

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1189033	RIDGEBURY CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
605 RIDGEBURY ROAD			1				

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

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

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

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

Water System Facility: **WELL (WSF ID: 10553)**

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RCC001	CC HAND SINK	A	Y	1	Y	
		RCC002	CC KITCHEN SINK	A	Y	1	Y	
		RCC003	TERRIFIC TODDLERS RM	A	Y	1	Y	
		RCC004	INFANTS ISLAND	A	Y	1	Y	
		RCC005	STAFF REST RM	A	Y	1	Y	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1189033	RIDGEBURY CONGREGATIONAL CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
605 RIDGEBURY ROAD			1				
Towns Served: RIDGEFIELD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		RCC006	CHILDREN R RM	A	Y	1	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10553	WELL	2	WELL	A				
53524	TREATMENT PLANT							

## Certified Operator Information

**Water System Facility:** TREATMENT PLANT (WSF ID: 53524)

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
HURLBUT, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024

## Contact Information

Name		Organization			Job Title	
Ms. Carole Bishop		Ridgebury Cong. Church			Operations Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
605 Ridgebury Road				Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-748-2806				203-685-7247	CAROLE@MEETINGHOUSE.LIFE	

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180014</b>	<b>871 ETHAN ALLEN HWY BUILDING</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
871 ETHAN ALLEN HIGHWAY				1			
Towns Served: RIDGEFIELD							

## Monitoring Requirements

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

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

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

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

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

Water System Facility: **WELL (WSF ID: 22044)**

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

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		EAH001	CHIRO UTILITY SNK	A	Y		Y	
		EAH002	MED SKIN CARE OFF RR	A	Y		Y	
		EAH003	MED SKN TREAT RM 01	A	Y		Y	
		EAH004	MED SKN TREAT RM 02	A	Y		Y	
		EAH005	RR MENS RM 2F	A	Y		Y	
		EAH006	RR LADY RM 2F	A	Y		Y	
		EAH007	RR LADY ROOM 1F L	A	Y		Y	
		EAH008	RR LADY ROOM 1F R	A	Y		Y	
		EAH009	RR MENS RM 1F L	A	Y		Y	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180014</b>	<b>871 ETHAN ALLEN HWY BUILDING</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
871 ETHAN ALLEN HIGHWAY				1			
Towns Served: RIDGEFIELD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		EAH010	RR MENS RM 1F R	A	Y		Y	
		EAH011	MAUER ASSOC KTCHETTE	A	Y		Y	
		EAH012	IMPACT SERV GRP HS	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22044	WELL	2	WELL	A				
61202	TREATMENT PLANT							

## Contact Information

Name			Organization			Job Title		
<b>Mr. Jeff Ryer</b>			Ryer Assocs. Comm Real Estate			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
103 Mill Plain Road						Danbury	CT	06811
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-797-0200	103		203-470-6169		mjryer@ryer.com			
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b>								

**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		
<b>CT1180024</b>	<b>ALDRIDGE PARK</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NEW ROAD				1			

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete
	1/1/24 - 12/31/24	4/1-9/30	
	1/1/25 - 12/31/25	4/1-9/30	

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2024	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>		<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
					<i>Rule</i>	<i>Rule Tier</i>			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		AP001	CONCESSION STNAD	A	Y			Y	
		AP002	RR GENERIC RR	A	Y			Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22045	WELL	2	WELL	A					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180024</b>	<b>ALDRIDGE PARK</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
NEW ROAD				1			
Towns Served: RIDGEFIELD							

## Contact Information

Name			Organization			Job Title		
<b>Mr. Rudy Marconi</b>			Town of Ridgefield			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
400 Main Street						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-2774		203-431-2722			selectman@ridgefieldct.org			

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

Name			Organization			Job Title		
<b>Mr. Robert Schneider</b>			Ridgefield Parks And Rec			Assistant of Parks		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Ridgefield Parks And Rec.			195 Danbury Road			Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-2755					recoutmaint@ridgefieldct.org			

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180154</b>	<b>CASA LU</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
896 ETHAN ALLEN HIGHWAY				1			

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

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

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>
<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22052	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
<b>Victoria Lira</b>			Barking LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
23 Fairview Rd						Brookfield	CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
914-727-0397				914-584-5538	lufeijoo@yahoo.com			

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

**Please note the following:**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180204</b>	<b>MARTIN PARK</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
GREAT POND ROAD				1			
Towns Served: RIDGEFIELD							

