		cticut Department of P			_			
		Water Quality Monitor	ring and (Complian	ce Sc	hedule		
PWS ID	PWS Name	e		Classifica	ation Po	pulation C	wner Type P	rimary Source
CT1570032	EMMANU	EL EPISCOPAL CHURCH		NC		34	Р	GW
Local Address (v	where appli	cable) Se	ervice Re	sidential Com	mercial	Industrial	Combined	Agricultura
285 LYONS PLAI	NS ROAD	Co	onnections	1	2			
Towns Served: \	WESTON							
		Monitori	ng Require	ements				
Water System	Facility:	DISTRIBUTION SYSTEM (WSF ID: 0	00600)					
Total Coliform	n (3100)					1 r	outine (RT)	per quarter
Sampling F	Point (Samp	pling Point ID)	Mo	nitoring Period	Coll	ection Perio	od Compli	ance Status
Select from	n Inventory	of Active Sampling Points	10/	1/23 - 12/31/23	3		Со	mplete
			1/	1/24 - 3/31/24			Со	mplete
			4/	1/24 - 6/30/24				
			7/	1/24 - 9/30/24				
Physical Parai	meters (P	PS)				1 r	outine (RT)	per quarter
Sampling F	Point (Samp	oling Point ID)	Мо	nitoring Period	Coll	ection Perio	od Compli	ance Status
Select from	n Inventory	of Active Sampling Points	10/	1/23 - 12/31/23	3		Со	mplete
			1/	1/24 - 3/31/24			Со	mplete
			4/	1/24 - 6/30/24				
				1/24 - 9/30/24				
Water System	Facility:	ENTRY POINT (WSF ID: 00700)	<u> </u>					
Nitrate And N							1 routine (R	T) per vear
	-	pling Point ID)	Mo	nitoring Period	l Coll	ection Perio	=	ance Status
ENTRY POI		, , , , , , , , , , , , , , , , , , , ,		/23 - 12/31/23				mplete
	(0)			/24 - 12/31/24				
				/25 - 12/31/25				
	Mor	nthly Water System Facility	·			equirem	ents	
Water System		ENTRY POINT (WSFID: 00700)	· · ·			•		
Analyte		Monitoring Requirement (Summary	Type)	Operating Lim	nit		Samples R	ea/Month
pH		Entry Point pH Monitoring (PHRD)	.,,,,	Minimum: 7.0			2dmp1e5 14	-
Start Date:	12/1/2005	· · · · · · · · · · · · · · · · · · ·	Compliance				Monitor	
Start Bate.	12/1/2003		Monitoring		-	ating Limit pliance Stat		nce Status:
				11/30/2023	Comp	mance Stat	us. compile	ince status.
				12/31/2023				
			1/1/2024 - :					
			2/1/2024 - 2					
			3/1/2024 - 3	* *				
		Other Con						
Compliance Sch	edule Activ		-Pilarice 50	Due Date		Achieve	ed Date	
CROSS CONNEC				3/1/2015		Acineve	.u Dute	
CROSS CONNEC				3/1/2015				
CROSS CONNEC				3/1/2017				
CROSS CONNEC	TION SUKV	ET KEPUKI		3/1/2018				

3/1/2019

3/1/2020

3/1/2021

3/1/2022

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

CROSS CONNECTION SURVEY REPORT

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

PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT1570032	EMMANUEL EPISCOPAL CHURCH				NC	34	Р	GW
Local Address (where applicable)		Service Residen		ntial	Commerci	al Industri	al Combin	ed Agricultural
285 LYONS PLAII	NS ROAD	Connections	1		2			

Towns Served: WESTON

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

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	2/7/2023		2/17/2023				
E. Coli	4/1/23 -	3	8/23/2024		9/2/2024				

