

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910014 | GIRL SCOUTS OF CT - CAMP CANDLEWOOD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 29 BOGUS HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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</i> | <i>Lead and Copper</i> | | <i>Stage 2</i> | |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|------------------------|-----------------|----------------|--|
| | | | | | <i>Rule</i> | <i>Rule Tier</i> | <i>Asbestos</i> | <i>DBPR</i> | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | BH65411 | DINING HALL | A | Y | | | | |
| | | BJ45624 | DINING HALL PREP SIN | A | Y | | | | |
| | | BJ45625 | DINING KITCHEN LEFT | A | Y | | | | |
| | | BJ45626 | DINING KITCHEN RIGHT | A | Y | | | | |
| | | BJ45627 | MENS ROOM | A | Y | | | | |
| | | BJ68205 | PREP SINK LEFT | A | Y | | | | |
| | | BJ68206 | PREP SINK RIGHT | A | Y | | | | |
| | | BJ68208 | LADIES ROOM | A | Y | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 21569 | DINING HALL WELL #1 | 2 | WELL | A | | | | | |
| 21570 | DINING HALL WELL #2 | 2 | DINING HALL WELL #2 | 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 | | |
| CT0910014 | GIRL SCOUTS OF CT - CAMP CANDLEWOOD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 29 BOGUS HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|--------------|----------------------------|-----------------|-------------------|---------------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Michele Velez | | | Girl Scouts of Connecticut | | | Dir. Property Svcs. | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 20 Washington Avenue | | | | | | North Haven | | CT | 06473 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-239-2922 | 3329 | 203-239-7220 | | 800-922-2770 | mvelez@gsofct.org | | | | |

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

| | | | | | | | | | |
|-------------------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|--|-------|----------|
| 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 | | | |
| Ms. Ida Badalamenti | | | 28 Bogus Hill Rd | | | Trustee | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 14 Skidmore Ln | | | Ida Badalamenti Trustee C/O Toni Ivey | | | Sandy Hook | | CT | 06482 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| | | | | | | | | | |

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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 | | |
| CT0910024 | ICONS SPORTS BAR & GRILL | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 80 ROUTE 39 | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|---------------------------------|--------------------------|--|--|
| Total Coliform (3100) | | 3 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 | 11/1/16 - 11/30/16 | | | | |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--|
| Total Coliform (3100) | | 3 (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 | 10/1/16 - 10/31/16 | | 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Water System Facility: **WELL (WSF ID: 21570)**

| | | | | | |
|---|--------------------------|------------------------------------|--------------------------|--|--|
| 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) | 9/30/16 - 10/5/16 | | | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| RESPOND TO SANITARY SURVEY | 2/2/2017 | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |

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

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910024 | ICONS SPORTS BAR & GRILL | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 80 ROUTE 39 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21570 | WELL | 2 | WELL | A | | | | |
| 57349 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | |
|-----------------------------|-----------|--------------|--------------------------|-----------------|-------------------|--------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. David Bernardini | | | 80 Route 39 LLC | | | Manager | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 303 East 3Rd Street | | | | | | Mount Vernon | | NY | 10553 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 914-879-4739 | | 917-665-7608 | | 914-664-7600 | dndbern@yahoo.com | | | | |

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

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| 80 Route 39 LLC | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 80 Route 39 | | | | | | New Fairfield | | CT | 06812 |
| 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

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

| | | | | | | | |
|----------------------------------|----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910034 | CANDLEWOOD ISLE CLUB HOUSE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 55 LAKE DRIVE NORTH | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 3/8/2014 | |

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> |
| Distribution Color MCL Violation | 1/1/12 - 3/31/12 | 2 | 6/14/2012 | | 6/24/2012 | |
| Distribution Color MCL Violation | 4/1/12 - 6/30/12 | 2 | 9/8/2012 | | 9/18/2012 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 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 | | | | |
| 21571 | WELL | 2 | WELL | A | | | | |

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

| | | | | | | | |
|----------------------------------|-----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910034 | CANDLEWOOD ISLE CLUB HOUSE | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 55 LAKE DRIVE NORTH | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

Contact Information

| | | | | | | | | |
|-------------------------------|-----------|--------------|--------------------------------|-----------------|---------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Jeffrey Berman | | | The Candlewood Isle Assn, Inc. | | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P.O. Box 380, Candlewood Isle | | | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-746-0220 | | 203-746-0220 | | | | | | |

