|                      | Connecticut De             | partmen        | t of Public H         | lealth I    | Orinki  | ng W      | ater S       | ection       |               |
|----------------------|----------------------------|----------------|-----------------------|-------------|---------|-----------|--------------|--------------|---------------|
|                      | Water 0                    | ı<br>nality Mo | nitoring an           | d Comr      | oliance | - Sch     | edule        |              |               |
| PWS ID               | PWS Name                   | adirey 1.1c    |                       |             |         |           |              | wner Tyne P  | rimary Source |
| CT1355013            | ST PETER AND ST ANDRE      | W COPTIC OR    | THODOX                |             | NC      |           | 50           | P            | GW            |
|                      | (where applicable)         |                | Service               | Residentia  |         |           | ndustrial    | Combined     | Agricultura   |
| 20 BROOKDALI         |                            |                | Connections           | 1           |         | or oran   | . raasti iai | Combined     | 7.6110410414  |
| Towns Served:        |                            |                |                       | _           |         |           |              |              |               |
|                      | <u> </u>                   | Mo             | onitoring Requ        | iremen      | ts      |           |              |              |               |
| Water Systen         | n Facility: DISTRIBUTIO    | N SYSTEM (V    | VSF ID: 00600)        |             |         |           |              |              |               |
| <b>Total Colifor</b> | m (3100)                   |                |                       |             |         |           | 1 rc         | outine (RT)  | per quarter   |
| Sampling             | Point (Sampling Point ID)  |                |                       | Monitoring  | Period  | Collect   | tion Perio   |              | ance Status   |
| Select fro           | m Inventory of Active Samp | oling Points   |                       | 10/1/23 - 1 | 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  |           |              |              |               |
| Physical Para        | ameters (PPS)              |                |                       |             |         |           | 1 rc         | outine (RT)  | per quarter   |
| Sampling             | Point (Sampling Point ID)  |                |                       | Monitoring  | Period  | Collect   | tion Perio   | d Compli     | ance Status   |
| Select fro           | m Inventory of Active Samp | oling Points   |                       | 10/1/23 - 1 | 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 Systen         | n Facility: ENTRY POINT    | (WSF ID: 00    | 700)                  |             |         |           |              |              |               |
| Nitrate And          | Nitrite (NOX)              |                |                       |             |         |           |              | 1 routine (F | RT) per year  |
| Sampling             | Point (Sampling Point ID)  |                |                       | Monitoring  | Period  | Collect   | tion Perio   | d Compli     | ance Status   |
| ENTRY PC             | DINT (3)                   |                |                       | 1/1/23 - 12 | 2/31/23 |           |              | Co           | mplete        |
|                      |                            |                |                       | 1/1/24 - 12 | 2/31/24 |           |              | Co           | mplete        |
|                      |                            |                |                       | 1/1/25 - 12 | 2/31/25 |           |              |              |               |
|                      |                            | Public         | <b>Notification R</b> | equiren     | nents   |           |              |              |               |
|                      |                            |                | Compliance            | Notice      | Publi   | c Notific | ation        | PN Cert      | tification    |
| Violation/Situ       | ation                      |                | Period                | Tier        | Require | ed Pe     | rformed      | Due to DPH   | Received      |
| Total Coliform       | M&R Violation              |                | 10/1/19 - 12/31/19    | 3           | 2/9/20  | 21        |              | 2/19/2021    |               |
| Physical Param       | neters M&R Violation       |                | 10/1/19 - 12/31/19    | 3           | 2/9/20  | 21        |              | 2/19/2021    |               |
| Total Coliform       | M&R Violation              |                | 1/1/20 - 3/31/20      | 3           | 5/4/20  | 21        |              | 5/14/2021    |               |
| Physical Param       | neters M&R Violation       |                | 1/1/20 - 3/31/20      | 3           | 5/4/20  | 21        |              | 5/14/2021    |               |
| Nitrate And Ni       | trite M&R Violation        |                | 1/1/20 - 12/31/20     | 3           | 3/25/20 | 22        |              | 4/4/2022     |               |
|                      | Wate                       | r System F     | acility and Sar       | mpling P    | oint In | vento     | ry           |              |               |
| Water                |                            |                |                       |             |         | Total     | Lead an      | d            |               |
| - /                  | ter System Facility        |                | Point Sampling Poi    | nt          | (       | Coliform  |              |              | Stage         |
| Facility ID          |                            | ID             | Description           |             | Status  | Rule      | Rule Tie     | er Asbestos  | WQP 2 DBP     |
| 00600 DIS            | TRIBUTION SYSTEM           | 4              | DISTRIBUTION          | N SYSTEM    | Α       | Υ         |              |              |               |
|                      |                            |                | REAM WITHIN 5 SER     |             | Α       |           |              |              |               |
|                      |                            | UPSTREA        | AM WITHIN 5 SER       | RVICE CON   | Α       |           |              |              |               |

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

**PLANT** 

TRINITY EPISCOPAL TREATMENT

PRESSURE TANKS (TWO)

