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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0970044	CHRIST THE KING LUTHERAN CHURCH				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
83 MOUNT PLEA	SANT ROAD	Connections			1			

Towns Served: NEWTOWN			
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)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 10/31/23		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/10/23 - 10/15/23		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 1/31/24		Complete
, , ,	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		·
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)	-, ,,,		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
• •			•

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 Dep	oartment of	f Public H	lealth	Drink	ng V	Vater	Sectio	n	
		iality Monit								
PWS ID	PWS Name		011118	01 0011	Classificat			1	oe P	rimary Source
CT097004	CHRIST THE KING LUTHER	AN CHURCH			NC		25	Р		GW
Local Add	ress (where applicable)		Service	Residen	tial Comm	ercial	Industri	al Comb	ined	Agricultural
83 MOUN	IT PLEASANT ROAD		Connections		1	-				
Towns Se	rved: NEWTOWN									
		Monit	oring Requ	uireme	nts					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 routir	ne (R	T) per year
Sam	pling Point (Sampling Point ID)			Monitori	ng Period	Colle	ection Pe	riod Co	mpli	ance Status
				1/1/24 -	12/31/24					
				1/1/25 -	12/31/25					
Water Sy	stem Facility: WELL (WSF ID): 21676)								
E. Coli (3014)						1	triggered	(TG)	per period
Sam	pling Point (Sampling Point ID)			Monitori	ng Period	Coll	ection Pe	riod Co	mpli	ance Status
WEL	L (2)			10/9/23 -	10/15/23				Со	mplete
		Public Not	tification F	Require	ements					
		C	Compliance	Notice	Pub	ic Noti	<u>fication</u>	PN	Cert	<u>ification</u>
Violation,	/Situation		Period	Tier	Requi	red I	Performe	d Due to	DPH	Received
	arameters M&R Violation		/09 - 6/30/09	3	9/8/20			9/18/2		
Total Coli	form MCL Violation	-	/13 - 6/30/13	2	7/17/2			7/27/2	013	
	Water	System Facil	ity and Sa	mpling	Point Ir	vent	ory			
Water						Tota		and		
System	Water System Facility	Sampling Point		int		Colifor			_4	Stage
Facility IE		ID .	Description		Status	Rule	е киїе	Her Asbe	stos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			Y				
		CKC001	RR LADY ROC		A	Y		Y		
		CKC002 CKC003	RR LADY ROC		Α	Y		Y		
			RR MENS NO		A	Y		•		
		CKC004 CKC005	RR MENS NO KIT SNK TRPL		A A	Y Y		Y		
		CKC005	KIT HAND SN		A	Y		Y		
		DOWNSTREAM	_			'		'		
		UPSTREAM	WITHIN 5 SE							
00700	ENTRY POINT	3	ENTRY POINT		A					
21676	WELL	2	WELL		A					
210/0				matic						
			itact Infor	mation						
Name		Ο	rganization					Job T	itle	

Name Organization Job Title **Reverend Robert Morris** Christ The King Lutheran Churc Reverend Mailing Address Line Two Mailing Address Line One City State Zip Code 81 Mount Pleasant Rd Newtown CT 06470 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 203-426-6300 ctknewtown@gmail.com Contact Role(s): Administrative Contact

C	onnecticut	: Depa	rtment of	Public	Health	Dri	ıking	g Water	Section		
	Wate	r Qua	lity Monito	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source	
СТ0970044 С	70044 CHRIST THE KING LUTHERAN CHURCH					N	IC	25	Р	GW	
Local Address (who		Service	Resider	itial Co	mmerci	al Industri	al Combine	ed Agricultura			
83 MOUNT PLEAS		Connection	ns		1						
Towns Served: NE	WTOWN				'			1	'		
Name			Org	ganization				Job Title			
Mr. Mark Johanni	ng		Ch	rist The King	g Lutheran	Churc					
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zip Code	
85 Mount Pleasan	t Road						Newto	wn	СТ	06470	
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address			
			203-9	48-6601			mark@	verdiconstr	uction.com		
Contact Role(s):	egal 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 H	lealth	Dı	rinking	Water	Sect	on	
	Water Quality Mo	nitoring and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name				ssification	Population	Owner	Гуре Р	Primary Source
СТ0970094	DICKINSON MEMORIAL PARK				NC	25	Р		GW
Local Address	ocal Address (where applicable) Service Resid				Commerci	al Industr	ial Cor	nbined	d Agricultural
ELM DRIVE									
ELIVI DRIVE		COTTTCCCTOTTS			1				

Local Address (where applicable)	Service	Residential	Commercia	l Industrial	Combined	Agricultural
ELM DRIVE	Connections		1			
Towns Served: NEWTOWN						
Mor	nitoring Requ	uirements	3			
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring F	Period Co	llection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		11/1/23 - 11/	/30/23			
		4/1/24 - 4/3	0/24			
		5/1/24 - 5/3	1/24			
		6/1/24 - 6/3	0/24			
		7/1/24 - 7/3	31/24			
		8/1/24 - 8/3	31/24			
		9/1/24 - 9/3	0/24			
		10/1/24 - 10/	/31/24			
Physical Parameters (PPS)				1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring F	Period Co	llection Perio	d Compli	ance Status
Select from Inventory of Active Sampling Points		11/1/23 - 11/	/30/23			
		4/1/24 - 4/3	0/24			
		5/1/24 - 5/3	31/24			
		6/1/24 - 6/3	0/24			
		7/1/24 - 7/3	31/24			
		8/1/24 - 8/3				
		9/1/24 - 9/3	*			
		10/1/24 - 10/	/31/24			
Water System Facility: ENTRY POINT (WSF ID: 007)	00)					
Nitrate And Nitrite (NOX)				;	1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring F		llection Perio	<u> </u>	ance Status
ENTRY POINT (3)		1/1/23 - 12/3		4/1-12/31	Co	mplete
		1/1/24 - 12/3		4/1-12/31		
		1/1/25 - 12/3	31/25	4/1-12/31		
Other	Compliance	Schedule	es			
Compliance Schedule Activity		Due	Date	Achieve	d Date	
CROSS CONNECTION SURVEY REPORT		3/1/	/2011			
CROSS CONNECTION SURVEY REPORT		3/1/	² 2012			
CROSS CONNECTION SURVEY REPORT		3/1/	/2014			

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2011							
CROSS CONNECTION SURVEY REPORT	3/1/2012							
CROSS CONNECTION SURVEY REPORT	3/1/2014							
CROSS CONNECTION SURVEY REPORT	3/1/2015							
CROSS CONNECTION SURVEY REPORT	3/1/2016							
CROSS CONNECTION SURVEY REPORT	3/1/2017							
CROSS CONNECTION SURVEY REPORT	3/1/2018							
CROSS CONNECTION SURVEY REPORT	3/1/2019							
CROSS CONNECTION SURVEY REPORT	3/1/2020							
CROSS CONNECTION SURVEY REPORT	3/1/2021							
CROSS CONNECTION SURVEY REPORT	3/1/2022							

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

T0970094	DICKINSON MEMORIAL PARK	NC	25	P	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary 9
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g water	Section	

CT0970094 DICKINSON MEMORIAL PARK

NC 25 P GW

Local Address (where applicable)

Service Residential Commercial Industrial Combined Agricultural

Connections 1

Towns Served: NEWTOWN

Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2024		
SEASONAL START UP COMPLETION	4/1/2024		

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	Y
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		DMP001	RR LADY ROOM R	Α	Υ	Υ
		DMP002	RR LADY ROOM L	Α	Υ	Υ
		DMP003	RR MENS RR - R	Α	Υ	Υ
		DMP004	RR MENS RR - L	Α	Υ	Υ
		DMP005	WATER FOUNTAIN	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21681	WELL #1	2	WELL #1	Α		
55240	WELL #2	2	WELL #2	Α		

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Carl Samuelson				Newtown Pa	rks & Rec	Park Superintendent			
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code	
3 Main Street						Newtow	n	СТ	06470
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
203-270-4378			20	3-948-2523	203-417-8244	carl.sam	uelson@ne	wtown-ct.gov	,
Contact Role(s): A	dministrative (Contact	-		·	•			

Name				Organization		Job Title				
Ms. Donna Culbert				Newtown He	ealth District		Director of Health			
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code	
3 Primrose Street						Newtow	n	СТ	06470-2104	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
203-270-4291		203-270-	1528			donna.culbert@newtown-ct.gov				

Contact Role(s): Legal Contact

Please note the following:

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

Source

	Connecticut Dep	artment of	Public H	lealth	Drin	king	Wat	ter S	Section	l		
	Water Qua	ality Monit	oring and	d Com	pliai	nce S	che	dule				
PWS ID	PWS Name				Classific	cation	Popula	tion C	wner Type	Pri	mary Soi	urce
CT0970114	DODGINGTON MARKET				NO	C	25		Р		GW	
Local Address (v	where applicable)		Service	Resident	tial Cor	nmercia	al Ind	ustrial	Combin	ed	Agricult	ural
57 DODGINGTO	N ROAD		Connections			1						
Towns Served: I	NEWTOWN				'				"			
		Monito	oring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)									
Total Coliforn	n (3100)							1 r	outine (R	Т) р	er quar	ter
Sampling I	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollectio	n Perio	od Com	plia	nce Stat	us
Select fron	n Inventory of Active Samplir	g Points		10/1/23 -	12/31/2	23				Con	nplete	
				1/1/24 -	3/31/24	4				Con	nplete	
				4/1/24 -	6/30/24	4						
				7/1/24 -	9/30/24	4						
Physical Para	meters (PPS)							1 r	outine (R	Т) р	er quar	ter
Sampling I	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollectio	n Perio	od Com	plia	nce Stat	us
Select fron	n Inventory of Active Samplir	g Points		10/1/23 -	12/31/2	23				Con	nplete	
				1/1/24 -	3/31/24	4				Con	nplete	
				4/1/24 -	6/30/24	4						
				7/1/24 -	9/30/24	4						
Water System	Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And N	litrite (NOX)								1 routine	(RT) per ye	ear
Sampling I	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollectio	n Perio	od Com	plia	nce Stat	us
ENTRY POI	NT (3)			1/1/23 - :	12/31/2	.3				Con	nplete	
				1/1/24 - :	12/31/2	4						
				1/1/25 - :								
Water System	Facility: WELL (WSF ID:	21683)										
E. Coli (3014)		•						1 r	outine (R	T) p	er guar	ter
	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	ollectio		· -		nce Stat	
WELL (2)	, , , , , ,			10/1/23 -						•	nplete	
(-/			<u> </u>	1/1/24 -							nplete	
				4/1/24 -							r. 500	
				7/1/24 -								
		Other Co	ompliance			•						
Compliance Sch	nedule Activity				Due Dat	e	A	Achieve	ed Date			
-	ANITARY SURVEY				/11/201							
		System Facili	tv and Sar				ntory	,				
Water	vater	ystem racin	ty und Jai	שויייאיי	. 51110			ead a	nd			
	er System Facility	Sampling Point	Samplina Poi	nt				.eaa al Coppe			Str	age
Facility ID	,	ID	Description	-	Stat	D.			ier Asbest	os V		
_	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	<u>Stat</u> A	LUS	Υ				-	
2.51		DM001	RR APARTMEI		A		Y		Υ			
		DM001	RR APARTMEI		A		Y		Y			
		DM003	RR APARTMEI		A		Υ		Y			
		5141005		5	^	•	•		•			