		Water System Facili	ty and Sampling Po	oint In	ventor	у			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	1 4	GENERIC DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		EEC001	KIT HAND SNK FRNT F1	Α	Υ		Υ		
		EEC002	KIT SNK SING SNK F1	Α	Υ		Υ		
		EEC003	KIT SNK TRPL SNK F1	Α	Υ		Υ		
		EEC004	KIT HAND SNK BACK F1	Α	Υ		Υ		
		EEC005	KIT SNK SLOP F1	Α	Υ		Υ		
		EEC006	RR LADY RM 2F	Α	Υ		Υ		
		EEC007	RR MENS RM 2F	Α	Υ		Υ		
		EEC008	CHURCH BASEMENT SINK	Α	Υ	3			
		EEC009	2ND CHURCH BASEMENT	Α		N			
		EEC010	SACRISTY SINK	Α		N			
		EEC011	RECTORY BATHROOM SIN	Α		3			
		EEC012	PARISH HOUSE SINK	Α		N			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22975	WELL #1	2	WELL #1	Α					
51138	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Jon Rogers				Emmanuel E	piscopal Church				
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
285 Lyons Plain Rd						Weston		СТ	06883
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
203-227-8565		203-221-2	1757		203-943-3544	office@emmanuelwestonct.org			
Contact Dela/a).									

Contact Role(s): Administrative Contact, Legal Contact

(Connecticu	t Depa	rtment o	f Public	Health	Drir	ıking	g Water	Section	
	Wate	er Qua	lity Moni	toring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1570032	MMANUEL EPISC	OPAL CHU	IRCH			N	IC	34	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
285 LYONS PLAIN:	S ROAD			Connection	1		2			
Towns Served: W	ESTON				'	'			1	-
Name			C	Organization					Job Titl	e
Emanuel Episcapo	ol Church									
Mailing Address L	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
285 Lyons Plain R	oad						Westor	n	СТ	06883
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address		
203-227-8565										
Contact Role(s):	Owner			"			1			

Please note the following:

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

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

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

End of schedule

	Connecticut D	onartment o	f Dublic L	Ioalth F	rink	ing M	Jator	Sa	ction	
	Connecticut D	•							Ction	
2116.12		Quality Moni	toring an							
PWS ID	PWS Name	ANAD ACDETUCK NAME	18.1	C		ion Pop		Owr		rimary Source
CT1570024	GIRL SCOUTS OF CT - C	AIVIP ASPETUCK IVIAI		Desidentia	NC		25	.1	P	GW
	ss (where applicable)		Service Connections	Residentia			Industria	11	Combined	Agricultural
	TON TURNPIKE		Connections			L				
Towns Serve	ed: WESTON	Manit	toring Requ	iromont	ho.					
Mater Syst	em Facility: DISTRIBUTIO			uremeni	LS					
-	orm (3100)	DIV 3131EIVI (WSF	ID. 00000j					l ro	utine (RT)	per month
	ng Point (Sampling Point ID)		Monitoring	Period	Colle	ction Per			iance Status
	from Inventory of Active San					Conc	ction i ci	iou	Compi	direc Status
Jeiect I	Tom inventory of Active Sall	יאוווט ו אווועז	6/1/24 - 6/30/24 7/1/24 - 7/31/24							
				8/1/24 - 8/						
				9/1/24 - 9/						
				10/1/24 - 3/ 10/1/24 - 10						
Dhysical Dr	arameters (PPS)			10/1/24-10	3/31/24		1	l ro	utino (PT	per month
-	ng Point (Sampling Point ID)		Monitoring	Period	Colle	ction Per			iance Status
-	Select from Inventory of Active Sampling Points			6/1/24 - 6/		Conc		iou	Compi	ance status
Sciecti	Select from inventory of Active Sampling Points			7/1/24 - 7/						
				8/1/24 - 8/						
				9/1/24 - 9/						
				10/1/24 - 10						
Water Syst	em Facility: ENTRY POIN	IT (WSF ID: 00700		10/1/24 10	3/31/24					
•	d Nitrite (NOX)	,	,					1	routine (F	RT) per year
	ng Point (Sampling Point ID)		Monitoring	Period	Colle	ction Per		=	iance Status
	POINT (3)			1/1/23 - 12						mplete
				1/1/24 - 12						•
				1/1/25 - 12						
		Other (Compliance							
Compliance	Schedule Activity				e Date		Achiev	ved i	Date	
SEASONAL S	TART UP COMPLETION			6/1	1/2024					
	Wat	er System Faci	lity and Sai	mpling P	oint Ir	nvent	ory			
Water						Total		and		
-	Vater System Facility	Sampling Poin	t Sampling Poi	nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600 D	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ				
		BJ10906	CONWAYCAB	KIT SINK	Α	Υ				
		BJ87537	CONWAY OU	TSIDE TAP 1	Α	Υ				
		BJ87538	CONWAY OU	TSIDE TAP 2	Α	Υ				
		BJ87539	POOL TAP		Α	Υ				
		BK02357	BK02357 CABIN KIT SINE		Α	Υ				
		DN20276	EDEV LODGE I	VITCLIEN C						