10607

1510

55185

|               | dominound a open ememo of            |             |         |         | 2         | ,           |            |                 |
|---------------|--------------------------------------|-------------|---------|---------|-----------|-------------|------------|-----------------|
|               | Water Quality Monit                  | oring an    | d Con   | npli    | ance S    | Schedul     | le         |                 |
| PWS ID        | PWS Name                             |             |         | Class   | ification | Population  | Owner Type | Primary Source  |
| CT1355013     | ST PETER AND ST ANDREW COPTIC ORTHOD | ОХ          |         |         | NC        | 50          | Р          | GW              |
| Local Address | (where applicable)                   | Service     | Resider | ntial C | Commerci  | al Industri | al Combine | ed Agricultural |
| 20 BROOKDAL   | E ROAD                               | Connections | 1       |         |           |             |            |                 |
| Towns Sorved  | STAMEODD                             | •           |         | •       |           |             |            |                 |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: STAN     | VII OND         |           |              | -  |                   |          |             |           |              |  |  |
|------------------------|-----------------|-----------|--------------|--|-------------------|----------|-------------|-----------|--------------|--|--|
|                        |                 |           | Certifie     | d Operate  | or Information    | )        |             |           |              |  |  |
| Water System Fac       | ility: TRINITY  | Y EPISCOP | AL TREATM    | ENT PLANT  | (WSF ID: 1510)    |          |             |           |              |  |  |
| Facility Classificatio | n: CLASS 1 TRE  | ATMENT P  | LANT         |  |                   |          |             |           | Certificatio |  |  |
| Operator Name          |                 |           | Operator T   | ator Type Certification(s)                             |                   |          |             |           | Expiration   |  |  |
| THEISS, P.E., RICHAF   | RD J.           |           | CHIEF OPERA  | PERATOR WATER TREATMENT PLANT OPERATOR - CLASS III 9/3 |                   |          |             |           |              |  |  |
|                        |                 |           | Co           | ontact Inf   | ormation          |          |             |           |              |  |  |
| Name                   |                 |           |              | Organization   |                   |          |             | Job Title |              |  |  |
| Mr. Andrew Awaad       |                 |           |              | St Peter St Aı   | ndrew Orth Church |          |             |           |              |  |  |
| Mailing Address Line   | e One           |           | Mailing Addr | ess Line Two   |                   |          | City        | State     | Zip Code     |  |  |
| 20 Brookdale Drive     |                 |           |              |  |                   | Stamfor  | d           | СТ        | 06903        |  |  |
| Business Phone         | Extension       | Fax       | Mo           | bile Phone   | Emergency Phone   | Email Ad | ddress      |           |              |  |  |
| 203-455-7447           |                 |           |              |  | 203-968-8631      | abouna(  | @copts.org  |           |              |  |  |
| Contact Role(s): Le    | gal Contact     |           |              |  |                   |          |             |           |              |  |  |
| Name                   |                 |           |              | Organization   |                   |          |             | Job Title |              |  |  |
| Ms. Ann Marie Toss     | <b>i</b>        |           |              | St Peter St Ai   | ndrew Orth Church |          | Board of Di | irectors  |              |  |  |
| Mailing Address Line   | e One           |           | Mailing Addr | ess Line Two   |                   |          | City        | State     | Zip Code     |  |  |
| 20 Brookdale Drive     |                 |           |              |  |                   | Stamfor  | d           | СТ        | 06903        |  |  |
| Business Phone         | Extension       | Fax       | Mo           | bile Phone   | Emergency Phone   | Email Ad | ddress      |           |              |  |  |
|                        |                 |           | 64           | 6-250-9604   |                   | annmari  | ietoss@gma  | il.com    |              |  |  |
| Contact Role(s): Ac    | lministrative C | ontact    |              |  |                   |          |             |           |              |  |  |

### 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

| Connec                          | cticut Department o               | f Public He   | ealth I    | Drinki     | ng V     | Vater Se                     | ection       |              |
|---------------------------------|-----------------------------------|---------------|------------|------------|----------|------------------------------|--------------|--------------|
| 1                               | Water Quality Monit               | toring and    | Comi       | olianc     | e Sc     | hedule                       |              |              |
| PWS ID PWS Name                 |                                   | 0011118       |            |            |          |                              | ner Type Pr  | imary Source |
| CT1350014 CHIMNEY               | CORNERS SHOPPING CENTER           |               |            | NC         |          | 25                           | P            | GW           |
| Local Address (where applic     |                                   | Service I     | Residentia | al Comm    | ercial   | Industrial                   | Combined     | Agricultural |
| 1051 LONG RIDGE ROAD            | •                                 | Connections   |            | 1          |          |                              |              |              |
| Towns Served: STAMFORD          |                                   |               |            |            |          |                              |              |              |
|                                 | Monit                             | oring Requi   | remen      | ts         |          |                              |              |              |
| Water System Facility: <b>C</b> | DISTRIBUTION SYSTEM (WSF          |               |            |            |          |                              |              |              |
| Total Coliform (3100)           |                                   |               |            |            |          | 1 ro                         | utine (RT) բ | er quarter   |
| Sampling Point (Sampl           | ling Point ID)                    | N             | lonitoring | Period     | Colle    | ection Period                | Compli       | ance Status  |
| Select from Inventory of        | of Active Sampling Points         | 10            | )/1/23 - 1 | 2/31/23    |          |                              | Coi          | mplete       |
|                                 |                                   | 1             | /1/24 - 3  | /31/24     |          |                              | Coi          | mplete       |
|                                 |                                   | 4             | 1/1/24 - 6 | /30/24     |          |                              |              |              |
|                                 |                                   | 7             | 7/1/24 - 9 | /30/24     |          |                              |              |              |
| <b>Physical Parameters (PF</b>  | PS)                               |               |            |            |          | 1 ro                         | utine (RT) p | er quarter   |
| Sampling Point (Sampl           | ling Point ID)                    | N             | lonitoring | Period     | Colle    | ection Period                | Compli       | ance Status  |
| Select from Inventory of        | of Active Sampling Points         | 10            | )/1/23 - 1 | 2/31/23    |          |                              | Coi          | mplete       |
|                                 |                                   | 1             | /1/24 - 3  | /31/24     |          |                              | Coi          | mplete       |
|                                 |                                   |               | 1/1/24 - 6 |            |          |                              |              |              |
|                                 |                                   |               | 7/1/24 - 9 | /30/24     |          |                              |              |              |
| Water System Facility: <b>E</b> | NTRY POINT (WSF ID: 00700)        | )             |            |            |          |                              |              |              |
| Nitrate And Nitrite (NO         | X)                                |               |            |            |          | 1                            | routine (R   | T) per year  |
| Sampling Point (Sampl           | ling Point ID)                    | N             | lonitoring | Period     | Colle    | ection Period                | Compli       | ance Status  |
| ENTRY POINT (3)                 |                                   | 1             | /1/23 - 12 | 2/31/23    |          |                              | Coi          | mplete       |
|                                 |                                   | 1             | /1/24 - 12 | 2/31/24    |          |                              |              |              |
|                                 |                                   | 1             | /1/25 - 12 | 2/31/25    |          |                              |              |              |
| Water System Facility: V        | WELL (WSF ID: 22243)              |               |            |            |          |                              |              |              |
| E. Coli (3014)                  |                                   |               |            |            |          | 1 ro                         | utine (RT) բ | er quarter   |
| Sampling Point (Sampl           | ling Point ID)                    | N             | lonitoring | Period     | Colle    | ection Period                | Compli       | ance Status  |
| WELL (2)                        |                                   | 10            | )/1/23 - 1 | 2/31/23    |          |                              | Coi          | mplete       |
|                                 |                                   | 1             | /1/24 - 3  | /31/24     |          |                              | Coi          | mplete       |
|                                 |                                   | 4             | 1/1/24 - 6 | /30/24     |          |                              |              |              |
|                                 |                                   | 7             | 7/1/24 - 9 | /30/24     |          |                              |              |              |
| Mon                             | thly Water System Faci            | lity (WSF) Le | evel Mo    | onitori    | ng Re    | eauireme                     | ents         |              |
|                                 | NTRY POINT (WSFID: 00700)         | , ,           |            |            |          | •                            |              |              |
|                                 | Monitoring Requirement (Summ      | nary Tyne)    | Onera      | ting Limit | <u> </u> |                              | Samples Re   | ea/Month     |
| •                               | Entry Point Chlorine Residual Mo  |               | -          | um: 0.2 I  |          |                              | Dai          | -            |
| Start Date: 1/1/2015            | Entry Forme emornic nesidual ivio | Complian      |            |            | •        |                              | Monitor      | -            |
| Start Date: 1/1/2015            |                                   | Monitorin     |            | ,          | -        | iting Limit<br>liance Status |              | nce Status:  |
|                                 |                                   | 11/1/2023     | _          | 2023       | Comp     | nance status                 | , 30p.iidi   |              |
|                                 |                                   | 12/1/2023     |            |            |          |                              |              | <del></del>  |
|                                 |                                   | 1/1/2024      |            |            |          |                              |              |              |
|                                 |                                   | 2/1/2024      |            |            |          |                              |              |              |
|                                 |                                   | 3/1/2024      |            |            |          |                              |              |              |
|                                 | Other C                           | Compliance S  |            |            |          |                              |              |              |
| Compliance Schedule Activi      |                                   |               |            | ie Date    |          | Achieved                     | Date         |              |
|                                 |                                   |               |            |            |          | / TOTTICE CO                 | Dutt         |              |

