

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960042	NORTHVILLE MARKET, INC.			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD				1				
Towns Served: NEW MILFORD								

Monitoring Requirements

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

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

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

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 20043)**

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/30/2010	
RESPOND TO SANITARY SURVEY	2/2/2020	
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				
00700	ENTRY POINT	3	ENTRY POINT	A				
20043	WELL	2	WELL	A				

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960042	NORTHVILLE MARKET, INC.			NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD			1				
Towns Served: NEW MILFORD							

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
54614	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title			
Mr. Joel Brenner										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
301 Litchfield Road							New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-355-2667										

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

Name				Organization			Job Title		
Mr. David Brenner				Northville Market Inc			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
301 Litchfield Road						New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-355-2667			860-350-3232		203-417-8408	860-868-2842	david@themarketct.com		

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

Please note the following:

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

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960014	THAI CHARM RESTAURANT			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD					1			
Towns Served: NEW MILFORD								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	5/10/25 - 5/15/25		Complete
	6/27/25 - 7/2/25		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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 21625)**

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960014	THAI CHARM RESTAURANT			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: WELL (WSF ID: 21625)

E. Coli (3014)				1 triggered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	4/4/25 - 4/10/25		Complete	
	5/9/25 - 5/15/25		Complete	
	6/26/25 - 7/2/25		Complete	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/14/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/26/24 - 1/21/25	2	1/3/2025		1/13/2025	
Physical Parameters M&R Violation	12/1/24 - 12/31/24	3	2/18/2026		2/28/2026	
Total Coliform M&R Violation	12/1/24 - 12/31/24	3	2/18/2026		2/28/2026	

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				
00700	ENTRY POINT	3	ENTRY POINT	A				
21625	WELL	2	WELL	A				
57361	TREATMENT PLANT							

Contact Information

Name				Organization		Job Title		
Mr. Kititakone Panasy								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Nunnawauk Road						Newtown	CT	06470
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-428-6477					kpanasy@gmail.com			

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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	
CT0960014	THAI CHARM RESTAURANT			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD					1			
Towns Served: NEW MILFORD								

Towns Served: NEW MILFORD

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960024	SALINAS RESTAURANT + PIZZERIA			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD			Connections		1			
Towns Served: NEW MILFORD								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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

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

Nitrite (1041)		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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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>
Nitrate M&R Violation	7/1/24 - 9/30/24	3	11/18/2025		11/28/2025	

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	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21626	WELL	2	WELL	A				
61509	TREATMENT PLANT							

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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	
CT0960024	SALINAS RESTAURANT + PIZZERIA			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD			Connections		1			
Towns Served: NEW MILFORD								

Contact Information

Name				Organization			Job Title		
Ms. Lourdes Salinas				Salinas Restaurant + Pizzeria			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
651 Kent Rd						Gaylordsville		CT	06755
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-355-2448						203-942-0401	lourdessalinas1@icloud.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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960064	BUCKS ROCK CAMP			NC	450	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD					1			
Towns Served: NEW MILFORD								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSF ID: 00701)**

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.30 MG/L	Daily
Start Date: 7/1/2016	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	5/1/2025 - 5/31/2025		
	6/1/2025 - 6/30/2025	Y	
	7/1/2025 - 7/31/2025	Y	
	8/1/2025 - 8/31/2025	Y	
	9/1/2025 - 9/30/2025		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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			
		BOYS HOUSE	OUTDOOR TAP@CHIMNEY	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	A				
48032	WELL 6	2	WELL 6	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960064	BUCKS ROCK CAMP			NC	450	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD					1			
Towns Served: NEW MILFORD								

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
53937	WELL 7	2	WELL 7	A				
57759	TREATMENT PLANT							
57763	ATMOSPHERIC STORAGE TANK							

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 57759)**

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2027
		WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2028

Contact Information

Name			Organization			Job Title		
Mr. Antonia Steinberg			Buck's Rock Camp			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
59 Bucks Rock Rd						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-5030					president@bucksrockcamp.org			

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

Name			Organization			Job Title		
Miss Beverly Canepari			Buck's Rock Camp			Admin Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
59 Bucks Rock Rd						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-5030					bev@bucksrockcamp.org			

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

Please note the following:

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

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
401 DANBURY ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

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

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

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

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
00700	ENTRY POINT	3	ENTRY POINT	A				
21634	WELL	2	WELL	A				
62060	UV DISINFECTION TREATMENT SYSTEM							