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RR APARTMENT 4

KIT SNK APARTMENT 1

KIT SNK APARTMENT 2

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DM004

DM005

DM006

	Water Qualit	y Monitoring and			C			L	
PWS ID	PWS Name	y Monitoring and	u don					Primary Source	
CT0970114	DODGINGTON MARKET				NC	25	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural	
57 DODGINGT	7 DODGINGTON ROAD Connections 1								

Connecticut Department of Public Health Drinking Water Section

	W	ater System Facili	ity and Sampling P	oint Ir	nventor	ſy			
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
		DM007	KIT SNK APARTMENT 3	Α	Υ		Υ		
		DM008	KIT SNK APARTMENT 4	Α	Υ		Υ		
		DM009	HAND SINK COFFEE	Α	Υ		Υ		
		DM010	HAND SINK	Α	Υ		Υ		
		DM011	RR GENERIC RR	Α	Υ		Υ		
		DM012	TRIPLE SINK	Α	Υ		Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21683	WELL	2	WELL	Α					

Name				Organization	1			Job Title	
Mr. George Hamila	kis			Dodgington	Market	Co-Owner			
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
57 Dodginton Road						Newtow	lewtown CT		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-270-1678		203-270-	1678		203-232-1941				
Contact Role(s): A	dministrative (Contact, Leg	al Contact	, Owner					
Name				Organization	1			Job Title	
Mr. George Marnel	akis			Dodgington	Market				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
4 Rockwell Road						Bethel		СТ	06801
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-426-0745					203-792-7868				
Contact Role(s): O	wner				<u> </u>	1			

Contact Information

Please note the following:

Towns Served: NEWTOWN

- 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

				<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970154	CHEESEBREAD FACTORY			NC	28	Р	GW
Local Address (v	where applicable)	Service	Resident	tial Commerc	ial Industri	al Combine	ed Agricultural
286 SOUTH MA	IN STREET	Connections		1			

Towns Served: NEWTOWN

Towns Served: NEWTOWN					
Monitoring	Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)				
Total Coliform (3100)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Requirements STRIBUTION SYSTEM (WSF ID: 00600) ST				
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete		
	12/1/23 - 12/31/23		Complete		
	1/1/24 - 1/31/24		Complete		
	2/1/24 - 2/29/24		Complete		
	3/1/24 - 3/31/24		Complete		
	4/1/24 - 4/30/24				
	5/1/24 - 5/31/24				
	6/1/24 - 6/30/24				
	7/1/24 - 7/31/24				
	8/1/24 - 8/31/24				
	9/1/24 - 9/30/24				
	10/1/24 - 10/31/24				
Physical Parameters (PPS)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete		
	12/1/23 - 12/31/23		Complete		
	1/1/24 - 1/31/24		Complete		
	2/1/24 - 2/29/24		Complete		
	3/1/24 - 3/31/24		Complete		
	4/1/24 - 4/30/24				
	5/1/24 - 5/31/24				
	6/1/24 - 6/30/24				
	7/1/24 - 7/31/24				
	8/1/24 - 8/31/24				
	9/1/24 - 9/30/24				
	10/1/24 - 10/31/24				
Vater System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24				
	1/1/25 - 12/31/25				

Compliance Schedule Activity

Due Date

Achieved Date

L1 ASSESSMENT (MULTIPLE TC+) 7/2/2021

Water System Facility and Sampling Point Inventory

Water		Tot	al Lead and
System	Water System Facility	Sampling Point Sampling Point Colife	orm 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.

	C	onnectic	ut Dena	artmer	nt of	Public	Health	Dri	nkin	g W	/ater	Sec	tion	
			•			oring a				_			CIOII	
PWS ID	P	WS Name						Classi	fication	Pop	oulation	Owne	r Type I	Primary Source
CT097015	4 C	HEESEBREAD F	ACTORY					ı	IC		28	ı	Р	GW
ocal Addr	ess (wh	ere applicable)				Service	Resider	ntial Co	ommero	cial	Industria	al C	ombine	d Agricultur
286 SOUTI	H MAIN	STREET				Connectio	ns		1					
Γowns Ser	ved: NE	WTOWN												
, Facility ID)			ID		Description	n	Sto	atus	Rule	Rule	Tier A	Asbestos	WQP 2 DBF
00600	DISTRIE	BUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM		A	Υ				
				CBF0	01	DOUBLE SI	NK		Α	Υ				
				CBF0	02	HAND SINE	(1 KITCHEN	l	Α	Υ				
				CBF0	03	HAND SINE	C 2 BY BATH	R	Α	Υ				
				DOWNST	REAM	WITHIN 5	SERVICE CO	N	Α					
				UPSTRE	AM	WITHIN 5	SERVICE CO	N	Α					
00700	ENTRY	POINT		3		ENTRY POI	NT		Α					
21686	WELL			2		WELL			A					
					Con	tact Info	rmation	1						
Name					Oı	rganization						J	lob Title	
Mr. Gary I	M Buzza	nca			Вι	ızz's Shell				0	wner			
Mailing Ac	ddress Li	ne One		Mailing A	Address	s Line Two					City		State	Zip Code
286 South	Main St	reet							Newto	own			СТ	06470
Business	Phone	Extension	Fax		Mobi	le Phone	Emergency	y Phone	Email	Addr	ess			
203-426	6-5750		203-270-	-9078	203-7	733-4621	203-426	-5750	garyb	uzz@	charter.	net		
Contact Ro	ole(s):	egal Contact, C	Owner											
Name					Oı	rganization						J	lob Title	
Mr. Georg	•			1		bya's Deli				A	dministr	ative		
Mailing Ac				Mailing A	Address	s Line Two					City		State	Zip Code
286 South	Main St	reet					ı		Newto	_			CT	06470
Business	S Phone	Extension	Fax		Mobi	le Phone	Emergency	y Phone	Email	Addr	ess			

Contact Role(s): Administrative Contact

Please note the following:

203-426-9447

- 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.

203-374-5227

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

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

End of schedule

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Conne	ecticut Department of I	Public F	lealth D	rinbir	nσ L	Nator 9	Section	1	
Comin	*				_			1	
DIAGON DIAGON	Water Quality Monito	ring an							
PWS ID PWS Nam			Cla		n Po			e Prii	mary Source
	SERVICE STATION (CITGO)		Danisla satial	NC		25	P	!	GW
Local Address (where appl	-	Service Connections	Residential	Comme	erciai	Industrial	Combir	nea	Agricultural
151 SOUTH MAIN STREET Towns Served: NEWTOWN		Connections		1					
Towns Served. NEW TOWN		in - Dani							
Matar Cratara Facility			uirements	·					
	DISTRIBUTION SYSTEM (WSF ID:	(00600)				4		T\	
Total Coliform (3100)	nling Boint ID		Monitoring	Dovind	Call	1 r ection Perio	=		er quarter
Sampling Point (Sam	of Active Sampling Points		Monitoring F 10/1/23 - 12/		Cone	ection Pend	ou con	прпа	nce Status
Select from inventory	of Active Sampling Points		1/1/24 - 3/3					Con	nplete
			4/1/24 - 6/3	-				COII	ipiete
			7/1/24 - 9/3	•					
Physical Parameters (F	PDS)		7/1/24-3/3	0/24		1 r	outine (R	T) n	er quarter
Sampling Point (Sam	•		Monitoring F	Period	Colle	ection Perio	-		nce Status
	of Active Sampling Points		10/1/23 - 12/					- P	
,			1/1/24 - 3/3					Con	nplete
			4/1/24 - 6/3	•					<u>'</u>
			7/1/24 - 9/3	0/24					
Water System Facility:	ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NO	OX)						1 routing	e (RT) per year
Sampling Point (Sam	-		Monitoring F	Period	Colle	ection Perio		-	nce Status
ENTRY POINT (3)			1/1/23 - 12/3	31/23				Con	plete
			1/1/24 - 12/3	31/24				Con	plete
			1/1/25 - 12/3	31/25					
Water System Facility:	WELL (WSF ID: 21688)								
Arsenic (1005)						1 r	outine (R	T) p	er quarter
Sampling Point (Sam	pling Point ID)		Monitoring F	Period	Colle	ection Perio	od Con	nplia	nce Status
WELL (2)			10/1/23 - 12/	31/23					
			1/1/24 - 3/3					Con	plete
			4/1/24 - 6/3	•					
			7/1/24 - 9/3	0/24					
	IN BETWEEN ARSENIC FILTERS (\	NSF ID: 62 4	1 71)						
Arsenic (1005)							-		er quarter
Sampling Point (Sam			Monitoring F		Colle	ection Perio	od Con	nplia	nce Status
IN BETWEEN ARSENIC	C FILTERS (5)		10/1/23 - 12/						
			1/1/24 - 3/3					Con	plete
			4/1/24 - 6/3	-					
N/o	othly Water System Facilit	v (MCE)	7/1/24 - 9/3		ng D	nauiror	onto		
	nthly Water System Facilit	y (VVSF) i	Level IVIOI	IILOIIII	ig n	equireii	ients		
	ENTRY POINT (WSFID: 00700)	Tour = \	0				C	- 5	/b.d.o
Analyte	Monitoring Requirement (Summar	y Type)	Operatii	_			Sample		q/Month
pH Start Date: 1/1/2014	Entry Point pH Monitoring (PHRD)	Compli	Minimur ance History:					4	
Start Date: 1/1/2014			ring Period		-	ating Limit		itorii nlian	ng ce Status:
			22 44/20/20		comp	liance Stat	us. Com	hiiaii	ce status.

