

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610263	644 DANBURY ROAD	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: WILTON

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610263	644 DANBURY ROAD	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: WILTON

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Rule	WQD	DBPR	
	DOWNSTREAM	WITHIN 5 SERVICE CON		A				
	UPSTREAM	WITHIN 5 SERVICE CON		A				
	WS001	WS FIT RR MENS RR L		A	Y		Y	
	WS002	WS FIT RR MENS RR R		A	Y		Y	
	WS003	WS FIT RR LADY RR L		A	Y		Y	
	WS004	WS FIT RR LADY RR R		A	Y		Y	
	WS005	WATER FOUNTAIN		A	Y		Y	
	WS006	KITCHEN		A	Y		Y	
	WS007	1ST FL KITCHEN SINK		A	Y		Y	
	WS008	2ND FL KITCHEN SINK		A	Y		Y	
	WS009	INFANT II ROOM		A	Y		Y	
	WS010	INFANT II ROOM 2		A	Y		Y	
	WS011	GREEN ROOM		A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
10685	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Richard Grimaldi	644 Dr LLC	Principal
Mailing Address Line One	Mailing Address Line Two	City
14 Bridge Street		State Zip Code

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
917-270-5224					serenitysbay@gmail.com

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

### Please note the following:

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610034	FOUR SEASONS RACQUET CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
589 DANBURY ROAD			1		

Towns Served: WILTON

**Monitoring Requirements**

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

<b>Total Coliform (3100)</b> <span style="float: right;">1 routine (RT) per quarter</span>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

<b>Physical Parameters (PPS)</b> <span style="float: right;">1 routine (RT) per quarter</span>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

<b>Nitrate And Nitrite (NOX)</b> <span style="float: right;">1 routine (RT) per year</span>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

**Other Compliance Schedules**

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY		12/24/2025

<b>Water System Facility and Sampling Point Inventory</b>							
<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		FSRQ001	FRONT LOBBY BR	A	Y	Y	Y
		FSRQ002	VOLLYBALL BR	A	Y	Y	Y
		FSRQ003	UPPER LOBBY CUST KIT	A	Y	Y	Y
		FSRQ004	MENS LOCKER LEFT	A	Y	Y	Y
		FSRQ005	MENS LOCKER CENTER	A	Y	Y	Y
		FSRQ006	MENS LOCKER RIGHT	A	Y	Y	Y
		FSRQ007	LADIES LOCKER LEFT	A	Y		Y
		FSRQ008	LADIES LOCKER RIGHT	A	Y		Y
		FSRQ009	LADIES LOCKER CENTER	A	Y		
		FSRQ010	LADIES LOCKER UTILIT	A	Y		
		FSRQ011	LAUNDRY UTILITY SINK	A	Y		
		FSRQ012	PAV LADIES VANITY 1	A	Y		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610034	FOUR SEASONS RACQUET CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
589 DANBURY ROAD			1		

Towns Served: WILTON

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
		FSRQ013	PAV LADIES VANITY 2	A	Y			
		FSRQ014	PAV MENS LR TO LEFT	A	Y			
		FSRQ015	PAV UTILIT IN CLOSET	A	Y			
		FSRQ016	PAV CUST KIT POOL	A	Y			
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22553	WELL	2	WELL	A				

## Contact Information

Name	Organization	Job Title
Mr. Steven St. Germain	Four Seasons Racquet Club, LLC	
Mailing Address Line One	Mailing Address Line Two	City
589 Danbury Rd		Wilton
Business Phone	Extension	Fax
203-762-2423	125	203-761-9825
Mobile Phone		Emergency Phone
		203-241-4603
Email Address		
		stgermain@4seasonstennis.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Mr. Adam Jasick	Four Seasons Racquet Club	General Manager
Mailing Address Line One	Mailing Address Line Two	City
589 Danbury Rd		Wilton
Business Phone	Extension	Fax
203-762-2423		203-761-9825
Mobile Phone		Emergency Phone
		203-241-4603
Email Address		
		ajasick@4seasonstennis.com

Contact Role(s): Administrative Contact

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610054	951 DANBURY ROAD	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: WILTON

