Classif	fication F	Population	Owner Type	Primary Source
СТ0960024	SALINAS RESTAURANT + PIZZERIA			N	NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Co	ommercia	l Industria	al Combine	ed Agricultural
651 KENT ROA	D	Connections			1			

			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Lourdes Salinas				Salinas Resta	aurant + Pizzeria		Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
651 Kent Rd						Gaylord	sville	СТ	06755
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email A	ddress		
860-355-2448					203-942-0401	lourdess	salinas1@iclo	oud.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

Conne	ecticut Department of	Public H	lealth	Dr	rinkin	σW	ater S	Section	n	
Comic	Water Quality Monito					_				
PWS ID PWS Nam	<u> </u>	ning and	u Com		ssification				e Pr	imary Source
	OCK CAMP			Cius	NC		450	P	-	GW
Local Address (where appl		Service	Residen	tial	Commer		ndustrial	Combi	ned	Agricultural
59 BUCK ROCK ROAD	-	Connections			1	0.0.		30		7.6
Towns Served: NEW MILFO	ORD				_					
		ring Requ	iireme	nts						
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID									
Total Coliform (3100)							1 r	outine (	RT) p	er quarter
Sampling Point (Sam	pling Point ID)		Monitori	ng P	Period	Collec	tion Perio	=		ince Status
Select from Inventory	of Active Sampling Points		4/1/24 -	6/3	0/24					
			7/1/24 -	9/3	0/24					
Physical Parameters (F	PPS)						1 r	outine (	RT) p	er quarter
Sampling Point (Sam	-		Monitori	ng P	Period	Collec	tion Perio	=		ince Status
	of Active Sampling Points		4/1/24 -	6/3	0/24					
			7/1/24 -	9/3	0/24					
Water System Facility:	ENTRY POINT - WELLS 6 & 7 (W	SF ID: 00701	L <b>)</b>							
Nitrate And Nitrite (No	OX)							1 routin	e (R	T) per year
Sampling Point (Sam	pling Point ID)		Monitori	ng P	Period	Collec	tion Perio		-	ince Status
ENTRY POINT (3)			1/1/23 -	12/3	31/23					
			1/1/24 -	12/3	31/24					
			1/1/25 -	12/3	31/25					•
Мо	nthly Water System Facilit	ty (WSF) I	Level N	/lor	nitoring	g Re	quirem	ents		
Water System Facility:	ENTRY POINT - WELLS 6 & 7 (WS	FID: 00701)								
Analyte	Monitoring Requirement (Summar	ry Type)	Ope	ratin	ng Limit			Sampl	es Re	q/Month
Chlorine	Entry Point Chlorine Residual Moni	toring (CHLR	) Mini	imun	n: 0.2 M	G/L			Dai	ly
<b>Start Date:</b> 6/1/2011		Complia	nce Histo	ory:	c	Operat	ing Limit	Mo	nitori	ing
		Monitor	ing Perio	d		-	ance Stat	us: Con	nplia	nce Status:
		11/1/20	23 - 11/30	0/20	23					
		12/1/20	23 - 12/33	1/20	23					
		1/1/202	4 - 1/31/2	2024						
		2/1/202	4 - 2/29/2	2024						
		3/1/202	4 - 3/31/2	2024	ļ					
Analyte	Monitoring Requirement (Summar	ry Type)	Ope	ratin	ng Limit			Sampl	es Re	q/Month
Chlorine	Entry Point RDC (EPRD)		Mini	imun	n: 0.30 N	ИG/L			Dai	ly
<b>Start Date:</b> 7/1/2016		Complia	nce Histo	ory:	C	Operat	ing Limit	Mo	nitori	ing
		Monitor	ing Perio	d	C	Compli	ance Stat	us: Con	nplia	nce Status:
			23 - 11/30	-						
			23 - 12/32							
			4 - 1/31/2							
			4 - 2/29/2							
		3/1/202	4 - 3/31/2	2024						
	Other Co	mpliance	Sched	lule	es					
Compliance Schedule Acti					Date		Achieve	d Date		
SEASONAL START UP COM	PLETION		(	6/1/	2024					

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.

3/1/2025

CROSS CONNECTION SURVEY REPORT

	Connecticut Department of Public Health	ı Drinking	g Water	Section
	Water Quality Monitoring and Con	npliance :	Schedul	e
S ID	PWS Name	Classification	Population	Owner Type Pr

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
CT0960064	BUCKS ROCK CAMP				NC	450	Р		GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed	Agricultural
59 BUCK ROCK I	ROAD	Connections			1				

	Water	System Facili	ity and Sampling P	oint Ir	nvento	у			
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 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		<b>BOYS HOUSE</b>	OUTDOOR	Α					
			TAP@CHIMNEY						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	Α					
48032	WELL 6	2	WELL 6	Α					
53937	WELL 7	2	WELL 7	Α					
57759	TREATMENT PLANT								
57763	ATMOSPHERIC STORAGE TANK								

### **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 57759)

Facility Classification:			Certification
Operator Name	Operator Type	Certification(s)	Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2024
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2025

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Sarah Jennings				Buck's Rock	Camp	Admin Director			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
59 Bucks Rock Rd						New Mi	ford	СТ	06776
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	ddress		
860-354-5030						sarah@l	oucksrockca	mp.org	
Contact Role(s): A	dministrative (	Contact			<u> </u>	1			

