	Water Quality	Monitoring and			C			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1610263	644 DANBURY ROAD				NC	33	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILTON

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

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	8/1/21 - 8/31/21	3	10/21/2022		10/31/2022				
Total Coliform M&R Violation	8/1/21 - 8/31/21	3	10/21/2022		10/31/2022				
Total Coliform M&R Violation	10/1/21 - 10/31/21	3	12/9/2022		12/19/2022				

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

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

		<u> </u>	<u> </u>			1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1610263	644 DANBURY ROAD					NC	33	Р	GW
Local Address (where applicable)		Service	Residen	tial Comme	cial Industr	ial Combin	ed Agricultural		
				Connections		1			

Towns Served: WILTON

Publ	ic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/21 - 10/31/21	3	12/9/2022		12/19/2022	
Physical Parameters M&R Violation	4/1/21 - 4/30/21	3	1/14/2023		1/24/2023	
Physical Parameters M&R Violation	5/1/21 - 5/31/21	3	1/14/2023		1/24/2023	
Physical Parameters M&R Violation	6/1/21 - 6/30/21	3	1/14/2023		1/24/2023	
Physical Parameters M&R Violation	11/1/21 - 11/30/21	3	1/14/2023		1/24/2023	
Total Coliform M&R Violation	11/1/21 - 11/30/21	3	1/14/2023		1/24/2023	
Total Coliform M&R Violation	7/1/22 - 7/31/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	2/1/22 - 2/28/22	3	1/4/2024		1/14/2024	
Total Coliform M&R Violation	2/1/22 - 2/28/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	6/1/22 - 6/30/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	7/1/22 - 7/31/22	3	1/4/2024		1/14/2024	
Total Coliform M&R Violation	8/1/22 - 8/31/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	8/1/22 - 8/31/22	3	1/4/2024		1/14/2024	
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	10/1/22 - 10/31/22	3	1/4/2024		1/14/2024	
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	1/4/2024		1/14/2024	
Total Coliform M&R Violation	6/1/22 - 6/30/22	3	1/4/2024		1/14/2024	
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	3/23/2024		4/2/2024	
Total Coliform M&R Violation	12/1/22 - 12/31/22	3	3/23/2024		4/2/2024	
Total Coliform M&R Violation	11/1/22 - 11/30/22	3	3/23/2024		4/2/2024	
Physical Parameters M&R Violation	12/1/22 - 12/31/22	3	3/23/2024		4/2/2024	

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WS001	WS FIT RR MENS RR L	Α	Υ		Υ		
		WS002	WS FIT RR MENS RR R	Α	Υ		Υ		
		WS003	WS FIT RR LADY RR L	Α	Υ		Υ		
		WS004	WS FIT RR LADY RR R	Α	Υ		Υ		
		WS005	WATER FOUNTAIN	Α	Υ		Υ		
		WS006	KITCHEN	Α	Υ		Υ		
		WS007	1ST FL KITCHEN SINK	Α	Υ		Υ		
		WS008	2ND FL KITCHEN SINK	Α	Υ		Υ		
		WS009	INFANT II ROOM	Α	Υ		Υ		
		WS010	INFANT II ROOM 2	Α	Υ		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.

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

					1				
PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT1610263	644 DANBURY ROAD					NC	33	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
			Connections			1			

Towns Served: WILTON

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
		WS011	GREEN ROOM	Α	Υ		Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α						
10685	WELL	2	WELL	А						

		Co	ontact Inf	ormation				
			Organization	1			Job Title	
			644 Dr LLC		Pr	incipal		
e One		Mailing Addr	ess Line Two		(City	State	Zip Code
					Westport		СТ	06880
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Addr	ess		
					serenitysba	y@gmail.cor	n	
			e One Mailing Addr	Organization 644 Dr LLC e One Mailing Address Line Two	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization 644 Dr LLC Pr e One Mailing Address Line Two Westport Extension Fax Mobile Phone Emergency Phone Email Address	Organization 644 Dr LLC Principal e One Mailing Address Line Two City Westport Extension Fax Mobile Phone Emergency Phone Email Address	Organization 644 Dr LLC Principal e One Mailing Address Line Two Westport CT

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Connecticut Department of	f Public H	lealth	Dri	inking	Water	Section	
	Water Quality Monit	toring and	d Con	npli	ance S	Schedul	e	
PWS ID	PWS Name				sification	Population	Owner Type	Primary Source
CT1610034	FOUR SEASONS RACQUET CLUB				NC 25		Р	GW
Local Address (w	here applicable)	Service	Residen	ntial C	Commerci	al Industri	al Combine	ed Agricultural
589 DANBURY ROAD Connections					1			
Towns Served: WILTON								

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

	Wat	ter System Facili	ty and Sampling P	oint Ir	ventor	У			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		FSRQ001	FRONT LOBBY BR	Α	Υ		Υ	Υ	
		FSRQ002	VOLLYBALL BR	Α	Υ		Υ	Υ	
		FSRQ003	UPPER LOBBY CUST KIT	Α	Υ		Υ	Υ	
		FSRQ004	MENS LOCKER LEFT	Α	Υ		Υ	Υ	
		FSRQ005	MENS LOCKER CENTER	Α	Υ		Υ	Υ	
		FSRQ006	MENS LOCKER RIGHT	Α	Υ		Υ	Υ	
		FSRQ007	LADIES LOCKER LEFT	Α	Υ			Υ	
		FSRQ008	LADIES LOCKER RIGHT	Α	Υ			Υ	
		FSRQ009	LADIES LOCKER CENTER	Α	Υ				
		FSRQ010	LADIES LOCKER UTILIT	Α	Υ				
		FSRQ011	LAUNDRY UTILITY SINK	Α	Υ				
		FSRQ012	PAV LADIES VANITY 1	Α	Υ				
		FSRQ013	PAV LADIES VANITY 2	Α	Υ				
		FSRQ014	PAV MENS LR TO LEFT	Α	Υ				
		FSRQ015	PAV UTILIT IN CLOSET	Α	Υ				
		FSRQ016	PAV CUST KIT POOL	Α	Υ				