Contact Information

Name				Organization				Job Title		
Candlewood Valley Country Club										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
401 Danbury Rd							New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
Contact Role(s):		Owner								

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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
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
401 DANBURY ROAD			1		
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Mr. Bob Kick		New Milford Golf LLC		Executive Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
401 Danbury Road				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-354-9359	3				bob@candlewoodvalleygolf.com
Contact Role(s): Administrative Contact, Legal Contact					

Please note the following:

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

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960234	HARRYBROOKE PARK			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD					1			
Towns Served: NEW MILFORD								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	6/10/25 - 6/15/25		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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

Water System Facility: **SOUTH WELL ENTRY POINT (WSF ID: 00701)**

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>
SOUTH WELL ENTRY POINT (3-S)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **NORTH WELL (WSF ID: 21642)**

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960234	HARRYBROOKE PARK			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD			Connections		1			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **NORTH WELL (WSF ID: 21642)**

E. Coli (3014)				1 triggered (TG) per period
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>	
NORTH WELL (2-MUSEUM)	6/9/25 - 6/15/25		Complete	

Water System Facility: **SOUTH WELL (WSF ID: 21643)**

E. Coli (3014)				1 triggered (TG) per period
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>	
SOUTH WELL (2-POOLHOUSE)	6/9/25 - 6/15/25			

Public Notification Requirements

<u>Violation/Situation</u>	<u>Compliance Period</u>	<u>Notice Tier</u>	<u>Public Notification</u>		<u>PN Certification</u>	
			<u>Required</u>	<u>Performed</u>	<u>Due to DPH</u>	<u>Received</u>
E. Coli M&R Violation	6/16/25 -	3	10/1/2026		10/11/2026	

Water System Facility and Sampling Point Inventory

<u>Water System Facility ID</u>	<u>Water System Facility</u>	<u>Sampling Point ID</u>	<u>Sampling Point Description</u>	<u>Status</u>	<u>Total Coliform Rule</u>	<u>Lead and Copper Rule Tier</u>	<u>Asbestos</u>	<u>Stage WQP 2 DBPR</u>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1 RT	MEN'S BATH SINK	A	Y			
		4-2 RP DOWN	WMN'S BATH SINK	A	Y			
		4-3 RP UP	MUSEUM MENS-SINK	A	Y			
		4-4 RP S-1	POOLHOUSE M-SINK	A	Y			
		4-5 RP S-2	POOLHOUSE W-SINK	A	Y			
		4-GARDEN	GARDEN DISTRIBUTION	I	Y			
		4-MUSEUM	MUSEUM DISTRIBUTION	A	Y			
		4-POOLHOUSE	POOLHOUSE DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	NORTH WELL ENTRY POINT	3-N	NORTH WELL ENTRY POI	A				
00701	SOUTH WELL ENTRY POINT	3-S	SOUTH WELL ENTRY POI	A				
21642	NORTH WELL	2-MUSEUM	NORTH WELL	A				
21643	SOUTH WELL	2-POOLHOUSE	SOUTH WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. William Buckbee				Harrybrooke Park			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 364						New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-799-6520							harrybrookepark65@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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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	
CT0960234	HARRYBROOKE PARK			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD					1			
Towns Served: NEW MILFORD								

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960244	JEHOVAHS WITNESSES			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE				1			
Towns Served: NEW MILFORD							

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	4/1/25 - 6/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
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	7/1/25 - 7/6/25		
Total Coliform (3100)		3 temporary routine (TR) 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	7/1/25 - 7/31/25		Complete
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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 21643)**

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	6/30/25 - 7/6/25			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SANITARY DEFECT CORRECTIVE ACTION	9/14/2025	7/2/2025
SANITARY DEFECT CORRECTIVE ACTION	9/14/2025	

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
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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
CT0960244	JEHOVAHS WITNESSES			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE				1			
Towns Served: NEW MILFORD							

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				
00700	ENTRY POINT	3	ENTRY POINT	A				
21643	WELL	2	WELL	A				
57368	TREATMENT PLANT							

Contact Information

Name	Organization				Job Title		
Mr. Kevin Moran							
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
110 Kent Rd				New Milford	CT	06776-3400	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-354-4118		860-355-4788		860-770-3852			

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

Name	Organization				Job Title		
Mr. David R Baker	Jehovahs Witnesses				Chairman		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
22 Old Park Lane				New Milford	CT	06776	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-354-1555							

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

Name	Organization				Job Title		
Jehovahs Witnesses							
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
22 Old Park Lane				New Milford	CT	06776	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	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.
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