	Organization	l			loh Titlo		
			Job Title				
	Buck's Rock (	Camp		President			
Mailing Addre	ess Line Two		City	State	Zip Code		
			New Mil	ford	06776		
Mo	bile Phone	Emergency Phone	Email Ad	dress			
			presiden	t@bucksrockc	amp.org		
	Mailing Addre	Mailing Address Line Two	Mailing Address Line Two  Mobile Phone Emergency Phone	Mailing Address Line Two  New Mill  Mobile Phone Emergency Phone Email Ad	Mailing Address Line Two City New Milford Mobile Phone Emergency Phone Email Address	Mailing Address Line Two City State New Milford CT	

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 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.
- 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

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 I	•					_			ction		
		<b>Quality Monit</b>	oring and	u Con							_	_
PWS ID	PWS Name				Clas	ssificatio			Owr	er Type P		
СТ096010		Y COUNTRY CLUB				NC		25		Р	G'	
	ress (where applicable)		Service	Residen	tial	Comme	ercial I	ndustria	al	Combined	Agri	icultural
	BURY ROAD		Connections			1						
Towns Sei	rved: NEW MILFORD											
			oring Requ	iireme	nts	<b>;</b>						
	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)									
	liform (3100)									tine (RT)		
_	pling Point (Sampling Point II			Monitoring Period Collection Period								Status
Selec	ct from Inventory of Active Sa	mpling Points		10/1/23 -		-					mplet	
				1/1/24 -		-				Cc	mplet	.e
				4/1/24 -								
				7/1/24 -	9/3	0/24						
Physical	Parameters (PPS)							1	rou	tine (RT)	per q	uarter
Sam	pling Point (Sampling Point II	D)		Monitori	ng P	Period	Collection Period					
Selec	ct from Inventory of Active Sa	mpling Points		10/1/23 -							mplet	
				1/1/24 -	3/3	1/24				Co	mplet	:e
				4/1/24 -	6/3	0/24						
				7/1/24 -	9/3	0/24						
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)										
Nitrate /	And Nitrite (NOX)								1	routine (F	RT) pe	r year
Sam	pling Point (Sampling Point II	D)		Monitori	ng P	Period	Collec	tion Per	riod	Compl	iance S	Status
ENTF	RY POINT (3)			1/1/23 -	12/3	31/23				Complete		
				1/1/24 -	12/3	31/24				Co	mplet	e
			_	1/1/25 -	12/3	31/25						_
	Wat	ter System Facil	ity and Sar	npling	Ро	int In	vento	ry				
Water			-				Total	Lead	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt			Coliform	г Сорр	oer			Stage
Facility ID	)	ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
21634	WELL	2	WELL			Α						
62060	UV DISINFECTION TREATME SYSTEM	NT										
		Con	tact Inform	mation								
Name		0	rganization							Job Title		
Ms. Beth	Ford		andlewood Val	ley Count	ry C	lub	Ex	ecutive	Dire			
Mailing A	ddress Line One	Mailing Addres		<u> </u>	•			City		State	Zip (	Code
		3										

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.

**Mobile Phone** 

401 Danbury Road

**Business Phone** 

860-354-9359

Extension

Contact Role(s): Administrative Contact, Legal Contact

3

Fax

860-355-3965

New Milford

beth@candlewoodvalleygolf.com

Emergency Phone Email Address

203-417-9991

СТ

06776

	Connecticut	: Depa	irtment d	of Public	Health	Drir	ıkıng	g Water	Section	
	Wate	r Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0960104	CANDLEWOOD VA	LEY COU	NTRY CLUB			N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Resider	tial Co	mmerci	al Industri	al Combine	ed Agricultura
401 DANBURY RO	1 DANBURY ROAD				ns		1			
Towns Served: N	EW MILFORD				·					
Name				Organization					Job Title	e
Candlewood Val	ey Country Club									
Mailing Address	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
101 Danbury Rd	Danbury Rd							1ilford	СТ	06776
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone Email Address					
Contact Role(s):	Owner		,							

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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 Water Quality Monito				O			ection		
PWS ID	PWS Name Classification   Population   Owner Type   Primary Source									
СТ0960234	HARRYBROOKE PARK				NC	25		Р	G۱	N
Local Address (	where applicable)	Service	Residen	itial	Commercia	l Industri	ial	Combine	d Agric	cultural
LANESVILLE RO	Connections			1						

		'
equirements		
•		
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
		Complete
		Complete
		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		
	3 rep	peat (RP) per perio
<b>Monitoring Period</b>	Collection Period	Compliance Status
10/26/23 - 10/31/23		Complete
	1 rou	tine (RT) per montl
Monitoring Period	<b>Collection Period</b>	Compliance Status
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		
701)		
	1 re	outine (RT) per yea
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1/1/23 - 12/31/23		
1/1/24 - 12/31/24		
1/1/25 - 12/31/25		
	1 trigge	ered (TG) per period
	11/1/23 - 11/30/23  12/1/23 - 12/31/23  1/1/24 - 1/31/24  2/1/24 - 2/29/24  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 - 9/30/24  10/1/24 - 10/31/24  Monitoring Period  10/26/23 - 10/31/23  Monitoring Period  11/1/23 - 12/31/23  1/1/24 - 1/31/24  2/1/24 - 2/29/24  3/1/24 - 3/31/24  4/1/24 - 4/30/24  5/1/24 - 6/30/24  7/1/24 - 7/31/24  8/1/24 - 8/31/24  9/1/24 - 8/31/24  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  Monitoring Period  1/1/23 - 12/31/23  1/1/24 - 10/31/24	1 rou   Monitoring Period   Collection Period   11/1/23 - 11/30/23   12/1/23 - 12/31/24   2/1/24 - 2/29/24   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 - 10/31/24   3 reg   Monitoring Period   10/26/23 - 10/31/23   1 rou   Monitoring Period   11/1/23 - 11/30/23   12/1/24 - 1/31/24   2/1/24 - 2/29/24   3/1/24 - 3/31/24   4/1/24 - 4/30/24   5/1/24 - 5/31/24   2/1/24 - 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   8/1/24 - 8/31/24   8/1/24 - 8/31/24   8/1/24 - 8/31/24   8/1/24 - 9/30/24   10/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 10/31/24   7/1/24 - 12/31/23   1/1/24 - 12/31/23   1/1/24 - 12/31/23   1/1/24 - 12/31/24   7/1/24 - 12/31/