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

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1610034	FOUR SEASONS RACQUET CLUB			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	itial Commer	cial Industr	al Combine	ed Agricultural
589 DANBURY	ROAD	Connections		1			

Towns Served: WILTON

	Water System Facility and Sampling Point Inventory												
Water System Wa Facility ID	ater System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700 EN	TRY POINT	3	ENTRY POINT	Α									
22553 WE	ELL	2	WELL	Α									

			Contact Inf	ormation				
			Organization	1		Job Title		
main	Four Seasons Racquet Club, LLC							
e One		Mailing	Address Line Two		City	State	Zip Code	
					Wilton CT 06			
Business Phone Extension Fax M			Mobile Phone	Emergency Phone	Email Address			
125	203-761-9	9825		203-241-4603	stgermain@4seasonstennis.com			
	e One Extension	e One Extension Fax	e One Mailing Extension Fax	Organization nain Four Season e One Mailing Address Line Two Extension Fax Mobile Phone	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Four Seasons Racquet Club, LLC e One Mailing Address Line Two City Wilton Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title nain Four Seasons Racquet Club, LLC e One Mailing Address Line Two City State Wilton CT Extension Fax Mobile Phone Emergency Phone Email Address	

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

Schedule Generation Date: 4/3/2024

Page 5

	_				_					
	Connecticut D	•							ction	
	Water (Quality Monit	oring an	d Com	ıplian	ce Sc	hedule	9		
PWS ID	PWS Name				Classifica	tion Po	pulation	Own	er Type Pr	imary Sourc
CT1610054	951 DANBURY ROAD				NC		45		Р	GW
Local Address	(where applicable)		Service	Resident	tial Com	mercial	Industria	I (Combined	Agricultura
			Connections			2				
Towns Served:	WILTON				·			·		
		Monit	oring Requ	uireme	nts					
Water Systen	m Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)						1	rou	tine (RT) p	er quarter
	Point (Sampling Point ID)		Monitorii	ng Period	Colle	ction Per			ance Status
Select fro	m Inventory of Active Sar	npling Points		10/1/23 -	12/31/23	3			Co	mplete
				1/1/24 -	3/31/24					
				4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
Physical Para	ameters (PPS)						1	rou	tine (RT) բ	er quarter
Sampling		Monitori	ng Period	Colle	ction Per	iod	Compli	ance Status		
Select fro	m Inventory of Active Sar	mpling Points		10/1/23 -	12/31/23	3	Comp			mplete
				1/1/24 -	3/31/24					
				4/1/24 -	6/30/24					
				7/1/24 -	9/30/24					
Water Systen	n Facility: ENTRY POI	NT (WSF ID: 00700)								
	Nitrite (NOX)							1 r	•	T) per year
	Point (Sampling Point ID	<i>)</i>		Monitorii		Colle	ection Peri	iod	Compli	ance Status
ENTRY PC	DINT (3)			1/1/23 -					Co	mplete
				1/1/24 -						
				1/1/25 -						
	Wat	er System Facil	ity and Sai	mpling	Point I	nvent	ory			
Water						Tota				
	ter System Facility	Sampling Point		nt		Colifor				Stage
Facility ID		ID	Description		Statu		Rule	Tier	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ				
		951DR001	HAIR SALON	_	Α	Υ				
		951DR002	HAIR SALON			Υ				
		951DR003	HAIR SHAMP		Α	Υ				
		951DR004	HAIR SHAMP		Α	Υ				
		951DR005	HAIR SHAMP		Α	Υ				
		951DR006	HAIR SHAMP	OO SNK 4	Α	Υ				

ENTRY POINT

951DR007

951DR008

951DR009

951DR010

951DR011

UPSTREAM

3

2

00700 ENTRY POINT

22555 WELL

Schedule Generation Date: 4/3/2024 Page 6

ICE CREAM BATHROOM

ICE CREAM TRIPLE SIN

HBECKSTAND TRPLSNK

WITHIN 5 SERVICE CON

HBECKSTAND HAND SINK

HBECKSTAND RR

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

Υ

Υ

Υ

Υ

Υ

Α

Α

Α

Α

Α

Α

A A

	Water Quality	Monitoring and			C	<i>'</i>		
PWS ID	PWS Name	Momeoring and	u don				ı	Primary Source
CT1610054	951 DANBURY ROAD				NC	45	Р	GW
Local Address	(where applicable)	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILTON

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Ms. Barbara Heibed	ck			Heibecks Sta	ind	Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
951 Danbury Rd						Wilton CT 0				
Business Phone Extension Fax			Mo	obile Phone	Emergency Phone	Email Address				
203-917-9313					203-417-5992	heibecks.stand@gi	mail.com			

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

Please note the following:

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

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

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

End of schedule

	Connecticut D	epartment of	Public H	lealth	Drink	king V	Water S	ection	
		uality Monit							
PWS ID	PWS Name	Zuarrey 14101111	or mg am	u don				vner Tyne P	rimary Source
CT1610064	673 DANBURY ROAD				NC	301011 1 0	25	P	GW
	(where applicable)		Service	Residen		mercial	Industrial	Combined	Agricultural
	(Connections			1			0
Towns Served:	WILTON								
		Monito	oring Requ	ireme	nts				
Water System	n Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 rc	utine (RT)	per quarter
Sampling	Point (Sampling Point ID))		Monitori	ng Period	l Colle	ection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sam	pling 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				
•	ameters (PPS)								per quarter
	Point (Sampling Point ID)			Monitori			ection Perio	•	ance Status
Select fro	m Inventory of Active San	npling Points		10/1/23 -		3			mplete
					3/31/24			Со	mplete
					6/30/24				
	E 100 ENERGY E	(7/1/24 -	9/30/24				
-	n Facility: ENTRY POIN	II (WSF ID: 00700)							
	Nitrite (NOX)	1		0.0 10 1				-	RT) per year
	Point (Sampling Point ID)		Monitorii			ection Perio		ance Status
ENTRY PO	JINT (3)			1/1/23 - 1/1/24 -					mplete
				1/1/24 -					mplete
		Other Co	ompliance						
Compliance Sc	hedule Activity		omphanee		Due Date		Achieve	d Date	
-	ANITARY SURVEY				1/4/2018		Acmere	Date	
NEST OND TO S		er System Facili	itv and Sar			Invent	orv		
Water		•	•			Tota	•	 d	
System War	ter System Facility	Sampling Point	Sampling Poi	nt		Colifor	rm Copper		Stage
Facility ID		ID	Description		Statu	_{is} Rule	e Rule Tie	r Asbestos	WQP 2 DBPF
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		673DR001	TRIPLE SINK		Α	Υ			
		673DR002	HAND WASH	SINK	Α	Υ			
		673DR003	BATHROOM E	MPLOYE	E A	Υ			
		673DR004	SLOP SINK		Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SER						
00700 ENT	RY POINT	3	ENTRY POINT		A				

22556 WELL	2	WELL	Α									
Contact Information												
Name		Organization		Job Title								
Mr. Aaron D. Nachbar		J. Findorak & Sons	s, Inc.	Operator								
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code						
36 Coley Road			Wilton		CT	06897						
Di. Dl Fi	F 8-	A-L:I- DL F	BL F!! A-	<u></u>								

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.

	Co	nnecticı	ut Depa	rtme	nt of	Public	Health	Drin	ıking	g Water	Section	
		Wat	er Qua	lity M	<u>loni</u> to	oring a	nd Con	nplia:	nce S	Schedul	e	
PWS ID	PWS	Name						Classifi	cation	Population	Owner Type	Primary Source
CT1610064	673	DANBURY R	OAD					N	С	25	Р	GW
ocal Address (w	here	applicable)				Service	Residen	tial Co	mmerci	al Industria	al Combine	ed Agricultural
						Connection	ns		1			
Towns Served: W		N										
				IIIdolvi	e Pnone	Emergency	Pnone	Email A	Adaress			
203-762-5097	7		203-762-5	5121			203-943-	1535	aaron@	စ္ဆfindorak.co	om	
Contact Role(s):	Adr	ninistrative (Contact									
Name					Org	ganization					Job Title	9
673 Danbury Rd	LLC											
Mailing Address	Line	One		Mailing	Address	Line Two				City	State	Zip Code
36 Coley Rd									Wilton		СТ	06897
Business Phon	e	Extension	Fax		Mobile	e Phone	Emergency	Phone	Email A	Address		
203-943-1535	5								aaron@	၍findorak.co	m	
Contact Role(s)	l eg	al Contact O	wner									

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 Dep	artment of	f Public H	lealth	Drinkir	ng Wa	ater S	ection	
Water Ou	ality Monit	oring an	d Com	pliance	Sche	edule		
PWS ID PWS Name	<i>y</i>	<u> </u>		Classificatio			wner Type Pr	imary Source
CT1610094 MERWIN MEADOWS TOW	N PARK			NC	2		L	GW
Local Address (where applicable)		Service	Resident	ial Comme	rcial In	dustrial	Combined	Agricultural
45 LOVERS LANE		Connections		1				
Towns Served: WILTON			1	1				
	Monit	oring Requ	uiremer	nts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 r	outine (RT) բ	er quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collecti	on Perio	d Compli	ance Status
Select from Inventory of Active Sampli	ng Points		7/1/24 - 9	9/30/24				
Physical Parameters (PPS)						1 r	outine (RT) բ	er quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collecti	on Perio	d Compli	ance Status
Select from Inventory of Active Sampli	ng Points		10/1/23 -					
			1/1/24 - :					
			4/1/24 -					
	·		7/1/24 - 9	9/30/24				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (R	
Sampling Point (Sampling Point ID)		Monitorin		Collecti	on Perio		ance Status	
ENTRY POINT (3)			1/1/23 - 1				Col	mplete
			1/1/24 - 1					
			1/1/25 - 1					
	Other C	ompliance	Sched	ules				
Compliance Schedule Activity				ue Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY			2,	/20/2019				
	Public Not		Require					
No. 1 of the second	C	Compliance	Notice		<u>Notifica</u>			<u>ification</u>
Violation/Situation	7/4	Period	Tier	Require		formed	Due to DPH	Received
Total Coliform M&R Violation		/19 - 9/30/19	3	12/10/20			12/20/2020	
Physical Parameters M&R Violation		/19 - 9/30/19	3	1/20/20			12/20/2020	
Physical Parameters M&R Violation Total Coliform M&R Violation		/20 - 9/30/20 /23 - 9/30/23	3	1/20/202			1/30/2022 12/17/2024	
Total Coliform M&R Violation		/23 - 9/30/23	3	12/7/20			12/17/2024	
							12/17/2024	
	System Facil	ity and Sar	npling	Point inv		•		
Water System Water System Facility	Sampling Point	Samplina Poi	int		Total Coliform	Lead an		Stage
Facility ID	ID	Description 1	,,,		Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTFM	<u>Status</u> A	Y			
00000 DISTRIBUTION STSTEM	-	REAM WITHIN 5 SERVICE CON			•			
OCCOO DISTRIBUTION STSTEM	DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α				
00000 DISTRIBUTION STSTEM	DOWNSTREAM UPSTREAM	WITHIN 5 SER WITHIN 5 SER						
00700 ENTRY POINT			RVICE CON					