## Monitoring Requirements

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

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

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		

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

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

## Other Compliance Schedules

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

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		MP001	RR LADY ROOM L	A	Y		Y	
		MP002	RR LADY ROOM R	A	Y		Y	
		MP003	RR MENS RR - R	A	Y		Y	
		MP004	RR MENS RR L	A	Y		Y	
		MP005	WATER FOUNTAIN	A	Y		Y	
		UPSTREAM WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A				
22056	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180204</b>	<b>MARTIN PARK</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
GREAT POND ROAD				1			
Towns Served: RIDGEFIELD							

## Contact Information

Name		Organization			Job Title			
<b>Mr. Rudy Marconi</b>		Town of Ridgefield			First Selectman			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
400 Main Street						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-2774		203-431-2722			selectman@ridgefieldct.org			

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

Name		Organization			Job Title			
<b>Mr. Robert Schneider</b>		Ridgefield Parks And Rec			Assistant of Parks			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Ridgefield Parks And Rec.			195 Danbury Road			Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-2755					recoutmaint@ridgefieldct.org			

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

**Please note the following:**

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

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**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180254</b>	<b>RIDGEFIELD BAPTIST CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
325 DANBURY ROAD				1			

Towns Served: RIDGEFIELD

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

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

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

### Water System Facility and Sampling Point Inventory

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180254</b>	<b>RIDGEFIELD BAPTIST CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
325 DANBURY ROAD				1			
Towns Served: RIDGEFIELD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		RBC001	RR MAIN FL LOBBY	A	Y		Y	
		RBC002	RR CHURCH OFFICE	A	Y		Y	
		RBC003	NURSERY SNK	A	Y		Y	
		RBC004	KIT SNK LOWER LEVEL	A	Y		Y	
		RBC005	RR MENS LOWER LEVEL	A	Y		Y	
		RBC006	RR LADIES LOWER LVL	A	Y		Y	
		RBC007	RR HANDICAP LWR LEV	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22060	WELL	2	WELL	A				
61204	TREATMENT PLANT							

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
HURLBUT, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025

## Contact Information

Name		Organization			Job Title		
<b>Mr. Keith Russell</b>		Ridgefield Baptist Church			Board of Trustees		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Ridgefield Baptist Board of Trustees		325 Danbury Road			Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-438-5751			860-538-2731		khrussell@sbcglobal.net		

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

Name		Organization			Job Title		
<b>Robert Clark</b>		Ridgefield Baptist Church			Trustee		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
325 Danbury Road					Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-885-3508				203-438-5865	clarkrobert22@yahoo.com		

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

**Please note the following:**

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

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

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

**End of schedule**

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1180264	RIDGEFIELD GOLF COURSE(PUBLIC FOUNTAIN)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
545 RIDGEBURY ROAD				1			
Towns Served: RIDGEFIELD							

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		
	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		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	4/1/24 - 4/30/24		
	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)**

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

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/29/2020	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	9/2/2023	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	9/23/2023	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1180264	RIDGEFIELD GOLF COURSE(PUBLIC FOUNTAIN)	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
545 RIDGEBURY ROAD				1			

Towns Served: RIDGEFIELD

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/3/23 -	2	1/27/2024		2/6/2024	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/22/23 -	2	1/27/2024		2/6/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier		Asbestos	Stage WQP 2 DBPR
					Y	Y			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		RPF001	RR GENERIC RR	A	Y		Y		
		RPF002	WATER FOUNTAIN	A	Y		Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22061	WELL	2	WELL	A					

## Contact Information

Name			Organization			Job Title		
Mr. Frank Sergiovanni			Ridgefield Golf Course			General Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
545 Ridgebury Rd						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-748-7008				203-748-6157	golfdirector@ridgefieldct.gov			

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180274</b>	<b>THE GOLF PERFORMANCE CENTER, INC.</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
824 ETHAN ALLAN HIGHWAY (ROUTE 7)				1			
Towns Served: RIDGEFIELD							

## Monitoring Requirements

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

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

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

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

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22062	WELL	2	WELL	A				
61210	TREATMENT PLANT							

## Contact Information

Name		Organization		Job Title		
<b>Mr. Roger Knick</b>		The Golf Performance Ctr, Inc.		Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
824 Ethan Allen Highway				Ridgefield	CT	06877