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		Connecticut Dej	partmer	it of	Public H	lealth	Dr	inki	ng W	ater S	Sectio	n	
		Water Qu	iality M	onit	oring an	d Com	ıpli	ianc	e Sch	edule	•		
PWS ID		PWS Name					Clas	sificati	on Popu	lation C	wner Typ	e Pr	imary Source
СТ096023	34	HARRYBROOKE PARK						NC	2		GW		
Local Add	lress (w	here applicable)			Service	Resident	tial	Comm	ercial I	ndustrial	Combi	ned	Agricultural
LANESVIL	LE ROA	D			Connections			1					
Towns Se	rved: N	EW MILFORD							1				
			М	onit	oring Requ	uireme	nts						
Water Sy	ystem F	acility: POOLHOUSE V	WELL (WSF	ID: 21	L643)								
E. Coli (	(3014)									1 tr	iggered	(TG)	per period
Sam	pling Po	oint (Sampling Point ID)				Monitori	ng Pe	eriod	Collect	tion Perio	od Co	mpli	ance Status
POO	LHOUSE	WELL (2-POOLHOUSE)			1	10/25/23	- 10/	31/23				Со	mplete
			Oth	er C	ompliance	Sched	ule	S					
Complian	ice Sche	dule Activity				L	Due L	Date		Achiev	ed Date		
SANITARY	/ DEFEC	T CORRECTIVE ACTION				1	2/8/	2023		11/3	/2023		
CORRECTI	IVE ACT	ION/CORRECTIVE ACTION	PLAN			1	1/7/2	2024					
CORRECTI	IVE ACT	ION/CORRECTIVE ACTION	PLAN			1	1/7/2	2024					
CORRECTI	IVE ACT	ION/CORRECTIVE ACTION	PLAN			1	1/7/2	2024					
CORRECTI	IVE ACT	ION/CORRECTIVE ACTION	PLAN			1	1/7/2	2024					
			Public	Not	ification R	Require	me	nts					
					ompliance	Notice			ic Notific	ation	PN	Cert	ification
Violation,	/Situati	on			Period	Tier		Requir		rformed			Received
Total Coli	form M	&R Violation		4/1,	/23 - 6/30/23	3	1	1/19/2	024		11/29/2	024	
		Water	System I	acil	ity and Sar	mpling	Poi	int In	vento	ry			
Water									Total	Lead a	nd		
System	Water	System Facility	Sampling	Point	Sampling Poi	nt			Coliform	Сорре	er		Stage
Facility IE	D		ID		Description		5	Status	Rule	Rule T	ier Asbes	tos	WQP 2 DBPF
00600	DISTR	BUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		Α	Υ				
			4-GARI	DEN	GARDEN DIST	RIBUTION	1	Α	Υ				
			4-MUSE	UM	MUSEUM DIS	TRIBUTIO	N	Α	Υ				
			4-POOLH	OUSE	POOLHOUSE	DISTRIBU	TI	Α	Υ				
			DOWNST	REAM	WITHIN 5 SER	RVICE CON	J	Α					
			UPSTRE	AM	WITHIN 5 SER	RVICE CON	J	Α					
00700	MUSE	UM ENTRY POINT	3		ENTRY POINT			Α					
00701	POOLI	HOUSE ENTRY POINT	3		POOLHOUSE	ENTRY PO	IN	Α					
21642	MUSE	UM WELL	2-MUSE	UM	MUSEUM WE	ELL		Α					
21643	POOLI	HOUSE WELL	2-POOLH	OUSE	POOLHOUSE	WELL		Α					
				Con	tact Infori	mation							
Name					rganization						Job T	tle	
Mr. Willia	am Buck	tbee			arrybrooke Par	·k			Exe	ecutive D			
Mailing A	ddress I	ine One	Mailing A		s Line Two					itv	Stat	0	7in Code

Mailing Address Line One Mailing Address Line Two City State Zip Code P.O. Box 364 New Milford  $\mathsf{CT}$ 06776 Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone 860-799-6520 harrybrookepark65@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner

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

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0960234	HARRYBROOKE PARK				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural
LANESVILLE ROA	<b>ND</b>		Connections		1			