Contact Information

Wilton Health Department

Job Title

State

Zip Code

Director of Health

City

Organization

Mailing Address Line Two

Name

Mr. Barrington Bogle

Mailing Address Line One

	Connectic	ut Depa	rtment of	f Public	Health	Drin	king	Water	Section	n	
	Wa	ter Qua	lity Monit	oring a	nd Com	plia	nce S	chedul	e		
PWS ID	PWS Name					Classifi	cation I	Population	Owner Typ	e Pr	imary Source
CT1610094	MERWIN MEAD	ows town	PARK			N	С	25	L		GW
Local Address (w	here applicable)			Service	Resident	tial Co	mmercia	l Industri	al Combi	ned	Agricultural
45 LOVERS LANE				Connection	ns		1				
Towns Served: W	'ILTON								'		
238 Danbury Roa	d						Wilton		СТ		06897
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Address				
203-563-0174		203-563-	0148 203-2	216-8384			barringt	on.bogle@	wiltonct.or	g	
Contact Role(s):	Administrative	Contact	·								
Name			O	rganization					Job Ti	tle	
Mr. Steve Pierce			W	/ilton Parks A	And Rec			Director			
Mailing Address I	Line One		Mailing Addres	s Line Two				City	Stat	е	Zip Code
180 School Road							Wilton		СТ		06897
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	Phone	ne Email Address				
203-834-6234							steve.pi	erce@wilto	onct.org		
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 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

f Public Health Drinking Water Section
toring and Compliance Schedule
Classification Population Owner Type Primary Sou
NC 25 P GW
Service Residential Commercial Industrial Combined Agricult
Connections 1
toring Requirements
ID: 00600)
1 routine (RT) per quart
Monitoring Period Collection Period Compliance State
10/1/23 - 12/31/23 Complete
1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24
7/1/24 - 9/30/24
1 routine (RT) per quart
Monitoring Period Collection Period Compliance State
10/1/23 - 12/31/23 Complete
1/1/24 - 3/31/24 Complete
4/1/24 - 6/30/24
7/1/24 - 9/30/24
)
1 routine (RT) per ye
Monitoring Period Collection Period Compliance State
1/1/23 - 12/31/23 Complete
1/1/24 12/21/24 Complete
1/1/24 - 12/31/24 Complete
1/1/25 - 12/31/25
1/1/25 - 12/31/25
1/1/25 - 12/31/25 1 routine (RT) per quart
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24
1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 ility (WSF) Level Monitoring Requirements
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 ility (WSF) Level Monitoring Requirements
1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Complete WSF) Level Monitoring Requirements Complete Samples Req/Month
1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 fility (WSF) Level Monitoring Requirements Parallel Samples Req/Month D) Minimum: 7 PH 4
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 T/1/24 - 9/30/24 Samples Req/Month D) Minimum: 7 PH 4
1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Complete Complete Monitoring Requirements Part Type Operating Limit Samples Req/Month Minimum: 7 PH Compliance History: Operating Limit Monitoring
1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 fility (WSF) Level Monitoring Requirements Part Type) Operating Limit Samples Req/Month D) Minimum: 7 PH 4 Compliance History: Operating Limit Compliance Status: 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 (Ility (WSF) Level Monitoring Requirements D) Minimum: 7 PH 4 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Status 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024
1/1/25 - 12/31/25 1 routine (RT) per quark Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 (lity (WSF) Level Monitoring Requirements D) Minimum: 7 PH 4 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: 11/1/2023 - 11/30/2023 12/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024
1/1/25 - 12/31/25 1 routine (RT) per quart Monitoring Period Collection Period Compliance State 10/1/23 - 12/31/23 Complete 1/1/24 - 3/31/24 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 (Ility (WSF) Level Monitoring Requirements D) Minimum: 7 PH 4 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Status 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024

Notice

Tier

Public Notification

Required

PN Certification

Received

Performed Due to DPH

Compliance

Period

Violation/Situation

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name		Classification		Population	Owner Type	Primary So	ource			
CT1610134	713 DANBURY ROAD			NC		25	Р	GW			
Local Address (v	Local Address (where applicable)			tial Commercia		al Industri	al Combin	ed Agricul	ltural		
713 DANBURY F	ROAD	Connections			1						

Towns Served: WILTON

Public Notification Requirements											
	Compliance	Notice	Public Notification		PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform MCL Violation	11/1/15 - 11/30/15	2	1/10/2016		1/20/2016						
Total Coliform M&R Violation	12/1/15 - 12/31/15	2	2/18/2017		2/28/2017						
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	12/12/2024		12/22/2024						
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	12/12/2024		12/22/2024						
E. Coli M&R Violation	4/1/23 - 6/30/23	3	12/12/2024		12/22/2024						
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	12/12/2024		12/22/2024						

	W	ater System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
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	4	DISTRIBUTION SYSTEM	Α	Υ				
		713DR001	TRIPLE SINK	Α	Υ				
		713DR002	HAND SINK	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22564	WELL #1	2	WELL #1	А					
58073	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Aaron D. Nachl	bar		J. Findorak & Sons, Inc.				Operator		
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
36 Coley Road						Wilton		СТ	06897
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress	,	
203-762-5097		203-762-	5121		203-943-1535	aaron@findorak.com			
Contact Role(s): A	dministrative (Contact		1					
Name				Organization				Job Title	
Mr. Gary Sachetti				713 Danbury	Road				
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code
8057 Route 209						Ellenvill	е	NY	12428
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	Email Address		
845-647-6941				845-283-0784					

Connecticut Department of Public Health	Drinking	g Water	Section					
Water Quality Monitoring and Compliance Schedule								
DWS Name	Classification	Population	Owner Type	Drir				