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1180274	THE GOLF PERFORMANCE CENTER, INC.	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
824 ETHAN ALLAN HIGHWAY (ROUTE 7)				1			

Towns Served: RIDGEFIELD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-241-6902		203-403-3231		203-790-4653	Roger@thegolfperformancecenter.com

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

Name	Organization	Job Title
Mr. Edward Murphy	The Golf Performance Center	Facilities Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
824 Ethan Allen Highway		Ridgefield	CT	06877

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-790-4653					edward.murphy@thegolfperformancecenter.co

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180284</b>	<b>RIDGEFIELD ICE CREAM SHOP</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
680 DANBURY ROAD				1			

Towns Served: RIDGEFIELD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		Complete
	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		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		Complete
	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)**

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

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
L1 ASSESSMENT (MULTIPLE TC+)	5/11/2022	
RESPOND TO SANITARY SURVEY	5/19/2022	

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



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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1180284	RIDGEFIELD ICE CREAM SHOP	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
680 DANBURY ROAD				1			

Towns Served: RIDGEFIELD

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/12/22 -	2	7/20/2023		7/30/2023	
E. Coli M&R Violation	4/18/22 -	3	11/29/2023		12/9/2023	
Total Coliform M&R Violation	5/1/22 - 5/31/22	3	11/29/2023		12/9/2023	

## 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 Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22063	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
Dr. Felix Lechner			Ridgefield Ice Cream Shop			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
680 Danbury Road						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-438-3094				203-746-3319				

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

Name			Organization			Job Title		
Mr. Alex Aziere			Ridgefield Ice Cream			Business Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
680 Danbury Road						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-438-3094				203-917-1840	Ridgefieldicecream77@gmail.com			

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180364</b>	<b>ST ELIZABETH SETON CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
520 RIDGEBURY ROAD				1			
Towns Served: RIDGEFIELD							

## Monitoring Requirements

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

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete

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

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete

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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

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

**Nitrate And Nitrite (NOX) 1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/10/2019	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180364</b>	<b>ST ELIZABETH SETON CHURCH</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
520 RIDGEBURY ROAD				1			
Towns Served: RIDGEFIELD							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION	1/28/2024	
SANITARY DEFECT CORRECTIVE ACTION	1/28/2024	12/29/2023
CROSS CONNECTION SURVEY REPORT	3/1/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SE001	RR PARISH CTR 1ST F	A	Y		Y	
		SE002	RR PARISH CTR 2ND F	A	Y		Y	
		SE003	RR REVEREND HOUSE	A	Y		Y	
		SE004	KIT SNK REVEREND HSE	A	Y		Y	
		SE005	KIT SNK PARISH CTR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22067	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title		
<b>Father Alphonse Arokiam</b>			St Elizabeth Seton Church			Parochial Admin		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
520 Ridgebury Rd						Ridgebury	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-438-7292					stsetonparish@comcast.net			

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

Name			Organization			Job Title		
<b>Mr. Gerry Andrees</b>			St. Elizabeth Seton Churh			Business Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
520 Ridgebury Rd						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-438-7292	111				sesbusmgr@yahoo.com			

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

### Please note the following:

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

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

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

**End of schedule**

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180374</b>	<b>ST IGNATIUS RETREAT HOUSE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
209 TACKORA TRAIL				1			

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

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

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

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

Water System Facility: **WELL (WSF ID: 22068)**

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/24/2008	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

## Water System Facility and Sampling Point Inventory

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180374</b>	<b>ST IGNATIUS RETREAT HOUSE</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
209 TACKORA TRAIL				1			
Towns Served: RIDGEFIELD							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	A				
22068	WELL	2	WELL	A				
61216	TREATMENT PLANT							
61218	BOOSTER PUMP-RETREAT HOUSE							

## Contact Information

Name		Organization			Job Title			
<b>Father Jean Violette</b>		St Ignatius Retreat House			Prior			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
209 Tackora Trail						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-0201	12				jlviolette@hotmail.com			

Contact Role(s):		<b>Legal Contact</b>						
Name		Organization			Job Title			
<b>Mr. Br Benedict</b>		St. Ignatius Retreat House						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
209 Tackura Trail						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-0201					rangelospx@gmail.com			

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

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1180604	659 DANBURY ROAD - RIDGEFIELD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

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

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

<b>Nitrate (1040)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/25 - 12/31/25				

