

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 Connections	Residential	Commercial	Industrial	Combined	Agricultural
88 OLD EASTON TURNPIKE				1			

Towns Served: WESTON

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month	
<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	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	
<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	9/23/25 - 9/28/25		Complete
Physical Parameters (PPS)		1 routine (RT) per month	
<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	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	
<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		

Water System Facility: **WELL 2 (WSF ID: 63063)**

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

Other Compliance Schedules

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

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos WQP 2 DBPR</i>	<i>Stage</i>
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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
CT1570024	GIRL SCOUTS OF CT - CAMP ASPETUCK MAIN			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
88 OLD EASTON TURNPIKE		Connections		1			
Towns Served: WESTON							

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ10906	CONWAYCAB 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	State	Zip Code
20 Washington Ave						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3844	203-239-2770			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	Agricultural
405 NEWTOWN TURNPIKE		Connections		1			
Towns Served: WESTON							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter	
<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		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<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)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<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		

Water System Facility: **WELL (WSF ID: 22533)**

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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	Residential	Commercial	Industrial	Combined	Agricultural
405 NEWTOWN 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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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	Email Address				
203-226-3349				203-940-3079					

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	Email Address				
203-226-3349				203-940-3079					

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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and 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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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	Agricultural
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 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	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	Residential	Commercial	Industrial	Combined	Agricultural
67 OLD REDDING ROAD		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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 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	Email Address	
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	Email Address				
203-226-4701					RAMMON@ASPETUCKVALLEY.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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

Physical Parameters (PPS)		1 routine (RT) per month	
<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	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	
<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		

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

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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	Agricultural
88 OLD EASTON TPKE		Connections		1			
Towns Served: WESTON							

Monitoring Requirements

Water System Facility: WELL# 2		(WSF ID: 56989)	
E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL# 2 (2)	8/7/25 - 8/13/25		Complete
	10/30/25 - 11/5/25		Complete

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

<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 Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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		State	Zip Code
340 Washington Street						Hartford		CT	06106
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-522-0163									
Contact Role(s): Owner									
Name				Organization			Job Title		
Mr. Rocky, J. Kopylec				Girl Scouts of Connecticut			Director of Property		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
20 Washington Ave						North Haven		CT	06473
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-239-2922		3844	203-239-2770				RKopylec@gsofct.org		
Contact Role(s): Administrative Contact, Legal Contact									

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Water Quality Monitoring and Compliance Schedule

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

Towns Served: WESTON

Please note the following:

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