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1610134	713 DANBURY ROAD					NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
713 DANBURY F	ROAD		Connections			1			

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 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 Departm	nent of Public H	lealth	Drinking	g 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	Р	GW			
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural			
165 THAYER PO	ND ROAD	Connections		1						
Towns Served: '	WILTON	·			·					

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

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

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos V	Stage NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		TLC001	RR LADY ROOM L	Α	Υ	Υ	
		TLC002	RR LADY ROOM M	Α	Υ	Υ	
		TLC003	RR LADY ROOM R	Α	Υ	Υ	
		TLC004	RR MENS RR L	Α	Υ	Υ	
		TLC005	RR MENS RR R	Α	Υ	Υ	
		TLC006	FIRST AID ROOM	Α	Υ	Υ	
		TLC007	SNACK BAR SINK	Α	Υ	Υ	
		TLC008	GARAGE SLOP SINK	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α		·	
22564	WELL #1	2	WELL	Α			

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classifi	ication	Population	Owner Type	Primary Source				
CT1610144	THE LAKE CLUB, INC			NC		50	Р	GW				
Local Address (w	here applicable)	Service	Residen	ntial Co	mmercia	al Industri	al Combine	ed Agricultural				
165 THAYER PO	ND ROAD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	l	Job Title			
Mr. Jack Shpunt					Maintenance Director				
Mailing Address Lin	ie One		Mailing Ad	dress Line Two			City	State	Zip Code
165 Thayer Pond R	oad					Wilton		СТ	06897
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress		
203-762-1647		203-761-	0054			jshpunt	@thelakeclu	b.org	
Contact Role(s): A	dministrative	Contact	,		1				
Name				Organization	l			Job Title	
Lake Club Inc									
							C:t.	State	Zip Code
Mailing Address Lin	ie One		Mailing Ad	dress Line Two			City	State	Zip Couc
Mailing Address Lin The Lake Clubc/O Ja		esident	Mailing Add			Stamfor		CT	06902

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: WILTON

- 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 Departmer	at of Dublic Uc	alth D	rinkin	a Water C	Soction	
	Connecticut Departmer Water Quality Mo				_		
PWS ID	PWS Name	omtoring and			Population O		mary Source
CT1610174	THE WILTON RIDING CLUB, INC		Cla	NC	125	P P P III	GW GW
	where applicable)	Service I	Residential	Commerc		·	Agricultural
60 RIDING CLUB		Connections	Nesidelitiai	4	ciai iliuustilai	Combined	Agricultural
Towns Served: \		9393113		4			
	M	onitoring Requi	rements	5			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform						routine (RT) p	
	Point (Sampling Point ID)		lonitoring F		Collection Perio	od Complia	nce Status
Select from	n Inventory of Active Sampling Points		1/1/24 - 4/3	*			
			5/1/24 - 5/3				
			5/1/24 - 6/3				
			7/1/24 - 7/3				
			3/1/24 - 8/3				
			9/1/24 - 9/3				
		10	0/1/24 - 10/	/31/24			
Physical Para		-				routine (RT) p	
	Point (Sampling Point ID)		lonitoring F		Collection Perio	od Complia	nce Status
Select from	n Inventory of Active Sampling Points		1/1/24 - 4/3	*			
			5/1/24 - 5/3				
			5/1/24 - 6/3	*			
			7/1/24 - 7/3				
			3/1/24 - 8/3				-
			9/1/24 - 9/3				
Matax Custom	Facility FAITDY DOINT (MCF ID. O		0/1/24 - 10/	31/24			
•	Facility: ENTRY POINT (WSF ID: 00	0700)					<u>, </u>
Nitrate And N	•					1 routine (RT	
	Point (Sampling Point ID)		lonitoring F		Collection Perio	•	nce Status
ENTRY POI	N1 (3)		/1/23 - 12/3			Com	plete
			/1/24 - 12/3				
	Oth		/1/25 - 12/3				
Compliance Sch		er Compliance S		Date	Achieve	ed Date	
-	RT UP COMPLETION			/2024	Acmeve	u Dute	
SEASONAL STAN		Notification De		•			
	Public	Notification Re			Notification	DN Coutif	ication
Violation/Situat	tion	Compliance Period	Notice Tier	Required	Notification I Performed	PN Certif Due to DPH	Received
	COLIFORM RULE (RTCR) TT Violation	5/12/23 - 6/15/23		8/30/2023		9/9/2023	MECEIVEU
		Facility and Sam				3/3/2323	
Water	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			Total Lead an	nd	
	er System Facility Sampling	Point Sampling Point	;		oliform Coppe		Stage
Facility ID	ID	Description		Status		er Asbestos V	VQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM 4	DISTRIBUTION S		A	Υ		

RR GARAGE

WITHIN 5 SERVICE CON

Α

Α

Α

Υ

Υ

DOWNSTREAM WITHIN 5 SERVICE CON

UPSTREAM

WRC001

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					125	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerci	al Industri	al Combine	ed Agricultural
60 RIDING CLUB	ROAD	Connections		4			

Towns Served: WILTON

Wa	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							
	WRC002	KIT SINK MAIN HOUSE	Α	Υ	Υ							
	WRC003	RR MAIN HOUSE	Α	Υ	Υ							
	WRC005	CLUB HOUSE KIT HS 1	Α	Υ								
	WRC006	CLUB HOUSE KIT HS 2	Α	Υ								
	WRC007	CLUB HSE KIT TRPL	Α	Υ								
	WRC008	CLUB HSE KIT SINGLE	Α	Υ								
	WRC009	CLUB HSE LADIES RR	Α	Υ								
	WRC010	CLUB HOUSE MENS RR	Α	Υ								
	WRC011	SNACK BAR SINK	Α	Υ								
00700 ENTRY POINT	3	ENTRY POINT	Α									
22818 WELL 1	2	WELL1	Α									