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960274	LYNN DEMING PARK			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
CANDLEWOOD LAKE ROAD			Connections		1			
Towns Served: NEW MILFORD								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete

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)	1/1/24 - 12/31/24	4/1-9/30	Complete
	1/1/25 - 12/31/25	4/1-9/30	Complete
	1/1/26 - 12/31/26	4/1-9/30	

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				
		NMPR-01	LADIES ROOM SINK	A	Y	N		
		NMPR-02	MENS ROOM SINK	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21646	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Mr. Daniel Calhoun			New Milford Parks & Recreation			Director Parks & Rec		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
10 Main Street						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-6050		860-355-6052			dcalhoun@newmilford.org			

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

Please note the following:

- 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

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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	
CT0960284	RED CARPET MOTEL			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD					1			
Towns Served: NEW MILFORD								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/1/2015	

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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	
CT0960284	RED CARPET MOTEL			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD					1			
Towns Served: NEW MILFORD								

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			
		BARBER RR	BARBER SHOP RR	A	Y		Y	
		BS	BAR SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RESTKITLHS	REST KIT HAND SNK L	A	Y		Y	
		RESTKITRHS	REST KIT HAND SNK R	A	Y		Y	
		RESTKSSS	REST KIT SNK SINGLE	A	Y		Y	
		RESTRPLSNKL	REST KIT TRPL SNK L	A	Y		Y	
		RESTRPLSNKR	REST KIT TRPL SNK R	A	Y		Y	
		RRLR	RR LADY ROOM	A	Y		Y	
		RRMR	RR MENS RR	A	Y		Y	
		TATTOO RR	TATTOO PARLOR RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21647	WELL	2	WELL	A				
568645	UV DISINFECTION SYSTEM							

Contact Information

Name				Organization		Job Title			
Mr. Alex Patel				Red Carpet Inn		Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
296 Ethan Allen Highway						Ridgefield		CT	06877
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-438-3781							Amrat3349@gmail.com		
Contact Role(s):		Administrative Contact, Legal Contact							

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960294	TANDOORI FLAMES			NC	34	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

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

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

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

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/14/2021	

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				
		TF001	REST KIT HAND SNK L	A	Y			
		TF002	REST KIT HAND SNK R	A	Y			
		TF003	REST KIT SNK SINGLE	A	Y			
		TF004	REST KIT TRPL SNK L	A				
		TF005	REST KIT TRPL SNK R	A	Y			
		TF006	BAR SINK	A	Y			
		TF007	RR LADY ROOM	A	Y			
		TF008	RR MENS RR	A	Y			
		TF009	BARBER SHOP RR	A	Y			
		TF010	TATTOO PARLOR RR	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960294	TANDOORI FLAMES			NC	34	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD					1			
Towns Served: NEW MILFORD								

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>
21648	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Parviz B. Mehri							Property Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
2 Glen Hill Road						Danbury		CT	06811
Business Phone	Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-748-2020									

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960424	ROCKY RIVER MOTEL			NC	27	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD				1			
Towns Served: NEW MILFORD							

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	7/4/2024		7/14/2024	

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960424	ROCKY RIVER MOTEL			NC	27	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD					1			
Towns Served: NEW MILFORD								

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	10/1/22 - 10/31/22	3	7/4/2024		7/14/2024	
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	7/4/2024		7/14/2024	
Total Coliform M&R Violation	8/1/22 - 8/31/22	3	7/4/2024		7/14/2024	
Physical Parameters M&R Violation	8/1/22 - 8/31/22	3	7/4/2024		7/14/2024	

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	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21657	WELL	2	WELL	A				
62063	ATMOSPHERIC STORAGE							
62064	HYDROPNEUMATIC STORAGE							

Contact Information

Name			Organization			Job Title		
Mr. Champa Patel			Rocky River Motel			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
236 Kent Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-3208		860-355-8165		860-355-3208	therockyriver@gmail.com			

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

Name			Organization			Job Title		
Mr. Ramesh. Patel			Rocky River Motel			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
236 Kent Road						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-3208		860-355-8165			rockyrivermotel@aol.com			

Contact Role(s): **Owner**

Please note the following:

- 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

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960474	THE OLD OAK TAVERN			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD					1			
Towns Served: NEW MILFORD								

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	1/1/12 - 3/31/12	2	10/17/2012		10/27/2012	
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	
Nitrate And Nitrite M&R Violation	1/1/20 - 12/31/20	3	3/22/2022		4/1/2022	
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	7/2/2024		7/12/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	7/2/2024		7/12/2024	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	8/14/2024		8/24/2024	