|               | domine the department of 1 dome freaten 21 mining water beetion |           |         |      |             |             |            |     |              |  |  |  |
|---------------|---|-----------|---------|------|-------------|-------------|------------|-----|--------------|--|--|--|
|               | Water Quality Monit   | oring and | d Con   | npl  | liance S    | Schedul     | e          |     |              |  |  |  |
| PWS ID        | PWS Name  |           |         | Cla  | ssification | Population  | Owner Type | Pri | mary Source  |  |  |  |
| CT1350014     | CHIMNEY CORNERS SHOPPING CENTER                                 |           |         |      | NC          | 25          | Р          |     | GW           |  |  |  |
| Local Address | (where applicable)  | Service   | Residen | tial | Commerci    | al Industri | al Combin  | ed  | Agricultural |  |  |  |
| 1051 LONG RII | LOS1 LONG RIDGE ROAD Connections 1                              |           |         |      |             |             |            |     |              |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: STAMFORD

|                                | W                     | ater System Facili   | ity and Sampling P         | oint Ir | nventoi                   | <b>Y</b>  |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | Total<br>Coliform<br>Rule | Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR |
| 00600                          | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α       | Υ                         |   |
|                                |                       | CC001                | DUNKIN HAND SNK            | Α       | Υ                         | Υ   |
|                                |                       | CC002                | RR DR DENT OFFICE          | Α       | Υ                         | Υ   |
|                                |                       | CC003                | DR OR DENTIS LAB SNK       | Α       | Υ                         | Υ   |
|                                |                       | CC004                | RR LIQUOR STORE            | Α       | Υ                         | Υ   |
|                                |                       | CC005                | RR HAIR SALON              | Α       | Υ                         | Υ   |
|                                |                       | CC006                | RR SHOE REPAIR SHOP        | Α       | Υ                         | Υ   |
|                                |                       | CC007                | RR PERS TRAINOR            | Α       | Υ                         | Υ   |
|                                |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α       |                           |   |
|                                |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α       |                           |   |
| 00700                          | ENTRY POINT           | 3                    | ENTRY POINT                | Α       | <u> </u>                  |   |
| 22243                          | WELL                  | 2                    | WELL                       | Α       |                           |   |
| 59187                          | TREATMENT PLANT       | ·                    | ·                          |         |                           | <u> </u>  |

|                |                                      |  | Organization  |  |  |   | Job Title  |   |
|----------------|--------------------------------------|--|---|--|--|---|--|---|
|                |                                      |  |   |  |  | President   |  |   |
| One            |                                      | Mailing Add  | ress Line Two   |  |  | City  | State  | Zip Code  |
| d              |                                      |  |   |  | New Car  | naan  | СТ   | 06840   |
| Extension      | Fax                                  | N  | lobile Phone  | Emergency Phone  | Email Ad   | ldress  |  |   |
|                |                                      |  |   |  | wagonw   | heelfinewines   | @yahoo.co  | m   |
| ninistrative C | ontact, Leg                          | gal Contact, (   | Owner   |  |  |   |  |   |
|                |                                      |  | Organization  |  |  |   | Job Title  |   |
| oulos          |                                      |  | 379 Ponus Ri  | dge LLC  |  |   |  |   |
| One            |                                      | Mailing Add  | ress Line Two   |  |  | City  | State  | Zip Code  |
|                |                                      |  |   |  | New Car  | naan  | СТ   | 06840   |
| Extension      | Fax                                  | N  | lobile Phone  | Emergency Phone  | Email Ad   | ldress  |  |   |
|                |                                      |  |   |  |  |   |  |   |
| r              | Extension  ninistrative C  ulos  One | Extension Fax  ninistrative Contact, Leg  ulos  One  Extension Fax | Extension Fax M  ministrative Contact, Legal Contact, C  ulos  One Mailing Add  Extension Fax M | Extension Fax Mobile Phone  ninistrative Contact, Legal Contact, Owner  Organization alos One Mailing Address Line Two  Extension Fax Mobile Phone | Extension Fax Mobile Phone Emergency Phone  ninistrative Contact, Legal Contact, Owner  Organization  ulos 379 Ponus Ridge LLC  One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone | New Car  Extension Fax Mobile Phone Emergency Phone Email Ac wagonw  ninistrative Contact, Legal Contact, Owner  Organization ulos 379 Ponus Ridge LLC One Mailing Address Line Two  New Car  Extension Fax Mobile Phone Emergency Phone Email Ac | Retension Fax Mobile Phone Emergency Phone Email Address wagonwheelfinewines wagonwhee | Retension Fax Mobile Phone Emergency Phone Email Address wagonwheelfinewines@yahoo.com  Ininistrative Contact, Legal Contact, Owner  Organization Job Title  ulos 379 Ponus Ridge LLC  One Mailing Address Line Two City State  New Canaan CT  Extension Fax Mobile Phone Emergency Phone Email Address |