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		951DR001	HAIR SALON KITCHETE	A	Y			
		951DR002	HAIR SALON BATHROOM	A	Y			
		951DR003	HAIR SHAMPOO SNK 1	A	Y			
		951DR004	HAIR SHAMPOO SNK 2	A	Y			
		951DR005	HAIR SHAMPOO SNK 3	A	Y			
		951DR006	HAIR SHAMPOO SNK 4	A	Y			
		951DR007	ICE CREAM BATHROOM	A	Y			
		951DR008	ICE CREAM TRIPLE SIN	A	Y			
		951DR009	HBECKSTAND RR	A	Y			
		951DR010	HBECKSTAND TRPLSNK	A	Y			
		951DR011	HBECKSTAND HAND SINK	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON		A				
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22555	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610054	951 DANBURY ROAD	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
			2		

Towns Served: WILTON

## Contact Information

Name	Organization	Job Title		
Ms. Barbara Heibeck	Heibecks Stand	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
951 Danbury Rd		Wilton	CT	06897
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-917-9313				203-417-5992
				heibecks.stand@gmail.com

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

**Please note the following:**

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

*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
CT1610064	673 DANBURY ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: WILTON

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/4/2018	
RESPOND TO SANITARY SURVEY	4/13/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		673DR001	TRIPLE SINK	A	Y				
		673DR002	HAND WASH SINK	A	Y				
		673DR003	BATHROOM EMPLOYEE	A	Y				
		673DR004	SLOP SINK	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22556	WELL	2	WELL	A					

### Contact Information

Name	Organization	Job Title
Mr. Aaron D. Nachbar	J. Findorak & Sons, Inc.	Operator
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610064	673 DANBURY ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1			

Towns Served: WILTON

36 Coley Road					Wilton	CT	06897
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

203-762-5097      203-762-5121      203-943-1535      aaron@findorak.com

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

Name	Organization	Job Title
673 Danbury Rd LLC		
Mailing Address Line One	Mailing Address Line Two	City      State      Zip Code
36 Coley Rd		Wilton      CT      06897

Business Phone      Extension      Fax      Mobile Phone      Emergency Phone      Email Address

203-943-1535      aaron@findorak.com

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

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**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610094	MERWIN MEADOWS TOWN PARK	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
45 LOVERS LANE			1		

Towns Served: WILTON

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/18/25 - 9/23/25		
	9/18/25 - 9/23/25		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26	5/1-6/30	

Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 22559)

E. Coli (3014)	1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	9/17/25 - 9/23/25		
	9/17/25 - 9/23/25		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/20/2019	
RESPOND TO SANITARY SURVEY	2/6/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610094	MERWIN MEADOWS TOWN PARK	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
45 LOVERS LANE			1		

Towns Served: WILTON

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	
SANITARY DEFECT CORRECTIVE ACTION	2/8/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Stage
					Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22559	WELL	2	WELL	A				
63046	TREATMENT PLANT							

## Contact Information

Name	Organization	Job Title			
Mr. Barrington Bogle	Wilton Health Department	Director of Health			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
238 Danbury Road		Wilton CT 06897			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-563-0175		203-563-0148	203-313-2015		barrington.bogle@wiltonct.org

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

Name	Organization	Job Title			
Mr. Steve Pierce	Wilton Parks And Rec	Director			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
180 School Road		Wilton CT 06897			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-834-6234					steve.pierce@wiltonct.org

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

<b>Please note the following:</b>					
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					

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610134	713 DANBURY ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
713 DANBURY ROAD			1		

Towns Served: WILTON

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL #1 (WSF ID: 22564)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4
Start Date: 9/1/2012	Compliance History: Monitoring Period	Operating Limit	Monitoring
	8/1/2025 - 8/31/2025	Compliance Status:	Compliance Status:
	9/1/2025 - 9/30/2025		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610134	713 DANBURY ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
713 DANBURY ROAD			1		

Towns Served: WILTON

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4
<b>Start Date:</b> 9/1/2012		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring</b>
		10/1/2025 - 10/31/2025	<b>Compliance Status:</b>
		11/1/2025 - 11/30/2025	
		12/1/2025 - 12/31/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		713DR001	TRIPLE SINK	A	Y		
		713DR002	HAND SINK	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22564	WELL #1	2	WELL #1	A			
58073	TREATMENT PLANT						

## Contact Information

Name	Organization	Job Title
Mr. Gary Sachetti	713 Danbury Road	
Mailing Address Line One	Mailing Address Line Two	City
8057 Route 209		State
		Zip Code
Business Phone	Extension	Fax
845-647-6941		845-283-0784
Mobile Phone		Emergency Phone
		Email Address

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

Name	Organization	Job Title
Mr. Jesse D. Cipollone		
Mailing Address Line One	Mailing Address Line Two	City
713 Danbury Road		State
		Zip Code
Business Phone	Extension	Fax
845-699-8848		845-283-0784
Mobile Phone		Emergency Phone
		Email Address
		jessecipollone@yahoo.com