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.

11/1/2023 - 11/30/2023

	Conn	ecticut Dep	partment of	Public H	ealth	Dı	rinkin	g W	/ater	Section	
		Water Qu	iality Monit	oring an	d Con	npl	liance	Sch	iedul	e	
PWS ID	PWS Na	me				Cla	ssification	Рор	ulation	Owner Type	Primary Source
СТ097017	4 FRIEND	LY SERVICE STATION	ON (CITGO)				NC		25	Р	GW
Local Addı	ress (where ap	plicable)		Service	Resider	ntial	Commer	cial	Industria	al Combine	ed Agricultural
151 SOUT	H MAIN STREE	Т		Connections			1				
Towns Ser	ved: NEWTOW	/N									
Water Sy	stem Facility:	ENTRY POINT	(WSFID: 00700)								
Analyt	e	Monitoring Re	quirement (Summa	ary Type)	Оре	eratir	ng Limit			Samples	Req/Month
рН		Entry Point pH	Monitoring (PHRD)	Min	imur	m: 7 PH				4
Start D	oate: 1/1/201	4		Complia	nce Hist	ory:	O	perat	ing Limi	t Moni	toring
				Monitor	ing Perio	od	С	ompli	ance Sta	atus: Comp	liance Status:
				12/1/20							
				1/1/202							
				2/1/202							
				3/1/202							
			Public Not	ification R	equire	eme	ents				
			C	ompliance	Notice	2	<u>Public</u> l	Notific	<u>cation</u>	PN C	ertification
Violation/	Situation Situation			Period	Tier		Required		erforme	Due to DE	PH Received
Total Colif	orm MCL Viola	tion	7/1/	/11 - 9/30/11	2		9/25/201	1		10/5/201	1
		Water	System Facili	ty and Sar	npling	Po	int Inv	entc	ory		
Water								Total	Lead	and	
System	Water Systen	n Facility	Sampling Point		nt			oliforn			Stage
Facility ID			ID	Description			Julus	Rule	Rule	Tier Asbesto	os WQP 2 DBPR
00600	DISTRIBUTION	I SYSTEM	4	DISTRIBUTION			Α	Υ			
			DOWNSTREAM			N	Α				
			FSS001	KIT HAND SIN			Α	Y		Υ	
			FSS002	KIT SNK TRPL			A	Y		Y	
			FSS003	RR GENERIC F			A	Υ		Y	
00700			UPSTREAM	WITHIN 5 SER	VICE CO	IN	A				
00700	ENTRY POINT		3	ENTRY POINT			A				
21688	WELL	N ANIT	2	WELL			Α				
55713	TREATMENT F										
62471	IN REIMFEN	ARSENIC FILTERS									
			Con	tact Inform	natior	1					

Name Organization Job Title Mr. Jeff McCullough Global Partners, Lp Env. Project Manager Mailing Address Line One Mailing Address Line Two State Zip Code City Waltham P.O. Box 549290 800 South Street, Suite 500 MA 02453

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address
781-250-7369 jeff.mccullough@globalp.com

Contact Role(s): Legal Contact

C	Connecticut	t Depa	irtment of	Public	Health	Drir	nking	Water	Section	
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0970174 F	RIENDLY SERVICE	STATION	(CITGO)			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	itial Co	mmercia	al Industri	al Combine	ed Agricultural
51 SOUTH MAIN STREET				Connection	S		1			
Towns Served: NE			,	'						
Name			Or	Organization					Job Titl	e
Mr. Jack Cerra			At	Atlas Technical Consultants Sr Environmental Tec					nmental Tec	
Mailing Address Li	ne One		Mailing Address	Line Two			City		State	Zip Code
290 Roberts Stree	t		Suite 301				East Hartford		СТ	06108
Business Phone Extension Fax Mob				le Phone	Emergency	/ Phone	Email A	ddress	,	
860-614-1983							jack.cei	ra@gmail.d	com	
Contact Role(s):	Administrative Co	ntact								

Please note the following:

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

End of schedule

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					Classification Popula		Owner Type	Primary Source	
CT0970184 1 DODGINGTOWN ROAD					IC	38	Р	GW	
ocal Address (where applicable) Service Reside					mmercial	Industria	al Combine	ed Agricultural	

3

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN	<u> </u>	,	1
Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
, , ,	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Nater System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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	Water Quality Mor	npli	iance S	Schedul	e			
PWS ID PWS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0970184	0970184 1 DODGINGTOWN ROAD					38	Р	GW
Local Address	(where applicable)	Service Connections		itial	Commerci	al Industria	al Combine	ed Agricultural

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	Y
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		TAM001	KIT HS NEAR PIZZA	Α	Υ	Υ
		TAM002	KITCHEN HAND SINK	Α	Υ	Υ
		TAM003	KITCHEN SINK DOUBLE	Α	Υ	Υ
		TAM004	BAR HAND SINK	Α	Υ	Υ
		TAM005	BAR SINK TRIPLE	Α	Υ	Υ
		TAM006	REST RM LADIES ROOM	Α	Υ	Υ
		TAM007	REST RM MENS ROOM	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21689	WELL	2	WELL	Α	·	

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. John M. Tamba	scio			Jct, LLC			Manager		
Mailing Address Line One Mailing Addre				ess Line Two			City	State	Zip Code
1 Dodgingtown Roa	d					Newtow	n	СТ	06470
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Ad	dress		
203-426-2715 203-270-6867 20				3-733-8893	203-733-8893	tambasc	io2@gmail.co	m	

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

End of schedule

Page 14

	Connecticut D	epartment of	Public H	lealth D	rinki	ng W	ater S	Sectio	n			
		Quality Monit				_						
PWS ID	PWS Name	edurey 1-10111e	oring an				Population Owner Type Primary Source					
CT0970204	HAWLEYVILLE DELI				NC		25	P	, ,	GW		
	(where applicable)		Service	Residentia			ndustrial	Coml	oined	Agricultur		
26 HAWLEYVII			Connections		1					. 6		
Towns Served												
		Monito	oring Requ	iirement	:S							
Water Syster	n Facility: DISTRIBUTI											
Total Colifor	rm (3100)						1	routine	(RT)	er quarte		
	Point (Sampling Point ID)		Monitoring	Period	Collec	tion Peri			ance Status		
Select fro	om Inventory of Active Sam	npling Points		10/1/23 - 12	2/31/23				Со	mplete		
	·			1/1/24 - 3/	-					mplete		
				4/1/24 - 6/	30/24					<u> </u>		
				7/1/24 - 9/	-							
Physical Par	ameters (PPS)				-		1	routine	(RT)	er quarte		
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collec	tion Peri			ance Status		
Select fro	om Inventory of Active Sam	npling Points		10/1/23 - 12	2/31/23				Со	mplete		
				1/1/24 - 3/	31/24				Со	mplete		
				4/1/24 - 6/	30/24							
				7/1/24 - 9/	30/24							
Water Syster	m Facility: ENTRY POIN	IT (WSF ID: 00700)										
Nitrate And	Nitrite (NOX)							1 routi	ne (R	T) per yea		
	Point (Sampling Point ID))		Monitoring	Period	Collec	tion Peri		-	ance Status		
ENTRY PO	DINT (3)			1/1/23 - 12	/31/23				Со	mplete		
				1/1/24 - 12	/31/24				Со	mplete		
			_	1/1/25 - 12	/31/25							
	Wate	er System Facili	ty and Sar	mpling P	oint Ir	vento	ry					
Water						Total	Lead a	nd				
•	iter System Facility	Sampling Point		nt		Coliform				Stag		
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbe	estos	WQP 2 DBI		
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α							
		HD001	KIT SNK TRPL	SNK	I	Υ		,	1			
		HD002	KIT HAND SNI	<	I	Υ		•	1			
		HD003	RR GENERIC F	RR	I	Υ		•	1			
		MH001	LADIES RR		Α	Υ		•	1	Υ		
		MH002	MENS RR		Α	Υ		,	1	Υ		
		MH003	COUNTER HW	/ SINK	Α	Υ		,	1	Υ		

MH004

MH005

MH006

MH007

UPSTREAM

3

2

00700 ENTRY POINT

21691 WELL

Schedule Generation Date: 4/3/2024 Page 15

COUNTER DUMP SINK

FOOD PREP SINK

3 BAY DISH SINK

ENTRY POINT

WELL

KITCHEN HW SINK

WITHIN 5 SERVICE CON

Υ

Υ

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Υ

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

PW3 ID	PW3 Name			Class	ilication	Population	Owner Typ	e Pi	illiary Source
СТ0970204	HAWLEYVILLE DELI				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	ntial C	Commercia	al Industri	al Combi	ned	Agricultural
26 HAWI FYVII I	FROAD	Connections			1				