Contact Role(s): Legal Contact, Owner

### Please note the following:

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

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

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

End of schedule

|   | Connecticut De                  | partment of      | Public H     | lealth | ı Dı   | rinki     | ng V   | Water     | Se   | ection    |            |        |
|---|---------------------------------|------------------|--------------|--------|--------|-----------|--------|-----------|------|-----------|------------|--------|
|   |                                 | iality Monit     |              |        |        |           | _      |           |      |           |            |        |
| PWS ID                                  | PWS Name                        | <u> </u>         | <u> </u>     |        | _      |           |        | pulation  |      | ner Type  | Primary S  | ourc   |
| CT1350024                               | DOROTHY HEROY RECREA            | ATION COMPLEX    |              |        |        | NC        |        | 25        |      | L         | GW         |        |
| Local Address                           | (where applicable)              |                  | Service      | Reside | ntial  | Comm      | ercial | Industri  | al   | Combine   | d Agricu   | ıltura |
| 84 RIDING STA                           | ABLE TRAIL                      |                  | Connections  |        |        | 1         |        |           |      |           |            |        |
| Towns Served                            | : STAMFORD                      |                  |              |        |        |           | ·      |           | ·    |           |            |        |
|   |                                 | Monito           | oring Requ   | iireme | ents   |           |        |           |      |           |            |        |
| Water Syster                            | m Facility: <b>DISTRIBUTION</b> | N SYSTEM (WSF II | D: 00600)    |        |        |           |        |           |      |           |            |        |
| Total Colifo                            | rm (3100)                       |                  |              |        |        |           |        |           | 1 rc | utine (R  | T) per m   | onth   |
| Sampling                                | Point (Sampling Point ID)       |                  |              | Monito | ring F | Period    | Coll   | ection Pe | riod | Com       | oliance St | atus   |
| Select fro                              | m Inventory of Active Samp      | ling Points      |              | 6/1/24 | - 6/3  | 0/24      |        |           |      |           |            |        |
|   |                                 |                  |              | 7/1/24 |        | -         |        |           |      |           |            |        |
|   |                                 |                  |              | 8/1/24 |        | -         |        |           |      |           |            |        |
|   |                                 |                  |              | 9/1/24 | - 9/3  | 0/24      |        |           |      |           |            |        |
| -                                       | ameters (PPS)                   |                  |              |        |        |           |        |           |      | outine (R |            |        |
|   | Point (Sampling Point ID)       |                  |              | Monito |        |           | Coll   | ection Pe | riod | Com       | oliance St | atus   |
| Select fro                              | m Inventory of Active Samp      | ling Points      |              | 6/1/24 |        | -         |        |           |      |           |            |        |
|   |                                 |                  |              | 7/1/24 |        | -         |        |           |      |           |            |        |
|   |                                 |                  |              | 8/1/24 |        | -         |        |           |      |           |            |        |
| Mala Cala                               | . F III                         | (11/57 17 00700) |              | 9/1/24 | - 9/3  | 0/24      |        |           |      |           |            |        |
|   | m Facility: ENTRY POINT         | (WSF ID: 00/00)  |              |        |        |           |        |           |      |           | , <u>,</u> |        |
|   | Nitrite (NOX)                   |                  |              |        |        | ,         | o 11   |           |      | routine   | • • •      | •      |
|   | Point (Sampling Point ID)       |                  |              | Monito | _      |           | Coll   | ection Pe | rıoa |           | oliance St | atus   |
| ENTRY PO                                | ואונ (3)                        |                  |              | 1/1/23 |        |           |        |           |      |           | Complete   |        |
|   |                                 |                  |              | 1/1/24 |        |           | _      |           |      |           | Complete   |        |
|   |                                 | Other Co         | ompliance    |        |        |           |        |           |      |           |            |        |
| Compliance S                            | chedule Activity                | Other C          | Jiiipiiaiice | Jene   |        | Date      |        | Achie     | wod  | Date      |            |        |
|   | ART UP COMPLETION               |                  |              |        |        | 2023      |        | Acme      | veu  | Date      |            |        |
|   | CTION SURVEY REPORT             |                  |              |        |        | 2023      |        |           |      |           |            |        |
|   | ART UP COMPLETION               |                  |              |        |        | /2024     |        |           |      |           |            |        |
| ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 | System Facili    | ty and Sar   |        |        |           | vent   | torv      |      |           |            |        |
| Water                                   | Trace                           | Jystein raem     | ty and sai   |        | , . J  |           | Tota   |           | and  |           |            |        |
|   | ter System Facility             | Sampling Point   | Sampling Poi | nt     |        |           | Colifo |           |      |           | 9          | Stage  |
| Facility ID                             | -                               | . ID             | Description  |        |        | Charles - | Rul    |           |      | Ashesta   |            | _      |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |                    |                           |                    |          |     |        |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------------------|---------------------------|--------------------|----------|-----|--------|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description |                    | Total<br>Coliform<br>Rule | Lead and<br>Copper | Asbestos | WOR | Stage  |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 15                   | BATHROOM                   | <u>Status</u><br>A | Y                         | Kule Hei           | Y        | WQF | Z DDFK |  |  |  |  |
|                                |  | 4                    | DISTRIBUTION SYSTEM        | Α                  | Υ                         |                    |          |     |        |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α                  |                           |                    |          |     |        |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α                  |                           |                    |          |     |        |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α                  |                           |                    |          |     |        |  |  |  |  |
| 62218                          | WELL 2   | 2                    | WELL 2                     | Α                  |                           |                    |          |     |        |  |  |  |  |
| PF01                           | BOOSTER PUMP                                       |                      |                            |                    |                           |                    |          |     |        |  |  |  |  |
| ST01                           | ATMOSPHERIC STORAGE TANKS                          |                      |                            |                    |                           |                    |          |     |        |  |  |  |  |

|                          | Co           | ontact Information |                       |      |           |          |  |
|--------------------------|--------------|--------------------|-----------------------|------|-----------|----------|--|
| Name                     |              | Organization       |                       |      | Job Title | 9        |  |
| Ms. Caroline Simmons     |              | City of Stamford   | ity of Stamford Mayor |      |           |          |  |
| Mailing Address Line One | Mailing Addr | ress Line Two      |                       | City | State     | Zip Code |  |

