

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960042	NORTHVILLE MARKET, INC.	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD			1				
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility: WELL (WSF ID: 20043)

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	5/30/2010	
RESPOND TO SANITARY SURVEY	2/2/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20043	WELL	2	WELL	A				
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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960042	NORTHVILLE MARKET, INC.	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD			1				
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
61719	ATMOSPHERIC STORAGE						

Contact Information

Name			Organization			Job Title		
Mr. Joel Brenner								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
301 Litchfield Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-2667								

Contact Role(s): Legal Contact, Owner								
Name			Organization			Job Title		
Mr. David Brenner			Northville Market Inc			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
301 Litchfield Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-2667		860-350-3232	203-417-8408	860-868-2842	david@northvillemarket.net			

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

- Please note the following:**
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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	Classification	Population	Owner Type	Primary Source		
CT0960014	THAI CHARM RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/14/2021	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

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

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		
CT0960014	THAI CHARM RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD				1			
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
21625	WELL	2	WELL	A				
57361	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Mr. Kititakone Panasy								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Nunnawauk Road						Newtown	CT	06470
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
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.
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	Classification	Population	Owner Type	Primary Source		
CT0960024	SALINAS RESTAURANT + PIZZERIA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/15/2014	
RESPOND TO SANITARY SURVEY	9/15/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21626	WELL	2	WELL	A				
61509	TREATMENT PLANT							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960024	SALINAS RESTAURANT + PIZZERIA	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD				1			
Towns Served: NEW MILFORD							

Contact Information

Name		Organization			Job Title			
Lourdes Salinas		Salinas Restaurant + Pizzeria			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
651 Kent Rd						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-2448				203-942-0401	lourdessalinas1@icloud.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960064	BUCKS ROCK CAMP	NC	450	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
Start Date: 6/1/2011	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2023 - 11/30/2023		
	12/1/2023 - 12/31/2023		
	1/1/2024 - 1/31/2024		
	2/1/2024 - 2/29/2024		
	3/1/2024 - 3/31/2024		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.30 MG/L	Daily
Start Date: 7/1/2016	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2023 - 11/30/2023		
	12/1/2023 - 12/31/2023		
	1/1/2024 - 1/31/2024		
	2/1/2024 - 2/29/2024		
	3/1/2024 - 3/31/2024		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	6/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960064	BUCKS ROCK CAMP	NC	450	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD				1			
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			BOYS HOUSE OUTDOOR TAP@CHIMNEY	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	A				
48032	WELL 6	2	WELL 6	A				
53937	WELL 7	2	WELL 7	A				
57759	TREATMENT PLANT							
57763	ATMOSPHERIC STORAGE TANK							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57759)			
Facility Classification:			
Operator Name	Operator Type	Certification(s)	Certification Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2024 6/30/2025

Contact Information

Name		Organization			Job Title		
Sarah Jennings		Buck's Rock Camp			Admin Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
59 Bucks Rock Rd					New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-354-5030					sarah@bucksrockcamp.org		

Contact Role(s): Administrative Contact							
Name		Organization			Job Title		
Antonia Steinberg		Buck's Rock Camp			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
59 Bucks Rock Rd					New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-354-5030					president@bucksrockcamp.org		

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

Please note the following:

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
401 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21634	WELL	2	WELL	A				
62060	UV DISINFECTION TREATMENT SYSTEM							

Contact Information

Name			Organization			Job Title		
Ms. Beth Ford			Candlewood Valley Country Club			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
401 Danbury Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-9359	3	860-355-3965		203-417-9991	beth@candlewoodvalleygolf.com			
Contact Role(s): Administrative Contact, Legal Contact								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
401 DANBURY ROAD				1				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
Candlewood Valley Country Club								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
401 Danbury Rd						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960234	HARRYBROOKE PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	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			

Total Coliform (3100)		3 repeat (RP) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/26/23 - 10/31/23		Complete	

Physical Parameters (PPS)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	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: **POOLHOUSE ENTRY POINT (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
POOLHOUSE ENTRY POINT (3)	1/1/23 - 12/31/23			
	1/1/24 - 12/31/24			
	1/1/25 - 12/31/25			

Water System Facility: **POOLHOUSE WELL (WSF ID: 21643)**

E. Coli (3014)		1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	

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		
CT0960234	HARRYBROOKE PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **POOLHOUSE WELL (WSF ID: 21643)**