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

End of schedule

	Co	onnectic	ut Dena	rtment	of Public	Health D	rin	king '	Wate	er Se	ection			
			•		itoring a									
PWS ID	PW	/S Name	<del></del>								ner Type	Primary Source		
CT096024	4 JEI	HOVAHS WITN	IESSES				NO	2	25		Р	GW		
Local Addr	ress (whe	re applicable)			Service	Residentia	l Cor	mmercial	Indust	trial	Combine	d Agricultura		
22 OLD PA	RK LANE				Connection	ns		1						
Towns Ser	ved: NEW	/ MILFORD			·	·						·		
				Mon	itoring Red	quirement	S							
Water Sy:	stem Fac	cility: DISTR	IBUTION SY	STEM (WS	F ID: 00600)									
<b>Total Col</b>	liform (3	3100)								1 ro	utine (RT	per quarter		
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d Col	lection F	Period	Comp	liance Status		
Selec	t from Inv	entory of Acti	ive Sampling	Points		10/1/23 - 12	2/31/2	23			C	omplete		
						1/1/24 - 3/	31/24	4			C	omplete		
						4/1/24 - 6/								
						7/1/24 - 9/	30/24	4						
-		ters (PPS)								1 ro	utine (RT	per quarter		
Samp	oling Poin	t (Sampling P	oint ID)			Monitoring			lection F	Period	Comp	liance Status		
Selec	t from Inv	entory of Acti	ive Sampling	Points		10/1/23 - 12/31/23						Complete		
						1/1/24 - 3/					C	omplete		
						4/1/24 - 6/								
						7/1/24 - 9/	30/24	4						
Water Sys	stem Fac	cility: ENTRY	Y POINT (W	/SF ID: 0070	00)									
		te (NOX)										RT) per year		
		t (Sampling P	oint ID)			Monitoring			lection F	Period		liance Status		
ENTR	Y POINT (	3)				1/1/23 - 12,					C	omplete		
						1/1/24 - 12,						-		
						1/1/25 - 12,								
			Water Sy	ystem Fac	cility and S	ampling Po	oint	Inven	tory					
Water									al Lea		I			
_		stem Facility			nt Sampling P			_	rm Co			Stage		
Facility ID		ITIONI CVCTEN		ID	Description		Stat			ie i iei	ASDESTO	s WQP 2 DBPI		
00600	DISTRIBU	JTION SYSTEM		4		ON SYSTEM	A							
					M WITHIN 5 S		A							
00700	00700 ENTRY POINT 3													
21643	WELL	Olivi		2	WELL	N I	A A							
57368		ENT PLANT			VVELL		A							
3/308	IKEATIVI	ENI PLANI		C	suts at lufa									
Name				C	ontact Info	illation					Iob Title			
Name Mr. Kevin	Moran				Organization						Job Title			
Mailing Ad		o One		Mailing Add	ess Line Two				City		State	Zip Code		
110 Kent F		CONC		iviaiiiig Auul	C33 LITE TWU			New Milf			CT	06776-3400		
Business		Extension	Fax	N/A	obile Phone	Emergency Ph					CI	30770-3400		
Pasific33	icos Filone Extensión Fax Mobile Pilone			-mergency ri	·OTTE	-man Au	a. C33							

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860-770-3852

860-355-4788

Contact Role(s): Administrative Contact, Legal Contact

860-354-4118

C	onnecticu	it Depa	rtment o	T Public	Health	ı Drii	nking	water	Sec	tion	
	Wat	er Qua	lity Moni	toring a	and Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classi	ication	Population	Owne	er Type I	Primary Source
СТ0960244 Л	EHOVAHS WITNE	SSES				ı	1C	25		Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommercia	al Industri	al C	Combined	d Agricultural
22 OLD PARK LANI	E			Connectio	ons		1				
Towns Served: NE	W MILFORD							1			-
Name			C	Organization							
Mr. David R Bakeı	r		J	Jehovahs Witnesses Chairman							
Mailing Address Li	ne One		Mailing Addre	ss Line Two				City		State	Zip Code
22 Old Park Lane							New M	ilford		CT	06776
Business Phone	Extension	Fax	Mol	oile Phone	Phone Emergency Phone Email			ddress			
860-354-1555											
Contact Role(s):	egal Contact		,								
Name			C	Organization						Job Title	
Jehovahs Witness	es										
Mailing Address Li	ess Line Two				City		State	Zip Code			
22 Old Park Lane							New M	ilford		СТ	06776
Business Phone	Extension	Fax	Mok	oile Phone	Emergence	y Phone	Email A	ddress			
Contact Role(s):	Owner										

#### Please note the following:

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

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

End of schedule

Co	onnectic	ut Departme	ent of	f Public	Health	Drir	nking	g Wa	ater Se	ction			
		ter Quality N											
PWS ID PV	VS Name						fication	1		ner Type	Primary Source		
CT0960274 LY	NN DEMING P	ARK				N	NC .	2	!5	Р	GW		
Local Address (whe	re applicable)			Service	Residen	tial Co	ommerc	ial In	dustrial	Combine	d Agricultural		
CANDLEWOOD LAK	E ROAD			Connectio	ns		1						
Towns Served: NEV	/ MILFORD								1		"		
		ı	Monit	oring Re	quireme	nts							
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)									
Total Coliform (3	3100)								1 rou	utine (RT)	per quarter		
Sampling Poin	t (Sampling Po	oint ID)			Monitori	ng Peri	iod (	Collecti	ion Period	Comp	liance Status		
Select from Inv	ventory of Acti	ive Sampling Points			4/1/24 -								
				7/1/24 - 9/30/24									
Physical Parame	• •										per quarter		
Sampling Poin					Monitori			Collecti	ion Period	Comp	liance Status		
Select from Inv	ventory of Acti	ive Sampling Points			4/1/24 -								
					7/1/24 -	9/30/2	24						
•	•	Y POINT (WSF ID:	00700)										
Nitrate And Nitri	• •									-	RT) per year		
Sampling Poin		oint ID)			Monitori				ion Period		liance Status		
ENTRY POINT	(3)				1/1/23 -				L-9/30	C	omplete		
					1/1/24 -				L-9/30				
					1/1/25 -		25	4/1	L-9/30				
		O	ther C	omplian	ce Sched					_			
Compliance Schedu						Due Da			Achieved	Date			
SEASONAL START U				5/1/2024									
		Water System	Facil	ity and S	Sampling	Poin	t Inve	entor	ſy				
Water								otal	Lead and				
- /	ystem Facility		ig Point D	Sampling I Description				liform	Copper	Achasta	Stage		
Facility ID	ITIONI CVCTENA			<u> </u>			atus	Y	Rule Her	ASDESTOS	s WQP 2 DBPR		
00600 DISTRIBU	JTION SYSTEM		4 STDE A N 4		TON SYSTEM SERVICE CON		A ^	Y					
			PR-01	LADIES RO			A A	Υ	N				
			PR-02	MENS ROC			A	Y	N				
			REAM		SERVICE CON		A	•	IV				
00700 ENTRY P	OINT		3	ENTRY POI			Α						
21646 WELL			2	WELL			<u> </u>						
21040 WELL					ormation		, t						
Namo					rmation					Job Title			
Name Mr. Daniel Calhour	<u> </u>			rganization ew Milford	Parks & Recr	eation		Dire	ector Parks				
Mailing Address Lin		Mailing		s Line Two	I UINS & NECI	Cation		Ci		State	Zip Code		
10 Main Street	CONC	iviaiiii	, Addies	S LINE I WO			New N		<u>- у</u>	CT	06776		
Business Phone	Extension	Fax	Mohi	ile Phone	Emergency	Phone			 SS		33770		
860-355-6050	EXCONSION	860-355-6052	141001	THORIC	Lineigency				ewmilford	.org			
		300 333 0032			l		acanic	ا ا سی ۱۰۰۰		6			