<b>Nitrite (1041)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

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

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	12/24/2020	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/16 - 6/30/16	3	10/6/2017		10/16/2017	
Total Coliform M&R Violation	4/1/16 - 6/30/16	3	2/16/2018		2/26/2018	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018	

## Water System Facility and Sampling Point Inventory

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180604</b>	<b>659 DANBURY ROAD - RIDGEFIELD</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			1				

Towns Served: RIDGEFIELD

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WHD001	KIT SNK TRPL SNK	A	Y		Y	
		WHD002	KIT SNK SINGLE	A	Y		Y	
		WHD003	KIT HAND SNK	A	Y		Y	
		WHD004	RR MENS RR	A	Y		Y	
		WHD005	RR LADY ROOM	A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
22860	WELL #1	2		A				
57433	TREATMENT PLANT							

## Contact Information

Name		Organization			Job Title		
<b>Mr. John Pambianchi</b>		Pamby Motors			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
665 Danbury Road		P.O. Box 2			Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-438-6231							

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180554</b>	<b>632 DANBURY ROAD</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				1			

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

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

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

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

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23067	WELL #1	2	WELL #1	A				
61664	TREATMENT PLANT							

## Contact Information

Name			Organization			Job Title		
<b>Mr. George Mulvaney</b>			Mulvaney Properties, LLC			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
4 Christopher Columbus Avenue						Danbury	CT	06810
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-797-8005								
Contact Role(s): <b>Legal Contact, Owner</b>								

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



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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT1180554</b>	<b>632 DANBURY ROAD</b>	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
				1				
Towns Served: RIDGEFIELD								
Name			Organization			Job Title		
<b>Ms. Janette Blackstock</b>			Mulvaney Properties			Property Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
4 Christopher Columbus Avenue						Danbury	CT	06810
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-797-8005		203-794-1786		203-948-8482	janette@mulvaneyinc.com			
Contact Role(s): <b>Administrative Contact</b>								

**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		
<b>CT1180634</b>	<b>LAKE WINDWING</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
SOUTH SHORE DRIVE						1	

Towns Served: RIDGEFIELD

## Monitoring Requirements

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

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

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 4/30/24			
	5/1/24 - 5/31/24			
	6/1/24 - 6/30/24			
	7/1/24 - 7/31/24			
	8/1/24 - 8/31/24			
	9/1/24 - 9/30/24			

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

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	4/1/24 - 6/30/24			
	7/1/24 - 9/30/24			

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2024	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LWW001	CONCESSION STAND	A	Y		Y	
		LWW002	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23111	WELL#1	2	WELL#1	A				

## Contact Information

Name		Organization		Job Title		
Mr. Rudy Marconi		Town of Ridgefield		First Selectman		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Ridgefield		Ridgefield		Ridgefield	CT	06077

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180634</b>	<b>LAKE WINDWING</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
SOUTH SHORE DRIVE						1	
Towns Served: RIDGEFIELD							
400 Main Street			Ridgefield		CT	06877	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-431-2774		203-431-2722			selectman@ridgefieldct.org		
Contact Role(s): <b>Legal Contact</b>							
Name			Organization		Job Title		
<b>Mr. Robert Schneider</b>			Ridgefield Parks And Rec		Assistant of Parks		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
Ridgefield Parks And Rec.			195 Danbury Road		Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-431-2755					recoutmaint@ridgefieldct.org		
Contact Role(s): <b>Administrative Contact</b>							

**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		
CT1180644	RIDGEFIELD GOLF COURSE(PRO SHOP & REST.)	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
545 RIDGEBURY ROAD					1		
Towns Served: RIDGEFIELD							

## Monitoring Requirements

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

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

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

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

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/29/2020	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		RPS001	KIT HAND SNK	A	Y		Y	
		RPS002	KIT SNK SINGLE	A	Y		Y	
		RPS003	KIT SNK TRPL SNK	A	Y		Y	
		RPS004	BAR SINK	A	Y		Y	
		RPS005	RR MENS RR	A	Y		Y	
		RPS006	RR LADY ROOM	A	Y		Y	
		RPS007	RR PRO SHOP	A	Y		Y	
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
47817	PRO SHOP/RESTAURANT WELL	2	WELL	A				
59791	TREATMENT PLANT							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1180644</b>	<b>RIDGEFIELD GOLF COURSE(PRO SHOP &amp; REST.)</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
545 RIDGEBURY ROAD						1	
Towns Served: RIDGEFIELD							