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

Please note the following:

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610144	THE LAKE CLUB, INC	NC	50	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
165 THAYER POND ROAD	Connections		1		

Towns Served: WILTON

**Monitoring Requirements**

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

**Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	12/19/2008	
RESPOND TO SANITARY SURVEY		7/25/2014

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		TLC001	RR LADY ROOM L	A	Y				
		TLC002	RR LADY ROOM M	A	Y				
		TLC003	RR LADY ROOM R	A	Y				
		TLC004	RR MENS RR L	A	Y				
		TLC005	RR MENS RR R	A	Y				
		TLC006	FIRST AID ROOM	A	Y				
		TLC007	SNACK BAR SINK	A	Y				
		TLC008	GARAGE SLOP SINK	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
22564	WELL #1	2	WELL	A					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610144	THE LAKE CLUB, INC	NC	50	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
165 THAYER POND ROAD	Connections		1		

Towns Served: WILTON

## Contact Information

Name	Organization	Job Title		
Lake Club Inc				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
The Lake Club/O James Lewis, President	120 Long Ridge Rd	Stamford	CT	06902

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s):	Legal Contact, Owner	Organization	Job Title		
Mr. Chris Eriquez		The Lake Club	Maintenance Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
165 Thayer Pond Rd		Wilton	CT	06897	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
			203-947-6499		ceriquez@thelakeclub.org

Contact Role(s):	Administrative Contact

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610174	THE WILTON RIDING CLUB, INC	NC	125	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
60 RIDING CLUB ROAD	Connections		4		

Towns Served: WILTON

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

### Physical Parameters (PPS)

Sampling Point (Sampling Point ID)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Asbestos Rule Tier	WQP 2 DBPR Stage
				Status	Rule	Rule Tier	Asbestos		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
		WRC001	RR GARAGE	A	Y			Y	
		WRC002	KIT SINK MAIN HOUSE	A	Y			Y	
		WRC003	RR MAIN HOUSE	A	Y			Y	
		WRC005	CLUB HOUSE KIT HS 1	A	Y				
		WRC006	CLUB HOUSE KIT HS 2	A	Y				
		WRC007	CLUB HSE KIT TRPL	A	Y				
		WRC008	CLUB HSE KIT SINGLE	A	Y				
		WRC009	CLUB HSE LADIES RR	A	Y				
		WRC010	CLUB HOUSE MENS RR	A	Y				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610174	THE WILTON RIDING CLUB, INC	NC	125	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
60 RIDING CLUB ROAD			4		

Towns Served: WILTON

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
		WRC011	SNACK BAR SINK	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22818	WELL 1	2	WELL1	A				

## Contact Information

Name	Organization	Job Title		
Mr. Justin Sabatino	Wilton Riding Club	Superintendant		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 303	60 Riding Club	Wilton	CT	06897
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-463-5339	3			203-349-1551
				superintendent@wiltonridingclub.com

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

**Please note the following:**

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

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**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610214	THE LAKE CLUB - PADDLE HUT (WELL 2)	NC	27	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
165 THAYER POND ROAD	Connections		1		

Towns Served: WILTON

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT - PADDLE HUT WELL (WSF ID: 00701)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - PADDLE HUT WELL (3)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform MCL Violation	7/1/05 - 9/30/05	2	10/8/2005		10/18/2005	
Total Coliform M&R Violation	9/1/05 - 9/30/05	2	2/16/2006		2/26/2006	
Total Coliform MCL Violation	4/1/14 - 6/30/14	2	7/26/2014		8/5/2014	
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	11/30/2014		12/10/2014	
Total Coliform MCL Violation	9/1/15 - 9/30/15	2	10/28/2015		11/7/2015	
Total Coliform MCL Violation	10/1/15 - 10/31/15	2	11/25/2015		12/5/2015	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Asbestos	WQP 2 DBPR	Stage
				Status	Rule Tier	Rule Tier	Asbestos			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		LCPH001	KIT SNK	A	Y					
		LCPH002	RR 1ST FLOOR	A	Y					
		LCPH003	RR 2ND FLOOR	A	Y					
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00701	ENTRY POINT - PADDLE HUT WELL	3	EP - PADDLE HUT WELL	A						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1610214	THE LAKE CLUB - PADDLE HUT (WELL 2)	NC	27	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
165 THAYER POND ROAD			1		