E. Coli (3014)				1 triggered (TG) per period
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
POOLHOUSE WELL (2-POOLHOUSE)	10/25/23 - 10/31/23		Complete	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SANITARY DEFECT CORRECTIVE ACTION	12/8/2023	11/3/2023
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/7/2024	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/7/2024	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/7/2024	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/7/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	11/19/2024		11/29/2024	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-GARDEN	GARDEN DISTRIBUTION	A	Y			
		4-MUSEUM	MUSEUM DISTRIBUTION	A	Y			
		4-POOLHOUSE	POOLHOUSE DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	MUSEUM ENTRY POINT	3	ENTRY POINT	A				
00701	POOLHOUSE ENTRY POINT	3	POOLHOUSE ENTRY POINT	A				
21642	MUSEUM WELL	2-MUSEUM	MUSEUM WELL	A				
21643	POOLHOUSE WELL	2-POOLHOUSE	POOLHOUSE WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. William Buckbee			Harrybrooke Park			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 364						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-799-6520					harrybrookepark65@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960234	HARRYBROOKE PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD				1			

Towns Served: 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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960244	JEHOVAHS WITNESSES	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

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

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21643	WELL	2	WELL	A				
57368	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Mr. Kevin Moran								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
110 Kent Rd						New Milford	CT	06776-3400
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-4118		860-355-4788		860-770-3852				
Contact Role(s): Administrative Contact, Legal Contact								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960244	JEHOVAHS WITNESSES	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE			1			

Towns Served: NEW MILFORD

Name	Organization	Job Title
Mr. David R Baker	Jehovahs Witnesses	Chairman

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
22 Old Park Lane		New Milford	CT	06776

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-354-1555					

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

Name	Organization	Job Title
Jehovahs Witnesses		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
22 Old Park Lane		New Milford	CT	06776

Business Phone	Extension	Fax	Mobile 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

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		
CT0960274	LYNN DEMING PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CANDLEWOOD LAKE ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	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 (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete	
	1/1/24 - 12/31/24	4/1-9/30		
	1/1/25 - 12/31/25	4/1-9/30		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2024	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		NMPR-01	LADIES ROOM SINK	A	Y	N		
		NMPR-02	MENS ROOM SINK	A	Y	N		
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21646	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. Daniel Calhoun		New Milford Parks & Recreation			Director Parks & Rec			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
10 Main Street						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-6050		860-355-6052			dcalhoun@newmilford.org			
Contact Role(s): Administrative Contact, Legal Contact								

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960274	LYNN DEMING PARK	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CANDLEWOOD LAKE ROAD				1			

Towns Served: 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960284	RED CARPET MOTEL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/1/2015	

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960284	RED CARPET MOTEL	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD				1			

Towns Served: NEW MILFORD

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
	BARBER RR	BARBER SHOP RR	A	Y		Y	
	BS	BAR SINK	A	Y		Y	
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	RESTKITLHS	REST KIT HAND SNK L	A	Y		Y	
	RESTKITRHS	REST KIT HAND SNK R	A	Y		Y	
	RESTKSSS	REST KIT SNK SINGLE	A	Y		Y	
	RESTRPLSNKL	REST KIT TRPL SNK L	A	Y		Y	
	RESTRPLSNKR	REST KIT TRPL SNK R	A	Y		Y	
	RRLR	RR LADY ROOM	A	Y		Y	
	RRMR	RR MENS RR	A	Y		Y	
	TATTOO RR	TATTOO PARLOR RR	A	Y		Y	
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A			
21647	WELL	2	WELL	A			
568645	UV DISINFECTION SYSTEM						

Contact Information

Name		Organization			Job Title		
Mr. Alex Patel		Red Carpet Inn			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
296 Ethan Allen Highway					Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-438-3781					patelrakeshkumar32@yahoo.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	Classification	Population	Owner Type	Primary Source		
CT0960294	TANDOORI FLAMES	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/14/2021	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		TF001	REST KIT HAND SNK L	A	Y			
		TF002	REST KIT HAND SNK R	A	Y			
		TF003	REST KIT SNK SINGLE	A	Y			
		TF004	REST KIT TRPL SNK L	A				
		TF005	REST KIT TRPL SNK R	A	Y			
		TF006	BAR SINK	A	Y			
		TF007	RR LADY ROOM	A	Y			
		TF008	RR MENS RR	A	Y			
		TF009	BARBER SHOP RR	A	Y			
		TF010	TATTOO PARLOR RR	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960294	TANDOORI FLAMES	NC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
21648	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Parviz B. Mehri						Property Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
2 Glen Hill Road						Danbury	CT	06811
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-748-2020								
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	Classification	Population	Owner Type	Primary Source		
CT0960424	ROCKY RIVER MOTEL	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960424	ROCKY RIVER MOTEL	NC	27	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD				1			

Towns Served: NEW MILFORD

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			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	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
			DOWNSTREAM WITHIN 5 SERVICE CON	A			
			UPSTREAM WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21657	WELL	2	WELL	A			
62063	ATMOSPHERIC STORAGE						
62064	HYDROPNEUMATIC STORAGE						