Contact Role(s): Administrative Contact, Legal Contact

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

	Water Quanty Fromtering and compliance beneaute									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
СТ0960274	LYNN DEMING PARK		NC	25	Р	GW				
Local Address (v	Local Address (where applicable)		Residen	tial Commerci	ial Industri	al Combine	ed Agricultural			
CANDLEWOOD	LAKE ROAD	Connections		1						
Towns Served: N	NEW MILFORD									

### 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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0960284	RED CARPET MOTEL				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
244 KENT ROAD		Connections			1			

Towns Served: NEW MILFORD

ns Served: NEW MILFORD					
	Monitoring	Requirements			
ter System Facility: <b>DIST</b>	M (WSF ID: 006	500)			
al Coliform (3100)			1 rou	tine (RT) per month	
Sampling Point (Sampling		<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
Select from Inventory of Ad	its	11/1/23 - 11/30/23		Complete	
Select from Inventory of Active Sampling Points  Select from Inventory of Active Sampling Points  ysical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points	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			
sical Parameters (PPS)			1 rou	tine (RT) per month	
<b>Sampling Point (Sampling</b>		<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
	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			
er System Facility: <b>ENT</b> I	D: 00700)				
rate And Nitrite (NOX)			1 rc	outine (RT) per year	
Sampling Point (Sampling		<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status	
ENTRY POINT (3)		1/1/23 - 12/31/23		Complete	
		1/1/24 - 12/31/24			
		1/1/25 - 12/31/25			
rate And Nitrite (NOX) Sampling Point (Sampling	D: 00700)	7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/24		Complia	

	_			
Other	Camp	lianca	Schedu	ואכו
Other	CUIID	Halice	Juleut	1162

Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 10/1/2015

### **Water System Facility and Sampling Point Inventory**

Water			Total	Lead and
System	<b>Water System Facility</b>	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.

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
СТ0960284	RED CARPET MOTEL	RED CARPET MOTEL			NC	25	Р	GW		
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combin	ed Agricultural		
244 KENT ROA	<b>ND</b>	Connections			1					
Towns Served	: NEW MILFORD					,				

Connecticut Department of Public Health Drinking Water Section

Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ	
	BARBER RR	BARBER SHOP RR	Α	Υ	Υ
	BS	BAR SINK	Α	Υ	Υ
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
	RESTKITLHS	REST KIT HAND SNK L	Α	Υ	Υ
	RESTKITRHS	REST KIT HAND SNK R	Α	Υ	Υ
	RESTKSSS	REST KIT SNK SINGLE	Α	Υ	Υ
	RESTRPLSNKL	REST KIT TRPL SNK L	Α	Υ	Υ
	RESTRPLSNKR	REST KIT TRPL SNK R	Α	Υ	Υ
	RRLR	RR LADY ROOM	Α	Υ	Υ
	RRMR	RR MENS RR	Α	Υ	Υ
	TATTOO RR	TATTOO PARLOR RR	Α	Υ	Υ
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		
21647 WELL	2	WELL	Α		

			Co	ontact Info	ormation				
Name				Organization			Job Title		
Mr. Alex Patel			Red Carpet Ir	ın	Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
296 Ethan Allen Hig	ghway					Ridgefiel	d	СТ	06877
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

203-438-3781

568645 UV DISINFECTION SYSTEM

- 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

patelrakeshkumar32@yahoo.com

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source		
СТ0960294	TANDOORI FLAMES			NC		34	Р		GW	
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural	
471 DANBURY ROAD		Connections			1					

Towns Served: NEW MILFORD			-		
Monitor	ing Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)		1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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 Sch	edules	
Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/14/2021	

Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ! DBP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		TF001	REST KIT HAND SNK L	Α	Υ					
		TF002	REST KIT HAND SNK R	Α	Υ					
		TF003	REST KIT SNK SINGLE	Α	Υ					
		TF004	REST KIT TRPL SNK L	Α						
		TF005	REST KIT TRPL SNK R	Α	Υ					
		TF006	BAR SINK	Α	Υ					
		TF007	RR LADY ROOM	Α	Υ					
		TF008	RR MENS RR	Α	Υ					
		TF009	BARBER SHOP RR	Α	Υ					
		TF010	TATTOO PARLOR RR	Α	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	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	u don					Primary Source					
СТ0960294	TANDOORI FLAMES				NC	34	Р	GW				
Local Address	Service	Resider	ntial Commercia		al Industri	al Combine	ed Agricultural					
471 DANBURY	Connections			1								