|                  | Connectici       | ut Departn      | nent of    | Public      | Health    | Drir     | ıking   | g Water     | Section     |                 |
|------------------|------------------|-----------------|------------|-------------|-----------|----------|---------|-------------|-------------|-----------------|
|                  | Wat              | er Quality      | Monit      | oring ar    | nd Con    | nplia    | nce S   | Schedul     | le          |                 |
| PWS ID           | PWS Name         |                 |            |             |           | Classif  | ication | Population  | Owner Type  | Primary Source  |
| CT1350024        | DOROTHY HERO     | Y RECREATION CO | OMPLEX     |             |           | N        | IC      | 25          | L           | GW              |
| Local Address (w | here applicable) |                 |            | Service     | Resider   | ntial Co | mmerci  | al Industri | al Combin   | ed Agricultural |
| 84 RIDING STABL  | E TRAIL          |                 |            | Connections | S         |          | 1       |             |             |                 |
| Towns Served: S  | _                |                 |            |             |           | ·        |         |             | ·           |                 |
| Stamford Govern  | ment Center      | 888             | Washingtor | n Boulevard |           |          | Stamfo  | ord         | СТ          | 06901           |
| Business Phone   | Extension        | Fax             | Mobi       | le Phone    | Emergency | / Phone  | Email A | Address     |             |                 |
| 203-977-4150     |                  |                 |            |             |           |          | Mayor   | sOffice@sta | mfordct.gov |                 |
| C D / \          |                  |                 |            |             |           |          |         |             |             |                 |

# 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

| Conne                     | ecticut Department o            |                |               |            | _     |                            |        | tion                  |              |
|---------------------------|---------------------------------|----------------|---------------|------------|-------|----------------------------|--------|-----------------------|--------------|
|                           | Water Quality Mon               | itoring and    | d Compl       | iance      | e Sc  | hedule                     | е      |                       |              |
| PWS ID PWS Nam            | ne                              |                | Cla           | ssificatio | n Po  | pulation                   | Owner  | Type Pri              | mary Source  |
| CT1350054 LAKESIDE        | DINER & MALL                    |                |               | NC         |       | 25                         | P      | 1                     | GW           |
| Local Address (where appl | icable)                         | Service        | Residential   | Comme      | rcial | Industria                  | l Co   | mbined                | Agricultural |
| 1050 LONG RIDGE ROAD      |                                 | Connections    |               | 1          |       |                            |        |                       |              |
| Towns Served: STAMFORD    | )                               |                |               |            |       |                            |        |                       |              |
|                           | Moni                            | itoring Requ   | irements      | <b>3</b>   |       |                            |        |                       |              |
|                           | DISTRIBUTION SYSTEM (WSF        | ID: 00600)     |               |            |       |                            |        |                       |              |
| Total Coliform (3100)     |                                 |                |               |            |       | 1                          | routir |                       | er quarter   |
| Sampling Point (Sam       | •                               |                | Monitoring F  |            | Colle | ection Per                 | iod    |                       | nce Status   |
| Select from Inventory     | of Active Sampling Points       |                | 10/1/23 - 12/ |            |       |                            |        |                       | nplete       |
|                           |                                 |                | 1/1/24 - 3/3  |            |       |                            |        | Cor                   | nplete       |
|                           |                                 |                | 4/1/24 - 6/3  |            |       |                            |        |                       |              |
|                           |                                 |                | 7/1/24 - 9/3  | 0/24       |       |                            |        |                       |              |
| Physical Parameters (     | -                               |                |               |            |       |                            |        |                       | er quarter   |
| Sampling Point (Sam       |                                 |                | Monitoring F  |            | Colle | ection Per                 | iod    |                       | nce Status   |
| Select from Inventory     | of Active Sampling Points       |                | 10/1/23 - 12/ |            |       |                            |        |                       | nplete       |
|                           |                                 |                | 1/1/24 - 3/3  |            |       |                            |        | Cor                   | nplete       |
|                           |                                 |                | 4/1/24 - 6/3  |            |       |                            |        |                       |              |
|                           |                                 |                | 7/1/24 - 9/3  | 0/24       |       |                            |        |                       |              |
| Water System Facility:    | TREATMENT PLANT (WSF ID:        | : 00700)       |               |            |       |                            |        |                       |              |
| Nitrate And Nitrite (N    | OX)                             |                |               |            |       |                            | 1 ro   | utine (R <sup>-</sup> | Γ) per year  |
| Sampling Point (Sam       | pling Point ID)                 |                | Monitoring F  | Period     | Colle | ection Per                 | iod    | Complia               | nce Status   |
| ENTRY POINT (3)           |                                 |                | 1/1/23 - 12/3 | 31/23      |       |                            |        |                       |              |
|                           |                                 |                | 1/1/24 - 12/3 | 31/24      | _     |                            |        | Cor                   | nplete       |
|                           |                                 |                | 1/1/25 - 12/3 | 31/25      |       |                            |        |                       |              |
| Water System Facility:    | WELL (WSF ID: 22246)            |                |               |            |       |                            |        |                       |              |
| E. Coli (3014)            |                                 |                |               |            |       | 1                          | routir | ne (RT) p             | er quarter   |
| Sampling Point (Sam       | pling Point ID)                 |                | Monitoring F  | Period     | Colle | ection Per                 | iod    | Complia               | nce Status   |
| WELL (2)                  |                                 | -              | 10/1/23 - 12/ | 31/23      |       |                            |        | Cor                   | nplete       |
|                           |                                 |                | 1/1/24 - 3/3  | 1/24       |       |                            |        | Cor                   | nplete       |
|                           |                                 |                | 4/1/24 - 6/3  | 0/24       |       |                            |        |                       |              |
|                           |                                 |                | 7/1/24 - 9/3  | 0/24       |       |                            |        |                       |              |
| Mo                        | nthly Water System Fac          | cility (WSF) L | evel Mor      | nitorin    | ng Re | equiren                    | nent   | S                     |              |
|                           | TREATMENT PLANT (WSFID:         |                |               |            | •     | •                          |        |                       |              |
| Analyte                   | Monitoring Requirement (Sum     | -              | Operatir      | ng Limit   |       |                            | Sai    | mples Re              | q/Month      |
| Chlorine                  | Entry Point Chlorine Residual M |                | •             | _          | 1G/L  |                            |        | Dail                  | -            |
| Start Date: 5/1/2009      | 7                               | = '            | nce History:  |            | -     | ating limit                |        | Monitori              |              |
| 5, 2, 2000                |                                 | -              | ing Period    |            | -     | ating Limit<br>oliance Sta |        |                       | ice Status:  |
|                           |                                 |                | 23 - 11/30/20 |            | 236   |                            |        | •                     |              |
|                           |                                 |                | 23 - 12/31/20 |            |       |                            |        |                       |              |
|                           |                                 |                | 4 - 1/31/2024 |            |       |                            |        |                       |              |
|                           |                                 |                | 4 - 2/29/2024 |            |       |                            |        |                       |              |
|                           |                                 |                | 4 - 3/31/2024 |            |       |                            |        |                       |              |
|                           | Other                           | Compliance     |               |            |       |                            |        |                       |              |
| Compliance Schedule Acti  |                                 | -              |               | Date       |       | Achiev                     | red Da | te                    |              |
| CROSS CONNECTION SURV     | <del>-</del>                    |                |               | 2020       |       |                            |        |                       |              |