Contact Information

Name				Organization			Job Title		
Mr. Champa Patel				Rocky River Motel			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
236 Kent Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-355-3208		860-355-8165		860-355-3208	therockyriver@gmail.com				

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

Name				Organization			Job Title		
Mr. Ramesh. Patel				Rocky River Motel			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
236 Kent Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-355-3208		860-355-8165			rockyrivermotel@aol.com				

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

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		
CT0960474	THE OLD OAK TAVERN	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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	Classification	Population	Owner Type	Primary Source		
CT0960474	THE OLD OAK TAVERN	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD				1			
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21660	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Henry Showah			Hen John Enterprises LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1 South Kent Road						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-1100		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.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960604	TRINITY LUTHERAN CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/12/2015	
RESPOND TO SANITARY SURVEY	9/15/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WQP 2 DBPR</i>	<i>Stage</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960604	TRINITY LUTHERAN CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD				1			

Towns Served: NEW MILFORD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21668	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Randy Weimar		Trinity Lutheran			Tlc Trustee		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
107 Kent Road					New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-354-3450				203-300-9492	randy.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	Classification	Population	Owner Type	Primary Source		
CT0969373	BULLS BRIDGE GOLF CLUB	NC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969373	BULLS BRIDGE GOLF CLUB	NC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD				1			
Towns Served: NEW MILFORD							

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A				
		BBGC001	BAR 3 BAY SINK	A	Y	3		
		BBGC002	BAR 1 BAY SINK	A	Y	3	Y	
		BBGC003	KITCHEN 3 BAY SINK	A	Y	3		
		BBGC004	KITCH HANDWASH SINK	A	Y	3		
		BBGC005	KITCHEN 1 BAY SINK	A	Y	3		
		BBGC006	PRO BATHROOM SINK	A	Y	3		
		BBGC007	LADIES ROOM SINK	A	Y	3		
		BBGC008	MENS ROOM SINK	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60720	TREATMENT PLANT							
62924	CLUBHOUSE WELL	2	CLUBHOUSE WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. David Flatau			Bulls Bridge Golf Club					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
24 Fox Run						Sherman	CT	06784
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-7135		860-927-7136		860-927-7135	DCFLATAU@AOL.COM			

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

Name			Organization			Job Title		
Mr. Peter Rothschild			The Bull's Bridge Golf Club, I			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
750 Third Ave						New York	NY	10017
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0969373	BULLS BRIDGE GOLF CLUB	NC	45	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
OLD STONE ROAD				1				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
Mr. Attila Fodor			Bulls Bridge Golf Club			Club House Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
71 Bulls Bridge Rd						South Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-927-7135		860-927-7136			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.

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969374	GEORGE WASHINGTON PLAZA	NC	39	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1&3 GEORGE WASHINGTON PLAZA				2			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/15/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55299	WELL 1	2	WELL 1	A				
61510	ATMOSPHERIC STORAGE							

Contact Information

Name		Organization			Job Title		
Mr. Jeremiah. C Conway		Conway Hardwood Products			Legal Contact		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
37 Gaylord Road					Gayroadsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-355-4030							
Contact Role(s): Legal Contact							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0969374	GEORGE WASHINGTON PLAZA	NC	39	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1&3 GEORGE WASHINGTON PLAZA				2				
Towns Served: NEW MILFORD								
Name			Organization			Job Title		
Mr. Luis E Panora			3 George Washington Plaza			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
631 Kent Rd						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-210-1622								
Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969394	UPPER CRUST RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
373 LITCHFIELD ROAD						1	
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

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

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

Nitrate And Nitrite (NOX)			1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility: **WELL 1 (WSF ID: 58725)**

E. Coli (3014)			1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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 Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
					<i>Rule</i>	<i>Rule Tier</i>		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969394	UPPER CRUST RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
373 LITCHFIELD ROAD						1	
Towns Served: NEW MILFORD							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
58725	WELL 1	2	WELL 1	A				
58729	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title		
Ms. Nancy Conant		Upper Crust Restaurant			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
373 Litchfield Rd					New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-350-0006		860-355-0360	860-402-6374		nancy_j_conant@sbcglobal.net		

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

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969404	358 DANBURY ROAD	NC	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD				2			
Towns Served: NEW MILFORD							

Monitoring Requirements

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

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

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	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 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969404	358 DANBURY ROAD	NC	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD				2			

Towns Served: NEW MILFORD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59983	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title			
Mr. Mike Jacquemin		Bravo Ny Pizza			Business Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
358 Danbury Rd						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-799-6752				860-355-2649	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.

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End of schedule