Contact Information										
Name				Organization	1	Job Title				
Mr. Justin Sabatino	1		Wilton Ridin	g Club		Superintendant				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
P.O. Box 303			60 Riding Clu	b		Wilton		СТ	06897	
Business Phone Extension Fax M			Mo	bile Phone	Emergency Phone	Email Ac	nail Address			
203-463-5339	3				203-349-1551	superint	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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Page 18

	Connecticut Departmen	nt of Public H	lealth	D	rinking	Water	Section	l	
	Water Quality M	onitoring an	d Con	np	liance S	Schedul	е		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	nary Source
CT1610214	THE LAKE CLUB - PADDLE HUT (WELL 2	2)			NC	27	Р		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industria	l Combin	ed	Agricultura
165 THAYER P	OND ROAD	Connections			1				
Towns Served:	WILTON								
	M	onitoring Requ	uireme	ents	5				
Water Syster	m Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	m (3100)					1	routine (R	T) pe	er quarter
Sampling	Point (Sampling Point ID)		Monitor	ing I	Period C	ollection Per	iod Com	pliar	nce Status
Select fro	m Inventory of Active Sampling Points		10/1/23	- 12/	/31/23			Com	plete
			1/1/24	- 3/3	31/24			Com	plete
			4/1/24	- 6/3	30/24				
			7/1/24	- 9/3	30/24				
Physical Para	ameters (PPS)					1	routine (R	T) pe	er quarter
Sampling	Point (Sampling Point ID)		Monitor	ing I	Period C	ollection Per	iod Com	pliar	nce Status
Select fro	m Inventory of Active Sampling Points		10/1/23	- 12/	/31/23			Com	plete
			1/1/24	- 3/3	31/24			Com	plete
			4/1/24						
			7/1/24	- 9/3	30/24				
Water Syster	n Facility: ENTRY POINT - PADDLE F	IUT WELL (WSF ID	: 00701)						
	Nitrite (NOX)						1 routine	(RT) per year
Sampling	Point (Sampling Point ID)		Monitor	ing I	Period C	ollection Per	iod Com	pliar	nce Status
EP - PADI	DLE HUT WELL (3)		1/1/23 -	12/	31/23			Com	plete
			1/1/24 -	12/	31/24				
			1/1/25 -	12/	31/25				
	Oth	ner Compliance	Sched	luk	es				
Compliance Sc	hedule Activity			Due	Date	Achiev	red Date		
RESPOND TO S	SANITARY SURVEY			7/10	/2019				
	Public	Notification F	Require	em	ents				
		Compliance	Notice			<u>otification</u>	PN C	ertifi	<u>ication</u>
Violation/Situ	ation	Period	Tier		Required	Performed		-	Received
Total Coliform	MCL Violation	7/1/05 - 9/30/05	2		10/8/2005		10/18/20	05	
Tatal California	M&P Violation	0/1/05 0/20/05	2		2/16/2006		2/26/200	26	

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	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			ity and Sampling P		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					
		LCPH001	KIT SNK	Α	Υ		Υ		
		LCPH002	RR 1ST FLOOR	Α	Υ		Υ		
		LCPH003	RR 2ND FLOOR	Α	Υ		Υ		

	Water Ovality Manitoring and Compliance Caledyle										
	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Source									nary Source		
CT1610214	THE LAKE CLUB - PADDLE HUT (WELL 2)				NC	27	Р		GW		
Local Address	(where applicable)	Resider	ntial	Commerci	al Industri	al Combin	ed A	Agricultural			
165 THAYER P	OND ROAD			1							

Connecticut Department of Public Health Drinking Water Section

Sampling Point Sampling Point Sampling Point Sampling Point Coliform Copper Copper Stage Status Rule Tier Asbestos WQP 2 DBP				Water Sy	ystem Fac	ility and S	Sampling Poi	nt Inv	ento	ſy		
00701 ENTRY POINT - PADDLE HUT WELL 3 EP - PADDLE HUT WELL A 56184 PADDLE TENNIS HUT WELL 2 PADDLE HUT WELL A Contact Information Name Organization Job Title Mr. Jack Shpunt Mailing Address Line Two City State Zip Code 165 Thayer Pond Road Wilton CT 06897 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 Emergency Phone Email Address jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	System	_	stem Facility				-	Co	oliform	Copper	Asbestos	Stage WQP 2 DBPR
WELL 56184 PADDLE TENNIS HUT WELL 2 PADDLE HUT WELL Contact Information Name Organization Organization Maintenance Director Mailing Address Line One 165 Thayer Pond Road Milton CT 06897 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line Two City State Zip Code Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902					UPSTREAM	WITHIN 5	SERVICE CON	Α				
Contact Information Name Organization Job Title Mr. Jack Shpunt Maintenance Director Mailing Address Line One Mailing Address Line Two City State Zip Code 165 Thayer Pond Road Wilton CT 06897 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	00701		DINT - PADDLI	E HUT	3	EP - PADD	LE HUT WELL	Α				
Name Mr. Jack Shpunt Mailing Address Line One Mailing Address Line One Mailing Address Line Two Mobile Phone Extension Contact Role(s): Name Mailing Address Line One Mailing Address Line Two Mobile Phone Emergency Phone Emergency Phone Emergency Phone Shpunt@thelakeclub.org Mobile Phone Emergency Phone Shpunt@thelakeclub.org Mobile Phone Mobile	56184	PADDLE ⁻	TENNIS HUT V	VELL	2	PADDLE H	UT WELL	Α				
Mr. Jack Shpunt Mailing Address Line One Mailing Address Line Two City State Zip Code 165 Thayer Pond Road Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford City State Zip Code Stamford CT 06902					Co	ntact Info	ormation					
Mailing Address Line One Mailing Address Line Two City State Zip Code 165 Thayer Pond Road Wilton CT 06897 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Name					Organization					Job Title	
165 Thayer Pond Road Wilton CT 06897 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Mr. Jack S	Shpunt							Ма	intenance [Director	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Mailing A	ddress Line	e One		Mailing Addr	ess Line Two			Ci	ty	State	Zip Code
203-762-1647 203-761-0054 jshpunt@thelakeclub.org Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	165 Thaye	er Pond Ro	ad					Wilto	n		СТ	06897
Contact Role(s): Administrative Contact Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Busines	s Phone	Extension	Fax	Mo	bile Phone	Emergency Pho	ne Emai	l Addres	SS		
Name Organization Job Title Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	203-76	52-1647		203-761-0	0054			jshpu	ınt@the	elakeclub.o	rg	
Lake Club Inc Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Contact R	ole(s): Ac	lministrative	Contact	·			·				
Mailing Address Line One Mailing Address Line Two City State Zip Code The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Name					Organization					Job Title	
The Lake Clubc/O James Lewis, President 120 Long Ridge Rd Stamford CT 06902	Lake Club	Inc										
	Mailing A	ddress Line	e One		Mailing Addr	ess Line Two			Ci	ty	State	Zip Code
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	The Lake (Clubc/O Ja	mes Lewis, Pr	esident	120 Long Rid	ge Rd		Stam	ford		СТ	06902
	Busines	s Phone	Extension	Fax	Mo	bile Phone	Emergency Pho	ne Emai	l Addres	SS		