Towns Served: WILTON

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
56184	PADDLE TENNIS HUT WELL	2	PADDLE HUT WELL	A				

## Contact Information

Name	Organization	Job Title
Lake Club Inc		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
The Lake Club/O James Lewis, President	120 Long Ridge Rd	Stamford CT 06902

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
<b>Contact Role(s): Legal Contact, Owner</b>					
Name	Organization	Job Title			
Mr. Chris Eriquez	The Lake Club	Maintenance Director			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
165 Thayer Pond Rd		Wilton	CT	06897	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
			203-947-6499		ceriquez@thelakeclub.org

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

**Please note the following:**

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CENTER INC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
54 DEER RUN ROAD			2		

Towns Served: WILTON

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 54919)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CENTER INC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
54 DEER RUN ROAD			2		

Towns Served: WILTON

## Monitoring Requirements

Water System Facility: WELL (WSF ID: 54919)

E. Coli (3014)	Sampling Point (Sampling Point ID)	1 routine (RT) per quarter		
		Monitoring Period	Collection Period	Compliance Status
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier	WQD	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WNC001	RR NATURE CTR 1	A	Y			Y
		WNC002	RR NATURE CTR 2	A	Y			Y
		WNC003	NATURE CTR HAND SINK	A	Y			Y
		WNC004	RR OFFICE 1	A	Y			Y
00700	ENTRY POINT	3	ENTRY POINT	A				
54919	WELL	2	WELL	A				
61190	EDUCATIONAL CENTER TREATMENT PLANT							
61336	OFFICE TREATMENT PLANT							

## Contact Information

Name	Organization	Job Title
Mr. Michael Rubbo	Woodcock Nature Center	Executive Director
Mailing Address Line One	Mailing Address Line Two	City
56 Deer Run Road		State
Business Phone	Extension	Zip Code
203-762-7280		Wilton CT 06897
Email Address		
		mrrubbo@woodcocknaturecenter.org

Contact Role(s): Legal Contact

Name	Organization	Job Title
Ms. Lenore Eggleston Herbst	Woodcock Nature Center	Executive Director
Mailing Address Line One	Mailing Address Line Two	City
56 Deer Run Rd		State
Business Phone	Extension	Zip Code
203-762-7280		Wilton CT 06897
Email Address		
		lenore@woodcocknaturecenter.org

Contact Role(s): Administrative Contact

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CENTER INC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
54 DEER RUN ROAD			2		

Towns Served: WILTON

**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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1615154	CANNONDALE RAILROAD STATION	NC	25	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
22 CANNON ROAD			1		

Towns Served: WILTON

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2029	

Water System Facility and Sampling Point Inventory					
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier Asbestos WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	
		UPSTREAM	WITHIN 5 SERVICE CON	A	
00700	ENTRY POINT	3	ENTRY POINT	A	
55571	PRESSURE TANK				
55573	WELL #1	2	WELL #1	A	

### Contact Information

Name	Organization			Job Title		
Mr. Richard Jankovich	Ctdot			Rail Administrator		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
4 Brewery Street				New Haven	CT	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-497-3347					richard.jankovich@ct.gov	

Contact Role(s): Administrative Contact

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

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1615154	CANNONDALE RAILROAD STATION				NC	25	S	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
22 CANNON ROAD				1				
Towns Served: WILTON								
Name			Organization			Job Title		
Ms. Amy Ravitz			Ctdot			Dir. of Legal Svcs		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
2800 Berlin Tpke		P.O. Box 317546			Newington	CT	06131	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-594-3044					amy.ravitz@ct.gov			

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

**Please note the following:**

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

***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
CT1615184	WEIR FARM NATIONAL HISTORIC SITE	NC	43	F	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
735 NOD HILL ROAD			2		

Towns Served: WILTON

### Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL 2 (WSF ID: 60831)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WF001	KIT SNK	A	Y		Y	
		WF002	RR GENERIC RR	A	Y		Y	
		WF003	BASEMENT SLOP SINK	A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	A				
60831	WELL 2	2	WELL 2	A				
60833	WEIR FARM TREATMENT PLANT							

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1615184	WEIR FARM NATIONAL HISTORIC SITE	NC	43	F	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
735 NOD HILL ROAD			2		

Towns Served: WILTON

## Contact Information

Name	Organization	Job Title		
Dr. Kevin Monthie	National Park Service			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
735 Nod Hill Rd		Wilton	CT	06897
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-834-1896				203-648-2796 kevin_monthie@nps.gov

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

**Please note the following:**

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

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

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

**End of schedule**

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