ENTRY POINT

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

FREY LODGE KITCHEN S

WITHIN 5 SERVICE CON

Α

Α

Α

Α

Α

Υ

BN38376

UPSTREAM

3

2

00700 ENTRY POINT

WELL

22530

Connect	icut Department of Public Health	Drinking	g Water	Section	
W	ater Quality Monitoring and Com	ipliance S	Schedul	e	
PWS Name		Classification	Population	Owner Type	Primai

PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT1570024	GIRL SCOUTS OF CT - CAMP ASPETUCK MAIN	ı			NC	25	Р	GW
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
88 OLD EASTON	Connections			1				

Towns Served: WESTON

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Sheena Young				Girl Scouts o	of Ct	Director			
Mailing Address Line One Mailing Add				ress Line Two	ess Line Two			State	Zip Code
20 Washington Ave						North Ha	aven	СТ	06473
Business Phone Extension Fax N			М	obile Phone	Emergency Phone	Email Ad	Email Address		
203-239-2922	3321					property@gsofct.org			

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

Please note the following:

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

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

End of schedule

	Connecticut Dep								
	Water Qua	ality Monit	oring and	d Com	plian	ce Sc	hedule	9	
PWS ID	PWS Name				Classificat	tion Po	pulation C	Owner Type P	rimary Source
CT1570064	WESTON RACQUET CLUB				NC		25	Р	GW
Local Address (v	where applicable)		Service	Resident	ial Comr	nercial	Industrial	Combined	Agricultural
405 NEWTOWN	I TURNPIKE		Connections			1			
Towns Served: '	WESTON								
		Monito	oring Requ	ıiremer	nts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 :	routine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Peri	od Compl	iance Status
Select fron	n Inventory of Active Samplir	ng Points	:	10/1/23 -	12/31/23			Co	mplete
				1/1/24 -	3/31/24			Co	mplete
				4/1/24 -	6/30/24				
				7/1/24 -					
Physical Para	meters (PPS)						1 :	routine (RT)	per quarter
-	Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Peri		iance Status
Select fron	n Inventory of Active Samplin	ng Points	:	10/1/23 -	12/31/23			Co	mplete
	·			1/1/24 -	3/31/24			Co	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Water System	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And N		•						1 routine (I	RT) per year
	Point (Sampling Point ID)			Monitorin	ng Period	Colle	ection Peri	=	iance Status
ENTRY POI				1/1/23 - 1					mplete
				1/1/24 - 1					•
			_	1/1/25 - 1					
Water System	Facility: WELL (WSF ID:	22533)							
E. Coli (3014)	•						1 1	routine (RT)	ner guarter
	Point (Sampling Point ID)			Monitorin	na Period	Colle	ction Peri		iance Status
WELL (2)	ome (sumpring rome is)			10/1/23 -					mplete
WLLL (2)				1/1/24 -					mplete
				4/1/24 -				CC	mpiete
				7/1/24 -					
		Other C	omelia:sas						
		Other Co	ompliance						
Compliance Sch	-				ue Date		Achiev	ed Date	
CROSS CONNEC	TION SURVEY REPORT				/1/2025				
	water S	System Facili	ty and Sar	mpling	Point I	nvent	•		
Water	an Contain F. 189	Course II - D. C.	C !! - 5 :	4		Total			<u>-</u> .
System Water Facility ID	er System Facility	Sampling Point ID	Sampling Poil Description	nt		Colifor Rule			Stage WQP 2 DBPR
	DIDLITION CYCTERA			L CVCTENA	Status	•	Kule I	ier Asbestos	WQP Z DBPK
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SER			.,		.,	
		WRC001	CHANG RM W			Y		Y	
		WRC002	CHANG RM W			Y		Y	
		WRC003	CHANG RM M		A	Y		Y	
		WRC004	CHANG RM M	IEN F1 R	Α	Υ		Υ	