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: WILTON

- 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

Schedule Generation Date: 4/3/2024

	Connecticut Department of Water Quality Monit				_			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CENTER INC				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
54 DEER RUN R	4 DEER RUN ROAD Conr				2			
Towns Served:	WILTON						,	1

Towns Served: WILTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rej	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/13/23 - 10/18/23		Complete
	11/29/23 - 12/4/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Water System Facility: WELL (WSF ID: 54919)			

	Connecticut Department	of Public H	lealth	ı Dr	inking	, Water	Section	
	Water Quality Mon	nitoring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1615144	WOODCOCK NATURE CENTER INC				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
54 DEER RUN	ROAD	Connections			2			

Towns Served: WILTON

Monitor	ring Requirements		
Water System Facility: WELL (WSF ID: 54919)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/12/23 - 10/18/23		Complete
	11/28/23 - 12/4/23		Complete
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Other Compliance Schedules

Compliance Schedule Activity

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)

1/2/2024

	Wate	r System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
		WNC001	RR NATURE CTR 1	Α	Υ		Υ	
		WNC002	RR NATURE CTR 2	Α	Υ		Υ	
		WNC003	NATURE CTR HAND SINK	Α	Υ		Υ	
		WNC004	RR OFFICE 1	Α	Υ		Υ	
		WNC005	RR OFFICE 2	Α	Υ		Υ	
		WNC006	KIT SNK OFFICE	Α	Υ		Υ	
00700	ENTRY POINT	3	ENTRY POINT	Α				
54919	WELL	2	WELL	Α				
61190	EDUCATIONAL CENTER TREATMENT PLANT							
61336	OFFICE TREATMENT PLANT	·	·					

			Co	ntact Inf	ormation				
Name					1		Job Title		
Mr. Michael Rubbo	1			Woodcock N	lature Center	Center Executive Director			
Mailing Address Lin	ailing Address Line One Mailing Ad			ess Line Two			City	State	Zip Code
56 Deer Run Road						Wilton		СТ	06897
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
203-762-7280						mrubbo	@woodcock	naturecenter	org.
Contact Role(s): Le	gal 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.

	Connecticu	it Depa	rtment (of Public	Health	Drir	iking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication [Population	Owner Type	Primary Source
CT1615144 V	VOODCOCK NAT	URE CENTE	R INC			NC		25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
54 DEER RUN ROA	AD.			Connection	ns		2			
Towns Served: WI	LTON					'		1	1	
Name				Organization					Job Title	е
Ms. Lenore Eggles	ston Herbst			Woodcock Na	ture Center			Executive	Director	
Mailing Address Li	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
56 Deer Run Rd							Wilton		СТ	06897
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress	,	
203-762-7280							lenore@	woodcock	naturecenter	.org
Contact Role(s):	Administrative (Contact	,	,			*			