DIAKE ID

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Norbert E Mitchell				Nemco Limit	ed Partnership.	Vice-President				
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
P.O. Box 186						Danbury		CT	06813	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
203-744-0600 203-743-7978				203-948-8561	nm3@ne	emitchell.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment of	Public H	lealth D	rink	ing W	/ater	Sec	ction	
	Water Qu	iality Monit	oring an	d Comp	lianc	e Sch	redule	e		
PWS ID	PWS Name			Cla	assificat	ion Pop	ulation	Own	er Type Pr	imary Source
СТ0970244	LORENZOS RESTAURANT				NC		29		Р	GW
Local Address (where applicable)		Service	Residential	Comm	nercial	Industria	ıl (Combined	Agricultura
1 CENTER STRE	ET		Connections		1	L				
Towns Served:	NEWTOWN									
		Monito	oring Requ	irement	S					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Coliforn	• •									er quarter
	Point (Sampling Point ID)			Monitoring		Collec	ction Peri	iod		ince Status
Select fror	n Inventory of Active Sampl	ling Points		10/1/23 - 12	-					f Service
				1/1/24 - 3/3						f Service
				4/1/24 - 6/3					Out o	f Service
	. /			7/1/24 - 9/3	30/24					
-	meters (PPS)					6 "				er quarter
	Point (Sampling Point ID)			Monitoring		Collec	ction Peri	iod		ince Status
Select fror	n Inventory of Active Samp	ling Points		10/1/23 - 12	-					f Service
				1/1/24 - 3/3						f Service
				4/1/24 - 6/3					Out o	f Service
\	Facility CALTRY BOINT	(14/55 15, 00700)		7/1/24 - 9/3	30/24					
-	Facility: ENTRY POINT	(WSF ID: 00700)							. (>=\	
Nitrate (104	•			0.4 a mila mina m	Daviad	Calla				er quarter
	Point (Sampling Point ID)			Monitoring		Collec	ction Peri	ioa		f Complete
ENTRY PO	INT (3)			10/1/23 - 12	-					f Service
				1/1/24 - 3/3				_		f Service
				4/1/24 - 6/3					Out o	f Service
Nit.:t- /4044	`			7/1/24 - 9/3	30/24			4		- \
Nitrite (1041	·=			Monitoring	Dorind	Collo	stion Dori		-	T) per year
ENTRY PO	Point (Sampling Point ID)			Monitoring 1/1/23 - 12/		Cone	ction Peri	iou	•	f Service
ENTRY PO	1111 (5)			1/1/23 - 12/					Out o	1 Service
				1/1/25 - 12/						
Mator Systom	Facility: WELL 1 (WSF	ID: 616E0)		1/1/23 - 12/	31/23					
E. Coli (3014		10. 61650)					1		ino (DT) m	
-	I Point (Sampling Point ID)			Monitoring	Derind	Colleg	tion Peri			er quarter Ince Status
WELL 1 (2)				10/1/23 - 12		Cone	Jaon Fell			f Service
WVLLL I (Z				1/1/24 - 3/3						f Service
				4/1/24 - 6/3						f Service
				7/1/24 - 9/3					Out 0	1 Jei vice
	Water	System Facili	ty and Sar		-	nvento	orv			
Water	water	Jystein raem	ty and sai	h	J 11	Total	Lead a	nnd		
	er System Facility	Sampling Point	Sampling Poi	nt		Coliforn				Stage
Facility ID	,	ID	Description		Status	D. J.			Asbestos	WQP 2 DBPI
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ				
		DOWNSTREAM			Α					

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KIT SNK DOUBLE

KIT SNK SINGLE

RR LADY ROOM

Α

Α

Υ

Υ

Υ

Υ

LR001

LR002

LR003

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
СТ0970244	LORENZOS RESTAURANT			NC	29	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1 CENTER STRE	ET	Connections		1			

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
		LR004	RR MENS RR	A	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
61650	WELL 1	2	WELL 1	Α				

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Joseph Tartagli	а			Psalm 23 LLC	,		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
88 Church Hill Road						Sandy H	ook	СТ	06482
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
203-260-1037					203-521-5812	josephtartaglia44@gmail.com			

Contact Role(s): Administrative Contact, Owner

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification | Population | Owner Type | Primary Source 133 MT PLEASANT ROAD CT0970254 25 GW NC Commercial Industrial Local Address (where applicable) Service Residential Combined Agricultural

Connections

1

133 MT PLEASANT ROAD
Towns Served: NEWTOWN

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

other compliance schedules

Compliance Schedule Activity

RESPOND TO SANITARY SURVEY

Due Date

Achieved Date

1/5/2020

Water	Wa	ter System Facili	ity and Sampling P	oint ir	iventoi Total	r y Lead and	
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform		Stage NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		TD001	BAR SINK	Α	Υ	Υ	
		TD002	KIT SNK	Α	Υ	Υ	
		TD003	RR MENS RR	Α	Υ	Υ	
		TD004	RR LADY ROOM	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
21695	WELL	2	WELL	Α			
59537	TREATMENT PLANT						

	Co	ontact Information			
Name		Organization		Job Title	
Mr. Paul Hilario			Owner		
Mailing Address Line One	Mailing Addr	ress Line Two	City	State	Zip Code
404 * 41 01					^^*

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.

	Connectic	ut Depa	rtme	ent of	Public	Health	Drii	ıkıng	g Water	Sect	lon	l	
	Wa	ter Qual	ity N	Ionito	oring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name						Classif	ication	Population	Owner	Туре	Pri	mary Source
СТ0970254	133 MT PLEASAN	NT ROAD					٨	IC	25	Р			GW
Local Address (w	here applicable)				Service	Resider	itial Co	mmerci	al Industri	al Cor	nbin	ed	Agricultural
133 MT PLEASAN	IT ROAD				Connection	ıs	1						
Towns Served: N	EWTOWN					·	·			·			
131 Mt Pleasant	Road							Newto	wn		CT		06470
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address				
203-426-1459				203-426	6-1459 Hilariotow@aol.com								

CD lelte Heelde Detel to Marce C

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.

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

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 I		0	ction
Water Quality Monito			
PWS ID PWS Name	Classification	on Population Own	ner Type Primary Source
CT0970304 160 SOUTH MAIN STREET - NEWTOWN	NC	125	P GW
Local Address (where applicable)	Service Residential Comme	ercial Industrial	Combined Agricultural
C	Connections 1		
Towns Served: NEWTOWN			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Monthly Water System Facility (WSF) Level Monitoring Requirements

1/1/23 - 12/31/23

1/1/24 - 12/31/24

1/1/25 - 12/31/25

Complete

Complete

ENTRY POINT (3)

	Connecticut De	epartment of	f Public H	lealth	Drinki	ng W	ater S	ection	
		uality Monit				_			
PWS ID	PWS Name		<u>8</u>	0. 0011	<u> </u>				rimary Source
СТ097030		T - NEWTOWN			NC	-	125	P	GW
Local Add	ress (where applicable)		Service	Residen	tial Comm	ercial I	ndustrial	Combined	Agricultural
			Connections		1				
Towns Sei	rved: NEWTOWN					l l			
Water Sy	stem Facility: ENTRY POINT	(WSFID: 00700)							
Analy	te Monitoring R	equirement (Summ	ary Type)	Ope	rating Limit			Samples R	eq/Month
рН	Entry Point p	H Monitoring (PHRI	D)	Mini	mum: 7.0 F	РΗ			4
Start [Date: 10/1/2016			ance Histo	ory:	Onerati	ing Limit	Monito	ring
			Monito	ring Perio	d		ance Stati		ance Status:
			11/1/20	23 - 11/30	0/2023	-			
			12/1/20	23 - 12/3	1/2023				
			1/1/202	24 - 1/31/2	2024				
			2/1/202	24 - 2/29/2	2024				
			3/1/202	24 - 3/31/2	2024				
		Other C	ompliance	Sched	ules				
Complian	ce Schedule Activity				Due Date		Achieve	d Date	
L1 ASSESS	SMENT (MULTIPLE TC+)			10	0/29/2021				
		Public Not	tification F	Require	ments				
			Compliance	Notice		c Notific	ation	PN Cer	<u>tification</u>
Violation,	/Situation		Period	Tier	Requir	ed Pe	rformed	Due to DPH	Received
REVISED T	TOTAL COLIFORM RULE (RTCR) T	T Violation 3/16	6/20 - 7/30/20	2	5/20/20	020		5/30/2020	
	Wate	r System Facil	ity and Sa	mpling	Point In	vento	ry		
Water		-				Total	Lead an	nd	
System	Water System Facility	Sampling Point		int		Coliform	Coppe	r	Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
		BSHS1	BAR HAND SI	NK NO 1	Α	Υ		Υ	
		BSHS2	BAR HAND SI	NK NO 2	Α	Υ		Υ	
		BSHS3	BAR HAND SI	NK NO 3	Α	Υ		Υ	
		BSHS4	BAR HAND SI	NK NO 4	Α	Υ		Υ	
		BSHS5	BAR HAND SI	NK NO 5	Α	Υ		Υ	
		BST	BAR SINK TRI		Α	Υ		Υ	
		DOWNSTREAM			I A	Υ			
		KSDISHWASH	KIT SNK DISH		Α	Υ		Υ	
		KSHS	KIT HAND SN		Α	Υ		Υ	
		KSS	KIT SNK SING		Α	Υ		Υ	
		KSTS	KIT SNK TRPL		Α	Υ		Υ	
		RRLRL	RR LADY ROC		Α	Υ		Υ	
		RRLRR	RR LADY ROC)M R	Α	Υ		Υ	

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RR MENS RR

ENTRY POINT

WELL 2

KITCHEN FRONT SINGLE

Α

Α

Α

Α

Υ

Υ

RRMR

UPSTREAM

3

2

00700

60346

60349

ENTRY POINT

TREATMENT PLANT

WELL 2

204	160 COLITI MANIN CTREET NEWTONIN	NC	125	D	CVA
)	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public Health	Drinking	g Water	Section	

								1	10.1
СТ0970304	160 SOUTH MAIN STREET - NEWTOWN				NC	125	Р		GW
Local Address (v	here applicable)	Service	Resident	tial	Commercia	l Industri	al Combin	ed A	Agricultural
		Connections			1				

PWS ID

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Иr. Kung Wei				Red Rooster	Pub LLC		Owner		
Mailing Address Line	e One		Mailing Add	ress Line Two			City	State	Zip Code
160 South Main Stre	eet					Newtow	n .	СТ	06470
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
203-270-0788				646-322-8208	redroos	com			

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

Please note the following:

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

End of schedule

Connecticut Department	of Public Health Drinkir	ng Water Section
Water Quality Mon	itoring and Compliance	Schedule
PWS ID PWS Name	Classificatio	n Population Owner Type Primary Source
CT0970314 316 SOUTH MAIN STREET	NC	25 P GW
Local Address (where applicable)	Service Residential Comme	rcial Industrial Combined Agricultural
	Connections 1	
Towns Served: NEWTOWN		
Mon	itoring Requirements	
Water System Facility: DISTRIBUTION SYSTEM (WS	F 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	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
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Complete
	12/1/23 - 12/31/23	Complete
	1/1/24 - 1/31/24	Complete
	2/1/24 - 2/29/24	Complete
	3/1/24 - 3/31/24	Complete
	4/1/24 - 4/30/24	
	5/1/24 - 5/31/24	
	6/1/24 - 6/30/24	
	7/1/24 - 7/31/24	
	8/1/24 - 8/31/24	
	9/1/24 - 9/30/24	
	10/1/24 - 10/31/24	
Water System Facility: ENTRY POINT (WSF ID: 0070	00)	
Nitrate And Nitrite (NOX)		1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period Compliance Status
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	

when out of Dublic Hoolth Duinling Water Coation

Other Compliance Schedules

Due Date

10/28/2020

Achieved Date

Compliance Schedule Activity

RESPOND TO SANITARY SURVEY

	Connecticu	it Dena	rtment	of Public	Heal	th Dri	nking	o Wa	ter S	ection	
		•		itoring a			`	_		cction	
PWS ID	PWS Name	ci Qua	11ty 141011	intorning c		1				vner Tyne I	Primary Source
CT0970314	316 SOUTH MAIN	STREET					NC	25		P	GW
	ss (where applicable)	JINEEI		Service	Rosi		ommerc	1	lustrial	Combined	_
Local Addres	ss (where applicable)			Connection		deficial C	1	iai iiiu	ustriai	Combined	Agricultura
Towns Sarva	ed: NEWTOWN										
TOWNS SELVE		Motor C	vetom For	iliku and C	`	na Dain	+ l.o				
		water 5	ystem Fac	cility and S	sampii	ng Poir					
Water System W Facility ID	Vater System Facility		Sampling Poi ID	int Sampling Descriptio		St	Col	liform	Lead and Copper Rule Tie		Stage WQP 2 DBPI
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUT	TON SYST		Α	Υ			
			DOWNSTREA	M WITHIN 5	SERVICE	CON	Α				
			KOL001	BAR SINK	TRIPLE		Α	Υ		Υ	
			KOL002	BAR HAND	SINK		Α	Υ		Υ	
			KOL003	RR MENS	RR		Α	Υ		Υ	
			KOL004	RR LADY R	MOO		Α	Υ		Υ	
			KOL005	KIT HAND	SNK		Α	Υ		Υ	
			KOL006	KIT SNK TF	RPL SNK		Α	Υ		Υ	
			KOL007	KIT SNK SI	NGLE		Α	Υ		Υ	
			UPSTREAM	WITHIN 5	SERVICE	CON	Α				
00700 E	NTRY POINT		3	ENTRY PO	INT		Α				
21699 W	VELL		2	WELL			Α				
			Co	ontact Info	ormati	on					
Name				Organization						Job Title	
Ms. Susan Fi	renkel			Frenkel Realt	y Assoc L	td Partn		Man	ging Mei	mber	
Mailing Addı	ress Line One		Mailing Addr	ress Line Two				City	/	State	Zip Code
29 Canterbu	ry Road						Sandy	Hook		СТ	06482
Business P	hone Extension	Fax	Mo	obile Phone	Emerge	ncy Phone	Email	Address			
203-426-6	5256		20	3-994-0614	203-9	94-0614	susanf	frenkel@	att.net		
Contact Role	e(s): Administrative (ontact					'				
Name				Organization						Job Title	
Frenkel Real	lity Associates Ltd Prt	shp									
Mailing Addı	ress Line One		Mailing Addr	ress Line Two				City	/	State	Zip Code
29 Canterbe	rry Lane						Sandy	Hook		СТ	06482
Business P	hone Extension	Fax	Mo	obile Phone	Emerge	ncy Phone	Email	Address			
Contact Role	e(s): Owner										
Name	-(-).			Organization						Job Title	
Mr. Alfred F	renkel			Frenkel Reali	tv Associa	ates Itd		Gene	eral Parti		
	ress Line One		Mailing Addr	ress Line Two	., , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City		State	Zip Code
758 B Quinn			amig / taul	233 21110 1 1110			Stratfo		1	CT	06497
, JO D QUIIII	ipiae Laife		1				Juan	<i>,</i> , u		CI	00737

Mobile Phone

Emergency Phone Email Address

Business Phone

Contact Role(s): Legal Contact

Extension

Fax

	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Sou										
СТ0970314	316 SOUTH MAIN STREET	NC	25	Р	GW					

Local Address (where applicable)	Service	Residential	Commerciai	industriai	Combined	Agricultura
	Connections		1			

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source				
СТ0970384	ROCK RIDGE COUNTRY CLUB				NC	25	Р	GW			
Local Address	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural				
ROLITE 302		Connections			1						

Towns Served: NEWTOWN			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rep	eat (RP) per perio
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/18/23 - 10/23/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per montl
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		_
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 21706)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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	Connecticut D	epartment of	Public H	ealth	Dr	inki	ng W	Vater	Sect	ion		
		uality Monit					_			1011		
PWS ID	PWS Name	guarity Monit	oring and	4 0011	_	sification		oulation		Type P	rimary	Source
СТ097038		CLUB				NC		25	Р		G۱	
Local Add	lress (where applicable)		Service	Residen	itial	Comme	ercial	Industri	al Co	mbined	Agri	cultural
ROUTE 30)2		Connections			1						
Towns Se	rved: NEWTOWN											
		Monite	oring Requ	ireme	nts							
Water Sy	stem Facility: WELL (WSF											
E. Coli (•	,						1	trigger	ed (TG) per p	eriod
-	pling Point (Sampling Point ID))		Monitori	ing Po	eriod	Colle	ction Pe		Compli		
WEL	L (2)		1	0/17/23	- 10/	23/23				Сс	mplet	e
		Other C	ompliance	Sched	lule	:S						
 Complian	ce Schedule Activity		•		Due l			Achie	ved Dat	te		
RESPOND	TO SANITARY SURVEY			9	9/17/	2007	7					
CROSS CC	NNECTION SURVEY REPORT			:	3/1/2	2025						
	Wate	er System Facili	ity and Sar	npling	Poi	int In	vent	ory				
Water		-	-				Total		and			
System	Water System Facility	Sampling Point	Sampling Poi	nt			Colifori					Stage
Facility II		ID	Description			Status	Rule	Rule	Tier As	sbestos	WQP	2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	1	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	V	Α						
		RR001	KIT HAND SNI	1		Α	Υ			Υ		
		RR002	KIT HAND SNI	. 2		Α	Υ			Υ		
		RR003	KIT HAND SNI	3		Α	Υ			Υ		
		RR004	KIT HAND SNI	(4		Α	Υ			Υ		
		RR005	KIT SNK DOUE	SLE		Α	Υ			Υ		
		RR006	KIT SNK TRPL	SNK		Α	Υ			Υ		
		RR007	BAR SINK			Α	Υ			Υ		
		RR008	RR LADY ROO	М		Α	Υ			Υ		
		RR009	RR MENS RR			Α	Υ			Υ		
		RR010	CONCESSION	STAND		Α	Υ			Υ		
		UPSTREAM	WITHIN 5 SER	VICE CON	V	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						

60740 ATMOSPHERIC STORAGE TANK

21706 WELL

Contact Information											
Name				Organization	1			Job Title			
Ms. Kym Venezia				Rock Ridge C	Country Club	Admin Contact					
Mailing Address Lin	Address Line One Mailing Add			ess Line Two	City		State	Zip Code			
94 Boggs Hill Rd						Newtow	'n	СТ	06470		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address					
203-426-2106						kym@ro	ckridgecc.co	om			
Contact Role(s): A	dministrative (Contact, Leg	al Contact			1					

Α

WELL

2

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

atta Camina and annihilation political										
PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0970384 ROCK RIDGE COUNTRY CLUB					25	Р	GW			
Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural			
ROUTE 302				1						
	PWS Name ROCK RIDGE COUNTRY CLUB where applicable)	PWS Name ROCK RIDGE COUNTRY CLUB	PWS Name ROCK RIDGE COUNTRY CLUB where applicable) Service Resider	PWS Name Cla ROCK RIDGE COUNTRY CLUB where applicable) Service Residential	PWS Name Classification ROCK RIDGE COUNTRY CLUB where applicable) Service Residential Commerci	PWS Name ROCK RIDGE COUNTRY CLUB where applicable) Classification Population NC 25 Service Residential Commercial Industria	ROCK RIDGE COUNTRY CLUB NC 25 P where applicable) Service Residential Commercial Industrial Combine			

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			Clas	ssification	Population	Owner Type	Primary Source
СТ0970404	SANDY HOOK DINER				NC	25	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural
98 CHURCH HILI	ROAD	Connections			1			

Towns Served: NEWTOWN			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID): 00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	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 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 21708)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		
		· · · · · · · · · · · · · · · · · · ·	

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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
СТ0970404	SANDY HOOK DINER				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
98 CHURCH H	ILL ROAD	Connections			1			

Towns Served: NEWTOWN

REVISED TOTAL COLIFORM RULE (RTCR) TT Violation

Monitoring Requirements										
Water System Facility: WELL (WSF ID: 21708)										
E. Coli (3014)		1 rou	tine (RT) per month							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
	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 - 9/30/24									

Public Notification Requirements											
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/1/20 - 3/29/23	2	9/30/2020		10/10/2020						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/9/22 - 3/29/23	2	3/2/2023		3/12/2023						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/28/22 - 3/29/23	2	3/2/2023		3/12/2023						