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	WS Name Classification Population Owner Type Primary Source									
CT1570064	WESTON RACQUET CLUB				NC	25	Р		GW		
Local Address (w	ocal Address (where applicable) Service Residential Commercial Industrial Combined Agriculture										
405 NEWTOWN	05 NEWTOWN TURNPIKE Connections 1										

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR				
	WRC005	RR MENS RM 2F	Α	Υ	Υ				
	WRC006	RR LADY RM 2F	Α	Υ	Υ				
	WRC007	LAUNDRY RM SLOP SINK	Α	Υ	Υ				
00700 ENTRY POINT	3	ENTRY POINT	Α						
22533 WELL	2	WELL	Α						
61675 TREATMENT PLANT									

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Anthony Zangr	illo			Weston Raco	quet Club		General Ma	nager	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	Zip Code	
405 Newtown Turn	oike					Weston		СТ	06883
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-226-3349					203-940-3079				
Contact Role(s): Ac	lministrative Co	ntact, Leg	gal Contact						
Name				Organization	1			Job Title	
Mr. Ivan Lendl				Weston Raco	quet Club		General Ma	nager	

203-226-3349 Contact Role(s): **Owner**

Extension

Mailing Address Line One

405 Newtown Tnpk

Business Phone

Towns Served: WESTON

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Zip Code

06883

State CT

City

Weston

Emergency Phone Email Address

203-940-3079

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary								mary Source	
CT1579174	ASPETUCK VALLEY CTRY CLUB - POOL/SNACK	(BR			NC	25	Р		GW	
Local Address	(where applicable)	Residen	tial	Commerci	al Industri	al Combin	ed	Agricultural		
7 OLD REDDING ROAD Connections 1										

Towns Served: WESTON			
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period		Compliance Status
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)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
	, , - , - ,		

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
CROSS CONNECTION SURVEY REPORT	3/1/2018								
CROSS CONNECTION SURVEY REPORT	3/1/2019								
CROSS CONNECTION SURVEY REPORT	3/1/2020								
CROSS CONNECTION SURVEY REPORT	3/1/2021								
CROSS CONNECTION SURVEY REPORT	3/1/2022								
SEASONAL START UP COMPLETION	5/1/2022								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
CROSS CONNECTION SURVEY REPORT	3/1/2024								
SEASONAL START UP COMPLETION	5/1/2024								

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos W	Sta			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	Kule Hei	ASDESIUS VI	IQF Z DE	DFN		
		AVCCP 001	POOL HSE MENS L SNK	Α	Y	N		Υ			
		AVCCP 002	POOL HSE MENS R SNK	Α	Υ	N		Υ			
		AVCCP 003	POOL HSE LADY L SNK	Α	Υ	N		Υ			

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sour									
CT1579174	ASPETUCK VALLEY CTRY CLUB - POOL/SNACE	(BR		NC		25	Р	GW		
Local Address ((where applicable)	Residen	tial	Commerci	al Industri	al Combin	ed Ag	gricultural		
67 OLD REDDIN	67 OLD REDDING ROAD Connections 1									