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Poin ID	nt Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
21648	WELL	2	WELL	Α							
		Со	ntact Informati	on							
Name			Organization				Job Title				

Name	Name					Job Title					
Mr. Parviz B. Mehr	i		Property Owner								
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code		
2 Glen Hill Road						Danbury		СТ	06811		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Add	dress				
203-748-2020											
6			-1644-0								

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

#### Please note the following:

Towns Served: NEW MILFORD

- 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					ssification	Population	Owner Type	Primary Source			
СТ0960424	ROCKY RIVER MOTEL			NC	27	Р	GW				
Local Address	Service	Resider	ential Commercial		al Industri	al Combine	ed Agricultural				

1

Connections

Towns Served: NEW MILFORD

236 KENT ROAD

Towns Served: NEW MILFORD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	<u>PN Certi</u> j	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024						
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024	_					
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	7/4/2024		7/14/2024						

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											
WS ID	PWS Name	Classification	Population	Owner Type	Primary Source						

						/ 1	,
CT0960424 ROCKY RIVER MOTEL					27	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
236 KENT ROAD		Connections		1			

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/22 - 10/31/22	3	7/4/2024		7/14/2024					
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	7/4/2024		7/14/2024					
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	7/4/2024		7/14/2024					
Total Coliform M&R Violation	8/1/22 - 8/31/22	3	7/4/2024		7/14/2024					
Physical Parameters M&R Violation	8/1/22 - 8/31/22	3	7/4/2024		7/14/2024					

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		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								
21657	WELL	2	WELL	Α								
62063	ATMOSPHERIC STORAGE											
62064	HYDROPNEUMATIC STORAGE											

				Contact Inf	ormation					
Name Organization							Job Title			
Mr. Champa Patel			Rocky River Motel				Owner			
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
236 Kent Road						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-355-3208		860-355-8	-8165 860-355-3208 tH			therocky	river@gmai/	l.com		
Contact Role(s): A	dministrative	Contact, Leg	al Cont	act, Owner						
Name			Organization				Job Title			
Mr. Ramesh. Patel			Rocky River Motel				Owner			
Mailing Address Lin	e One		Mailing	Address Line Two		City		State	Zip Code	
236 Kent Road						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
860-355-3208		860-355-8	3165			rockyrivermotel@aol.com				
6	1	I .		1	1	1				

Contact Role(s): Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- B. 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	n
Water Quality Monitoring and Compliance Schedule	

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0960474	THE OLD OAK TAVERN				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 SOUTH KENT F	ROAD	Connections			1			

Monitoring Poquiromente

Towns Served: NEW MILFORD

	Worldon's Kequirements
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100) 1 routine (RT) per quart					
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>		
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)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	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 routine (RT)				
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	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
CDOSS CONNECTION SUBVEY DEDORT	2/1/2024	

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	10/17/2012		10/27/2012			
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013			
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018			
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018			
Nitrate And Nitrite M&R Violation	1/1/20 - 12/31/20	3	3/22/2022		4/1/2022			
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024			
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024			
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024			
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024			
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024			
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024			
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024			
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024			

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
СТ0960474	THE OLD OAK TAVERN					NC	30	Р	GW
Local Address (	where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 SOUTH KENT	ROAD		Connections			1			

	Water System Facility and Sampling Point Inventory										
Water System Facility I		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						
00700	ENTRY POINT	3	ENTRY POINT	Α							
21660	WELL	2	WELL	Α							

				Contact Info	ormation				
				Organization	ı	Job Title			
				Hen John Ent	Hen John Enterprises LLC				
Mailing Address Line One Mailing Ad			Address Line Two			City	State	Zip Code	
1 South Kent Road						Gaylord	sville	СТ	06755
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-355-1100		845-501-3	845-501-3266		914-260-6617	henjohnllc@outlook		.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

Schedule Generation Date: 4/3/2024

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
СТ0960604	TRINITY LUTHERAN CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
107 KENT ROAD		Connections			1			

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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 (WSE ID: 00700)			

Water System Facility:	<b>ENTRY POINT</b>	(WSF ID: 00700)
------------------------	--------------------	-----------------

Nitrate And Nitrite (NOX) 1 routin						
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>			
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	2/12/2015	
RESPOND TO SANITARY SURVEY	9/15/2019	

	<b>Public Notification Re</b>	equiren	nents			
	Compliance	Notice	Public Notification		PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/24/2010		10/4/2010	
Physical Parameters M&R Violation	4/1/10 - 6/30/10	3	8/25/2011		9/4/2011	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/5/2024		7/15/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/5/2024		7/15/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/5/2024		7/15/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/5/2024		7/15/2024	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	0.4-	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBF			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	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.