## Contact Information

Name			Organization			Job Title			
<b>Mr. Frank Sergiovanni</b>			Ridgefield Golf Course			General Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
545 Ridgebury Rd						Ridgefield		CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-748-7008				203-748-6157	golfdirector@ridgefieldct.gov				
Contact Role(s): <b>Administrative Contact, Legal Contact</b>									

**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		
<b>CT1189513</b>	<b>590 DANBURY ROAD LLC</b>	NC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
590 DANBURY ROAD				4			

Towns Served: RIDGEFIELD

### Monitoring Requirements

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

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

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

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2028	

### Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
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*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1189513</b>	<b>590 DANBURY ROAD LLC</b>	NC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
590 DANBURY ROAD				4			

Towns Served: RIDGEFIELD

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600		DISTRIBUTION SYSTEM						
	4	GENERIC DISTRIBUTION	A	Y				
	A0001	ROCHE KITCHEN	A	Y	1			
	A0002	2ND FLOOR MEN SINK	A	Y	1			
	A0003	2ND FL WOMEN SINK	A	Y	1			
	A0004	DELI KITCHEN SINK	A	Y	1			
	A0005	CLEANER BATH SINK	A	Y	1			
	A0006	FLORIST BATH SINK	A	Y	1			
	A0007	PROF WATER BATH	A	Y	1			
	A0008	PROF WATER SINK	A	Y	1			
	A0009	THE CATCH - WOMENS	A	Y	1			
	A0010	THE CATCH - MENS	A	Y	1			
	A0011	KILOMETERS BATH SINK	A	Y	1			
	A0012	NAIL SALON HS	A	Y		Y	Y	
	A0013	DELI BATHROOM	I	Y				
	DOWNSTREAM	WITHIN 5 SERVICE CON	A					
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700		ENTRY POINT						
	3	ENTRY POINT	A					
52993		WELL 1						
	2	WELL 1	A					
53560		TREATMENT PLANT						

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
HURLBUT, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
HURLBUT, ANDREW	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

## Contact Information

Name		Organization			Job Title		
<b>Maria Sheehan</b>		590 Ridgefield Road, LLC			List Services		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code	
6 Trowbridge Drive		PO Box 516		Bethel	CT	06801	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-743-2600					msheehan@listservices.com		

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

**Please note the following:**

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

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

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

**End of schedule**

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1189524	RIDGEFIELD LITTLE LEAGUE – JENSEN FIELD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 SANFORD STATION RD				1			

Towns Served: RIDGEFIELD

### Monitoring Requirements

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

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

<b>Total Coliform (3100)</b>		<b>3 repeat (RP) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/4/23 - 10/9/23			Complete

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 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)**

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

Water System Facility: **WELL 1 (WSF ID: 61440)**

<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
WELL 1 (2)	10/3/23 - 10/9/23			Complete

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2022	
SEASONAL START UP COMPLETION	4/1/2023	
L1 ASSESSMENT (MULTIPLE TC+)	11/6/2023	
SEASONAL START UP COMPLETION	4/1/2024	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
<i>NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.</i>						



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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1189524</b>	<b>RIDGEFIELD LITTLE LEAGUE – JENSEN FIELD</b>	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2 SANFORD STATION RD				1			
Towns Served: RIDGEFIELD							
Violation/Status		Penalty	No.	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation		4/2/23 -	2	7/20/2023		7/30/2023	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation		4/2/22 -	2	7/20/2023		7/30/2023	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation		11/7/23 -	2	2/1/2024		2/11/2024	
Total Coliform M&R Violation		4/1/23 - 4/30/23	3	11/19/2024		11/29/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		JF001	CONCESSION	A	Y			
		JF002	MENS RR	A	Y			
		JF003	LADIES RR	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61440	WELL 1	2	WELL 1	A				

## Contact Information

Name			Organization			Job Title		
<b>Mr. Rudy Marconi</b>			Town of Ridgefield			First Selectman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
400 Main Street						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-431-2774		203-431-2722			selectman@ridgefieldct.org			

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

Name			Organization			Job Title		
<b>Mr. John Johnson</b>			Ridgefield Little League			Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
33 Jeffro Drive						Ridgefield	CT	06877
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-858-2701					johnsojo71@gmail.com			

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

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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**