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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	
CT0960474	THE OLD OAK TAVERN			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD					1			
Towns Served: NEW MILFORD								

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	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21660	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title		
Mr. Henry Showah				Hen John Enterprises LLC		Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1 South Kent Road						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-1100		845-501-3266		914-260-6617	henjohnllc@outlook.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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960604	TRINITY LUTHERAN CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

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

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

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

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
00700	ENTRY POINT	3	ENTRY POINT	A				
21668	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Randy Weimar				Trinity Lutheran			Tlc Trustee		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
107 Kent Road						New Milford		CT	06776
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-354-3450						203-300-9492	randy.weimar@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact									

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960604	TRINITY LUTHERAN CHURCH			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD				1			
Towns Served: NEW MILFORD							

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969373	BULLS BRIDGE GOLF CLUB			NC	45	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD					1			
Towns Served: NEW MILFORD								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	

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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	
CT0969373	BULLS BRIDGE GOLF CLUB			NC	45	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD			Connections		1			
Towns Served: NEW MILFORD								

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2024	
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	GENERIC DISTRIBUTION	A				
		BBGC001	BAR 3 BAY SINK	A	Y	3		
		BBGC002	BAR 1 BAY SINK	A	Y	3	Y	
		BBGC003	KITCHEN 3 BAY SINK	A	Y	3		
		BBGC004	KITCH HANDWASH SINK	A	Y	3		
		BBGC005	KITCHEN 1 BAY SINK	A	Y	3		
		BBGC006	PRO BATHROOM SINK	A	Y	3		
		BBGC007	LADIES ROOM SINK	A	Y	3		
		BBGC008	MENS ROOM SINK	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60720	TREATMENT PLANT							
62924	CLUBHOUSE WELL	2	CLUBHOUSE WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. David Flatau				Bulls Bridge Golf Club					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
24 Fox Run						Sherman		CT	06784
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-927-7135			860-927-7136			860-927-7135	DCFLATAU@AOL.COM		

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

Name				Organization			Job Title		
Mr. Peter Rothschild				The Bull's Bridge Golf Club, I			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
750 Third Ave						New York		NY	10017
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

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

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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
CT0969373	BULLS BRIDGE GOLF CLUB	NC	45	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
OLD STONE ROAD			1		
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Mr. Brian Freeswick		Bulls Bridge Golf Club		General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State
71 Bulls Bridge Road				South Kent	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
845-216-1273					b.freeswick@bullsbridgegolfclub.com
Contact Role(s): Administrative Contact					

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969374	GEORGE WASHINGTON PLAZA			NC	39	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1&3 GEORGE WASHINGTON PLAZA					2			
Towns Served: NEW MILFORD								

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969374	GEORGE WASHINGTON PLAZA			NC	39	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1&3 GEORGE WASHINGTON PLAZA					2			
Towns Served: NEW MILFORD								

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
GROUNDWATER RULE TT Violation	2/21/25 - 4/17/25	2	4/18/2025		4/28/2025	

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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55299	WELL 1	2	WELL 1	A				
61510	ATMOSPHERIC STORAGE							

Contact Information

Name			Organization			Job Title		
Mr. Jeremiah. C Conway			Conway Hardwood Products			Legal Contact		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
37 Gaylord Road						Gayroadsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-4030								

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

Name			Organization			Job Title		
Mr. Luis E Panora			3 George Washington Plaza			Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
631 Kent Rd						Gaylordsville	CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-210-1622					gaylordsvillediner@outlook.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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0969404	358 DANBURY ROAD	NC	66	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD			2				
Towns Served: NEW MILFORD							

Monitoring Requirements

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

Total Coliform (3100)

1 routine (RT) per quarter

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

Physical Parameters (PPS)

1 routine (RT) per quarter

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

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

Nitrate (1040)

1 routine (RT) per quarter

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

Nitrite (1041)

1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

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				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59983	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization		Job Title		
Mr. Mike Jacquemin		Bravo Ny Pizza		Business Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
358 Danbury Rd				New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860.790.6752				860.255.2649	bravonizza@yahoo.com	

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969404	358 DANBURY ROAD			NC	66	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD					2			
Towns Served: NEW MILFORD								
860-755-0752				860-555-2045	bravopizza@yahoo.com			
Contact Role(s): Administrative Contact								

Please note the following:

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

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

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End of schedule