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0960604	TRINITY LUTHERAN CHURCH			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	itial Commer	cial Industri	al Combine	ed Agricultural
107 KENT ROAL	)	Connections		1			

	Water System Facility and Sampling Point Inventory											
Water System Water Sys Facility ID	stem Facility Sam	pling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
	U	PSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY PO	INT	3	ENTRY POINT	Α								
21668 WELL		2	WELL	Α								

			Co	ontact Inf	ormation				
Name				Organization Trinity Lutheran			Job Title		
Mr. Randy Weimar			Tlc Trustee						
Mailing Address Line One Mailing Ad			Mailing Addr	ess Line Two		City		State	Zip Code
107 Kent Road						New Mil	ford	СТ	06776
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-354-3450					203-300-9492	randy.w	andy.weimar@gmail.com		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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 Monitoring and Compliance Schedule									
PWS ID	PWS Name				lassification Popul		Owner Type	e Pri	imary Source	
СТ0969373	BULLS BRIDGE GOLF CLUB				NC	45	Р		GW	
Local Address	Service	Residen	tial Commercia		al Industri	al Combin	ned	Agricultural		
OLD STONE ROAD		Connections			1					

Towns Served: NEW MILFORD		
ı	Monitoring Requirements	
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)	
Total Coliform (3100)		1 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Out of Service
	12/1/23 - 12/31/23	Out of Service
	1/1/24 - 1/31/24	Out of Service
	2/1/24 - 2/29/24	Out of Service
	3/1/24 - 3/31/24	Out of Service
	4/1/24 - 4/30/24	Out of Service
	5/1/24 - 5/31/24	Out of Service
	6/1/24 - 6/30/24	Out of Service
	7/1/24 - 7/31/24	Out of Service
	8/1/24 - 8/31/24	Out of Service
	9/1/24 - 9/30/24	Out of Service
	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	Out of Service
	12/1/23 - 12/31/23	Out of Service
	1/1/24 - 1/31/24	Out of Service
	2/1/24 - 2/29/24	Out of Service
	3/1/24 - 3/31/24	Out of Service
	4/1/24 - 4/30/24	Out of Service
	5/1/24 - 5/31/24	Out of Service
	6/1/24 - 6/30/24	Out of Service
	7/1/24 - 7/31/24	Out of Service
	8/1/24 - 8/31/24	Out of Service
	9/1/24 - 9/30/24	Out of Service
	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)	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	·
Of	ther Compliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2021							
CROSS CONNECTION SURVEY REPORT	3/1/2022							
CROSS CONNECTION SURVEY REPORT	3/1/2023							

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			Class	sification	Population	Owner Type	Primary Source
СТ0969373	BULLS BRIDGE GOLF CLUB				NC	45	Р	GW
Local Address (where applicable)		Service	Residen	ntial (	Commercia	al Industri	al Combine	ed Agricultural
OLD STONE ROA	D	Connections			1			

## **Other Compliance Schedules**

**Compliance Schedule Activity Due Date Achieved Date** 

CROSS CONNECTION SURVEY REPORT 3/1/2024

	Wat	ter System Facili	ity and Sampling P	oint Ir	vento	у		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α				
		BBGC001	BAR 3 BAY SINK	Α	Υ	3		
		BBGC002	BAR 1 BAY SINK	Α	Υ	3	Υ	
		BBGC003	KITHCHEN 3 BAY SINK	Α	Υ	3		
		BBGC004	KITCH HANDWASH SINK	Α	Υ	3		
		BBGC005	KITCHEN 1 BAY SINK	Α	Υ	3		
		BBGC006	PRO BATHROOM SINK	Α	Υ	3		
		BBGC007	LADIES ROOM SINK	Α	Υ	3		
		BBGC008	MENS ROOM SINK	Α	Υ	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
60720	TREATMENT PLANT							
62924	CLUBHOUSE WELL	2	CLUBHOUSE WELL	Α				
		Con	tact Information					
Name		0	rganization				Job Title	

			Co	ntact Inf	ormation				
Name				Organization Job Title					
Mr. David Flatau				Bulls Bridge	ulls Bridge Golf Club				
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code
24 Fox Run						Sherman		СТ	06784
<b>Business Phone</b>	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-927-7135		860-927-7	136		860-927-7135	DCFLATAU@AOL.COM			
Contact Role(s): Le	gal Contact				•				

Name				Organization		Job Title			
Mr. Peter Rothschi	ld			The Bull's Brid	dge Golf Club, I		President		
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
750 Third Ave					ſ	New York NY			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	mergency Phone Email Address			

Contact Role(s): Legal Contact, Owner

	Connectic	ut Depa	rtmer	it of	Public	Health	Dri	nking	Water	Section			
	Wat	ter Qua	lity Mo	onit	oring ai	nd Con	nplia	ince S	Schedul	le			
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary Source		
CT0969373 B	9373 BULLS BRIDGE GOLF CLUB						ſ	NC .	45	Р	GW		
Local Address (where applicable)					Service	Resider	ntial Co	ommerci	al Industri	al Combine	ed Agricultural		
OLD STONE ROAD					Connection	IS		1					
Towns Served: NE	W MILFORD					'				1			
Name				Or	ganization					Job Titl	e		
Mr. Attila Fodor				Bu	lls Bridge Go	olf Club			Club Hous	Club House Manager			
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code		
71 Bulls Bridge Rd								South I	Kent	СТ	06785		
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Email Address				
860-927-7135		860-927-7	7136					a.fodor	a.fodor@bullsbridgegolfclub.com				
Contact Role(s):	Administrative	Contact											

#### Please note the following:

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

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

End of schedule

	Connecticut Department of Public Health	ı Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance :	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Primar

PW2 ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0969374	GEORGE WASHINGTON PLAZA			NC	39	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial Commer	cial Industr	ial Combin	ed Agricultural
1&3 GEORGE W	ASHINGTON PLAZA	Connections		2			

Towns Served: NEW MILFORD			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		

## **Other Compliance Schedules**

1/1/25 - 12/31/25

Compliance Schedule Activity

RESPOND TO SANITARY SURVEY

9/15/2019

#### **Water System Facility and Sampling Point Inventory** Lead and Water Total Sampling Point Sampling Point System Water System Facility **Coliform** Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 4 **DISTRIBUTION** 00600 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α 55299 WELL 1 2 WELL 1 Α