Connecticut Department of Public Health Drinking Water Section

Towns Served: WESTON

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facilit	y Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Stage Asbestos WQP 2 DBPR			
		AVCCP 004	POOL HSE LADY R SNK	Α	Υ	N	Υ			
		AVCCP 005	SNACK BAR RR SNK	Α	Υ	N	Υ			
		AVCCP 006	SNACK KIT DBL SNK L	Α	Υ	N	Υ			
		AVCCP 007	SNACK KIT DBL SNK R	Α	Υ	N	Υ			
		AVCCP 008	SANCK KIT REAR SNK	Α	Υ	N	Υ			
		AVCCP 009	SNACK KIT FRONT SNK	Α	Υ	N	Υ			
		AVCCP 010	CAMP HSE L RR SNK	Α	Υ	N	Υ			
		AVCCP 011	CAMP HSE R RR SNK	Α	Υ	N	Υ			
		AVCCP 012	CAMP HSE KIT SNK	Α	Υ	N	Υ			
		AVCCP 013	TENNIS PAV RR SNK	Α	Υ	N	Υ			
		AVCCP 014	TENNIS PAV KIT SNK	Α	Υ	N	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
56463	POOL WELL	2	POOL WELL	Α						
60289	TREATMENT PLANT									

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Armando Reyna				Aspetuck Val	lley		Operations	Manager	
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City State			Zip Code
67 Old Redding Roa	d					Weston	ston CT		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-226-4701		203-222-	8908		914-316-8061	areyna@	aspetuckva	lley.com	
Contact Role(s): A	dministrative (Contact							
Name				Organization				Job Title	
Mr. Renaud Ammo	n			Aspetuck Val	lley Country Club		General Ma	anager	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
67 Old Redding Roa	d					Weston		СТ	06883
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-226-4701						RAMMO	N@ASPETU	CKVALLEY.CC	M

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.

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

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										
CT1579184	GIRL SCOUTS OF CT - CAMP ASPETUCK LODG	E			NC	25	Р		GW		
Local Address (ocal Address (where applicable) Service Residential Commercial Industrial Combined Agriculture										
38 OLD EASTON TPKE Connections 1											

Towns Served: WESTON

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006			
Total Coliform (3100)	100)	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Conection renou	Complete
Select from inventory of Active Sampling Forms	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)	10/1/24 - 10/31/24	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Conection Feriod	Complete
Select from inventory of Active Sampling Forms	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		
			
Water System Facility: ENTRY POINT (WSF ID: 00700)	10/1/24 - 10/31/24		
		1	outing (PT) par year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	outine (RT) per year Compliance Status
		Conection Period	Complete
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 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α						
		BH83272	KIT SINK	Α	Υ					

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

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	<u> </u>						er Type	Primary Source	
CT1579184	GIRL SCOUTS OF CT - CAMP ASPETUCK			NC	25		Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industr	ial C	Combine	d Agricultural	
88 OLD EASTO	N TPKE	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: WESTON

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	ſy		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
		BJ10904	FREY LODGE KITCHEN S	Α	Υ			
		BJ62983	CABIN KITCHEN SINK	Α	Υ			
		BJ63922	FREY LODGE UTILITY S	Α	Υ			
		BJ63923	FREY LODGE RESTROOM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
56989	WELL# 2	2	WELL# 2	Α				
		6	44 luf					

			C	ontact Inf	ormation				
Name				Organization	1		Job Title		
Girl Scouts of Amer	ica, Inc.								
Mailing Address Line One Mailing Addre				ess Line Two			City	State	Zip Code
340 Washington Street					Hartford	artford CT 0			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address			
860-522-0163									
Contact Role(s): O	wner								
Name				Organization	1	Job Title			
Sheena Young				Girl Scouts o	l Scouts of Ct Director				
Mailing Address Line One Mailing Addr				ress Line Two		City Stat			Zip Code
20 Washington Ave					North Ha	ven	СТ	06473	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address			
203-239-2922	3321					property@gsofct.org			
Contact Role(s): Ac	dministrative	Contact, Leg	gal Contact, C	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