# 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  |
|------------------|-----------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1350054        | LAKESIDE DINER & MALL |             |         |       | NC          | 25          | Р          | GW              |
| Local Address (w | here applicable)      | Service     | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural |
| 1050 LONG RIDG   | GE ROAD               | Connections |         |       | 1           |             |            |                 |

Towns Served: STAMFORD

| Other Compliance Schedules     |          |               |  |  |  |  |  |  |  |
|--------------------------------|----------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity   | Due Date | Achieved Date |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2021 |               |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 |               |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2023 |               |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT | 3/1/2024 |               |  |  |  |  |  |  |  |

|             | Wat                   | er System Facili | ity and Sampling P   | oint Ir | ventor   | у         |          |            |
|-------------|-----------------------|------------------|----------------------|---------|----------|-----------|----------|------------|
| Water       |                       |                  |                      |         | Total    | Lead and  |          |            |
| System      | Water System Facility | Sampling Point   | Sampling Point       |         | Coliform | Copper    |          | Stage      |
| Facility ID | )                     | ID               | Description          | Status  | Rule     | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600       | DISTRIBUTION SYSTEM   | 4                | DISTRIBUTION SYSTEM  | Α       | Υ        |           |          |            |
|             |                       | DOWNSTREAM       | WITHIN 5 SERVICE CON | Α       |          |           |          |            |
|             |                       | LDM001           | DINER MENS RR        | Α       | Υ        |           |          |            |
|             |                       | LDM002           | DINER LADIES RR      | Α       | Υ        |           |          |            |
|             |                       | LDM003           | DINER COUNTER TRPL   | Α       | Υ        |           |          |            |
|             |                       | LDM004           | DINER KITCHEN SINK   | Α       | Υ        |           |          |            |
|             |                       | LDM005           | DINER HAND SINK      | Α       | Υ        |           |          |            |
|             |                       | LDM006           | CLEANERS RR          | Α       | Υ        |           |          |            |
|             |                       | LDM007           | SALON RR             | Α       | Υ        |           |          |            |
|             |                       | LDM008           | SALON HAIR WASH L    | Α       | Υ        |           |          |            |
|             |                       | LDM009           | SALON HAIR WASH R    | Α       | Υ        |           |          |            |
|             |                       | LDM010           | MISH MOSH FRONT HS   | Α       | Υ        |           |          |            |
|             |                       | LDM011           | MISH MOSH BACK HS    | Α       | Υ        |           |          |            |
|             |                       | LDM012           | MISH MOSH TRPL SNK   | Α       | Υ        |           |          |            |
|             |                       | LDM013           | MISH MOSH RR         | Α       | Υ        |           |          |            |
|             |                       | LDM014           | THE DOJO KARATE RR   | Α       | Υ        |           |          |            |
|             |                       | LDM015           | CARVEL RR            | Α       | Υ        |           |          |            |
|             |                       | UPSTREAM         | WITHIN 5 SERVICE CON | Α       |          |           |          |            |
| 00700       | TREATMENT PLANT       | 3                | ENTRY POINT          | Α       |          |           |          |            |
| 22246       | WELL                  | 2                | WELL                 | Α       |          |           |          |            |
| 55226       | HYDROPNEUMATIC TANKS  |                  |                      |         |          |           |          |            |

|                     |           |     | Co           | ontact Inf   | ormation        |           |       |           |          |
|---------------------|-----------|-----|--------------|--------------|-----------------|-----------|-------|-----------|----------|
| Name                |           |     |              | Organization | 1               |           |       | Job Title |          |
| Babylon Family LLC  |           |     |              |              |                 |           |       |           |          |
| Mailing Address Lin | e One     |     | Mailing Addr | ess Line Two |                 |           | City  | State     | Zip Code |
| 75 Valley View Driv | e         |     |              |              |                 | Stamford  |       | СТ        | 06903    |
| Business Phone      | Extension | Fax | Mo           | obile Phone  | Emergency Phone | Email Add | dress |           |          |
|                     |           |     |              |              |                 |           |       |           |          |
| Contact Role(s): O  | wner      |     |              |              | 0.17            |           |       |           |          |

| (                  | Connecticu       | it Depa    | irtment      | of Public             | Health    | Drir     | iking         | g Water     | Section    |                |
|--------------------|------------------|------------|--------------|-----------------------|-----------|----------|---------------|-------------|------------|----------------|
|                    | Wat              | er Qua     | lity Mon     | itoring a             | nd Con    | nplia    | nce S         | Schedul     | le         |                |
| PWS ID P           | WS Name          |            |              |                       |           | Classif  | ication       | Population  | Owner Type | Primary Source |
| CT1350054 L        | AKESIDE DINER    | & MALL     |              |                       |           | N        | IC            | 25          | Р          | GW             |
| Local Address (wh  | ere applicable)  |            |              | Service               | Resider   | ntial Co | mmerci        | al Industri | al Combin  | ed Agricultura |
| 1050 LONG RIDGE    | ROAD             |            |              | Connectio             | ns        |          | 1             |             |            |                |
| Towns Served: STA  | AMFORD           |            |              |                       |           |          |               |             | '          |                |
| Name               |                  |            |              | Organization          |           |          |               |             | Job Titl   | e              |
| Mr. Andrew Alexa   | ander            |            |              | Lakeside Diner & Mall |           |          | Owner         |             |            |                |
| Mailing Address Li | ne One           |            | Mailing Addr | ess Line Two          |           |          |               | City        | State      | Zip Code       |
| 214 Dogwood Ln     |                  |            |              |                       |           |          | Stamfo        | rd          | СТ         | 06903          |
| Business Phone     | Extension        | Fax        | Mo           | bile Phone            | Emergency | / Phone  | Email Address |             |            |                |
| 914-447-0212       |                  |            |              |                       | 914-400   | -5555    | andrev        | vcarvel5@gi | mail.com   |                |
| Contact Role(s):   | Administrative ( | ontact Leg | al Contact O | wner                  | 1         |          | 1             |             |            |                |