7/3/22 - 3/29/23

10/1/24 - 10/31/24

3/2/2023

3/12/2023

	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 Stage Rule Tier Asbestos WQP 2 DBPR						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		SHD001	KIT SNK TRPL SNK	Α	Υ	Υ						
		SHD002	KIT HAND SNK BACK	Α	Υ	Υ						
		SHD003	KIT HAND SNK FRONT	Α	Υ	Υ						
		SHD004	RR MENS RR	Α	Υ	Υ						
		SHD005	RR LADY ROOM	Α	Υ	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21708	WELL	2	WELL	Α								

62/15 TREATM	ENI PLANI								
			Co	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Robert Corrigan				Sandy Hook	Diner	Owr	Owner		
Mailing Address Lin	e One		Mailing Addr	ress Line Two			cy State	Zip Code	
83 Still Road						Oxford	СТ	06478	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Addres	ail Address		
203-270-1270			20	3-233-9507					

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	Depa	ırtme	ent of	Public	Health	Drir	ıking	g Water	Section		
	Wate	r Qua	lity N	Jonit	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name						Classif	cation	Population	Owner Type	Primary Source	
СТ0970404	SANDY HOOK DINE	₹					N	С	25	Р	GW	
ocal Address (wh	nere applicable)				Service	Residential Cor		mmerci	al Industri	al Combine	ed Agricultural	
98 CHURCH HILL ROAD				Connection	ıs		1					
Towns Served: NE	WTOWN					'	'			1	'	
Contact Role(s):	Legal Contact, Owr	er		200 2	.00 3307							
Name				Or	Organization				Job Title			
Ms. Ellie Lewis				Sa	ndy Hook Di	ner						
Mailing Address L	ine One		Mailing	Address	s Line Two			City		State	Zip Code	
72 Flag Swamp Ro	d							Southb	oury	СТ	06488	
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	e Email Address				
475-323-7417								elsnyy	@gmail.com			
Contact Role(s):	Administrative Cor	tact		1				1				

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

		 		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970464	MISTYVALE DELI			NC	25	Р	GW
Local Address (\	where applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
51 BERKSHIRE R	OAD	Connections		1			

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

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

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 Ouality	Monitoring and			U			
PWS ID PWS Name								Primary Source
СТ0970464	970464 MISTYVALE DELI					25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	ial Industrial Combine		ed Agricultural
51 BERKSHIRE	ROAD	Connections			1			

Connecticut Department of Dublic Health Drinking Water Section

Towns Served: NEWTOWN

Water System Facility and Sampling Point Inventory								
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR			
rucinty ib	MVD001	HAND SINK FRONT	Status A	Y	Y			
	MVD002	HAND SINK BACK	Α	Y	Υ			
	MVD003	RR GENERIC RR	Α	Υ	Υ			
	MVD004	SLOP SINK	Α	Υ	Υ			
	MVD005	SINGLE SINK	Α	Υ	Υ			
	MVD006	DISH WASH SINK	Α	Υ	Υ			
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
21714 WELL	2	WELL	Α		·			

ZI/IT WELL				****	,	•				
			Co	ontact Inf	ormation					
Name				Organization			Job Title			
Ms. Joyce Sgobbo				Property Owner						
Mailing Address Line One Mailing Add				ess Line Two			City State		Zip Code	
37 Villa Street						Mt Vern	Mt Vernon NY 1		10552-3027	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	Address			
Contact Role(s): O	wner									
Name				Organization			Job Title			
Mr. Peter A. Leone				Misty Vale Deli			Restaurant Owner			
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City		Zip Code	
51 Berkshire Rd						Sandy H	ook	СТ	06482	
Business Phone	Extension	Fax	Mo	obile Phone	Phone Emergency Phone Email Address		ddress			

203-270-9182

heathmar1@sbcglobal.net

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

Please note the following:

203-426-1789

- 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.

203-743-4321

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

	Conne	ecticut Den	artmen	t of Public H	ealth	Dr	inkir	ισ Ι	Nater	. 50	ection		
	Comm	•		onitoring and				_			CUUII		
PWS ID	PWS Nan		arrey 1.10	meeting and	a dom					_	ner Type	Primary Source	
CT097053	314 SOU	TH MAIN STREET					NC		25		Ρ	GW	
Local Add	Iress (where app	licable)		Service	Resident	tial	Comme	rcial	Industr	ial	Combine	d Agricultur	
	TH MAIN STREET	,		Connections			1						
Towns Ser	rved: NEWTOWN	N											
			Mo	onitoring Requ	ireme	nts							
Water Sy	ystem Facility:	DISTRIBUTION :	SYSTEM (V	VSF ID: 00600)									
Total Co	oliform (3100)								:	1 ro	utine (RT)	per quarte	
Sam	pling Point (Sam	pling Point ID)			Monitorii	ng Pe	eriod	Colle	ection Pe	riod	Comp	Compliance Status	
Selec	ct from Inventor	y of Active Samplin	g Points	;	10/1/23 -	12/3	31/23				C	omplete	
					1/1/24 -	3/31	_/24				C	omplete	
					4/1/24 -	6/30)/24						
					7/1/24 -	9/30)/24						
Physical	Parameters (PPS)							:	1 ro	utine (RT)	per quarte	
Sampling Point (Sampling Point ID)				Monitorii	ng Pe	eriod	Colle	ection Pe	riod	Comp	Compliance Status		
Selec	ct from Inventor	y of Active Samplin	g Points		10/1/23 -	12/3	31/23				C	omplete	
					1/1/24 -	3/31	./24				C	omplete	
					4/1/24 -	6/30)/24						
					7/1/24 -	9/30)/24						
Water Sy	ystem Facility:	ENTRY POINT (WSF ID: 00	700)									
Nitrate A	And Nitrite (N	OX)								1	routine (RT) per yea	
Samj	pling Point (Sam	pling Point ID)			Monitorii	ng Pe	eriod	Colle	ection Pe	riod	Comp	liance Status	
ENTF	RY POINT (3)				1/1/23 - :	12/3	1/23				C	omplete	
					1/1/24 - :	12/3	1/24						
					1/1/25 - 3	12/3:	1/25						
			Oth	er Compliance	Sched	ule	S						
Complian	ce Schedule Acti	ivity			L	Due E	Date		Achie	eved	Date		
L1 ASSESS	SMENT (MULTIPL	.E TC+)			1	2/9/2	2021						
			Public	Notification R	equire	me	nts						
				Compliance	Notice			Noti	fication		PN Ce	rtification	
Violation/	/Situation			Period	Tier	1	Require	_	Performe	ed l	Due to DPI	=	
REVISED T	TOTAL COLIFORN	/I RULE (RTCR) TT V	iolation	12/10/21 -	2	7	7/20/202	23			7/30/2023		
		Water 9	System F	acility and Sar	npling	Poi	int Inv	<i>e</i> nt	ory				
Water								Tota	l Lead	ana	1		
System	Water System	Facility	Sampling I	Point Sampling Poi	nt		C	olifor	-			Stage	
Facility ID			ID	Description		S	Status	Rule	e Rule	Tie	r Asbesto	WQP 2 DBF	
00600	DISTRIBUTION	SYSTEM	4	DISTRIBUTION			Α	Υ					
			BS001				Α	Υ			Υ		
			BS002				Α	Υ			Υ		
			BS003				Α	Υ			Υ		
			BS004				Α	Υ			Υ		
			BS005				Α	Υ			Υ		
			BS006	RR NUMBER 1	L		Α	Υ			Υ		

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WITHIN 5 SERVICE CON

RR NUMBER 2

DOWNSTREAM WITHIN 5 SERVICE CON

Α

Α

Α

Υ

Υ

BS007

UPSTREAM

CTCCTCTC	24.4 COLUMN AAAN CTREET			_	0144
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	le	
	Connecticut Department of Public Health	ı Drinking	g Water	Section	

СТ0970534	314 SOUTH MAIN STREET				NC	25	Р		GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Comb	ined	Agricultural
314 SOUTH MAI	N STREET	Connections			1				

Water System Facility and Sampling Point Inventory								
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00700	ENTRY POINT	3	ENTRY POINT	Α				
22932	WELL #1	2	WELL	Α				

			,	ormation				
			Organization	1			Job Title	
Abey Joseph				eal Estate LLC	Managing Member			
Mailing Address Line One Mailing Add			ress Line Two			City	State	Zip Code
riar Lane			Trumbull		СТ	06611		
xtension	Fax	Мо	bile Phone	Emergency Phone	Phone Email Address			
	ne		ne Mailing Addr	Achayan's Rene Mailing Address Line Two	Achayan's Real Estate LLC ne Mailing Address Line Two	Achayan's Real Estate LLC ne Mailing Address Line Two Trumbul	Achayan's Real Estate LLC Managing Man	Achayan's Real Estate LLC Managing Member ne Mailing Address Line Two City State Trumbull CT

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 H	ealth	Dı	rinking	Water	Section	
	Water Quality Monito	oring and	d Con	ıpl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0979354	SUGAR HILL, LLC				NC	50	Р	GW
Local Address	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
153 SUGAR STI	REET	Connections			1			

Towns Served: NEWTOWN		1	1
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	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: POINT OF ENTRY (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
POINT OF ENTRY (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)	Monitoring Period	Collection Period	Compliance Status
POINT OF ENTRY (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

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

P	WS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
C	Т0979354	SUGAR HILL, LLC					NC	50	Р	GW
L	ocal Address (w	here applicable)		Service	Residen	tial (Commercia	I Industria	al Combine	ed Agricultural
1	.53 SUGAR STRE	ET		Connections			1			

Towns Served: NEWTOWN

Other	Compliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/15/2008	
RESPOND TO SANITARY SURVEY	11/6/2008	