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

| | | | | | | | | |
|------------------------------|-----------|--------------|-----------------------------|-----------------|---------------------------|----------------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Michelle O'connor | | | Tax Dist of Candlewood Isle | | | Office Administrator | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| P.O. Box 380 | | | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-746-0220 | | 203-746-0220 | | | office@candlewoodisle.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 | | |
| CT0910054 | 4 COTTON TAIL ROAD | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| 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 | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | | |
| | 1/1/17 - 12/31/17 | | | |
| | 1/1/18 - 12/31/18 | | | |

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 MCL Violation | 7/1/12 - 9/30/12 | 2 | 10/18/2012 | | 10/28/2012 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 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 | | | | |
| 21573 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|--|--------------------------|--|--|-----------|--|-------|----------|
| Name | | Organization | | | Job Title | | | |
| Mr. Yoon Sup Song | | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 124-22 58th Road | | | | | Flushing | | NY | 11355 |

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 |
| CT0910054 | 4 COTTON TAIL ROAD | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| | | | | 1 | |
| Towns Served: NEW FAIRFIELD | | | | | |
| Business Phone | | Extension | Fax | Mobile Phone | Emergency Phone |
| 718-463-3252 | | | | | 718-309-3248 |
| Email Address | | | | | |
| | | | | | |
| Contact Role(s): Legal Contact, Owner | | | | | |
| Name | | | Organization | | Job Title |
| Mr. Scott A. Biscotti | | | Biscottis Ristorante | | Owner of Bus |
| Mailing Address Line One | | Mailing Address Line Two | | | City |
| 4 Cotton Tail Road | | | | | New Fairfield |
| State | | Zip Code | | | |
| CT | | 06812 | | | |
| Business Phone | | Extension | Fax | Mobile Phone | Emergency Phone |
| 203-746-9900 | | | 203-746-5403 | | 203-994-3755 |
| Email Address | | | | | |
| scottybiscotti1@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.

<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 | | |
| CT0910104 | FIELDSTONE PLAZA | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 88 ROUTE 37 #1 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |

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) | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 MCL Violation | 1/1/11 - 3/31/11 | 2 | 4/1/2011 | | 4/11/2011 | |
| Total Coliform MCL Violation | 3/1/11 - 3/31/11 | 2 | 5/4/2011 | | 5/14/2011 | |
| Nitrate M&R Violation | 7/1/11 - 9/30/11 | 2 | 2/9/2012 | | 2/19/2012 | |

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>Stage 2 Asbestos DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|------------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | |

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

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

| | | | | | | | |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910104 | FIELDSTONE PLAZA | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 88 ROUTE 37 #1 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21576 | WELL | 2 | WELL | A | | | | |
| 55844 | PRESSURE STORAGE | | | | | | | |

Contact Information

| | | | | | | | | |
|---------------------------|-----------|--------------|-------------------------------|-----------------|---------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Dr. Ralph Manfredi | | | Fieldstone Plaza Condo Assoc. | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 88 Route 37 | | | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-746-6551 | | 203-746-8863 | | | | | | |

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

| | | | | | | | | |
|--|-----------|-----|--------------------------|-----------------|---------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Fieldstone Plaza Condo Assoc. Inc | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| C/O R Manfredi | | | 88 Rte 37 | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |

Contact Role(s): **Owner**

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Ms. Claire Luks | | | 88 Route 37 # 1 | | | Trustee | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 18 Bay Drive | | | | | | New Fairfield | CT | 06812 |
| 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

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

| | | | | | | | |
|----------------------------------|---------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0910304 | NEW FAIRFIELD MOBIL SNACK SHOP | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 94 ROUTE 37 | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| 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 | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 12/31/17 | | | |
| | 1/1/18 - 12/31/18 | | | |

Water System Facility: WELL (WSF ID: 21591)

| 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) | 7/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 3/31/17 | | | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 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 | | | | |
| 21591 | WELL | 2 | WELL | A | | | | |
| 50460 | 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 | | |
| CT0910304 | NEW FAIRFIELD MOBIL SNACK SHOP | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 94 ROUTE 37 | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Tier | Stage 2 Asbestos DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|-----------------------|
| 55998 | PRESSURE STORAGE | | | | | |

Contact Information

| | | | | | | |
|----------------------------|-----------|--------------------------|--------------|-----------------|----------------|----------|
| Name | | Organization | | | Job Title | |
| Ms. Sherry Hallabek | | New Fairfield Mobil | | | Manager | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 94 State Route 37 | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-746-4100 | | 203-746-1843 | | 203-470-8712 | mobil0@aol.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 | | |
| CT0910314 | NEW FAIRFIELD TOWN PARK | NC | 25 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 39 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

Monitoring Requirements

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

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

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete |
| | 7/1/17 - 9/30/17 | | |

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 | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

Physical Parameters (PPX) 1 routine (RT) per quarter

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|-------------------|-------------------|-------------------|
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