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

|                      | Comment's LD   |                   | : D1.1: 11         | 1/1                | D .    | 1          | TAT               |              | a ak ' -     |              |
|----------------------|--|-------------------|--------------------|--------------------|--------|------------|-------------------|--------------|--------------|--------------|
|                      | Connecticut De   | •                 |                    |                    |        |            |                   |              | ection       |              |
|                      | Water Qı   | iality Monit      | oring and          | d Com              | ipli   | anc        | e Sch             | <u>edule</u> |              |              |
| PWS ID               | PWS Name   |                   |                    |                    | Class  | ificatio   | on Popi           | ulation O    | wner Type P  | rimary Sourc |
| CT1350134            | BARTLETT ARBORETUM A   | ASSOC.            |                    |                    |        | NC         |                   | 25           | Р            | GW           |
| Local Addres         | s (where applicable)   |                   | Service            | Resident           | tial C | Commo      | ercial I          | ndustrial    | Combined     | Agricultura  |
| 151 BROOKD           | ALE ROAD   |                   | Connections        |                    |        | 1          |                   |              |              |              |
| Towns Serve          | d: STAMFORD  |                   |                    |                    |        |            |                   |              |              |              |
|                      |  | Monito            | oring Requ         | ireme              | nts    |            |                   |              |              |              |
| Water Syste          | em Facility: DISTRIBUTION  | SYSTEM (WSF I     | D: 00600)          |                    |        |            |                   |              |              |              |
| Total Colife         | orm (3100)   |                   |                    |                    |        |            |                   | 1 r          | outine (RT)  | per quarter  |
| Samplin              | g Point (Sampling Point ID)  |                   |                    | Monitorii          | ng Pe  | riod       | Collec            | tion Perio   | d Compl      | iance Status |
| Select fr            | Select from Inventory of Active Sampling Points  |                   |                    | 10/1/23 -          | 12/3   | 1/23       |                   |              | Co           | mplete       |
|                      | <u> </u>   |                   |                    | 1/1/24 -           | 3/31/  | /24        |                   |              | Co           | mplete       |
|                      |  |                   |                    | 4/1/24 -           |        |            |                   |              |              |              |
|                      |  |                   |                    | 7/1/24 -           |        |            |                   |              |              |              |
| Physical Pa          | rameters (PPS)   |                   |                    | , ,                |        |            |                   | 1 r          | outine (RT)  | per quarter  |
| -                    | g Point (Sampling Point ID)  |                   |                    | Monitorii          | na Pe  | riod       | Collec            | tion Perio   |              | iance Status |
|                      | om Inventory of Active Samp  | ing Points        |                    | 10/1/23 -          |        |            |                   |              |              | mplete       |
| 00.000               |  |                   |                    | 1/1/24 -           |        |            |                   |              |              | mplete       |
|                      |  |                   |                    | 4/1/24 -           |        |            |                   |              |              | , in proce   |
|                      |  |                   |                    | 7/1/24 -           |        |            |                   |              |              |              |
| Water Syste          | em Facility: ENTRY POINT   | (WSF ID: 00700)   |                    | 7/1/27             | 3,30,  |            |                   |              |              |              |
| Nitrate (10          | •  | (110. 12. 00. 00) |                    |                    |        |            |                   | 1 r          | outine (RT)  | per quarter  |
| •                    | g Point (Sampling Point ID)  |                   |                    | Monitorii          | na Pe  | riod       | Collec            | tion Perio   |              | iance Status |
|                      | POINT (3)  |                   |                    | 10/1/23 - 12/31/23 |        |            |                   |              |              | mplete       |
|                      | · · · · · · · · · · · · · · · · · · ·  |                   |                    | 1/1/24 -           |        |            |                   |              |              | mplete       |
|                      |  |                   |                    | 4/1/24 -           |        |            |                   |              |              | , in proce   |
|                      |  |                   |                    | 7/1/24 -           |        |            |                   |              |              |              |
| Nitrite (10          | 41)  |                   |                    | ,, _,              | 3,30,  |            |                   |              | 1 routine (I | RT) per year |
| -                    | g Point (Sampling Point ID)  |                   |                    | Monitorii          | na Pe  | riod       | Collec            | tion Perio   | <del>-</del> | iance Status |
| -                    | POINT (3)  |                   |                    | 1/1/23 -           |        |            |                   |              | •            | mplete       |
|                      | O (5)  |                   |                    | 1/1/24 - :         | -      | -          |                   |              |              | mplete       |
|                      |  |                   |                    | 1/1/25 -           | -      | -          |                   |              |              | mpiete       |
|                      | \M/ator  | System Facili     |                    |                    | -      | -          | vonto             | r\/          |              |              |
| Water                | water  | System racin      | ity alla sai       | ilbiilig           | 1 011  | 110 111    | Total             | Lead an      | d            |              |
|                      | ater System Facility   | Sampling Point    | Samplina Poi       | nt                 |        |            | rotai<br>Coliform |              | -            | Stage        |
| Facility ID          | ater system racinty  | ID                | <b>Description</b> |                    | C      |            | Rule              |              |              | WQP 2 DBP    |
| -                    | STRIBUTION SYSTEM  | 4                 | DISTRIBUTION       | I SYSTEM           |        | tatus<br>A | Y                 |              |              |              |
| 00000 D              | STATE OF STA | DOWNSTREAM        |                    |                    |        | A          | '                 |              |              |              |
|                      |  | UPSTREAM          | WITHIN 5 SER       |                    |        | A          |                   |              |              |              |
| 00700 Ef             | NTRY POINT   | 3                 | ENTRY POINT        | VICE CON           | •      | A          |                   |              |              |              |
|                      | ELL  | 2                 | WELL               |                    |        |            |                   |              |              |              |
| 22234 W              |  |                   |                    |                    |        | Α          |                   |              |              |              |
|                      |  |                   | tact Inforr        | nation             |        |            |                   |              |              |              |
|                      |  | Oı                | rganization        |                    |        |            |                   |              | Job Title    |              |
| Name                 |  |                   |                    |                    |        |            |                   |              |              |              |
| Name<br>Mr. Tracy Ka | У  |                   | rtlett Arboretu    | ım & Gar           | dens   |            | Ce                | 0            |              |              |