61510 ATMOSPHERIC STORAGE

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Jeremiah. C Co	nway			Conway Har	dwood Products		Legal Contact		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
37 Gaylord Road						Gayroad	sville	СТ	06755
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
860-355-4030									
Contact Role(s): Le	gal Contact								

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

(	Connectici			of Public itoring ai			_			
PWS ID P	WS Name	ter Qua	iity Moii	itoring ar	iiu Con	_	ication			Primary Sou
	EORGE WASHI	NGTON PLA	ZA				С	39	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combin	ed Agricultu
1&3 GEORGE WAS	SHINGTON PLAZ	A		Connection	ıs		2			
Towns Served: NE	W MILFORD			1	'			1	'	
Name				Organization					Job Titl	e
Mr. Luis E Panora				3 George Wash	nington Pla	za		Owner		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
631 Kent Rd							Gaylor	dsville	СТ	06755
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address	,	
860-210-1622										
Contact Role(s)	Administrative (	Contact Les	al Contact O	wnor						

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 147-1 - - C

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			Clas	ssification	Population	Owner Type	Primary Source		
СТ0969394	UPPER CRUST RESTAURANT			NC	25	Р	GW			
Local Address	(where applicable)	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			

1

Connections

373 LITCHFIELD ROAD

Towns Served: NEW MILFORD	·					
ı	Monitoring Requ	uirement	ts			
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23			
		1/1/24 - 3/	/31/24			
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Physical Parameters (PPS)				<b>1</b> re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23			
		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 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio	d Complia	ınce Status
ENTRY POINT (3)		1/1/23 - 12	/31/23		Cor	nplete
		1/1/24 - 12	/31/24			
		1/1/25 - 12	/31/25			_
Water System Facility: WELL 1 (WSF ID: 58725	)					
E. Coli (3014)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period (	Collection Perio		ınce Status
WELL 1 (2)		10/1/23 - 12	2/31/23			
		1/1/24 - 3/	/31/24			
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Publ	ic Notification F	Requirem	nents			
	Compliance	Notice		lotification	PN Certi	fication
Violation/Situation	Period	Tier	Required	<del>-</del>	Due to DPH	Received
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&P Violation	7/1/22 0/20/22	2	7/4/2024		7/1//202/	

Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
E. Coli M&R Violation	7/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
E. Coli M&R Violation	4/1/22 - 6/30/22	3	7/4/2024		7/14/2024	
Water System	Facility and San	npling P	oint Inver	ntory		
Water			Tot	tal Lead ar	nd	

		•	, , ,	•		•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility IE	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Л А					
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A					
		UPSTREAM	WITHIN 5 SERVICE CO	N A					

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0969394	UPPER CRUST RESTAURANT			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
373 LITCHFIELD	ROAD	Connections				1	

Towns Served: NEW MILFORD

	W	ater System Facili	ity and Samplin	g Point Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	Stage DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
58725	WELL 1	2	WELL 1	Α				
59720	TDEATMENT DIANT							

			Contact Inf	ormation				
			Organization	1			Job Title	
			Upper Crust	Restaurant		Owner		
e One		Mailing	Address Line Two			City	State	Zip Code
					New Mil	ford	СТ	06776
Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
	860-355-0	0360	860-402-6374		nancy_j	_conant@sb	cglobal.net	
		Extension Fax		Organization Upper Crust e One Mailing Address Line Two  Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	Organization Upper Crust Restaurant  e One  Mailing Address Line Two  New Mil  Extension Fax Mobile Phone Emergency Phone Email Address Line Two	Organization Upper Crust Restaurant Owner e One Mailing Address Line Two City New Milford Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Upper Crust Restaurant Owner  e One Mailing Address Line Two City State New Milford CT  Extension Fax Mobile Phone Emergency Phone Email Address

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0969404	358 DANBURY ROAD				NC	66	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
358 DANBURY I	ROAD	Connections			2			

Towns Served: NFW MILFORD

Towns Served: NEW MILFORD			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
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	<b>Collection Period</b>	<b>Compliance Status</b>
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 (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	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		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete

	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				
Nitrate M&R Violation	4/1/22 - 6/30/22	3	11/29/2023		12/9/2023					
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	11/29/2023		12/9/2023					
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	11/29/2023		12/9/2023					
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	4/2/2024		4/12/2024					
Nitrate M&R Violation	10/1/22 - 12/31/22	3	4/2/2024		4/12/2024					
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	4/2/2024		4/12/2024					
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	5/22/2024		6/1/2024					
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	5/22/2024		6/1/2024					
Nitrate M&R Violation	1/1/23 - 3/31/23	3	5/22/2024		6/1/2024					

1/1/25 - 12/31/25

## **Water System Facility and Sampling Point Inventory**

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

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.

PWS ID	PWS Name			Classif	fication P	opulation	Owner Type	Primary Source
СТ0969404	358 DANBURY ROAD			N	NC	66	Р	GW
Local Address (where applicable)		Service	Residen	itial Co	ommercial	Industria	al Combine	ed Agricultural
358 DANBURY	ROAD	Connections			2			

Towns Served: NEW MILFORD

	Water System Facility and Sampling Point Inventory								
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					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
59983	WELL 1	2	WELL 1	Α					

			Co	ontact Inf	ormation					
Name				Organization			Job Title			
Mr. Mike Jacquemin				Bravo Ny Pizza			Business Owner			
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two		City		State	Zip Code	
358 Danbury Rd						New Mil	ford	СТ	06776	
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Address				
860-799-6752					860-355-2649	bravopiz	bravopizza@yahoo.com			

Contact Role(s): Administrative Contact

#### Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 4/3/2024

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