

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1570024	GIRL SCOUTS OF CT - CAMP ASPETUCK MAIN	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
88 OLD EASTON TURNPIKE	Connections		1		

Towns Served: WESTON

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		
	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	9/23/25 - 9/28/25		Complete

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		
	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 2 (WSF ID: 63063)

E. Coli (3014)	1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	9/22/25 - 9/28/25		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/4/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/25 - 10/31/25	3	1/21/2027		1/31/2027	
Physical Parameters M&R Violation	10/1/25 - 10/31/25	3	1/21/2027		1/31/2027	

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 Status	Asbestos Rule Tier	Stage WQP 2 DBPR Received

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.

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Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
88 OLD EASTON TURNPIKE	Connections		1		

Towns Served: WESTON

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
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ10906	CONWAY CAB KIT SINK	A	Y			
		BJ87537	CONWAY OUTSIDE TAP 1	A	Y			
		BJ87538	CONWAY OUTSIDE TAP 2	A	Y			
		BJ87539	POOL TAP	A	Y			
		BK02357	CABIN KIT SINK	A	Y			
		BN38376	FREY LODGE KITCHEN S	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
63063	WELL 2	2	WELL 2	A				

Contact Information

Name	Organization	Job Title
Mr. Rocky, J. Kopylec	Girl Scouts of Connecticut	Director of Property
Mailing Address Line One	Mailing Address Line Two	City
20 Washington Ave		State
Business Phone	Extension	Zip Code
203-239-2922	3844	North Haven
	203-239-2770	CT
		06473
Email Address		
		RKopylec@gsofct.org

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
CT1570064	WESTON RACQUET CLUB	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
405 NEWTOWN TURNPIKE	Connections		1		

Towns Served: WESTON

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 (WSF ID: 22533)

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
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT		3/1/2026

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	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		WRC001	CHANG RM WOMEN F1 R	A	Y			Y
		WRC002	CHANG RM WOMEN F1 L	A	Y			Y
		WRC003	CHANG RM MEN F1 L	A	Y			Y

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1570064	WESTON RACQUET CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
405 NEWTOWN TURNPIKE			1		

Towns Served: WESTON

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	
		WRC004	CHANG RM MEN F1 R	A	Y			Y
		WRC005	RR MENS RM 2F	A	Y			Y
		WRC006	RR LADY RM 2F	A	Y			Y
		WRC007	LAUNDRY RM SLOP SINK	A	Y			Y
00700	ENTRY POINT	3	ENTRY POINT	A				
22533	WELL	2	WELL	A				
61675	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. Anthony Zangrillo	Weston Racquet Club	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
405 Newtown Turnpike		Weston	CT	06883
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-226-3349				203-940-3079
Email Address				

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

Name	Organization	Job Title		
Mr. Ivan Lendl	Weston Racquet Club	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
405 Newtown Tnpk		Weston	CT	06883
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-226-3349				203-940-3079
Email Address				

Contact Role(s): **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.
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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
CT1579174	ASPETUCK VALLEY CTRY CLUB - POOL/SNACKBR	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
67 OLD REDDING ROAD	Connections				1

Towns Served: WESTON

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		

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 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 SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total		Lead and Coliform		Stage
				Status	Rule	Copper Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		AVCCP 001	POOL HSE MENS L SNK	A	Y	N		Y
		AVCCP 002	POOL HSE MENS R SNK	A	Y	N		Y
		AVCCP 003	POOL HSE LADY L SNK	A	Y	N		Y
		AVCCP 004	POOL HSE LADY R SNK	A	Y	N		Y
		AVCCP 005	SNACK BAR RR SNK	A	Y	N		Y
		AVCCP 006	SNACK KIT DBL SNK L	A	Y	N		Y
		AVCCP 007	SNACK KIT DBL SNK R	A	Y	N		Y
		AVCCP 008	SANCK KIT REAR SNK	A	Y	N		Y
		AVCCP 009	SNACK KIT FRONT SNK	A	Y	N		Y
		AVCCP 010	CAMP HSE L RR SNK	A	Y	N		Y
		AVCCP 011	CAMP HSE R RR SNK	A	Y	N		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
CT1579174	ASPETUCK VALLEY CTRY CLUB - POOL/SNACKBR	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
67 OLD REDDING ROAD					1

Towns Served: WESTON

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	
		AVCCP 012	CAMP HSE KIT SNK	A	Y	N		Y
		AVCCP 013	TENNIS PAV RR SNK	A	Y	N		Y
		AVCCP 014	TENNIS PAV KIT SNK	A	Y	N		Y
	DOWNSTREAM	WITHIN 5 SERVICE CON		A				
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56463	POOL WELL	2	POOL WELL	A				
60289	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. Armando Reyna	Aspetuck Valley	Operations Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
67 Old Redding Road		Weston	CT	06883
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-226-4701		203-222-8908		914-316-8061
				areyna@aspetuckvalley.com

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

Name	Organization	Job Title		
Mr. Renaud Ammon	Aspetuck Valley Country Club	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
67 Old Redding Road		Weston	CT	06883
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-226-4701				RAMMON@ASPETUCKVALLEY.COM

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

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

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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
CT1579184	GIRL SCOUTS OF CT - CAMP ASPETUCK LODGE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
88 OLD EASTON TPKE	Connections		1		

Towns Served: WESTON

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		

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	8/8/25 - 8/13/25		Complete
	10/31/25 - 11/5/25		Complete

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# 2** (WSF ID: 56989)

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1579184	GIRL SCOUTS OF CT - CAMP ASPETUCK LODGE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
88 OLD EASTON TPKE			1		

Towns Served: WESTON

Monitoring Requirements

Water System Facility: WELL# 2 (WSF ID: 56989)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL# 2 (2)	8/7/25 - 8/13/25		Complete	
	10/30/25 - 11/5/25		Complete	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
L1 ASSESSMENT (MULTIPLE TC+)	9/12/2025	
L2 ASSESSMENT (INS REPEATS, 2ND IN 12M)		12/1/2025

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	WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		BH83272	KIT SINK	A	Y			
		BJ10904	FREY LODGE KITCHEN S	A	Y			
		BJ62983	CABIN KITCHEN SINK	A	Y			
		BJ63922	FREY LODGE UTILITY S	A	Y			
		BJ63923	FREY LODGE RESTROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56989	WELL# 2	2	WELL# 2	A				

Contact Information

Name	Organization	Job Title
Girl Scouts of America, Inc.		
Mailing Address Line One	Mailing Address Line Two	City
340 Washington Street		State
Hartford	CT	Zip Code
Business Phone	Extension	Fax
860-522-0163		
Mobile Phone		Emergency Phone
		Email Address
Mr. Rocky, J. Kopylec	Girl Scouts of Connecticut	Director of Property
Mailing Address Line One	Mailing Address Line Two	City
20 Washington Ave		State
North Haven	CT	Zip Code
Business Phone	Extension	Fax
203-239-2922	3844	203-239-2770
Mobile Phone		Emergency Phone
		Email Address
		RKopylec@gsofct.org
Contact Role(s):	Administrative Contact, Legal Contact	

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Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
88 OLD EASTON TPKE	Connections		1		

Towns Served: WESTON

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