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

151 Brookdale Road

**Business Phone** 

Stamford

Emergency Phone Email Address

City

Zip Code

06903

State

CT

|                  | Connecticut Departmen     | t of Public H | leaitn  | ועו   | rinking     | g water     | Section    |                       |
|------------------|---------------------------|---------------|---------|-------|-------------|-------------|------------|-----------------------|
|                  | Water Quality Mo          | nitoring and  | d Con   | npl   | iance S     | Schedul     | le         |                       |
| PWS ID           | PWS Name                  |               |         | Cla   | ssification | Population  | Owner Type | <b>Primary Source</b> |
| CT1350134        | BARTLETT ARBORETUM ASSOC. |               |         |       | NC          | 25          | Р          | GW                    |
| Local Address (v | where applicable)         | Service       | Resider | ntial | Commerci    | al Industri | al Combin  | ed Agricultural       |
| 151 BROOKDAL     | E ROAD                    | Connections   |         |       | 1           |             |            |                       |
| Towns Served:    | STAMFORD                  |               |         |       |             |             |            |                       |
|                  |                           |               |         |       | , ,         |             | <u> </u>   |                       |

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Contact Role(s): Administrative Contact

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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 Name   | Classification Population Owner Type Primar |  |  |  |  |  |  |  |

| PWS ID           | PWS Name                 |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
|------------------|--------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT1355044        | GR ART AND CARE BUILDING |             |         |       | NC          | 40          | Р          | GW              |
| Local Address (w | here applicable)         | Service     | Resider | ntial | Commercia   | al Industri | al Combine | ed Agricultural |
| 1086 LONG RIDG   | GE RD                    | Connections |         |       | 1           |             |            |                 |

| Towns Served: STAMFORD                              |                          | 1                        | 1                        |  |  |  |
|---|--------------------------|--------------------------|--------------------------|--|--|--|
| Monitori  | ng Requirements          |                          |                          |  |  |  |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600)                   |                          |                          |  |  |  |
| Total Coliform (3100)                               |                          | 1 routine (RT) per mon   |                          |  |  |  |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |  |  |  |
| Select from Inventory of Active Sampling Points     | 11/1/23 - 11/30/23       |                          | Complete                 |  |  |  |
|   | 12/1/23 - 12/31/23       |                          |                          |  |  |  |
|   | 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)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |  |  |  |
| 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         |                          |                          |  |  |  |
|   | 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 (1040)                                      |                          | 1 rout                   | ine (RT) per quarter     |  |  |  |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | <b>Compliance Status</b> |  |  |  |
| ENTRY POINT (3)                                     | 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         |                          |                          |  |  |  |
| Nitrate And Nitrite (NOX)                           |                          | 1 r                      | outine (RT) per year     |  |  |  |
| Sampling Point (Sampling Point ID)                  | <b>Monitoring Period</b> | <b>Collection Period</b> | Compliance Status        |  |  |  |
| ENTRY POINT (3)                                     | 1/1/23 - 12/31/23        |                          | Complete                 |  |  |  |
|   | 1/1/24 - 12/31/24        |                          |                          |  |  |  |
|   | 1/1/25 - 12/31/25        |                          |                          |  |  |  |

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

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Towns Served: STAMFORD

# **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

L1 ASSESSMENT (TC+ INS REPEATS) 9/10/2022

| Public Notification Requirements  |                  |        |                     |           |                         |          |  |  |  |
|-----------------------------------|------------------|--------|---------------------|-----------|-------------------------|----------|--|--|--|
|                                   | Compliance       | Notice | Public Notification |           | <b>PN Certification</b> |          |  |  |  |
| Violation/Situation               | Period           | Tier   | Required            | Performed | Due to DPH              | Received |  |  |  |
| Physical Parameters M&R Violation | 8/1/23 - 8/31/23 | 3      | 10/15/2024          |           | 10/25/2024              |          |  |  |  |
| Total Coliform M&R Violation      | 8/1/23 - 8/31/23 | 3      | 10/15/2024          |           | 10/25/2024              |          |  |  |  |
| Physical Parameters M&R Violation | 7/1/23 - 7/31/23 | 3      | 10/15/2024          |           | 10/25/2024              |          |  |  |  |
| Total Coliform M&R Violation      | 7/1/23 - 7/31/23 | 3      | 10/15/2024          |           | 10/25/2024              |          |  |  |  |

| Water System Facility and Sampling Point Inventory |                       |                      |                            |        |                           |  |          |     |                 |
|--|-----------------------|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|
| Water<br>System<br>Facility ID                     | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule |  | Asbestos | WQP | Stage<br>2 DBPR |
| 00600  | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |  |          |     |                 |
|  |                       | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |
|  |                       | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |
| 00700  | ENTRY POINT           | 3                    | ENTRY POINT                | Α      |                           |  |          |     |                 |
| 61480  | WELL 1                | 2                    | WELL 1                     | Α      |                           |  | ·        |     |                 |
| 61859  | TREATMENT PLANT       |                      |                            |        |                           |  |          |     |                 |

| Contact Information |           |           |              |              |                 |                     |               |    |          |
|---------------------|-----------|-----------|--------------|--------------|-----------------|---------------------|---------------|----|----------|
| Name                |           |           |              | Organization | 1               | Job Title           |               |    |          |
| Mr. George Pali     |           |           |              |              |                 |                     |               |    |          |
| Mailing Address Lin | e One     |           | Mailing Addr | ess Line Two |                 |                     | City State Zi |    | Zip Code |
| 89 Mill Spring Ln   |           |           |              |              |                 | Stamford            | I             | СТ | 06903    |
| Business Phone      | Extension | Fax       | Mo           | obile Phone  | Emergency Phone | Email Address       |               |    |          |
| 914-434-1906        |           | 703-355-2 | 1353         |              |                 | gpali@optonline.net |               |    |          |
| C                   |           |           | 10           |              | <u>'</u>        |                     |               |    |          |

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

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