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	POINT OF ENTRY	3	POINT OF ENTRY	Α					
53104	WELL	2	WELL	Α					
57887	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Charles R. Mer	rifield, Jr.			Sugar Hill, LL	С		Member		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
153 Sugar Street						Newtow	'n	СТ	06470
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
203-426-8409						crmjr69	@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.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut De	partment of	Public Heal	th Dr	rinki	ng Wa	ater Se	ction	
	Water Qu	iality Monit	oring and Co	ompl	ianc	e Sche	edule		
PWS ID	PWS Name			Clas	ssificatio	on Popu	lation Ow	ner Type F	rimary Source
СТ0979393	144 SUGAR STREET				NC	2	.5	Р	GW
Local Address (w	here applicable)		Service Resid	dential	Commo	ercial In	dustrial	Combined	I Agricultural
			Connections		1				
Towns Served: N	IEWTOWN								
			oring Requiren	nents					
-	Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Coliform	•					- "			per quarter
	oint (Sampling Point ID)			toring P		Collecti	ion Period		iance Status
Select from	Inventory of Active Samp	ling Points		23 - 12/3				C	omplete
				24 - 6/30	-				
	(DDC)		//1/.	24 - 9/30	0/24			(DT)	
Physical Paran	neters (PPS) oint (Sampling Point ID)		Manie	torina D	eriod	Collect	1 roι ion Period		per quarter
	Inventory of Active Samp	ling Points		toring P 23 - 12/3		Conecti	on Perioa		omplete
Select HOIII	inventory of Active Samp	iiiig Fuiiits		23 - 12/3 24 - 6/30				C	mpiete
				24 - 0/30 24 - 9/30					
Water System	Facility: ENTRY POINT	(WSE ID: 00700)	// 1//	24 - 3/3	0/24				
Nitrate And N	,	(1131 15:00700)					1	routine (RT) per year
	oint (Sampling Point ID)		Moni	toring P	eriod	Collecti	ion Period	=	iance Status
ENTRY POIN				3 - 12/3		00//000	011100		omplete
	(-)			4 - 12/3					
				5 - 12/3					
Water System	Facility: WELL	(WSI	F ID: 53583)						
E. Coli (3014)							1 rou	ıtine (RT)	per quarter
Sampling P	oint (Sampling Point ID)		Moni	toring P	eriod	Collecti	ion Period	Compl	iance Status
WELL (2)			10/1/2	23 - 12/3	31/23			Co	omplete
			1/1/2	24 - 3/3	1/24				
			4/1/2	24 - 6/30	0/24				
			7/1/2	24 - 9/3	0/24				
		Other C	ompliance Sch	edule	es				
Compliance Sch	edule Activity			Due	Date		Achieved	Date	
CROSS CONNECT	TION EXEMPTION			3/1/2	2016				
RESPOND TO SA	NITARY SURVEY			10/6/	/2018				
SEASONAL STAR	T UP COMPLETION			4/1/	2024				
	Water	System Facili	ty and Sampli	ng Po	int In	ventor	У		
Water						Total	Lead and		
	r System Facility		Sampling Point			Coliform	Copper	0-1-	Stage
Facility ID	UDUTION CYCTES	ID	Description		<u>Status</u>	Rule	Kule Tier	Aspestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION	1400	A				
		DOWNSTREAM EAOO1	WITHIN 5 SERVICE (LUN	Α	V		V	
		FA001	RR GENERIC RR		A	Y		Y	
		FA002 FA003	HAND SINK FRONT HAND SINK BACK		A A	Y Y		Y Y	
		FA004	TRIPLE SINK BACK		A	Υ		Ϋ́	
		FAUU4	TAIF LE SINK DACK		Α .	T		ī	

SNK NEAR HOLDING TNK

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FA005

	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0979393	144 SUGAR STREET				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns	Serve	d · N	FW/1	MMO	ı

	Wa	ater System Facil	ity and Sampling P	oint In	ventor	ν		
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
		FA006	FRUIT WASHING SINK	Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
53583	WELL	2	WELL	Α				
		Con	ntact Information					
Name		0	rganization				Job Title	
Ms. Shirle	ey Ferris	14	44 Sugar Street LLC		Co-	Owner		
Mailing A	ddress Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip Code
144 Sugar	Street			Ne	wtown		СТ	06470

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

Fax

Extension

contact noic(s).	a i i i i i i i i i i i i i i i i i i i		a. comact, c						
Name Ms. Theresa Ferris				Organization			Job Title		
				Ferris Acres C	Creamery	Owner/Manag	Owner/Manager		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code	
144 Sugar Street						Newtown	СТ	06470	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
203-426-8803					203-240-4633	tlferris@sbcglobal.net			

Emergency Phone Email Address

203-426-5273

tlferris@sbcglobal.net

Mobile Phone

Contact Role(s): Owner

Business Phone

203-270-1406

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.

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

End of schedule

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Connecticut Department	of Public H	lealth Di	rinkina '	Water S	ection	
Water Quality Mor			<u> </u>		cction	
PWS ID PWS Name	intoring and				wner Type P	rimary Source
CT0979384 CONGREGATION ADATH ISRAEL		Cia	NC	202	P	GW
Local Address (where applicable)	Service	Residential	Commercial		Combined	_
115 HUNTINGTOWN ROAD	Connections	Residential	1	maastrar	Combined	Agricultura
Towns Served: NEWTOWN			_			
	nitoring Requ	irements				
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Period		ance Status
Select from Inventory of Active Sampling Points						mplete
, , ,		4/1/24 - 6/3				<u>.</u>
		7/1/24 - 9/3				
Total Coliform (3100)			•	3	repeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Perio	•	ance Status
Select from Inventory of Active Sampling Points		.2/16/23 - 12,			•	
Total Coliform (3100)				temporary r	outine (TR)	per month
Sampling Point (Sampling Point ID)		Monitoring F		lection Perio		ance Status
Select from Inventory of Active Sampling Points		1/1/24 - 1/3				
Physical Parameters (PPS)				1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Perio		ance Status
Select from Inventory of Active Sampling Points						mplete
, , ,		1/1/24 - 3/3				mplete
		4/1/24 - 6/3				•
	_	7/1/24 - 9/3				
Water System Facility: ENTRY POINT (WSF ID: 007	00)		•			
Nitrate (1040)	•			1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Perio		ance Status
ENTRY POINT (3)					Co	mplete
		1/1/24 - 3/3				mplete
		4/1/24 - 6/3				•
		7/1/24 - 9/3				
Nitrate And Nitrite (NOX)			<u>, </u>	:	1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Period	=	ance Status
ENTRY POINT (3)		1/1/23 - 12/3				mplete
		1/1/24 - 12/3				mplete
		1/1/25 - 12/3				
Water System Facility: WELL 1 (WSF ID: 53710)						
E. Coli (3014)				1 tris	ggered (TG	per period
Sampling Point (Sampling Point ID)		Monitoring F	Period Col	lection Perio		ance Status
WELL 1 (2)		.2/15/23 - 12,				
Water System Fa	cility and Sar	npling Po	int Inven	tory		
Water System Fa	cility and Sar	npling Po	int Inven	<u> </u>	d	

WITHIN 5 SERVICE CON

Description

DOWNSTREAM WITHIN 5 SERVICE CON

DISTRIBUTION

Rule

Status

Α

Α

Α

Rule Tier Asbestos WQP 2 DBPR

ID

4

UPSTREAM

Facility ID

00600 DISTRIBUTION SYSTEM

	Water Quality Monitoring and Compliance Schedule									
C J G I										
PWS ID PWS Name Classification Population Owner Type Primary									nary Source	
СТ0979384	CONGREGATION ADATH ISRAEL				NC	202	Р		GW	
Local Address	Local Address (where applicable) Service Resid					al Industri	al Combin	ed ,	Agricultural	
115 HUNTING	TOWN ROAD			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW	/TOWN							1		
		Water Sy	ystem Fa	cility and S	Sampling Poi	nt Inver	ntor	У		
Water System Water Sy Facility ID 00700 ENTRY PO 53710 WELL 1	ostem Facility		Sampling Po ID 3	int Sampling Descriptio ENTRY PO WELL 1	on Si	Tot Colif catus Ru A		Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
30710 17111				ontact Inf	ormation					
Name				Organization					Job Title	
Ms. Susan Rubin				Congregation	n Adath Israel		Ami	nistrative		
Mailing Address Lin	e One		Mailing Add	ress Line Two			Ci	ty	State	Zip Code
115 Huntingtown R	oad		P. O. Box 62	:3		Newtow	/n		СТ	06470
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phon	e Email A	ddres	S		
203-426-5188						office@	cong	adathisrael	.org	
Contact Role(s): Ac	lministrative	Contact				·				
Name				Organization					Job Title	
Congregation Adatl	n Israel									
Mailing Address Lin	e One		Mailing Add	ress Line Two			Ci	ty	State	Zip Code
Board President, Co	ngreg. Adath	Israel	P. O. Box 62	.3		Newtow	/n		СТ	06470
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phon	e Email A	ddres	S		
203-426-5188						office@	cong	adathisrael	.org	
Contact Role(s): Le	gal Contact									
Diagramata the fall	owing									

Please note the following:

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End of schedule

	Connecticut Dep	artmen	t of Public H	lealth I	Drinki	ng V	Vater S	ection	_
	Water Qua	ality Mo	onitoring and	d Comi	olianc	e Sc	hedule		
PWS ID	PWS Name	<i></i>	<u> </u>		<u> </u>			wner Type Pri	imary Source
СТ0979414	HAWLEYVILLE DEVELOPME	NT, LLC.			NC		43	Р	GW
Local Address (where applicable)		Service	Residentia	al Comme	ercial	Industrial	Combined	Agricultural
23 BARNABAS	RD		Connections		6				
Towns Served:	NEWTOWN			,		,			
		M	onitoring Requ	iiremen	ts				
Water System	n Facility: DISTRIBUTION	SYSTEM (\	WSF ID: 00600)						
Total Colifor	m (3100)						1 r	outine (RT) p	er quarter
	Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Perio	d Complic	ınce Status
Select fro	m Inventory of Active Samplir	ng Points	:	10/1/23 - 1	2/31/23			Cor	nplete
				1/1/24 - 3	/31/24			Cor	nplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
-	ameters (PPS)						1 re	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Perio	d Complic	ınce Status
Select fro	m Inventory of Active Samplir	ng Points	<u> </u>	10/1/23 - 1	2/31/23			Cor	nplete
			1/1/24 - 3	/31/24			Cor	nplete	
				4/1/24 - 6					
				7/1/24 - 9	/30/24				
Water System	n Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate (104	.0)						1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Perio	d Complia	ınce Status
ENTRY PO	OINT (3)		:	10/1/23 - 1	2/31/23			Cor	mplete
				1/1/24 - 3	/31/24			Cor	nplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Nitrite (1041	1)							1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Perio	d Complia	ınce Status
ENTRY PO	OINT (3)			1/1/23 - 12	2/31/23			Cor	mplete
				1/1/24 - 12	2/31/24			Cor	mplete
				1/1/25 - 12	2/31/25				
		Oth	er Compliance	Schedu	ıles				
Compliance Sci	hedule Activity			Du	ue Date		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY			11,	/7/2020				
		Public	Notification R	equiren	nents				
			Compliance	Notice	Publi	c Notij	<u>fication</u>	PN Certi	fication
Violation/Situa	ation		Period	Tier	Require	ed F	Performed	Due to DPH	Received
E. Coli			7/10/19 - 10/8/19	3	8/12/20)20		8/22/2020	
	Water 9	System F	acility and Sar	npling P	Point In	vent	ory		
Water						Tota	l Lead an	d	
System Wat	ter System Facility	Sampling	Point Sampling Poi	nt	(Colifor			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α				
		DOWNST	REAM WITHIN 5 SER	VICE CON	Α				