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 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 | | | | |
| 21592 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|---------------|---------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| New Fairfield | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 4 Brush Hill Rd | | | | | | New Fairfield | | CT | 06812 |
| 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 | | | |
| CT0910314 | NEW FAIRFIELD TOWN PARK | NC | 25 | L | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| ROUTE 39 | | | | 1 | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Susan L. Chapman | | | Town of New Fairfield | | | First Selectman | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| Town Hall | | | Rt. 39, 4 Brush Hill Road | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-312-5600 | | 203-312-5610 | | | schapman@newfairfield.org | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Robert Rzasa | | | Town of New Fairfield | | | Director | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 4 Brush Hill Road | | | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-312-5629 | | 203-312-5678 | | | rrzasa@newfairfield.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 | | |
| CT0910324 | 25 OLD ROUTE 37 | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 25 OLD ROUTE 37 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | | | |

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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 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 | | | | |
| 21593 | WELL | 2 | WELL | A | | | | |
| 59318 | TREATMENT PLANT | | | | | | | |
| 59320 | BLADDER TANKS | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|----------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Marc Lederman | | | | | | Property Owner | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 36 Cedar Hill Rd | | | | | | Gaylordsville | | CT | 06755 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-350-2827 | | | | | | | | | |

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 | | | |
| CT0910324 | 25 OLD ROUTE 37 | NC | 25 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 25 OLD ROUTE 37 | | | | 1 | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | | |
| Contact Role(s): Owner | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Carl W. Huben | | | Olde 37 Patio & Grill | | | Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 25 Route 37 | | | | | | New Fairfield | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-746-3700 | | | | | cwh@olde37pandy.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 | | |
| CT0910374 | SQUANTZ POND S.P./CANDLEWOOD LAKE | NC | 333 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 39 | | | 2 | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | 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) | 1/1/16 - 12/31/16 | 4/1-9/30 | Complete | | |
| | 1/1/17 - 12/31/17 | 4/1-9/30 | | | |
| | 1/1/18 - 12/31/18 | 4/1-9/30 | | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| CROSS CONNECTION SURVEY REPORT | 3/1/2017 | |

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 | 4/1/12 - 6/30/12 | 2 | 10/17/2012 | | 10/27/2012 | |
| Total Coliform MCL Violation | 7/1/13 - 9/30/13 | 2 | 10/18/2013 | | 10/28/2013 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 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 | | | | |
| 21596 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | |
|--------------------------|--|---------------------------|--|--|-------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Eric D. Ott | | State of Connecticut/Deep | | | Division Director | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |

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 | | |
| CT0910374 | SQUANTZ POND S.P./CANDLEWOOD LAKE | NC | 333 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 39 | | 2 | | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |
| 163 Great Hill Road | | | Eng. & Field Support Services Division | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-342-2215 | 101 | 860-344-2560 | | 860-424-3333 | eric.ott@ct.gov | | |
| 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

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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 | | |
| CT0910394 | SQUANTZ POND S.P./MAIN WELL | NC | 200 | S | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 39 | | 5 | | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | |
| | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| 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 | 4/1/17 - 6/30/17 | | | |
| | 7/1/17 - 9/30/17 | | | |

| | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | 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) | 1/1/16 - 12/31/16 | 4/1-9/30 | Complete | |
| | 1/1/17 - 12/31/17 | 4/1-9/30 | | |
| | 1/1/18 - 12/31/18 | 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 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 | | | | |
| 21598 | WELL | 2 | WELL | A | | | | |
| 56676 | HYDROPNEUMATIC TANK | | | | | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------|--|--------------|-----------------|-------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Eric D. Ott | | State of Connecticut/Deep | | | Division Director | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 163 Great Hill Road | | Eng. & Field Support Services Division | | | Portland | CT | 06480 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-342-2215 | 101 | 860-344-2560 | | 860-424-3333 | eric.ott@ct.gov | | |
| Contact Role(s): | | Administrative Contact, Legal Contact | | | | | |

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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 | |
| CT0910394 | SQUANTZ POND S.P./MAIN WELL | NC | 200 | S | GW | |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 39 | | 5 | | | | |
| Towns Served: NEW FAIRFIELD | | | | | | |

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 | | |
| CT0910414 | ST. EDWARD RC CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 21 BRUSH HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

Water System Facility: WELL (WSF ID: 21599)

| 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) | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 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 | | | | |
| 21599 | WELL | 2 | WELL | A | | | | |
| 54000 | 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 | | |
| CT0910414 | ST. EDWARD RC CHURCH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 21 BRUSH HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 59316 | BLADDER TANKS | | | | | | | |

Contact Information

| | | | | | | | | | |
|--|-----------|--------------|--------------------------------|-----------------|------------------------------|---------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Father Nick Cirillo | | | St. Edward The Confessor Churc | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| 21 Brush Hill Rd | | | | | | New Fairfield | | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-746-2200 | | 203-746-4856 | 203-400-5284 | | Frnick@saintedwardchurch.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.