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

	Connecticut D	enartment of	Puhlic H	ealth	Drinl	zing V	Vater	Sec	ction	
		Quality Monit							ction	
PWS ID	PWS Name	quality Monit	ornig and						er Tyne I	Primary Sourc
CT161515		AD STATION		'	NC	acion 10	25	OWII	S	GW
	lress (where applicable)	ADSTATION	Service	Resident		mercial	Industri	al (Combine	
	ON ROAD		Connections			1				7.8
	rved: WILTON									
		Monito	oring Requ	iremer	its					
Water Sy	ystem Facility: DISTRIBUTION									
Total Co	oliform (3100)						1	rout	tine (RT)	per quarter
	pling Point (Sampling Point ID)		Monitorin	g Period	d Colle	ction Pe			liance Status
Sele	ct from Inventory of Active San	npling Points	1	.0/1/23 - :	12/31/2	3			С	omplete
				1/1/24 - 3	3/31/24				С	omplete
				4/1/24 - 6	5/30/24					
				7/1/24 - 9	9/30/24					
Physical	l Parameters (PPS)						1	rout	tine (RT)	per quarter
	pling Point (Sampling Point ID	-	1	Monitorin	g Period	d Colle	ction Pe	riod	Comp	liance Status
Sele	ct from Inventory of Active San	npling Points	1	.0/1/23 - 1		3				omplete
				1/1/24 - 3					С	omplete
				4/1/24 - 6						
				7/1/24 - 9	9/30/24					
•	ystem Facility: ENTRY POIN	NT (WSF ID: 00700)								
	And Nitrite (NOX)								-	RT) per year
	pling Point (Sampling Point ID)		Monitorin			ection Pe	riod		liance Status
ENTI	RY POINT (3)			1/1/23 - 1						omplete
				1/1/24 - 1						omplete
		Oth or C		1/1/25 - 1		•				
<u> </u>		Other Co	ompliance							
	nce Schedule Activity				ue Date		Achie	ved L	Date	
CROSS CC	ONNECTION SURVEY REPORT				/1/2029					
	Wat	er System Facili	ity and San	npling	Point	Invent	ory			
Water						Total				_
System	Water System Facility	Sampling Point ID	Sampling Poir Description	it		Colifor			Ashasta	Stage
Facility IL 00600			•		Statu	_{IS} Rule	Kuie	rier	Aspestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION		A					
		UPSTREAM	WITHIN 5 SER		A A					
00700	ENTRY POINT	3	ENTRY POINT	VICE CON	A					
55571	PRESSURE TANK	<u> </u>	LIVINI I OIIVI							
55573	WELL #1	2	WELL #1		Α					
33373			tact Inforn	nation						
			ganization	iativii					lob Titl -	
Nieus -		1()	ganization						Job Title	
	مام المسابع ال					_	-: A - '			
	ard Jankovich ddress Line One		dot			F	ail Admi City	nistra		Zip Code

Mobile Phone

4 Brewery Street

Business Phone

203-497-3347

Extension

Contact Role(s): Administrative Contact

Fax

Schedule Generation Date: 4/3/2024 Page 24

New Haven

richard.jankovich@ct.gov

Emergency Phone Email Address

06511

CT

(Connecticut	t Depa	rtment	of Publi	ic H	lealth	Dri	nking	Water	Section	
	Wate	r Qua	lity Mo	nitoring	an	d Con	nplia	nce S	chedul	le	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT1615154	CANNONDALE RAI	LROAD ST	ATION		NC		IC	25	S	GW	
Local Address (wh	nere applicable)			Service		Resider	tial Co	mmercia	al Industri	al Combine	ed Agricultural
22 CANNON ROA	D			Connect	tions			1			
Towns Served: W	ILTON										1
Name				Organizatio	n					Job Title	9
Amy Ravitz				Ctdot					Dir. of Leg	gal Svcs	
Mailing Address L	ine One		Mailing Ad	dress Line Two	0				City	State	Zip Code
2800 Berlin Tpke			P.O. Box 31	7546				Newing	ton	СТ	06131
Business Phone	Extension	Fax	Ŋ	Nobile Phone	Er	mergency	/ Phone	Email A	ddress		
860-594-3044								amy.ra	vitz@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 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 Dep	artment of	Public H	lealth D	rinki	ing W	ater S	ection	
	Water Qu	ality Monit	oring and	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name			Cl	assificat	ion Pop	ulation O	wner Type Pr	rimary Source
CT1615184	4 WEIR FARM NATIONAL HI	STORIC SITE			NC		43	F	GW
Local Addr	ess (where applicable)		Service	Residentia	l Comm	nercial I	ndustrial	Combined	Agricultural
735 NOD F	HILL ROAD		Connections		2	2			
Towns Ser	ved: WILTON								
		Monito	oring Requ	iirement	:S				
Water Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Col	liform (3100)						1 r	outine (RT) _ا	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
Select	t from Inventory of Active Sampli	ng Points		10/1/23 - 12					mplete
				1/1/24 - 3/				Со	mplete
				4/1/24 - 6/					
				7/1/24 - 9/	30/24				
Physical	Parameters (PPS)						1 r	outine (RT) _ا	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
Select	t from Inventory of Active Sampli	ng Points		10/1/23 - 12	2/31/23			Со	mplete
				1/1/24 - 3/	31/24			Со	mplete
				4/1/24 - 6/	•				
				7/1/24 - 9/	30/24				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)							1 routine (R	T) per year
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
ENTR	Y POINT (3)			1/1/23 - 12	/31/23			Со	mplete
				1/1/24 - 12	/31/24			Co	mplete
				1/1/25 - 12,	/31/25				
Water Sys	stem Facility: WELL 2 (WSF I	D: 60831)							
E. Coli (3	3014)						1 r	outine (RT) _I	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
WELL	. 2 (2)		:	10/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/	31/24			Co	mplete
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
	Water	System Facili	ty and Sar	mpling Po	oint Ir	nvento	ry		
Water						Total	Lead an		
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID .	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A				
		DOWNSTREAM	WITHIN 5 SER		A				
		UPSTREAM	WITHIN 5 SER	VICE CON	A	_			
		WF001	KIT SNK	_	A	Y		Y	
		WF002	RR GENERIC F		Α	Y		Υ	
		WF003	BASEMENT SL		Α	Υ		Υ	
00700	ENTRY POINT	3	ENTRY POINT		Α				
60831	WELL 2	2	WELL 2		Α				

60833 WEIR FARM TREATMENT PLANT

	Water Quality Moni				C	'		
PWS ID	PWS Name	<u> </u>		1				Primary Source
CT1615184	WEIR FARM NATIONAL HISTORIC SITE				NC	43	F	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
735 NOD HILL	ROAD	Connections			2			

Connecticut Department of Public Health Drinking Water Section

Towns Served: WILTON

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Dr. Kevin Monthie				National Par	k Service					
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two		City		State	Zip Code	
735 Nod Hill Rd						Wilton		СТ	06897	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Add	dress			
203-834-1896					203-648-2796	kevin_mc	nthie@nps.go	V		

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