RRMR PAPA ALS

RRLR PAPA ALS

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HD001

HD002

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
СТ0979414	HAWLEYVILLE DEVELOPMENT, LLC.			NC	43	Р	GW
Local Address (vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
23 BARNABAS F	D	Connections		6			

Towns Served: NEWTOWN

Wat	ter System Facili	ity and Sampling P	oint Ir	nventoi	Y
Water System Water System Facility		Sampling Point		Total Coliform	Lead and Copper Stage
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
	HD003	KSHSFRONT PAPA ALS	Α	Υ	Υ
	HD004	KSHSBACK PAPA ALS	Α	Υ	Υ
	HD005	KIT SNK DBL PAPA ALS	Α	Υ	Υ
	HD006	LIQUORSTORE	Α	Υ	Υ
	HD007	CHINESE RESTAURANT	Α	Υ	Υ
	HD008	POSTOFFICE	Α	Υ	Υ
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		
56895 WELL 1	2	WELL 1	Α		

				Contact Inf	formation				
Name			Organization	า		Job Title			
Mr. Steve Nicolosi		Hawleyville	Development, LLC.						
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
64 Barnabas Rd						Newtown		СТ	06470
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	dress		
203-426-7196				hawleyvil	ledevl@ao	l.com			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connecticut Dep	oartment of	Public H	lealth D	rinki	ng W	ater S	ection	
	Water Qu	ality Monit	oring and	d Compi	lianc	e Sch	edule		
PWS ID	PWS Name			Cla	ssificati	on Popi	ulation O	wner Type F	rimary Source
СТ0979424	CHURCH OF LATTER DAY	SAINTS			NC	3	373	Р	GW
Local Address (w	here applicable)		Service	Residential	Comm	ercial I	ndustrial	Combined	Agricultural
16 SAW MILL RC)AD		Connections		1				
Towns Served: N	IEWTOWN								
		Monito	oring Requ	irements	S				
Water System	Facility: WELL #1	(W:	SF ID: 00501)						
E. Coli (3014)							1 r	outine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status
WELL #1 (2)			10/1/23 - 12,	/31/23			Co	omplete
				1/1/24 - 3/3	31/24			Co	omplete
				4/1/24 - 6/3	30/24				
				7/1/24 - 9/3	30/24				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliform	n (3100)						1 r	outine (RT)	per quarter
Sampling P	oint (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status
Select from	Inventory of Active Sampl	ing Points		10/1/23 - 12,	/31/23			Co	omplete
				1/1/24 - 3/3	31/24			Co	omplete
				4/1/24 - 6/3	30/24				
				7/1/24 - 9/3	30/24				
Physical Parar							1 r	outine (RT)	per quarter
Sampling P	Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status
Select from	Inventory of Active Sampl	ing Points		10/1/23 - 12,				Co	omplete
				1/1/24 - 3/3				Co	omplete
				4/1/24 - 6/3					
				7/1/24 - 9/3	30/24				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And N	• •							1 routine (RT) per year
Sampling P	Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status
ENTRY POI	NT (3)			1/1/23 - 12/					omplete
				1/1/24 - 12/				Co	omplete
				1/1/25 - 12/	31/25				
	Water	System Facili	ty and Sar	npling Po	oint In	vento	ry		
Water						Total	Lead an	-	_
	er System Facility	Sampling Point		nt		Coliform			Stage 2 DRDD
Facility ID	ш1	ID	Description		<u>Status</u>	Rule	Kule III	er Aspestos	WQP 2 DBPR
00501 WELL		2	WELL #1	LCVCTCA	Α				
00600 DISTR	RIBUTION SYSTEM	4 DOM/NETDEANA	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
00700 ENTE	V DOINT	UPSTREAM	WITHIN 5 SER		Α				
00700 ENTR	Y POINT	3	ENTRY POINT		Α				

59540 TREATMENT PLANT59542 HYDROPNEUMATIC TANK

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0979424	CHURCH OF LATTER DAY SAINTS				NC	373	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industria	al Combine	ed Agricultural
16 SAW MILL F	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Roy B. McDanie	el			Natural Reso	urces-Special Proj		Manager		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
50 East North Temp	le St		Mfd 12T	h Floor		Salt Lake	City	UT	84150
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
801-240-4656		801-240-2	2913			mcdanie	lrb@church	ofjesuschrist.	org
Contact Role(s): Le	gal Contact, C	Owner							
Name				Organization				Job Title	
Ms. Christine Spend	er			Church of Jes	sus Christ of Lds		Hartford Ad	lmin Asst	
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
130 South St						Cromwe	II	СТ	06516
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-635-4035		860-835-	4036			spencero	ca@churcho	fjesuschrist.c	org
Contact Role(s): Ac	dministrative	Contact							

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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											
СТ0979444	AQUILA'S NEST VINEYARDS				NC	25	Р	GW			
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
56 POLE BRID	GE ROAD			1							
S. LANGUETONIA											

56 POLE BRIDGE ROAD	Connections	1		
Towns Served: NEWTOWN		,		
Monito	ring Requirement	:S		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	D: 00600)			
Total Coliform (3100)	·		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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 rout	tine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12	2/31/23		Complete
	1/1/24 - 3/	31/24		Complete
	4/1/24 - 6/	30/24		
	7/1/24 - 9/	30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)			1 r	outine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12,	/31/23		Complete
	1/1/24 - 12	/31/24		
	1/1/25 - 12,	/31/25		
Water System Facility: WELL #1 (WSF ID: 62000)				
Arsenic (1005)			1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
WELL #1 (2)	10/1/23 - 12	2/31/23		Complete
	1/1/24 - 3/	31/24		Complete
	4/1/24 - 6/	30/24		
	7/1/24 - 9/	30/24		
Water System Facility: IN BETWEEN ARSENIC FILTERS ((WSF ID: 62089)			
Arsenic (1005)			1 rou	itine (RT) per montl
Sampling Point (Sampling Point ID)	Monitoring	Period	Collection Period	Compliance Status
IN BETWEEN ARSENIC FILTERS (5)	11/1/23 - 11	/30/23		Complete
	12/1/23 - 12	2/31/23		Complete
	1/1/24 - 1/	31/24		Complete
	2/1/24 - 2/	29/24		
	3/1/24 - 3/	31/24		Complete
	4/1/24 - 4/	30/24		
	· · · · ·	-		

	Connecticut De	partment of	Public H	ealth	Drinki	ng W	ater S	Section	
		uality Monit							
PWS ID	PWS Name	dancy Prome	oring and	00111	Classificati			1	Primary Source
CT097944		RDS			NC		25	Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Comm	ercial Ir	ndustrial	Combined	Agricultural
56 POLE B	BRIDGE ROAD		Connections		1				
Towns Ser	rved: NEWTOWN								
		Monito	oring Requ	iremei	nts				
Water Sy	stem Facility: IN BETWEEN	ARSENIC FILTERS	(WSF ID: 620	89)					
Arsenic	(1005)						1	routine (RT) per month
Samj	pling Point (Sampling Point ID)		1	Monitorii	ng Period	Collect	ion Peri	od Compl	iance Status
				5/1/24 -	5/31/24				
				6/1/24 -					
				7/1/24 -					
				8/1/24 -					
				9/1/24 -	<u> </u>				
			1	0/1/24 -	10/31/24				
	Wate	r System Facili	ity and San	npling	Point In	vento	ry		
Water				_		Total	Lead a		_
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poir Description	t		Coliform Rule			Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Status A	naic	nuic i	7.55005005	
00000	DIOTHIDO HOIT STOTEIN	ANV001	MENS ROOM	31312111	A	Υ		Υ	Υ
		ANV002	LADIES ROOM		Α	Y		Υ	Y
		ANV003	BAR HAND SIN	K	Α	Υ		Υ	Υ
		ANV004	BAR TRIPLE SII	١K	Α	Υ		Υ	Υ
		ANV005	PRODUCTION	BR	Α	Υ		Υ	Υ
		ANV006	OFFICE SINK		Α	Υ		Υ	Υ
		DOWNSTREAM	WITHIN 5 SER	/ICE CON	А				
		UPSTREAM	WITHIN 5 SER	/ICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT		Α				
62000	WELL #1	2	WELL #1		Α				
62004	TREATMENT PLANT								
62006	ATMOSPHERIC TANK								
62008	HYDROPNEUMATIC TANK			-		-			
62010	PUMP STATION								
62089	IN BETWEEN ARSENIC FILTERS								
		Con	tact Inforn	nation					
Name			rganization					Job Title	

Mailing Address Line Two

Mobile Phone

State

CT

City

ardianllomi@msn.com

Newtown

Emergency Phone Email Address

Zip Code

06482

Mr. Ardian Llomi

56 Pole Bridge Road

Business Phone

203-808-8038

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Owner

Fax

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

Water quality Fromtering and compliance benedule								
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0979444	AQUILA'S NEST VINEYARDS				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
56 POLE BRIDG	E ROAD	Connections			1			
Taxana Camaada	NIENA/TONA/NI	·					•	

Towns Served: NEWTOWN

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