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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 | | |
| CT0910554 | FIELDSTONE COMMONS | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 ROUTE 39 | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00500 | GAC FILTER | 5 | ENTRY POINT | A | | | | |
| 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 | | | | |
| 22721 | WELL | 2 | WELL | A | | | | |
| 50462 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | |
|--------------------------|-----------|--------------|--------------------------|-----------------|----------------------|----------------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Susan Huwer | | | Fieldstone Commons | | | Treasurer-Condo Asso | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| Fieldstone Commons | | | 3 Route 39 | | | New Fairfield | | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-746-2429 | | 203-746-2420 | | | shuwer@sbcglobal.net | | | | |

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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 | | |
| CT0910554 | FIELDSTONE COMMONS | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 3 ROUTE 39 | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |
| Contact Role(s): Administrative 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 | | |
| CT0915234 | NEW FAIRFIELD SCHOOLS CONCESSION STAND | NC | 100 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 54 GILLOTTI ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| 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 | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| | | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--|--|
| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | 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) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 | Stage 2 Asbestos 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 | | | |
| 56993 | WELL 1 | 2 | WELL 1 | A | | | |
| 56997 | PRESSURE TANK | | | | | | |

Contact Information

| | | | | | | | | | |
|---|-----------|--------------|---------------------------|-----------------|---------------------------|-----------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Ms. Susan L. Chapman | | | Town of New Fairfield | | | First Selectman | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| Town Hall | | | Rt. 39, 4 Brush Hill Road | | | New Fairfield | | CT | 06812 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-312-5600 | | 203-312-5610 | | | schapman@newfairfield.org | | | | |
| 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 | | |
|----------------------------------|---|---------------------|-------------|------------|----------------|----------|--------------|
| CT0915234 | NEW FAIRFIELD SCHOOLS CONCESSION STAND | NC | 100 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 54 GILLOTTI ROAD | | | | 1 | | | |

Towns Served: NEW FAIRFIELD

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 | | |
| CT0915244 | 249 ROUTE 39 | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 249 SHERMAN ROAD (RT-39) | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | |
| | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| 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 | 1/1/17 - 3/31/17 | | |
| | 4/1/17 - 6/30/17 | | |
| | 7/1/17 - 9/30/17 | | |

| Physical Parameters (PPX) | 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 | 7/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 12/31/16 | | |

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) | 1/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 10/12/2016 | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00501 | WELL 1 | 2 | WELL 1 | A | | | | |
| 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 | | | | |

Contact Information

| | | | | | | |
|-----------------------------|--|--------------------------|--|-----------|-------|----------|
| Name | | Organization | | Job Title | | |
| Mr. Thomas Fortunato | | Fortunatos Villa Pasta | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 16 Wolfpits Road | | | | Bethel | CT | 06801 |

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 | | |
| CT0915244 | 249 ROUTE 39 | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 249 SHERMAN ROAD (RT-39) | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-798-8564 | | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | |
| Please note the following: | | | | | | | |
| <ol style="list-style-type: none"> 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 | | |
| CT0915254 | GIRL SCOUTS OF CT - CAMP CANDLEWOOD - LH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 29 BOGUS HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |

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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| 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 | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

| Physical Parameters (PPX) | | 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 | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |

Water System Facility: **ENTRY POINT - OFFICE (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 - OFFICE (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |

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 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | BH65412 | LIGHTHOUSE | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT - OFFICE | 3 | ENTRY POINT - OFFICE | A | | | | |
| 57013 | OFFICE WELL | 2 | OFFICE WELL | A | | | | |
| 58200 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | |
|--------------------------|----------------------------|---------------------|-------|----------|
| Name | Organization | Job Title | | |
| Ms. Michele Velez | Girl Scouts of Connecticut | Dir. Property Svcs. | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |

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 | | |
| CT0915254 | GIRL SCOUTS OF CT - CAMP CANDLEWOOD - LH | NC | 25 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 29 BOGUS HILL ROAD | | | | 1 | | | |
| Towns Served: NEW FAIRFIELD | | | | | | | |
| 20 Washington Avenue | | | North Haven | | CT | 06473 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-239-2922 | 3329 | 203-239-7220 | | 800-922-2770 | mvelez@gsofct.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.

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End of schedule